

WEST VOLUSIA HOSPITAL AUTHORITY BOARD OF COMMISSIONERS
ORGANIZATIONAL & REGULAR MEETING
January 16, 2025 5:00 PM
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Swearing In of Commissioners
 - A. Judy Craig
 - B. Jennifer Moore
 - C. Rakeem Ford – Judge Hubert Grimes will swear in.
4. Election of Officers
 - A. Open Floor for Nomination of Chair
 1. Close Nominations
 2. Hold Vote for Chair
 - B. Chair Continues with Nominations and Election of Remaining Officers
 1. Vice-Chair
 2. Secretary
 3. Treasurer
5. Approval of Proposed Agenda
6. Consent Agenda:
 - A. Approval of Minutes - Regular Meeting November 21, 2024
7. Citizens Comments – Comments are limited to three minutes per speaker.
8. Reporting Agenda:
 - A. EBMS November/December Reports – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona November/December Reports – Written Submission
 1. WVHA miCare Clinic Deland/Deltona 1st Quarter Report
 2. WVHA miCare Clinic Population Health Annual Report
 - C. The House Next Door (THND) November/December HealthCard Reports
9. Discussion Items:
 - A. Powell & Jones WVHA FYE 2024 Audit Presentation – Caleb Perla, CPA
 - B. Approval of Non-Primary Care Funding Application 2025-2026 & Release on Tuesday, January 21, 2025
 - C. Update of Ameris Signature Cards
 - D. Volusia County Delegation Update 1-7-25 (Commissioner Coen)
 - E. Letter of Appreciation to Kaiser Buick GMC Truck (Commissioner Manning)
 - F. 2025 Honoree Celebration Gala & Award Banquet for MLK (Commissioner Manning)
 - G. 26 and Covered (Commissioner Ford)
 - H. Contractual Site Visit Review Write Ups FYE 2024
 1. Community Legal Services of Mid-Florida
 2. FL Department of Health Dental Program
 3. Hispanic Health Initiative
 - I. Letters of Appreciation for CAC Members Lyda Kiser, Joanna Mercier, Tiffanee Grant, Teresa Lake, and Wakia Muhammad
 - J. CAC Appointments
 1. Commissioner Ford – Chelsey Brown and Jabari Brown
 2. Commissioner Manning – Felicia Benzo
 3. Commissioner Moore – Angela Price
 4. Commissioner Craig
10. Administrator Report

11. Finance Report
 - A. November & December Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
12. Legal Update
13. Upcoming – CAC Meeting February 4th and WVHA Regular Meeting February 15th
14. Adjournment

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

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

Sanborn Center Ballroom A
815 S. Alabama Avenue, DeLand, FL
November 21, 2024

Those in Attendance:

Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Donna Pepin
Commissioner Judy Craig (arrived at 5:15)

Absent:

Commissioner Roger Accardi

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 A, 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 5:05 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 087 – 2024 Commissioner Manning moved to approve the proposed agenda. Commissioner Pepin seconded. The motion passed 3-0-2.

**Consent Agenda – Approval of Minutes
Regular Meeting held October 17, 2024**

Motion 088 – 2024 Commissioner Pepin moved to approve the Consent Agenda. Commissioner Manning seconded. The motion passed 3-0-2.

Citizen Comments

There were none.

Reporting Agenda

**EBMS October Report – Written Submission
WVHA miCare Clinic DeLand/Deltona October Report – Sue Wayte, Senior
Account Executive
miCare Annual Report FY 2023-2024**

Commissioner Pepin asked Ms. Wayte if miCare could provide a thorough analysis regarding the possible consolidation of the two clinics considering the rent increase previously proposed by the new owners of Justin Square. She added that the DeLand clinic seems to have a lot of space; that she wondered if it would be more cost effective to consolidate; and that she realized the membership might grow.

Ms. Wayte responded that in looking at the utilization of the clinics, there was not a lot of extra room, and there are several things to consider.

Commissioner Manning said she might make a motion in the next year to close the Deltona location and bring all the patients to DeLand.

miCare Practice Manager Gretchen Soto enumerated the various providers in each location.

Commissioner Manning voiced concern about the new owners increasing the rent and pointed out that there is bus service from Deltona to DeLand.

Chair Coen said they needed much more information before deciding to consolidate, and there were other options that should be considered. She added that the rent is below market value, and The House Next Door rents in the same plaza.

Commissioner Craig said there are other options, but they were not sure when the rent might be increased. She suggested that the topic should be placed on a future agenda.

Ms. Wayte said they could perform an analysis of the impact to patients if consolidation occurred.

Commissioner Craig asked Ms. Soto to discuss how staff manages walk-ins and said she wanted to ensure that card members are being served if they show up without an appointment.

There was further discussion regarding the lease, and Attorney Small stated that he preferred any lease negotiations to go through him when the owner's representative reached out to initiate discussions on a new lease.

The House Next Door (THND) October Application Processing Report

Commissioner Pepin asked COO Chris Booker to clarify Change Healthcare and discuss the referrals listed at the bottom of the report. Mr. Booker explained and said that there are usually hospital care coordinators that steer uninsured ER patients to available resources. He added that staff told him the health card program had been advertised on buses in previous years. Commissioner Manning asked Mr. Booker to obtain information on bus advertisement.

There was discussion regarding new card members versus renewals listed in the report. Ms. Tebo pointed out that prior to Mr. Booker's tenure, the Board requested that THND include the numbers associated with applications processed from where they initiated. Mr. Booker said he could include a breakdown on future reports.

Commissioner Manning asked Mr. Booker about the welcome packet received by card members when they are mailed the health card. Mr. Booker responded that EBMS mails the packets, and he would obtain an example for the Board.

Hospital Services 3rd Quarter of 2024 (July – Sept) Halifax Health | UF Health – Medical Center of Deltona

There was not a Halifax representative present. Commissioner Craig said she would like Ms. Tebo to communicate to Halifax that they must be present quarterly.

Advent Health DeLand & Advent Health Fish Memorial

Jennifer Ambs, Market CFO –West Volusia, was present for questions. Chair Coen pointed out that there was a typo on the Fish Memorial report that read August instead of November. Ms. Ambs confirmed that it was an oversight, and the data was correct for November reporting.

Commissioner Pepin commented on several report components and noted Fish Memorial had higher survey scores than DeLand. Ms. Ambs outlined efforts they have made to improve patient satisfaction, recruit doctors and nurses, and bring robotics to the DeLand hospital. She added that the daVinci Surgical System should result in fewer surgical site infections.

Commissioner Manning voiced concern regarding the privacy of DeLand patients in double occupancy rooms.

Commissioners Craig and Pepin discussed worry over the decreasing number of doctors in the area and that some have moved away. Ms. Ambs explained the ways in which AdventHealth has been working to address the shortage issue, including telemedicine.

Commissioner Manning said that she had spoken with DeLand nurses that expressed interest in better relations with their supervisors. Ms. Ambs responded that the Chief Nursing Officer (CNO) has an open-door policy; that she will talk to any nurse anytime; and that she recommended the nurses escalate their concerns to the CNO

EMPros

There was not an EMPros representative present.

Motion 089 – 2024 Commissioner Craig moved to reject the Halifax and EMPros reports until a representative is present and asked Ms. Tebo to relay the Board’s request for meeting attendance to both. Commissioner Manning seconded the motion. The motion passed 4-0-1.

The AdventHealth reports were received into the written record.

Discussion Items

Tentative Schedule for 2025 Meeting Dates and Locations

Ms. Tebo stated that the third Thursday in June is the Juneteenth holiday, and both meeting locations would be closed; that the Sanborn is available for rental on Tuesday, June 17th, and The Center at Deltona is available for rental on Wednesday, June 18th; and that she would like the Board to decide which date is preferable for the June meeting.

Motion 090 – 2024 Commissioner Manning moved to approve the scheduling of the June meeting for Tuesday, June 17th at The Sanborn Center. Commissioner Craig seconded. The motion passed 4-0-1.

Ms. Tebo noted she included two CAC meeting locations in Deltona, and she would like the Board to approve the tentative schedule and rental payments to secure the space for 2025.

Motion 091 – 2024 Commissioner Pepin moved to approve the schedule and authorize the rental payments for the Sanborn and The Center at Deltona associated with the meeting dates for 2025 in the tentative schedule. Commissioner Manning seconded. The motion passed 4-0-1.

Roll call:

Commissioner Pepin	Yes
Commissioner Manning	Yes
Commissioner Coen	Yes
Commissioner Craig	Yes

Ethics Training Reminder to be Completed by 12/31/24

Ms. Tebo reminded the Board members to watch the free training video she emailed to them by the end of the year, as it is a new requirement for special district elected officials. She added that they would self-report they completed the training when they fill out the Form 1 for 2024.

Attendance at Community Event for WVHA Visibility (Commissioner Manning)

Commissioner Manning invited Gwen Monroe to the podium to speak about the event.

Gwen Monroe, President of Electalytes Charity Club, Inc., stated that they are a non-profit organization created in 1961 to help the community through educational and benevolent acts. She highlighted their activities and community events for the Board. She noted they support two local schools: Edith Stark Elementary and Southwestern Middle School. She explained that their fundraising efforts provide scholarships to the students in the community.

Commissioner Manning said she, Commissioner Craig, Ms. Tebo, and others attended the Electalytes' previous event in 2023, and it was fantastic. She requested that the Board contribute \$500 to sponsor the event, so that WVHA's information and marketing materials can be displayed and distributed to groups and individuals that might not otherwise hear about the health card program.

Ms. Monroe said she would distribute WVHA brochures at their upcoming school health expo in February, and there are other opportunities during the year for her to distribute the information for WVHA to the parents of the children in the two schools they support. She added that she needed additional brochures, as they had distributed what they had on hand.

Motion 092 – 2024 Commissioner Manning moved to approve the donation of \$500 to Electalytes Charity Club, Inc. for marketing purposes to promote the WVHA Health Card Program. Commissioner Craig seconded. The motion passed 4-0-1.

Roll call:

Commissioner Pepin	Yes
Commissioner Manning	Yes
Commissioner Coen	Yes
Commissioner Craig	Yes

Administrator Report

Ms. Tebo said she had forwarded an email from an ACA navigator about DACA recipients being able to apply for the ACA as of November 1st; that RAAO has their upcoming World AIDS Day Gala on November 30th; that SMA would be reimbursing the funds they did not utilize in FY24 for the Residential Treatment and the Emergency Behavioral Services programs; that site visit work has been ongoing by Marina at James Moore & Co with an aim to provide the reports in January; that the audit work has begun with the expectation of the auditor presenting in January; and that Gas Plumbing Services was rescheduled to do the gas line work the following week.

Finance Report

October Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financial statements for the Board. She stated that there would be a transfer of \$2 million from the Ameris Money Market account to the Ameris Operating account; that they asked the funded agencies to provide an estimate of what their invoicing will be in December, which is listed on the front page of the estimated expenditures; that she conferred with James Moore regarding the operating account balance; that the property tax deposits in November and December would be adequate; and that she also included the \$700,000 payment to ACHA for SMA's two programs if it was emailed prior to the next meeting.

Motion 093-2024 Commissioner Pepin 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 \$7,341,967. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small noted that WVHA's Enabling Act does not officially transfer the newly elected commissioners into office until the January meeting when they are sworn in. He advised that if the new commissioners did not have a preferred judge or anyone else to swear them in, then he and Ms. Tebo would do it. He added that there would be no transfer of banking authorizations and responsibilities until the new commissioners are installed.

He informed the Board that John Mullen's reply brief to the appellate court had recently been emailed to them.

Upcoming - Regular Meeting on January 16, 2025

Chair Coen reminded everyone that they would not meet again until January 16th when the new commissioners would be sworn in.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:40 p.m.

Adjournment - Jennifer Coen, Chair



EBMS

December 19, 2024

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

11/1/2024 to 11/30/2024

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	7778		Charges	\$6,721,488	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$5,845,378	Addl Info Not Provided	-\$130,380	-1.94%
Medical	\$863,716	\$566	Allowed	\$876,110	Duplicate Charges	\$15,465	0.23%
Professional	\$419,679	\$275	less Member	\$12,960	Plan Limitations	\$1,180,313	17.56%
Facility	\$444,038	\$291	less Adjustments	-\$566	Cost Savings	\$4,726,374	70.32%
PBM	\$0	\$0	Paid Benefit	\$863,716	UCR Reductions	\$782	0.01%
Vision	\$0	\$0	plus Admin Costs	\$295,141	Other	\$52,825	0.79%
Total Plan Paid:	\$863,716	\$566	Total Plan Paid:	\$1,158,858	Total:	\$5,845,378	86.97%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
11/30/2024	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	51	38	89	0	0	0	0	89	0	0
20 to 25	38	42	80	0	0	0	0	80	0	0
26 to 29	40	28	68	0	0	0	0	68	0	0
30 to 39	113	135	248	0	0	0	0	248	0	0
40 to 49	183	178	361	0	0	0	0	361	0	0
50 to 59	167	229	396	0	0	0	0	396	0	0
60 to 64	92	108	200	0	0	0	0	200	0	0
65 and Older	32	53	85	0	0	0	0	85	0	0
Totals	716	811	1527	0	0	0	0	1527	0	0
Average Age	44.32	46.63	45.54	0.00	0.00	0.00	0.00	45.54	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 11/30/2024	Employee	Spouse	Dependent
Florida Cancer Specialists	100	\$167,728	0 to 19	\$2,011	\$0	\$0
Adventhealth Deland	94	\$140,289	20 to 25	\$10,478	\$0	\$0
Adventhealth Fish	90	\$110,738	26 to 29	\$11,650	\$0	\$0
Medical Center Of Deltona	16	\$63,042	30 to 39	\$174,031	\$0	\$0
Halifax Hospital Medical	12	\$51,174	40 to 49	\$133,742	\$0	\$0
Deland Dialysis	50	\$43,470	50 to 59	\$292,085	\$0	\$0
Quest Diagnostics Tampa	357	\$21,850	60 to 64	\$178,714	\$0	\$0
06 Radiology Associates	155	\$17,829	65 and Older	\$61,005	\$0	\$0
Quest Diagnostics Nichols	81	\$15,228	Totals	\$863,716	\$0	\$0
Gastroenterology Of	79	\$14,427				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$23,473	43	\$1,009,339
Total:	\$1,451,161	Dental	\$0	13	\$0
		Vision	\$0	29	\$0
		RX	\$3	26	\$78
		Total:			\$1,009,417



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 11/1/2024 to 11/30/2024
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	3	\$50,653	\$50,653	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	51	\$59,429	\$39,076	\$20,353	\$0	\$0	\$20,353	2.36%
CHIROPRACTIC	19	\$1,358	\$750	\$607	\$70	\$0	\$537	0.06%
DIALYSIS	87	\$1,417,260	\$1,364,365	\$52,896	\$0	\$0	\$52,896	6.12%
DME/APPLIANCE	5	\$2,402	\$2,402	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	449	\$1,397,230	\$1,263,695	\$133,535	\$4,036	\$0	\$129,499	14.99%
INELIGIBLE	144	\$192,803	\$192,657	\$146	\$0	\$0	\$146	0.02%
INPATIENT PHYS	395	\$92,263	\$72,866	\$19,397	\$0	\$0	\$19,397	2.25%
IP HOSP CHARGES	35	\$955,402	\$819,336	\$136,065	\$650	\$0	\$135,415	15.68%
MATERNITY	2	\$3,000	\$3,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	14	\$1,663	\$1,265	\$398	\$50	\$0	\$348	0.04%
OFFICE VISIT	813	\$122,171	\$76,216	\$45,955	\$3,520	\$0	\$42,435	4.91%
OP PHYSICIAN	164	\$45,520	\$34,123	\$11,397	\$155	\$0	\$11,242	1.30%
OTHER	224	\$797	\$797	\$0	\$0	-\$566	\$566	0.07%
OUTPAT HOSP	37	\$67,805	\$61,967	\$5,838	\$673	\$0	\$5,165	0.60%
PSYCHIATRIC	128	\$26,939	\$10,884	\$16,055	\$515	\$0	\$15,540	1.80%
RADIATION /CHEMO	179	\$615,222	\$455,874	\$159,347	\$54	\$0	\$159,294	18.44%
SLEEP DISORDER	2	\$217	\$217	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	12	\$1,219	\$1,219	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	77	\$801,658	\$673,032	\$128,626	\$1,425	\$0	\$127,201	14.73%
SURGERY	193	\$35,296	\$26,543	\$8,754	\$0	\$0	\$8,754	1.01%
SURGERY IP	17	\$10,454	\$6,192	\$4,262	\$0	\$0	\$4,262	0.49%
SURGERY OP	46	\$66,065	\$54,550	\$11,515	\$0	\$0	\$11,515	1.33%
THERAPY	407	\$38,957	\$27,194	\$11,763	\$750	\$0	\$11,013	1.28%
URGENT CARE	11	\$2,694	\$1,991	\$703	\$150	\$0	\$553	0.06%
VISION	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	878	\$75,726	\$61,577	\$14,149	\$0	\$0	\$14,149	1.64%
XRAY/ LAB	3618	\$637,285	\$542,933	\$94,351	\$913	\$0	\$93,439	10.82%
Totals:	8012	\$6,721,488	\$5,845,378	\$876,110	\$12,960	-\$566	\$863,716	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 11/30/2024
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	15428		Charges	\$13,519,166	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$12,076,145	Addl Info Not Provided	\$369,689	2.73%
Medical	\$1,451,161	\$475	Allowed	\$1,443,021	Duplicate Charges	\$445,572	3.30%
Professional	\$713,417	\$234	less Member	\$23,143	Plan Limitations	\$2,949,614	21.82%
Facility	\$737,745	\$242	less Adjustments	-\$31,283	Cost Savings	\$8,256,053	61.07%
PBM	\$0	\$0	Paid Benefit	\$1,451,161	UCR Reductions	\$952	0.01%
Vision	\$0	\$0	plus Admin Costs	\$649,046	Other	\$54,265	0.40%
Total Plan Paid:	\$1,451,161	\$475	Total Plan Paid:	\$2,100,208	Total:	\$12,076,145	89.33%

Census										
Census Date: 11/30/2024	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	51	38	89	0	0	0	0	89	0	0
20 to 25	38	42	80	0	0	0	0	80	0	0
26 to 29	40	28	68	0	0	0	0	68	0	0
30 to 39	113	135	248	0	0	0	0	248	0	0
40 to 49	183	178	361	0	0	0	0	361	0	0
50 to 59	167	229	396	0	0	0	0	396	0	0
60 to 64	92	108	200	0	0	0	0	200	0	0
65 and Older	32	53	85	0	0	0	0	85	0	0
Totals	716	811	1527	0	0	0	0	1527	0	0
Average Age	44.32	46.63	45.54	0.00	0.00	0.00	0.00	45.54	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 11/30/2024	Employee	Spouse	Dependent
Florida Cancer Specialists	196	\$244,513	0 to 19	\$3,938	\$0	\$0
Adventhealth Deland	202	\$142,794	20 to 25	\$17,085	\$0	\$0
Adventhealth Fish	209	\$140,492	26 to 29	\$15,920	\$0	\$0
Halifax Hospital Medical	27	\$115,475	30 to 39	\$218,592	\$0	\$0
Deland Dialysis	113	\$108,958	40 to 49	\$238,144	\$0	\$0
Medical Center Of Deltona	32	\$98,942	50 to 59	\$533,643	\$0	\$0
Wellness Avenue Surgery	63	\$46,589	60 to 64	\$310,954	\$0	\$0
Quest Diagnostics Tampa	692	\$44,329	65 and Older	\$112,883	\$0	\$0
06 Radiology Associates	296	\$35,067	Totals	\$1,451,161	\$0	\$0
Gastroenterology Of	162	\$28,108				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$23,473	43	\$1,009,339
Total:	\$1,451,161	Dental	\$0	13	\$0
		Vision	\$0	29	\$0
		RX	\$3	26	\$78
		Total:			\$1,009,417



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 11/30/2024
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$650	\$452	\$198	\$0	\$0	\$198	0.01%
AMBULANCE	8	\$52,313	\$52,313	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	101	\$108,856	\$80,958	\$27,898	\$0	\$0	\$27,898	1.92%
CHIROPRACTIC	32	\$2,313	\$1,275	\$1,038	\$140	\$0	\$898	0.06%
COVID-19	7	\$850	\$850	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	184	\$3,643,050	\$3,514,653	\$128,396	\$0	\$0	\$128,396	8.85%
DME/APPLIANCE	12	\$9,395	\$9,395	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	795	\$2,027,523	\$1,927,066	\$100,458	\$4,010	\$0	\$96,448	6.65%
HOME HEALTH CARE	1	\$437	\$437	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	552	\$413,049	\$412,903	\$146	\$0	\$0	\$146	0.01%
INPATIENT PHYS	558	\$140,389	\$107,255	\$33,134	\$0	\$0	\$33,134	2.28%
IP HOSP CHARGES	58	\$2,183,720	\$1,979,866	\$203,854	\$1,050	\$0	\$202,804	13.98%
MATERNITY	3	\$3,000	\$3,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	40	\$4,926	\$3,955	\$971	\$139	\$0	\$832	0.06%
OFFICE VISIT	1595	\$244,745	\$155,993	\$88,752	\$6,750	\$0	\$82,002	5.65%
OP PHYSICIAN	360	\$116,881	\$92,122	\$24,759	\$339	\$0	\$24,420	1.68%
OTHER	440	\$2,365	\$2,301	\$64	\$0	-\$31,283	\$31,347	2.16%
OUTPAT HOSP	101	\$228,200	\$205,398	\$22,802	\$2,400	\$0	\$20,402	1.41%
PSYCHIATRIC	264	\$151,878	\$105,737	\$46,142	\$1,085	\$0	\$45,057	3.10%
RADIATION /CHEMO	283	\$843,625	\$612,778	\$230,847	\$73	\$0	\$230,774	15.90%
SLEEP DISORDER	6	\$1,051	\$1,051	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	29	\$124,091	\$105,237	\$18,854	\$0	\$0	\$18,854	1.30%
SURG FACILITY	198	\$1,519,994	\$1,284,066	\$235,928	\$3,400	\$0	\$232,528	16.02%
SURGERY	393	\$78,099	\$57,774	\$20,325	\$0	\$0	\$20,325	1.40%
SURGERY IP	38	\$27,261	\$17,190	\$10,071	\$0	\$0	\$10,071	0.69%
SURGERY OP	82	\$120,688	\$101,466	\$19,222	\$0	\$0	\$19,222	1.32%
THERAPY	840	\$90,116	\$64,176	\$25,940	\$1,830	\$0	\$24,110	1.66%
URGENT CARE	33	\$7,006	\$6,303	\$703	\$150	\$0	\$553	0.04%
VISION	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1762	\$130,544	\$106,357	\$24,188	\$0	\$0	\$24,188	1.67%
XRAY/ LAB	7225	\$1,242,150	\$1,063,816	\$178,334	\$1,778	\$0	\$176,556	12.17%
Totals:	16003	\$13,519,166	\$12,076,145	\$1,443,021	\$23,143	-\$31,283	\$1,451,161	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2024 to 11/30/2024

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2024	1445	0	1445
2/1/2024	1453	0	1453
3/1/2024	1488	0	1488
4/1/2024	1507	0	1507
5/1/2024	1538	0	1538
6/1/2024	1566	0	1566
7/1/2024	1593	0	1593
8/1/2024	1576	0	1576
9/1/2024	1601	0	1601
10/1/2024	1616	0	1616
11/1/2024	1607	0	1607
Total Member Days			1,544.55



Enrollment Counts by City and State

Block of Business ID: EBMSI
Client ID: 00532

As Of Date: 11/30/2024

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	116	0	116
Debary, FL	40	0	40
Deland, FL	721	0	721
Deltona, FL	386	0	386
Enterprise, FL	2	0	2
Lake Helen, FL	12	0	12
Orange City, FL	107	0	107
Osteen, FL	8	0	8
Pierson, FL	94	0	94
Seville, FL	41	0	41
Total	1527	0	1527



Tier Census by Product 11/1/2024

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	1503	700	803	0	0	0	0	1503
		Subtotal for Active:	1503	700	803	0	0	0	0	1503
		Total for Medical:	1503	700	803	0	0	0	0	1503



Tier Census by Product 11/15/2024

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	1531	711	820	0	0	0	0	1531
		Subtotal for Active:	1531	711	820	0	0	0	0	1531
		Total for Medical:	1531	711	820	0	0	0	0	1531



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 11/1/2024 to 11/30/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	3	50,653.00	50,653.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	51	59,429.20	5,760.00	33,316.32	20,352.88	0.00	0.00	20,352.88	2.36%
CHIROPRACTIC	19	1,357.58	0.00	750.40	607.18	70.00	0.00	537.18	0.06%
DIALYSIS	87	1,417,260.33	93,233.83	1,271,130.97	52,895.53	0.00	0.00	52,895.53	6.12%
DME/APPLIANCE	5	2,402.00	2,402.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	449	1,397,230.40	317,098.72	946,596.72	133,534.96	4,035.91	0.00	129,499.05	14.99%
INELIGIBLE	144	192,803.06	191,653.92	1,002.95	146.19	0.00	0.00	146.19	0.02%
INPATIENT PHYS	395	92,263.44	37,964.58	34,901.85	19,397.01	0.00	0.00	19,397.01	2.25%
IP HOSP CHARGES	35	955,401.50	-36,018.40	855,354.79	136,065.11	650.00	0.00	135,415.11	15.68%
MATERNITY	2	3,000.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	14	1,663.00	0.00	1,265.11	397.89	50.00	0.00	347.89	0.04%
OFFICE VISIT	813	122,170.82	11,342.09	64,873.62	45,955.11	3,520.00	0.00	42,435.11	4.91%
OP PHYSICIAN	164	45,519.57	1,260.00	32,863.07	11,396.50	154.81	0.00	11,241.69	1.30%
OTHER	229	797.00	0.00	797.00	0.00	0.00	-566.06	566.06	0.07%
OUTPAT HOSP	37	67,805.05	7,023.78	54,943.64	5,837.63	672.84	0.00	5,164.79	0.60%
PSYCHIATRIC	128	26,939.34	994.08	9,889.99	16,055.27	515.00	0.00	15,540.27	1.80%
RADIATION /CHEMO	179	615,221.69	125,833.41	330,040.90	159,347.38	53.60	0.00	159,293.78	18.44%
SLEEP DISORDER	2	217.26	217.26	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	12	1,219.00	1,219.00	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	77	801,658.05	150,067.38	522,964.95	128,625.72	1,425.00	0.00	127,200.72	14.73%
SURGERY	193	35,296.32	1,364.00	25,178.61	8,753.71	0.00	0.00	8,753.71	1.01%
SURGERY IP	17	10,453.68	1,662.00	4,529.98	4,261.70	0.00	0.00	4,261.70	0.49%
SURGERY OP	46	66,064.56	1,662.00	52,887.82	11,514.74	0.00	0.00	11,514.74	1.33%
THERAPY	407	38,957.00	8,854.00	18,340.39	11,762.61	750.00	0.00	11,012.61	1.28%
URGENT CARE	11	2,694.00	219.00	1,772.00	703.00	150.00	0.00	553.00	0.06%
VISION	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	878	75,726.24	8,551.93	53,025.52	14,148.79	0.00	0.00	14,148.79	1.64%
XRAY/ LAB	3618	637,284.63	64,680.21	478,253.26	94,351.16	912.50	0.00	93,438.66	10.82%
Totals for 00532	8017	6,721,487.72	1,050,697.79	4,794,679.86	876,110.07	12,959.66	-566.06	863,716.47	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 07:01:59 on 01 December 2024



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 11/30/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	650.00	0.00	452.33	197.67	0.00	0.00	197.67	0.01%
AMBULANCE	8	52,313.00	52,313.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	101	108,856.30	16,306.00	64,652.26	27,898.04	0.00	0.00	27,898.04	1.92%
CHIROPRACTIC	32	2,312.84	0.00	1,275.24	1,037.60	140.00	0.00	897.60	0.06%
COVID-19	7	849.55	849.55	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	184	3,643,049.69	307,605.88	3,207,047.51	128,396.30	0.00	0.00	128,396.30	8.85%
DME/APPLIANCE	12	9,395.00	9,395.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	795	2,027,523.46	1,300,211.57	626,854.34	100,457.55	4,009.65	0.00	96,447.90	6.65%
HOME HEALTH CARE	1	437.00	437.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	552	413,049.14	411,900.00	1,002.95	146.19	0.00	0.00	146.19	0.01%
INPATIENT PHYS	558	140,389.04	46,901.58	60,353.91	33,133.55	0.00	0.00	33,133.55	2.28%
IP HOSP CHARGES	58	2,183,720.10	883,033.13	1,096,832.83	203,854.14	1,050.00	0.00	202,804.14	13.98%
MATERNITY	3	3,000.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	40	4,925.95	1,138.95	2,816.49	970.51	138.65	0.00	831.86	0.06%
OFFICE VISIT	1595	244,744.72	22,777.45	133,215.35	88,751.92	6,750.00	0.00	82,001.92	5.65%
OP PHYSICIAN	360	116,881.10	5,928.29	86,193.51	24,759.30	339.27	0.00	24,420.03	1.68%
OTHER	484	2,365.00	779.00	1,522.42	63.58	0.00	-31,282.95	31,346.53	2.16%
OUTPAT HOSP	101	228,199.91	38,291.62	167,106.54	22,801.75	2,399.60	0.00	20,402.15	1.41%
PSYCHIATRIC	264	151,878.46	65,160.08	40,576.71	46,141.67	1,085.00	0.00	45,056.67	3.10%
RADIATION /CHEMO	283	843,624.98	135,038.23	477,739.86	230,846.89	72.75	0.00	230,774.14	15.90%
SLEEP DISORDER	6	1,050.75	1,050.75	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	29	124,091.00	42,418.98	62,818.51	18,853.51	0.00	0.00	18,853.51	1.30%
SURG FACILITY	198	1,519,993.91	150,472.56	1,133,593.36	235,927.99	3,400.00	0.00	232,527.99	16.02%
SURGERY	393	78,099.24	4,464.70	53,309.42	20,325.12	0.00	0.00	20,325.12	1.40%
SURGERY IP	38	27,260.68	4,742.00	12,447.67	10,071.01	0.00	0.00	10,071.01	0.69%
SURGERY OP	82	120,688.19	17,309.12	84,157.11	19,221.96	0.00	0.00	19,221.96	1.32%
THERAPY	840	90,116.00	19,461.00	44,714.64	25,940.36	1,830.00	0.00	24,110.36	1.66%
URGENT CARE	33	7,006.00	4,531.00	1,772.00	703.00	150.00	0.00	553.00	0.04%
VISION	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1762	130,544.46	12,065.42	94,291.46	24,187.58	0.00	0.00	24,187.58	1.67%
XRAY/ LAB	7225	1,242,150.33	193,659.98	870,156.41	178,333.94	1,777.92	0.00	176,556.02	12.17%
Totals for 00532	16047	13,519,165.80	3,751,241.84	8,324,902.83	1,443,021.13	23,142.84	-31,282.95	1,451,161.24	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 07:06:12 on 01 December 2024



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 11/1/2024 to 11/30/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	1835	501,515.68	0.00	0.00	0.00	0.00	501,515.68
miCareDelton	1436	330,970.56	0.00	0.00	0.00	0.00	330,970.56
miCarePierse	136	31,230.23	0.00	0.00	0.00	0.00	31,230.23
N/A	7	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	3415	863,716.47	0.00	0.00	0.00	0.00	863,716.47



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2024 to 11/30/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	3518	847,143.12	0.00	0.00	0.00	0.00	847,143.12
miCareDelton	2818	550,931.17	0.00	0.00	0.00	0.00	550,931.17
miCarePierse	269	53,086.95	0.00	0.00	0.00	0.00	53,086.95
N/A	17	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	6625	1,451,161.24	0.00	0.00	0.00	0.00	1,451,161.24



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 11/1/2024 to 11/30/2024

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	580	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: 10/1/2024 to 11/30/2024

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	1204	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/23 to 11/30/24

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	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$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	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	10-2024	\$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	10-2024	\$115,189.86	\$23,353.26	\$365.04	\$206,719.28	\$0.00	1662	\$345,627.44	\$0.00	967	\$357.42	\$119.12	\$24.15	\$0.38	\$213.77	\$0.00
miCareDeLand	11-2024	\$203,463.92	\$24,990.98	\$365.04	\$272,361.41	\$0.00	1776	\$501,181.35	\$0.00	972	\$515.62	\$209.33	\$25.71	\$0.38	\$280.21	\$0.00
	Subtotal:	\$318,653.78	\$48,344.24	\$730.08	\$479,080.69	\$0.00	3438	\$846,808.79	\$0.00	1939	\$436.72	\$164.34	\$24.93	\$0.38	\$247.08	\$0.00
miCareDelton	10-2024	\$75,447.41	\$13,266.17	\$0.00	\$131,247.03	\$0.00	1371	\$219,960.61	\$0.00	583	\$377.29	\$129.41	\$22.76	\$0.00	\$225.12	\$0.00
miCareDelton	11-2024	\$161,697.63	\$16,268.38	\$0.00	\$153,004.55	\$0.00	1413	\$330,970.56	\$0.00	569	\$581.67	\$284.18	\$28.59	\$0.00	\$268.90	\$0.00
	Subtotal:	\$237,145.04	\$29,534.55	\$0.00	\$284,251.58	\$0.00	2784	\$550,931.17	\$0.00	1152	\$478.24	\$205.86	\$25.64	\$0.00	\$246.75	\$0.00
miCarePierso	10-2024	\$1,576.07	\$2,656.08	\$0.00	\$17,624.57	\$0.00	131	\$21,856.72	\$0.00	66	\$331.16	\$23.88	\$40.24	\$0.00	\$267.04	\$0.00
miCarePierso	11-2024	\$17,447.81	\$1,526.75	\$0.00	\$12,255.67	\$0.00	134	\$31,230.23	\$0.00	66	\$473.19	\$264.36	\$23.13	\$0.00	\$185.69	\$0.00
	Subtotal:	\$19,023.88	\$4,182.83	\$0.00	\$29,880.24	\$0.00	265	\$53,086.95	\$0.00	132	\$402.17	\$144.12	\$31.69	\$0.00	\$226.37	\$0.00
N/A	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$353,905.38	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	7	\$0.00	\$295,141.10	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	17	\$0.00	\$649,046.48	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$574,822.70	\$82,061.62	\$730.08	\$793,212.51	\$0.00	6507	\$1,450,826.91	\$649,046.48	3223	\$651.53	\$178.35	\$25.46	\$0.23	\$246.11	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2024-11/30/2024

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



EBMS

January 16, 2025

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2024 to 12/31/2024

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	22824		Charges	\$19,648,781	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$17,540,884	Addl Info Not Provided	\$369,439	1.88%
Medical	\$2,105,008	\$467	Allowed	\$2,107,897	Duplicate Charges	\$605,878	3.08%
Professional	\$1,045,378	\$232	less Member	\$33,729	Plan Limitations	\$4,529,628	23.05%
Facility	\$1,059,630	\$235	less Adjustments	-\$30,840	Cost Savings	\$11,979,457	60.97%
PBM	\$0	\$0	Paid Benefit	\$2,105,008	UCR Reductions	\$1,481	0.01%
Vision	\$0	\$0	plus Admin Costs	\$950,876	Other	\$55,000	0.28%
Total Plan Paid:	\$2,105,008	\$467	Total Plan Paid:	\$3,055,884	Total:	\$17,540,884	89.27%

Census										
Census Date: 12/31/2024	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	44	32	76	0	0	0	0	76	0	0
20 to 25	38	43	81	0	0	0	0	81	0	0
26 to 29	37	27	64	0	0	0	0	64	0	0
30 to 39	117	132	249	0	0	0	0	249	0	0
40 to 49	181	183	364	0	0	0	0	364	0	0
50 to 59	163	226	389	0	0	0	0	389	0	0
60 to 64	92	103	195	0	0	0	0	195	0	0
65 and Older	32	53	85	0	0	0	0	85	0	0
Totals	704	799	1503	0	0	0	0	1503	0	0
Average Age	44.57	46.77	45.74	0.00	0.00	0.00	0.00	45.74	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 12/31/2024	Employee	Spouse	Dependent
Florida Cancer Specialists	314	\$362,265	0 to 19	\$6,106	\$0	\$0
Adventhealth Deland	263	\$234,094	20 to 25	\$32,970	\$0	\$0
Adventhealth Fish	268	\$198,089	26 to 29	\$31,224	\$0	\$0
Halifax Hospital Medical	43	\$190,745	30 to 39	\$326,262	\$0	\$0
Deland Dialysis	157	\$147,309	40 to 49	\$358,632	\$0	\$0
Medical Center Of Deltona	44	\$143,913	50 to 59	\$715,445	\$0	\$0
Quest Diagnostics Tampa	1024	\$65,543	60 to 64	\$434,538	\$0	\$0
Wellness Avenue Surgery	80	\$55,431	65 and Older	\$199,831	\$0	\$0
06 Radiology Associates	435	\$50,518	Totals	\$2,105,008	\$0	\$0
Wellness Avenue Surgery	108	\$36,151				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$24,073	43	\$1,035,139
December 24	\$653,847	Dental	\$0	13	\$0
Total:	\$2,105,008	Vision	\$0	62	\$0
		RX	\$0	29	\$0
		Total:			\$1,035,139



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 12/31/2024
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$650	\$452	\$198	\$0	\$0	\$198	0.01%
AMBULANCE	8	\$52,313	\$52,313	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	150	\$162,841	\$119,954	\$42,887	\$0	\$0	\$42,887	2.04%
CHIROPRACTIC	37	\$2,740	\$1,498	\$1,242	\$170	\$0	\$1,072	0.05%
COVID-19	7	\$850	\$850	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	267	\$5,515,101	\$5,340,018	\$175,083	\$0	\$0	\$175,083	8.32%
DME/APPLIANCE	15	\$10,432	\$10,432	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1192	\$3,809,595	\$3,520,518	\$289,076	\$8,677	\$0	\$280,399	13.32%
HOME HEALTH CARE	1	\$437	\$437	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	673	\$463,543	\$463,397	\$146	\$0	\$0	\$146	0.01%
INPATIENT PHYS	799	\$206,052	\$160,624	\$45,428	\$0	\$0	\$45,428	2.16%
IP HOSP CHARGES	66	\$2,444,829	\$2,231,076	\$213,753	\$1,100	\$0	\$212,653	10.10%
MATERNITY	5	\$9,000	\$9,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	50	\$10,859	\$9,643	\$1,216	\$179	\$0	\$1,037	0.05%
OFFICE VISIT	2359	\$346,957	\$222,313	\$124,645	\$9,450	\$0	\$115,195	5.47%
OP PHYSICIAN	550	\$179,430	\$142,679	\$36,751	\$591	\$0	\$36,159	1.72%
OTHER	657	\$2,387	\$2,323	\$64	\$0	-\$30,840	\$30,903	1.47%
OUTPAT HOSP	115	\$304,219	\$280,747	\$23,472	\$2,480	\$0	\$20,991	1.00%
PSYCHIATRIC	381	\$189,547	\$135,421	\$54,126	\$1,425	\$0	\$52,701	2.50%
RADIATION /CHEMO	410	\$1,183,195	\$836,901	\$346,294	\$127	\$0	\$346,167	16.44%
SLEEP DISORDER	8	\$1,268	\$1,268	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	29	\$124,091	\$105,237	\$18,854	\$0	\$0	\$18,854	0.90%
SURG FACILITY	271	\$2,103,372	\$1,776,170	\$327,202	\$4,350	\$0	\$322,852	15.34%
SURGERY	629	\$129,117	\$96,560	\$32,556	\$0	\$0	\$32,556	1.55%
SURGERY IP	68	\$50,694	\$35,534	\$15,160	\$0	\$0	\$15,160	0.72%
SURGERY OP	124	\$180,986	\$152,964	\$28,022	\$0	\$0	\$28,022	1.33%
THERAPY	1169	\$130,423	\$95,517	\$34,906	\$2,520	\$0	\$32,386	1.54%
URGENT CARE	46	\$9,622	\$8,346	\$1,276	\$300	\$0	\$976	0.05%
VISION	3	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	2660	\$197,395	\$162,069	\$35,326	\$0	\$0	\$35,326	1.68%
XRAY/ LAB	10705	\$1,826,837	\$1,566,622	\$260,214	\$2,359	\$0	\$257,856	12.25%
Totals:	23455	\$19,648,781	\$17,540,884	\$2,107,897	\$33,729	-\$30,840	\$2,105,008	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 12/1/2024 to 12/31/2024
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	7246		Charges	\$6,129,615	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$5,464,739	Addl Info Not Provided	-\$250	0.00%
Medical	\$653,847	\$435	Allowed	\$664,876	Duplicate Charges	\$160,306	2.62%
Professional	\$331,961	\$221	less Member	\$10,586	Plan Limitations	\$1,580,014	25.78%
Facility	\$321,886	\$214	less Adjustments	\$443	Cost Savings	\$3,723,404	60.74%
PBM	\$0	\$0	Paid Benefit	\$653,847	UCR Reductions	\$529	0.01%
Vision	\$0	\$0	plus Admin Costs	\$301,829	Other	\$735	0.01%
Total Plan Paid:	\$653,847	\$435	Total Plan Paid:	\$955,676	Total:	\$5,464,739	89.15%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
12/31/2024	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	44	32	76	0	0	0	0	76	0	0
20 to 25	38	43	81	0	0	0	0	81	0	0
26 to 29	37	27	64	0	0	0	0	64	0	0
30 to 39	117	132	249	0	0	0	0	249	0	0
40 to 49	181	183	364	0	0	0	0	364	0	0
50 to 59	163	226	389	0	0	0	0	389	0	0
60 to 64	92	103	195	0	0	0	0	195	0	0
65 and Older	32	53	85	0	0	0	0	85	0	0
Totals	704	799	1503	0	0	0	0	1503	0	0
Average Age	44.57	46.77	45.74	0.00	0.00	0.00	0.00	45.74	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 12/31/2024	Employee	Spouse	Dependent
Florida Cancer Specialists	118	\$117,752	0 to 19	\$2,168	\$0	\$0
Adventhealth Deland	61	\$91,300	20 to 25	\$15,885	\$0	\$0
Halifax Hospital Medical	16	\$75,270	26 to 29	\$15,303	\$0	\$0
Adventhealth Fish	59	\$57,596	30 to 39	\$107,669	\$0	\$0
Medical Center Of Deltona	12	\$44,971	40 to 49	\$120,487	\$0	\$0
Deland Dialysis	44	\$38,352	50 to 59	\$190,239	\$0	\$0
Quest Diagnostics Tampa	332	\$21,213	60 to 64	\$128,893	\$0	\$0
06 Radiology Associates	139	\$15,450	65 and Older	\$73,202	\$0	\$0
Wellness Avenue Surgery	46	\$13,477	Totals	\$653,847	\$0	\$0
Wellness Avenue Surgery	17	\$8,841				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$24,073	43	\$1,035,139
December 24	\$653,847	Dental	\$0	13	\$0
Total:	\$2,105,008	Vision	\$0	62	\$0
		RX	\$0	29	\$0
		Total:			\$1,035,139



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 12/1/2024 to 12/31/2024
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ANESTHESIA	49	\$53,985	\$38,996	\$14,989	\$0	\$0	\$14,989	2.29%
CHIROPRACTIC	5	\$428	\$223	\$205	\$30	\$0	\$175	0.03%
DIALYSIS	83	\$1,872,051	\$1,825,365	\$46,687	\$0	\$0	\$46,687	7.14%
DME/APPLIANCE	3	\$1,037	\$1,037	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	397	\$1,782,071	\$1,593,452	\$188,619	\$4,668	\$0	\$183,951	28.13%
INELIGIBLE	121	\$50,494	\$50,494	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	241	\$65,663	\$53,368	\$12,294	\$0	\$0	\$12,294	1.88%
IP HOSP CHARGES	8	\$261,109	\$251,210	\$9,899	\$50	\$0	\$9,849	1.51%
MATERNITY	2	\$6,000	\$6,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	10	\$5,933	\$5,688	\$245	\$40	\$0	\$205	0.03%
OFFICE VISIT	764	\$102,213	\$66,320	\$35,893	\$2,700	\$0	\$33,193	5.08%
OP PHYSICIAN	190	\$62,549	\$50,557	\$11,992	\$252	\$0	\$11,739	1.80%
OTHER	218	\$22	\$22	\$0	\$0	\$443	-\$443	-0.07%
OUTPAT HOSP	14	\$76,019	\$75,349	\$670	\$81	\$0	\$589	0.09%
PSYCHIATRIC	117	\$37,669	\$29,684	\$7,985	\$340	\$0	\$7,645	1.17%
RADIATION /CHEMO	127	\$339,570	\$224,123	\$115,447	\$54	\$0	\$115,393	17.65%
SLEEP DISORDER	2	\$217	\$217	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	73	\$583,378	\$492,104	\$91,274	\$950	\$0	\$90,324	13.81%
SURGERY	236	\$51,018	\$38,786	\$12,231	\$0	\$0	\$12,231	1.87%
SURGERY IP	30	\$23,433	\$18,344	\$5,089	\$0	\$0	\$5,089	0.78%
SURGERY OP	42	\$60,298	\$51,498	\$8,800	\$0	\$0	\$8,800	1.35%
THERAPY	329	\$40,307	\$31,341	\$8,966	\$690	\$0	\$8,276	1.27%
URGENT CARE	13	\$2,616	\$2,043	\$573	\$150	\$0	\$423	0.06%
VISION	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	898	\$66,851	\$55,712	\$11,139	\$0	\$0	\$11,139	1.70%
XRAY/ LAB	3480	\$584,686	\$502,806	\$81,881	\$581	\$0	\$81,300	12.43%
Totals:	7453	\$6,129,615	\$5,464,739	\$664,876	\$10,586	\$443	\$653,847	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2024 to 12/31/2024

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2024	1445	0	1445
2/1/2024	1453	0	1453
3/1/2024	1488	0	1488
4/1/2024	1507	0	1507
5/1/2024	1538	0	1538
6/1/2024	1566	0	1566
7/1/2024	1593	0	1593
8/1/2024	1573	0	1573
9/1/2024	1597	0	1597
10/1/2024	1612	0	1612
11/1/2024	1613	0	1613
12/1/2024	1590	0	1590
Total Member Days			1,547.92



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 12/31/2024

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	114	0	114
Debary, FL	40	0	40
Deland, FL	717	0	717
Deltona, FL	378	0	378
Enterprise, FL	2	0	2
Lake Helen, FL	10	0	10
Orange City, FL	99	0	99
Osteen, FL	8	0	8
Pierson, FL	92	0	92
Seville, FL	43	0	43
Total	1503	0	1503



Tier Census by Product 12/1/2024

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	1526	716	810	0	0	0	0	1526
		Subtotal for Active:	1526	716	810	0	0	0	0	1526
		Total for Medical:	1526	716	810	0	0	0	0	1526



Tier Census by Product 12/15/2024

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	1507	708	799	0	0	0	0	1507
		Subtotal for Active:	1507	708	799	0	0	0	0	1507
		Total for Medical:	1507	708	799	0	0	0	0	1507



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 12/1/2024 to 12/31/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ANESTHESIA	49	53,985.00	5,241.20	33,754.46	14,989.34	0.00	0.00	14,989.34	2.29%
CHIROPRACTIC	5	427.50	0.00	223.00	204.50	30.00	0.00	174.50	0.03%
DIALYSIS	83	1,872,051.16	674,629.00	1,150,735.56	46,686.60	0.00	0.00	46,686.60	7.14%
DME/APPLIANCE	3	1,037.00	1,037.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	397	1,782,071.09	449,837.76	1,143,614.68	188,618.65	4,667.81	0.00	183,950.84	28.13%
INELIGIBLE	121	50,493.96	50,493.96	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	241	65,662.58	30,986.58	22,381.53	12,294.47	0.00	0.00	12,294.47	1.88%
IP HOSP CHARGES	8	261,109.01	121,753.01	129,456.81	9,899.19	50.00	0.00	9,849.19	1.51%
MATERNITY	2	6,000.00	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	10	5,933.01	4,900.01	787.95	245.05	40.00	0.00	205.05	0.03%
OFFICE VISIT	764	102,212.54	10,276.72	56,043.10	35,892.72	2,700.00	0.00	33,192.72	5.08%
OP PHYSICIAN	190	62,548.80	3,598.62	46,958.54	11,991.64	252.18	0.00	11,739.46	1.80%
OTHER	235	22.00	0.00	22.00	0.00	0.00	443.34	-443.34	-0.07%
OUTPAT HOSP	14	76,018.70	20,838.85	54,509.96	669.89	80.75	0.00	589.14	0.09%
PSYCHIATRIC	117	37,668.80	25,604.08	4,080.17	7,984.55	340.00	0.00	7,644.55	1.17%
RADIATION /CHEMO	127	339,570.19	0.00	224,122.83	115,447.36	54.40	0.00	115,392.96	17.65%
SLEEP DISORDER	2	217.26	217.26	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	73	583,378.30	79,954.51	412,149.36	91,274.43	950.00	0.00	90,324.43	13.81%
SURGERY	236	51,017.52	3,409.00	35,377.23	12,231.29	0.00	0.00	12,231.29	1.87%
SURGERY IP	30	23,433.14	13,255.46	5,089.01	5,088.67	0.00	0.00	5,088.67	0.78%
SURGERY OP	42	60,297.64	1,672.00	49,826.03	8,799.61	0.00	0.00	8,799.61	1.35%
THERAPY	329	40,307.00	13,314.00	18,026.89	8,966.11	690.00	0.00	8,276.11	1.27%
URGENT CARE	13	2,616.00	186.24	1,857.08	572.68	150.00	0.00	422.68	0.06%
VISION	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	898	66,850.67	8,661.39	47,050.65	11,138.63	0.00	0.00	11,138.63	1.70%
XRAY/ LAB	3480	584,686.41	87,418.61	415,387.27	81,880.53	580.62	0.00	81,299.91	12.43%
Totals for 00532	7470	6,129,615.28	1,613,285.26	3,851,454.11	664,875.91	10,585.76	443.34	653,846.81	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 08:33:20 on 01 January 2025



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 12/31/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	650.00	0.00	452.33	197.67	0.00	0.00	197.67	0.01%
AMBULANCE	8	52,313.00	52,313.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	150	162,841.30	21,547.20	98,406.72	42,887.38	0.00	0.00	42,887.38	2.04%
CHIROPRACTIC	37	2,740.34	0.00	1,498.24	1,242.10	170.00	0.00	1,072.10	0.05%
COVID-19	7	849.55	849.55	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	267	5,515,100.85	982,234.88	4,357,783.07	175,082.90	0.00	0.00	175,082.90	8.32%
DME/APPLIANCE	15	10,432.00	10,432.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1192	3,809,594.55	1,750,049.33	1,770,469.02	289,076.20	8,677.46	0.00	280,398.74	13.32%
HOME HEALTH CARE	1	437.00	437.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	673	463,543.10	462,393.96	1,002.95	146.19	0.00	0.00	146.19	0.01%
INPATIENT PHYS	799	206,051.62	77,888.16	82,735.44	45,428.02	0.00	0.00	45,428.02	2.16%
IP HOSP CHARGES	66	2,444,829.11	1,004,786.14	1,226,289.64	213,753.33	1,100.00	0.00	212,653.33	10.10%
MATERNITY	5	9,000.00	9,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	50	10,858.96	6,038.96	3,604.44	1,215.56	178.65	0.00	1,036.91	0.05%
OFFICE VISIT	2359	346,957.26	33,054.17	189,258.45	124,644.64	9,450.00	0.00	115,194.64	5.47%
OP PHYSICIAN	550	179,429.90	9,526.91	133,152.05	36,750.94	591.45	0.00	36,159.49	1.72%
OTHER	719	2,387.00	779.00	1,544.42	63.58	0.00	-30,839.61	30,903.19	1.47%
OUTPAT HOSP	115	304,218.61	59,130.47	221,616.50	23,471.64	2,480.35	0.00	20,991.29	1.00%
PSYCHIATRIC	381	189,547.26	90,764.16	44,656.88	54,126.22	1,425.00	0.00	52,701.22	2.50%
RADIATION /CHEMO	410	1,183,195.17	135,038.23	701,862.69	346,294.25	127.15	0.00	346,167.10	16.44%
SLEEP DISORDER	8	1,268.01	1,268.01	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	29	124,091.00	42,418.98	62,818.51	18,853.51	0.00	0.00	18,853.51	0.90%
SURG FACILITY	271	2,103,372.21	230,427.07	1,545,742.72	327,202.42	4,350.00	0.00	322,852.42	15.34%
SURGERY	629	129,116.76	7,873.70	88,686.65	32,556.41	0.00	0.00	32,556.41	1.55%
SURGERY IP	68	50,693.82	17,997.46	17,536.68	15,159.68	0.00	0.00	15,159.68	0.72%
SURGERY OP	124	180,985.83	18,981.12	133,983.14	28,021.57	0.00	0.00	28,021.57	1.33%
THERAPY	1169	130,423.00	32,775.00	62,741.53	34,906.47	2,520.00	0.00	32,386.47	1.54%
URGENT CARE	46	9,622.00	4,717.24	3,629.08	1,275.68	300.00	0.00	975.68	0.05%
VISION	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	2660	197,395.13	20,726.81	141,342.11	35,326.21	0.00	0.00	35,326.21	1.68%
XRAY/ LAB	10705	1,826,836.74	281,078.59	1,285,543.68	260,214.47	2,358.54	0.00	257,855.93	12.25%
Totals for 00532	23517	19,648,781.08	5,364,527.10	12,176,356.94	2,107,897.04	33,728.60	-30,839.61	2,105,008.05	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 08:26:58 on 01 January 2025



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 12/1/2024 to 12/31/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1586	379,847.65	0.00	0.00	0.00	0.00	379,847.65
miCareDelton	1326	253,759.12	0.00	0.00	0.00	0.00	253,759.12
miCarePierse	116	20,240.04	0.00	0.00	0.00	0.00	20,240.04
N/A	2	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	3030	653,846.81	0.00	0.00	0.00	0.00	653,846.81



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2024 to 12/31/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	5104	1,226,990.77	0.00	0.00	0.00	0.00	1,226,990.77
miCareDelton	4144	804,690.29	0.00	0.00	0.00	0.00	804,690.29
miCarePierse	385	73,326.99	0.00	0.00	0.00	0.00	73,326.99
N/A	19	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	9655	2,105,008.05	0.00	0.00	0.00	0.00	2,105,008.05



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 12/1/2024 to 12/31/2024

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	580	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: 10/1/2024 to 12/31/2024

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	1784	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/23 to 12/31/24

Location Name	Month	Hospital	Laboratory	PCP	Speciality	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Speciality PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
DeLand	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$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	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	10-2024	\$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	10-2024	\$115,189.86	\$23,353.26	\$365.04	\$206,719.28	\$0.00	1662	\$345,627.44	\$0.00	965	\$358.16	\$119.37	\$24.20	\$0.38	\$214.22	\$0.00
miCareDeLand	11-2024	\$203,463.92	\$24,990.98	\$365.04	\$272,695.74	\$0.00	1778	\$501,515.68	\$0.00	974	\$514.90	\$208.90	\$25.66	\$0.37	\$279.98	\$0.00
miCareDeLand	12-2024	\$133,478.22	\$18,415.92	\$0.00	\$227,953.51	\$0.00	1546	\$379,847.65	\$0.00	967	\$392.81	\$138.03	\$19.04	\$0.00	\$235.73	\$0.00
	Subtotal:	\$452,132.00	\$66,760.16	\$730.08	\$707,368.53	\$0.00	4986	\$1,226,990.77	\$0.00	2906	\$422.23	\$155.59	\$22.97	\$0.25	\$243.42	\$0.00
miCareDelton	10-2024	\$75,447.41	\$13,266.17	\$0.00	\$131,247.03	\$0.00	1371	\$219,960.61	\$0.00	581	\$378.59	\$129.86	\$22.83	\$0.00	\$225.90	\$0.00
miCareDelton	11-2024	\$161,697.63	\$16,268.38	\$0.00	\$153,004.55	\$0.00	1413	\$330,970.56	\$0.00	573	\$577.61	\$282.19	\$28.39	\$0.00	\$267.02	\$0.00
miCareDelton	12-2024	\$134,114.08	\$15,128.60	\$0.00	\$104,516.44	\$0.00	1281	\$253,759.12	\$0.00	550	\$461.38	\$243.84	\$27.51	\$0.00	\$190.03	\$0.00
	Subtotal:	\$371,259.12	\$44,663.15	\$0.00	\$388,768.02	\$0.00	4065	\$804,690.29	\$0.00	1704	\$472.24	\$217.88	\$26.21	\$0.00	\$228.15	\$0.00
miCarePierso	10-2024	\$1,576.07	\$2,656.08	\$0.00	\$17,624.57	\$0.00	131	\$21,856.72	\$0.00	66	\$331.16	\$23.88	\$40.24	\$0.00	\$267.04	\$0.00
miCarePierso	11-2024	\$17,447.81	\$1,526.75	\$0.00	\$12,255.67	\$0.00	134	\$31,230.23	\$0.00	66	\$473.19	\$264.36	\$23.13	\$0.00	\$185.69	\$0.00
miCarePierso	12-2024	\$10,835.80	\$2,485.83	\$0.00	\$6,918.41	\$0.00	116	\$20,240.04	\$0.00	64	\$316.25	\$169.31	\$38.84	\$0.00	\$108.10	\$0.00
	Subtotal:	\$29,859.68	\$6,668.66	\$0.00	\$36,798.65	\$0.00	381	\$73,326.99	\$0.00	196	\$374.12	\$152.35	\$34.02	\$0.00	\$187.75	\$0.00
N/A	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$353,905.38	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	7	\$0.00	\$295,141.10	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3	\$0.00	\$301,829.39	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20	\$0.00	\$950,875.87	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$853,250.80	\$118,091.97	\$730.08	\$1,132,935.20	\$0.00	9455	\$2,105,008.05	\$950,875.87	4806	\$635.85	\$177.54	\$24.57	\$0.15	\$235.73	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2024-12/31/2024

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

November 2024 Report

miCare Utilization

DeLand	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	201	185	92%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	152	128	82%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	353	313	87%

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.
- Utilization measures the clinician’s scheduled availability to the amount of time used to meet patient appointments.
- Between the two clinics 87% of the available clinician capacity was used for scheduled appointments; 13% 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 - 10%
 - Deltona - 7%

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	342	37%	Schedulable patient activities
Total Labs	197	22%	Schedulable patient activities
Total Nurse Visits	17	2%	Schedulable patient activities
Total medication pick-up	335		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	28		Don't have a visit type and are not scheduled appointments
Total Visits	919		

DeLand

- There was a total of 556 clinic visits at the DeLand clinic in November plus 335 medication pick-ups and an additional 28 med pick-ups from the PAP program
- Of the 556 clinic visits, 18 were phone visits
- There were 21 new **patients** that established care at the DeLand clinic last month
- There were 66 **Physicals** in November – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	248	43%	Schedulable patient activities
Total Labs	96	17%	Schedulable patient activities
Total Nurse Visits	14	2%	Schedulable patient activities
Total medication pick-up	201		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	11		Don't have a visit type and are not scheduled appointments
Total Visits	562		

Deltona

- There was a total of 358 clinic visits at the Deltona clinic in November plus 201 medication pick-ups from Deltona as well as 11 med pick-ups from the PAP program
- Of the 358 visits, 15 were phone visits
- There were 8 new **patients** that established care at the Deltona clinic last month
- There were 35 **Physicals** in November – Male/Female Wellness – Established Patients



miCare Member Migration

November 2024

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	539	1,566	34%
Deltona	326	1,566	21%

*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 manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

	November 2024	
PAP Summary 11/1/2024- 11/30/2024		
Application Approved	358	\$180,018
Application Pending Approval	9	\$4,809
Application Started but Not Submitted	9	\$3,861
Totals	376	\$188,688
	(Active Applications)	Monthly Savings for November

Key Insights:

- **536 medications were picked up between both sites**
- **39 PAP medications were picked between the two locations**
- **376 patients had applications for pharmacy assistance programs last month**
- **WVHA avoided \$180,688 of the cost for branded medication in November**
- **Projected annual cost avoided \$2,264,247**



WVHA miCare Clinic Deland and Deltona

December 2024 Report

miCare Utilization

DeLand	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	211	188	89%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	162	143	88%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	373	331	89%

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

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	358	41%	Schedulable patient activities
Total Labs	183	21%	Schedulable patient activities
Total Nurse Visits	23	3%	Schedulable patient activities
Total medication pick-up	275		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
Total Visits	865		

DeLand

- There was a total of 564 clinic visits at the DeLand clinic in December plus 275 medication pick-ups and an additional 23 med pick-ups from the PAP program
- Of the 564 clinic visits, 19 were phone visits
- There were 25 new **patients** that established care at the DeLand clinic last month
- There were 45 **Physicals** in December – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	268	43%	Schedulable patient activities
Total Labs	108	17%	Schedulable patient activities
Total Nurse Visits	9	1%	Schedulable patient activities
Total medication pick-up	211		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	23		Don't have a visit type and are not scheduled appointments
Total Visits	619		

Deltona

- There was a total of 385 clinic visits at the Deltona clinic in December plus 211 medication pick-ups from Deltona as well as 23 med pick-ups from the PAP program
- Of the 385 visits, 19 were phone visits
- There were 13 **new patients** that established care at the Deltona clinic last month
- There were 21 **Physicals** in December – Male/Female Wellness – Established Patients



miCare Member Migration

December 2024

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	527	1,535	34%
Deltona	332	1,535	22%

* Combined migration – 48% for December

*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 manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

	December 2024	
PAP Summary 12/1/2024- 12/31/2024		
Application Approved	366	\$184,654
Application Pending Approval	9	\$4,079
Application Started but Not Submitted	2	\$905
Totals	377	\$189,638
	(Active Applications)	Monthly Savings for December

Key Insights:

- 486 medications were picked up between both sites
- 49 PAP medications were picked between the two locations
- 377 patients had applications for pharmacy assistance programs last month
- WVHA avoided \$189,638 of the cost for branded medication in November
- Projected annual cost avoided \$2,275,67



WVHA miCare Clinic Deland and Deltona

Quarter One Report

October 1st – December 31st, 2024

Clinical Utilization

Deland Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	610	568	93%
2024	649	571	88%

Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	445	363	81%
2024	481	410	85%

Deland and Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	1,055	931	87%
2024	1,130	981	87%

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

Q1	DeLand	Deltona
2023	7%	7%
2024	9%	7%

miCare Member Migration Q1 2024

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	821	1,539	53%
Deltona	551	1,539	36%

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

Key Insights:

- DeLand's had a decrease in utilization for this period over last year, from 93% to 88%. Deltona is showing an increase in utilization from 81% to 85%. Overall, the utilization remained the same over last year at 87%.
- No Shows" is where patients that did not attend their scheduled clinic appointment.
 - DeLand - 9%
 - Deltona - 7%
- Survey results for Q1 show a 4.8% rating



miCare Visit Type Frequency

DeLand

WVHA miCare Clinic Total Visits for DeLand Q1 - 2024-2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	1,055	39%	Schedulable patient activities
Total Labs	558	21%	Schedulable patient activities
Total Nurse Visits	73	3%	Schedulable patient activities
Total medication pick-up	935		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	89		Don't have a visit type and are not scheduled appointments
Total Visits	2,710		

- There was a total of 1,686 clinic visits at the DeLand clinic in Q1 2024, with an additional 935 medication pick-ups and 89 med pick-ups from the PAP program.
- Of the 1,686 visits, 59 were phone visits
- There were 65 new patients that established care at the DeLand clinic, and 182 Physicals conducted in this quarter.

Deltona

WVHA miCare Clinic Total Visits for Deltona Q1 - 2024-2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	765	42%	Schedulable patient activities
Total Labs	307	17%	Schedulable patient activities
Total Nurse Visits	42	2%	Schedulable patient activities
Total medication pick-up	664		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	51		Don't have a visit type and are not scheduled appointments
Total Visits	1,829		

- There was a total of 1,114 clinic visits at the Deltona clinic in Q1 2024, with an additional 664 medication pick-ups along with 51 medication pick-ups from the PAP program.
- There were 43 new patients that established care at the Deltona clinic, and 104 Physicals conducted in this quarter.



Referrals

10/1/2024 – 12/31/2024

Total # All of Referrals	1,965	
miCare Provider Referrals	1,058	54%
Imaging Referrals	452	43%
Referral to Specialist	606	57%

	WVHA Average	*National Average	miCare Average
Benchmark	57%	*28%	**36%

* National Average – per American Academy of Family Physicians

**Average across miCare book of business

Top Five Referrals from Primary Care to Specialist

- **Gastroenterology**
- **Ophthalmology**
- **Orthopedic**
- **Psychiatry**
- **Cardiology**

Key Insights:

- Total number of referrals for the period was 1,965
- Referrals from miCare providers were 1,058 and 54% of total referrals
- miCare referrals to Specialist were 606 and 57% of total referrals
- National average provided by the American Academy of Family physicians is 28% of provider visits resulting in a referral.
- WVHA miCare clinics visits resulting in referrals to specialty is 57%
- The top five specialists align with primary care based off the clinical acuity of the population



ER Diversion Results

Total ER visits Q1 2024	
Halifax	4
Advent	105
Total ER visits	109
Appropriate ER Visits	81
PCP Appropriate	28
Established Patients (miCare)	104
Follow up scheduled at miCare	82
Follow up completed at miCare	50

Key Insights:

- Total patients between Halifax and Advent were 109 (4 Halifax and 105 Advent)
- Out of the 109 patients that went to the ER, 104 had established care at miCare
- Out of the patients that sought care in the ER, 81 were appropriate and 28 could have been seen outside of the ER.
- 82 patients scheduled follow up appointments at miCare of those, 50 completed their follow up in the clinic.



PAP (Pharmacy Assistance Program)- WVHA Health Card Members

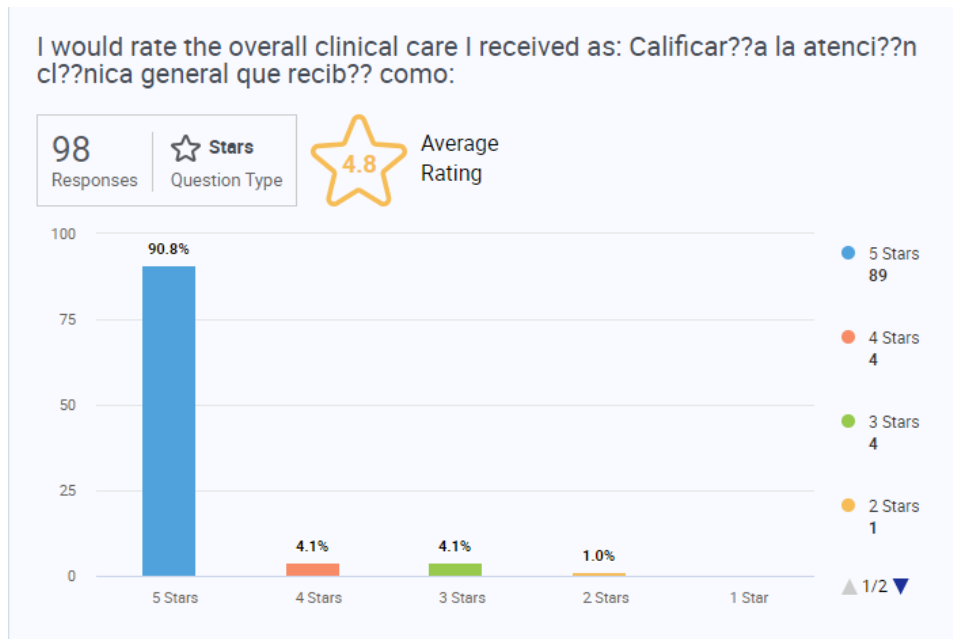
- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications.
- WVHA health card members can qualify for manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

Q1 – 2024 - 2025	
PAP Summary 10/1/2024 – 12/31/2024	<u>Average</u> per month
Application Approved	375
Application Pending Approval	8
Application Started but Not Submitted	8
Totals	\$188,454
	<u>Quarterly Savings for Q1</u>

*There was an increase in savings from this quarter last year – from an average of \$176,920

Post Visit Survey Results

October – December 2024





Survey Results – Comments:

- The Deland staff is the absolute best !!!!
- have had issues in the past with a previous provider but my current provider Humberto Paez I am very pleased with he's a great doctor I always get the care that I need there's never a problem when I need a referral he's very attentive to his patients I would definitely recommend Dr. Paez.
- Great Job 👍.
- La atención es excelente, todos son preocupados y verdaderos humanos, gracias por todo esto! 🙏❤️
- Not needed to be contacted by a manager
- everything was good!
- Gracias. Todo fue excelente.
- The public and Volusia County is very fortunate and very appreciative to have this valuable service. It has saved my life!
- I have been going to the clinic for a long time and I feel I have always been treated well and respectfully. I had seen Gina Mendez as my primary until recently and I feel she is very thorough. I now see Lana due to the fact that Gina is only in the office one or two days a week but Lana is great as well. She always gets back to me as soon as my results are in. I am very thankful for the care I receive.
- Staff is great and take care of u and love doctor Patel she's a very caring doctor
- Over all Excellent service! Thanks!
- Todo funciona super bien. Muchas gracias
- Great place very attentive to one's needs
- Excellent service every time
- I am grateful
- Everyone is great
- Everyone is very attentive to my needs
- To muy bien y un excelente trabajo que hacen todos gracias
- Always, always, always, efficient and quick in and out appointments without any hiccups. Thank you so much Dr. Patel and staff! <3
- N no
- Very nice
- All good so far. Thank you
- Everyone there has been great, no complaints at all.
- Estoy muy satisfecho con todos los servicios !!!!!
- Neha Patel is an amazing provider. She is very thorough, answers all my questions, and most of all, never rushes me during a visit. She treats me like a human being and not just a number, and makes me feel heard and valued as a patient. You don't find many like her anymore. Also, the staff at the Deltona office are incredible! Kind, courteous, helpful, and have wonderful bedside manner. I am extremely pleased with the care I receive here. Thank you all so much!
- Excellent
- Always has been a good experience



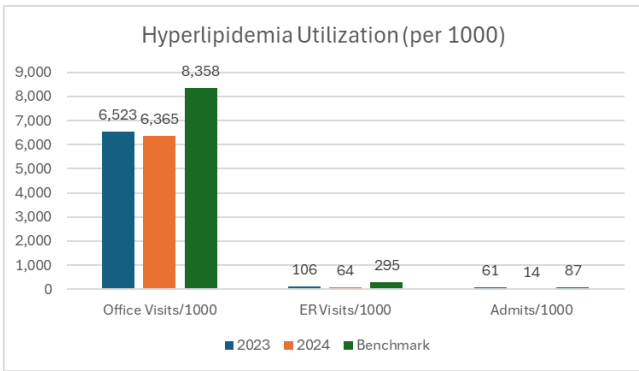
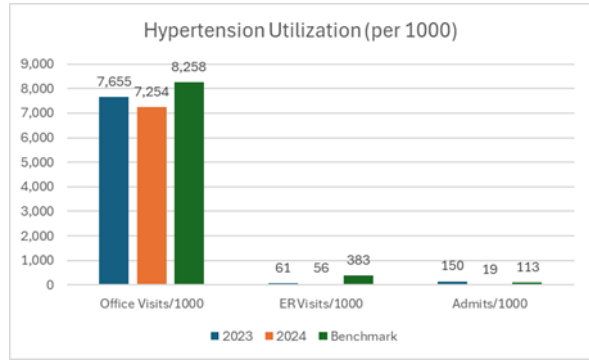
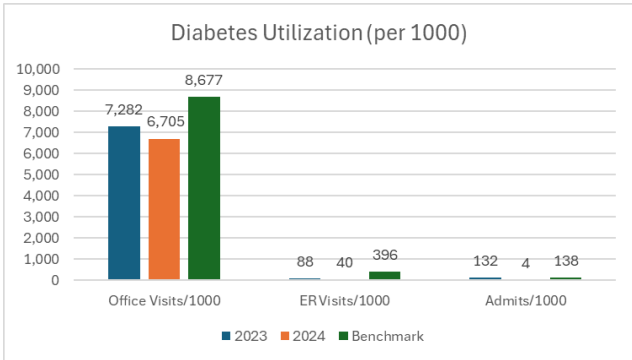
- Thank you for everything
- I appreciate the care and empathy that the staff at Deltona shows in ensuring their patients are cared for. Neha Patel is an excellent provider providing patients with knowledge and listening to their concerns.
- Regarding the long wait after I was in an exam room, the doctor apologized immediately and told me it was because he was reading over my medical records to get familiar with me so he would know best how to best treat me and I was fine with it after he explained it to me.
- Deland staff is absolutely amazing.
- The staff and my primary doctor are very professional and made me very comfortable with them, and trust them with there service , thanks so much
- Todos son muy amables, y siempre están dispuestos a despejar mis dudas de una manera paciente y respetuosa
- I haven't had to receive any medications yet so I didn't answer the question about the side effects and all being told to me. Also I just want to say the staff and doctor at the DeLand Florida MyCare is exceptional. They have always been so polite and kind and helpful.
- I can't thank you enough for the dedication, kindness of all your staff there. Very thorough and caring for my individual care
- I am new to this insurance and really am impressed with the professionalism used when I have a visit. Thank you
- Very good experience every time I come I appreciate my doctor, Lana Eckers and her professionalism.
- Estoy muy satisfecha con el servicio recibido, muy profesional y care about patients
- A little upset for the length of time for medicine I'm in constant pain with my right knee it's causing me a problem with my job
- Very nice place and great medical staff
- All staff was extremely friendly. Explained everything to me and made me feel safe and cared for.. Also they are very thorough which I love
- Yo soy nuevo y me trataron muy bien. La doctora Gina y la enfermera Carolina me gustó muchísimo bastante como me trataron y las recomiendo bastante. Muchísimas gracias por todo sus tratamientos estoy muy agradecido de su paciente
- Muchas gracias por la atención recibida.
- Buena atención
- The doctor and medical assistant were great.
- Hi, I was seen yesterday 12-18-2024 for the first time. I'm assuming they were celebrating the Christmas holiday. Which I'm fine with, but when I was trying to check out it was hard to hear the lady behind the desk because ladies in the room behind me were extremely loud. It also makes it hard to hear when the check out lady doesn't speak up. I understand that we have to use the plastic to separate because of flu/covid but it makes it really hard to understand.



WVHA miCare Clinic Annual Population Health Report

Utilization

The number of Office Visits, ER Visits, and inpatient Admissions for patients diagnosed with Diabetes, Hypertension, Hyperlipidemia



Financial

Medical Cost PMPM and Inpatient cost PMPM, Office Visit PMPM, Outpatient PMPM





Financial (Continued)

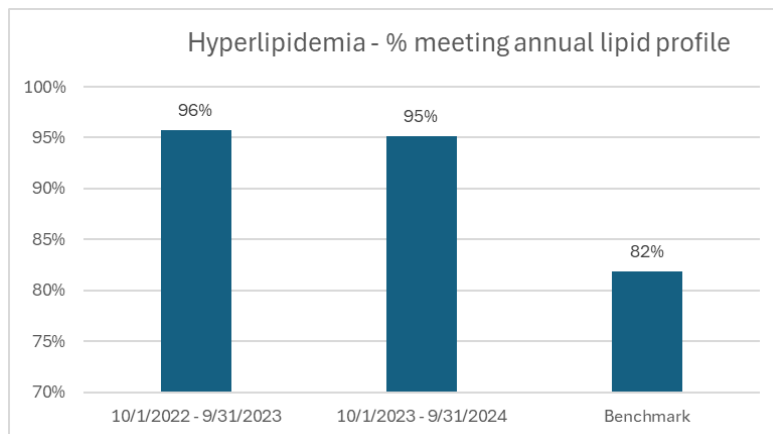
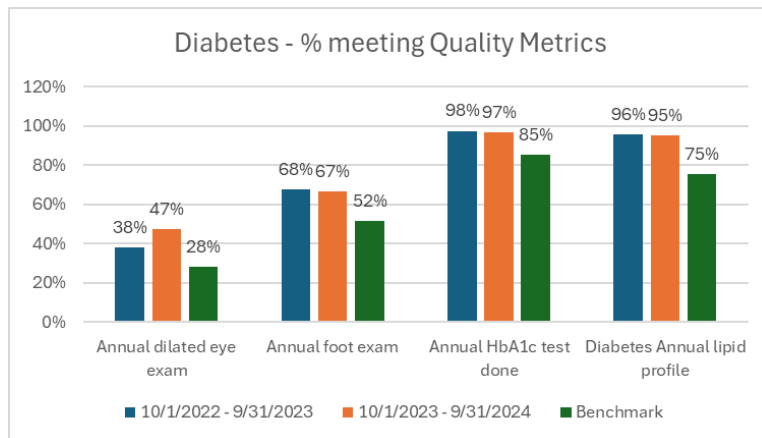
PAP (Patient Assistance Program) Cost Savings- Branded Medication

10/1/2020-12/6/2024

Application Pending But Not Submitted	10	\$ 5,213	\$ 62,558
Application Approved	359	\$ 180,840	\$ 2,170,083
Application Pending Approval	9	\$ 4,466	\$ 53,594
Totals	378	\$190,520	\$ 2,286,234

Quality

The percentage of care opportunities closed for WVHA health care members diagnosed with Diabetes, Hyperlipidemia





The House Next Door

*Serving
Volusia and Flagler Counties*

Administrative Offices
804 North Woodland Blvd.
DeLand, FL 32720
386-734-7571
386-734-0252 (fax)

DeLand Service Center
114 South Alabama Avenue
DeLand, FL 32724
386-738-9169
386-943-8823 (fax)

Deltona WVHA Office
840 Deltona Blvd., Suite K
Deltona, FL 32725
386-232-2055
386-860-6006 (fax)



visit our website at
www.thehnd.com

December 2, 2024

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of November there were 273 client interviews conducted. Of these, 273 appointments were to assist with new /re-new applications and 10 to assist with pended applications from October to November. A total of 283 interviews were conducted.

For the month a total of 225 applications were submitted for verification and enrollment. Of these, all 225 were processed by the end of the month, leaving no rollovers to carry over into December for approval.

Of the 225 that were processed, 200 were approved, 8 denied, and 17 pended.

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

Application Source	New	Renewal	Total
House Next Door	22	163	185
Halifax (Change Health Care)	1	0	1
Advent Health	6	1	7
RAAO	11	11	22
Other	3	5	8
SMA	1	1	2
Totals	44	181	225

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

Respectfully submitted by Chris Booker



The House Next Door

*Serving
Volusia and Flagler Counties*

Administrative Offices
804 North Woodland Blvd.
DeLand, FL 32720
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386-734-0252 (fax)

DeLand Service Center
114 South Alabama Avenue
DeLand, FL 32724
386-738-9169
386-943-8823 (fax)

Deltona WVHA Office
840 Deltona Blvd., Suite K
Deltona, FL 32725
386-232-2055
386-860-6006 (fax)

January 7, 2025

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of December there were 255 client interviews conducted. Of these, 213 appointments were to assist with new /renew applications and 42 to assist with pended applications from November to December. A total of 255 interviews were conducted.

For the month a total of 213 applications were submitted for verification and enrollment. Of these, all 213 were processed by the end of the month, leaving no rollovers to carry over into January for approval.

Of the 213 that were processed, 188 were approved, 6 denied, and 19 pended.

Currently applications are being processed, approved, and the client enrolled within 7 business days. Enrollment with EBMS takes 7 to 14 days to appear active in the system.

<i>Application Source</i>	<i>New</i>	<i>Renewal</i>	<i>Total</i>
House Next Door	23	150	173
Halifax (Health Fund Solutions)	0	0	0
Advent Health	3	6	9
RAAO	10	12	22
Other	2	2	4
SMA	5	0	5
Totals	43	170	213

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.
- Conducted a training session on application completion and processing with *Health Fund Solutions* for Halifax.

Respectfully submitted by Chris Booker



CREDIBILITY • INTEGRITY • ACHIEVEMENT



**WEST VOLUSIA HOSPITAL AUTHORITY
C/O STACY TEBO – WVHA miCare Clinic
844 W. PLYMOUTH AVE.
DELAND, FLORIDA 32720
TEL: (386) 456-1252**

NON-PRIMARY CARE APPLICATION

(Reviewed Initially by Citizens Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, THURSDAY, MARCH 6, 2025**

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font. All questions must be answered. Use N/A if non-applicable.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, March 6, 2025**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority
c/o Stacy Tebo – WVHA miCare Clinic
844 W. Plymouth Avenue
DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

APPLICATION REVIEW

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend, and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

AGENCY STATUS (Circle One) Government Not for Profit For Profit Other
Explanation, if you marked other:

TOTAL PROGRAM COST: \$ _____ APPLICATION YEAR _____ PRIOR YEAR GRANTED \$ _____

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

**AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT:

Description of Service (Separately describe each type and RX fee)	Agency cost per unit of service	WVHA Reimbursement rate per unit of service	Medicaid Reimbursement rate per unit of service	Medicare Reimbursement rate per unit of service	Private Insurance Reimbursement rate per unit of service

* If you received funding last year and there is a significant change between the funds received or the reimbursement rate structure last year and the funds requested or the reimbursement rate structure proposed this year, please explain below:

**If your response is N/A, please explain in detail why it is not applicable. If service is not reimbursed by Medicaid, Medicare or private insurance in Florida, please provide comparative rate information from another state where it is covered. If service is not reimbursed by another state or private insurance, please explain why you believe it should be reimbursed by WVHA. If rates vary by carrier, please provide the range of rates:

Mission of your Agency:

SECTION I – PROPOSAL (See Appendix A)

A. Identify why funds are being requested and how funds will be used: _____

B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia:

1. Identify any obstacles you anticipate in individually qualifying your target population pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures* and if any, describe how you will overcome them to comply with those *Eligibility Guidelines and Procedures*:

C. Estimate the total number of people that will be served for the proposed budget year:

Grant Year	WVHA number proposed served	Actual WVHA numbers served
Previous grant application year		
Current grant year Oct. through _____ (month)		
2025-2026		

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address? Outcomes for the WVHA funded project should not be the same as the oversight agency requires. They must be specific to WVHA funding.

E. Describe the outcome measures your agency uses to assess if the goals are met.

1. If industry standards are used, identify source: _____

a.) What was your agency's rating against this standard(s): _____

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

3. If your agency uses any other monitoring method, please explain methodology and outcome:

4. If you are a returning agency, please attach documentation on final outcome measurements for your funded program in the previous year.

F. Identify which of the health issues cited in the current Volusia County Community Health Needs Assessment report does this program address.

G. If you are a returning agency, were you in compliance with your most recent site visit? If not, specify what was done to rectify the issue(s).

SECTION II - AGENCY ORGANIZATION

A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities.

B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

Remainder of this page intentionally blank

SECTION III – FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. Do not include your overall budget for other programs. Agency budgets should be tied to deliverables specific to WVHA funding. Prior to finalization of the funding agreement, the West Volusia Hospital Authority may request a copy of the Agency Operating Budget.

Program Revenue (Program associated with WVHA funding request only)	Dollar Value	% Of Program Revenue**	In Kind Contributions
Federal			
State			
County			
Other Local Funding (list)			
3 rd Party Reimbursements			
Fees			
Medicaid/Medicare			
Other (list anything over 10% of Program Revenue)			
Amount Requested from the WVHA			
TOTAL REVENUE *			

Request brief narrative... Program Expenses (Program associated with WVHA funding request only)	Dollar Value	% Of Program Expenses **	In Kind Expenses
Salaries and benefits			
Contracted services			
Administrative and other services			
Medical			
Pharmacy			
Other (list anything over 10% of Program Expense)			
TOTAL EXPENSE *			

*** TOTAL REVENUE MUST EQUAL TOTAL EXPENSES - ** % COLUMN MUST TOTAL 100%**

- A. Describe any upcoming opportunities for receiving matching and/or other funding whether through federal and state governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.

- B. What attempts have you made to locate other funding sources or partners to meet this program's needs?

- C. If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.

- D. Describe how your agency can save the WVHA taxpayers money:

BUDGET

List an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.

Personnel:

List each person who will be employed by position title only. Include description, salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2025-2026, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency, or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap, or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on March 6, 2025 with all other parts of the completed application:
 - a) Balance sheet and profit & loss statement for prior fiscal year and PDF of 990 or last filed tax return and, if audit was performed, complete audited financial statements including the management letter from an independent audit for the previous fiscal year. Provide one set of financials per agency if you have multiple program applications.
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax-Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:
 - a) Yes No Has your agency ever had a contract canceled for cause?
 - b) Yes No Does your organization owe any repayment of funds to any funding sources?

c)	Yes	No	Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?
----	-----	----	--

If the answer to any of the questions stated above is “yes”, please attach a written explanation.

FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED, BEING WITHDRAWN, REALLOCATED, OR DELAYED.

(Chief Agency Officer)

(Date) _____

(Type Name/Title)

(Date) _____

(Authorized Agency Countersignature)

(Date) _____

(Type Name/Title)

(Date)

APPENDIX A
Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

What Outcome(s)/Goals will this Service Address: Must be quantifiable statements (examples)

1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

The following questions will be used by the CAC in ranking all funding applications

If it were up to you as a member of the CAC or the Board would you:

- A) Fund this applicant at 100% of the requested amount. Why:
- B) Not fund this applicant. Why:
- C) Fund this applicant but not at the requested amount of \$ _____.
But fund the amount of \$ _____. Why:

New Account Information

Ameris Bank
1259 W Granada Blvd

Date: 12/06/2024

Ormond Beach, FL 32174
688

Check if applicable: ☐ Temporary ☒ Replacement

Account Information

Amount Of Deposit \$

Plan #

Account Number:

Title of Account: West Volusia Hospital Authority
C/O James Moore & Company

Account T.I.N.:

PO Box 940
Deland FL 32721-0940

Ownership Type: Public Depository

Product Name: Public Funds Checking

Words, numbers or phrases preceded by a ☐ are applicable only when marked, i.e. ☒ Opened By JoAnn McInnis

Business Entity Information

Business Name and Address

West Volusia Hospital Authority

842 W Plymouth Ave
Deland, FL 32720

Assumed Name if D/B/A:

Contact Name: Webb Shepard

Contact Title: CPA

Contact Phone: (386) 257-4100

Other:

Business Filing State: Florida

Entity Document:

Last Filing Date:

Filing Expiration:

Date Established: 01/01/1957

Nature Of Business: Corporation

Primary Location: Volusia

Resolution Date: 12/06/2024

E-Mail Address:

Facsimile Authorization On File: ☐ Yes ☒ No

Limited Liability Company Tax Classification:

Business Engages In Internet Gambling* ☐

OFAC ☐ ChexSystems ☐ ID Verification ☐

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

Taxpayer Identification Number:

Signature

West Volusia Hospital Authority
Owner

Date

Additional Terms

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If an authorized signer (which includes an agent or convenience signer as defined by applicable state law) is being designated by the account owner(s), by signing below all owners are agreeing to that designation. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of the business entity, all signers acknowledge that they are acting on behalf of the business entity, and they have the authority to act on behalf of the business entity to the extent indicated in a validly executed business resolution. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 1

☐ FACSIMILE ALLOWED

☒ Authorized Signer Only

Title: Commissioner

☒ Authorized Signer Only

Title: Commissioner

X
Jennifer L Coen

Date

☒ Authorized Signer Only

Title: Commissioner

X
Judy W Craig

Date

☒ Authorized Signer Only

Title: Commissioner

X
Voloria H Manning

Date

X
Rakeem Raynard Ford

Date

VERIFICATION / FOLLOW-UP

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have received, understand and agree to be bound by the terms of the Account Agreement for the type of account that they have opened. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of a business entity, then all signers are acting on behalf of the business entity. The undersigned further acknowledge that the beneficiaries identified in the Beneficiary Designation section, if applicable, are complete and proper for this account. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

☒ Authorized Signer only.☐ Authorized Signer only.

5. X _____ Date
Jennifer Moore
Commissioner

6. X _____ Date

☐ Authorized Signer only.☐ Authorized Signer only.

7. X _____ Date

8. X _____ Date

**RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING
WITHDRAWAL OF MUNICIPAL PUBLIC MONEYS**

TO: (Name/Address of Financial Institution) Ameris Bank 1259 W Granada Blvd Ormond Beach, FL 32174 688	FROM: (Name/Address of Municipal Entity) West Volusia Hospital Authority 842 W Plymouth Ave Deland, FL 32720
---	--

Words or phrases preceded by a ☐ are applicable only if the ☒ is marked.

Under the Governing Municipality of:

State of: Florida

"IT IS RESOLVED THAT:

Ameris Bank (the "Financial Institution"), qualified as a public depository under state law, is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited;

The following described account(s) be opened and maintained in the name of this Municipality with the Financial Institution subject to the rules and regulations of the Financial Institution from time to time in effect;

The person(s) and the number thereof designated by title designated account(s) is hereby authorized, for and on behalf of this Municipality, to sign orders or checks in accordance with state law, for payment or withdrawal of money from said account(s) and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Financial Institution any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality;

The endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the person so endorsing; and

Any two of the persons holding the offices of this Municipality designated below is hereby authorized to make oral or written requests of the Financial Institution for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution."

THIS RESOLUTION APPLIES TO (Select One) ☐ All Accounts

☒ **Specific Account Number(s):** [REDACTED]

DATE OF RESOLUTION: 12/06/2024

NAME AND TITLE	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
Jennifer L Coen Commissioner		2
Judy W Craig Commissioner		2
Voloria H Manning Commissioner		2
Rakeem Raynard Ford Commissioner		2
Jennifer Moore Commissioner		2

Additional comments or instructions:

This Resolution includes all of the provisions on Page 2.

This is to Certify, that the foregoing is a true and correct copy of resolutions duly and legally adopted by the governing body of Municipality at an open legal meeting held on the _____ day of _____ and said resolutions are now in full force and effect.

Signed by

Date

Clerk Secretary

The undersigned member of the governing body not authorized to sign orders or checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

Date

Title:

"IT IS FURTHER RESOLVED, that the Financial Institution be and is hereby authorized and directed to honor, certify, pay and charge to any of the accounts of this Municipality, all orders or checks for the payment, withdrawal or transfer of funds or money deposited in these accounts or to the credit of this Municipality for whatever purpose or to whomever payable, including requests for conversion of such instruments into cash as well as for deduction from and payment of cash out of any deposit, and whether or not payable to, endorsed or negotiated by or for the credit of any persons signing such instrument or payable to or for the credit of any other officer, agent or employee of this Municipality, when signed, accepted, endorsed or approved as evidenced by original or facsimile signature by the person(s), and the number thereof, designated by title for the accounts described in the foregoing resolution, and to honor any request(s) made in accordance with the foregoing resolution, whether written or oral, and including but not limited to, request(s) made by telephone or other electronic means, for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution, and the Financial Institution shall not be required or under any duty to inquire as to the circumstances of the issuance or use of any such instrument or request or the application or use of proceeds thereof.

FURTHER RESOLVED, that the Financial Institution be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereafter called "Process") received by or served upon the Financial Institution, by which, in the Financial Institution's opinion, another person or entity claims an interest in any of these accounts and Financial Institution may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from these accounts and may hold the balance therein until Process is disposed of to Financial Institution's satisfaction.

~~**FURTHER RESOLVED**, that any one of the persons holding the offices of this Municipality designated above is hereby authorized (1) to receive for and on behalf of this Municipality, securities, currency or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to give receipt therefor, and the Financial Institution is hereby authorized to make delivery of such property in accordance herewith, (2) to sell, transfer, endorse for sale or otherwise authorize the sale or transfer of securities or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to receive and/or apply the proceeds of any such sale to the credit of this Municipality in any such manner as he/she/they deem(s) proper, and the Financial Institution is hereby authorized to make a sale or transfer of any of the aforementioned property in accordance herewith, and (3) in accordance with state law, to accept such security, if applicable and to execute such documents as said officer deems proper and necessary to secure the funds of this Municipality and to issue instructions regarding the same.~~

FURTHER RESOLVED, that this Municipality assumes full responsibility for any and all payments made or any other actions taken by the Financial Institution in reliance upon the signatures, including facsimiles thereof, of any person or persons holding the offices of this Municipality designated above regardless of whether or not the use of a facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to any instrument if such signatures resemble the specimen or facsimile signatures provided to the Financial Institution, for refusing to honor any signatures not provided to the Financial Institution, for honoring any requests for the transfer of funds or money between accounts or for the instructions from the persons designated in the foregoing resolutions regarding security for the accounts notwithstanding any inconsistent requirements of this Municipality not expressed in the foregoing resolutions, and that this Municipality agrees to indemnify and hold harmless the Financial Institution against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by the Financial Institution resulting from or arising out of any such payment or other action.

~~Select if applicable: ☐ **Further Resolved**, the Financial Institution is authorized to honor facsimile and other non-manual signatures and may honor and charge the Municipality for all negotiable instruments, checks, drafts, and other orders for payment of money drawn in the name of the Municipality, on its regular accounts, including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means the facsimile signature or other non-manual signature may have been affixed, or electronically communicated, if such facsimile signature resembles the specimen attached to this Resolution or filed with the Financial Institution, regardless of whether misuse of a specimen or non-manual signature is with or without the negligence of the Municipality. The Specimen Facsimile Signature Exhibit, if attached, is incorporated into and is an integral part of this Resolution. The Municipality indemnifies the Financial Institution for all claims, expenses, and losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified.~~

FURTHER RESOLVED, that the Secretary or Clerk of this Municipality be and hereby is authorized and directed to certify to the Financial Institution the foregoing resolutions, that the provisions thereof are in conformity with law, the names, incumbencies and specimen or facsimile signature(s) on this resolution and, if applicable, on signature cards of the officer or officers named therein, and that the foregoing resolutions and signature cards, if any, and the authority thereby conferred shall remain in full force and effect until this Municipality notifies the Financial Institution to the contrary in writing; and the Financial Institution may conclusively presume that such resolutions and signature cards are in effect and that the persons identified therein from time to time as officers of the Municipality have been duly elected or appointed to and continue to hold such offices.

~~**FURTHER RESOLVED**, that this resolution authorizes the Financial Institution to honor all orders or checks when bearing, or purporting to bear, the facsimile signature(s) provided below, if any, by any _____ of the named officers, or in an attached Exhibit when indicated."~~

Facsimile Signature

Facsimile Signature

☐ The Specimen Facsimile Signature Exhibit attached is incorporated into and is an integral part of this Resolution.

By initialing, I acknowledge this is page 2 of 2 of the Resolution Designating
Public Depository and Authorizing Withdrawal of Municipal Public Moneys

Initials

Initials

Initials

Initials

New Account Information

Ameris Bank
1259 W Granada Blvd

Date: 12/06/2024

Ormond Beach, FL 32174
688

Check if applicable: ☐ Temporary ☒ Replacement

Account Information

Amount Of Deposit \$ Plan #

Account Number:

Title of Account: West Volusia Hospital Authority
Payroll Account
C/O James Moore & Company

Account T.I.N.:

PO Box 940
Deland FL 32721-0940

Ownership Type: Public Depository

Product Name: Public Funds Checking

Words, numbers or phrases preceded by a ☐ are applicable only when marked, i.e., ☒ . Opened By JoAnn McInnis

Business Entity Information

Business Name and Address

West Volusia Hospital Authority

842 W Plymouth Ave
Deland, FL 32720

Assumed Name if D/B/A:

Contact Name: Webb Shepard

Contact Title: CPA

Contact Phone: (386) 257-4100

Other:

Business Filing State: Florida

Entity Document:

Last Filing Date:

Filing Expiration:

Date Established: 01/01/1957

Nature Of Business: Corporation

Primary Location: Volusia

Resolution Date: 12/06/2024

E-Mail Address:

Facsimile Authorization On File: ☐ Yes ☒ No

Limited Liability Company Tax Classification:

Business Engages In Internet Gambling* ☐

OFAC ☐ ChexSystems ☐ ID Verification ☐

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
- I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Taxpayer Identification Number:

Signature West Volusia Hospital Authority
Owner

Date

Additional Terms

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If an authorized signer (which includes an agent or convenience signer as defined by applicable state law) is being designated by the account owner(s), by signing below all owners are agreeing to that designation. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of the business entity, all signers acknowledge that they are acting on behalf of the business entity, and they have the authority to act on behalf of the business entity to the extent indicated in a validly executed business resolution. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 1

☐ FACSIMILE ALLOWED

☒ Authorized Signer Only

Title: Commissioner

☒ Authorized Signer Only

Title: Commissioner

X

Jennifer L Coen

Date

X

Judy W Craig

Date

☒ Authorized Signer Only

Title: Commissioner

☒ Authorized Signer Only

Title: Commissioner

X

Voloria H Manning

Date

X

Rakeem Raynard Ford

Date

VERIFICATION / FOLLOW-UP

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have received, understand and agree to be bound by the terms of the Account Agreement for the type of account that they have opened. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of a business entity, then all signers are acting on behalf of the business entity. The undersigned further acknowledge that the beneficiaries identified in the Beneficiary Designation section, if applicable, are complete and proper for this account. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

☒ Authorized Signer only.☐ Authorized Signer only.

5. X _____ Date
Jennifer Moore
Commissioner

6. X _____ Date

☐ Authorized Signer only.☐ Authorized Signer only.

7. X _____ Date

8. X _____ Date

**RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING
WITHDRAWAL OF MUNICIPAL PUBLIC MONEYS**

TO: (Name/Address of Financial Institution) Ameris Bank 1259 W Granada Blvd Ormond Beach, FL 32174 688	FROM: (Name/Address of Municipal Entity) West Volusia Hospital Authority 842 W Plymouth Ave Deland, FL 32720
---	--

Words or phrases preceded by a ☐ are applicable only if the ☒ is marked.

Under the Governing Municipality of:

State of: Florida

"IT IS RESOLVED THAT:

Ameris Bank (the "Financial Institution"), qualified as a public depository under state law, is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited;

The following described account(s) be opened and maintained in the name of this Municipality with the Financial Institution subject to the rules and regulations of the Financial Institution from time to time in effect;

The person(s) and the number thereof designated by title designated account(s) is hereby authorized, for and on behalf of this Municipality, to sign orders or checks in accordance with state law, for payment or withdrawal of money from said account(s) and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Financial Institution any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality;

The endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the person so endorsing; and

Any two of the persons holding the offices of this Municipality designated below is hereby authorized to make oral or written requests of the Financial Institution for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution."

THIS RESOLUTION APPLIES TO (Select One): ☐ All Accounts

☒ **Specific Account Number(s):** [REDACTED]

DATE OF RESOLUTION: 12/06/2024

NAME AND TITLE	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
Jennifer L Coen Commissioner		2
Judy W Craig Commissioner		2
Voloria H Manning Commissioner		2
Rakeem Raynard Ford Commissioner		2
Jennifer Moore Commissioner		2

Additional comments or instructions:

This Resolution includes all of the provisions on Page 2.

This is to Certify, that the foregoing is a true and correct copy of resolutions duly and legally adopted by the governing body of Municipality at an open legal meeting held on the _____ day of _____ and said resolutions are now in full force and effect.

Signed by _____

Date

~~Clerk~~ Secretary

The undersigned member of the governing body not authorized to sign orders or checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

Date

Title: _____

"IT IS FURTHER RESOLVED, that the Financial Institution be and is hereby authorized and directed to honor, certify, pay and charge to any of the accounts of this Municipality, all orders or checks for the payment, withdrawal or transfer of funds or money deposited in these accounts or to the credit of this Municipality for whatever purpose or to whomever payable, including requests for conversion of such instruments into cash as well as for deduction from and payment of cash out of any deposit, and whether or not payable to, endorsed or negotiated by or for the credit of any persons signing such instrument or payable to or for the credit of any other officer, agent or employee of this Municipality, when signed, accepted, endorsed or approved as evidenced by original or facsimile signature by the person(s), and the number thereof, designated by title for the accounts described in the foregoing resolution, and to honor any request(s) made in accordance with the foregoing resolution, whether written or oral, and including but not limited to, request(s) made by telephone or other electronic means, for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution, and the Financial Institution shall not be required or under any duty to inquire as to the circumstances of the issuance or use of any such instrument or request or the application or use of proceeds thereof.

FURTHER RESOLVED, that the Financial Institution be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereafter called "Process") received by or served upon the Financial Institution, by which, in the Financial Institution's opinion, another person or entity claims an interest in any of these accounts and Financial Institution may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from these accounts and may hold the balance therein until Process is disposed of to Financial Institution's satisfaction.

~~FURTHER RESOLVED, that any one of the persons holding the offices of this Municipality designated above is hereby authorized (1) to receive for and on behalf of this Municipality, securities, currency or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to give receipt therefor, and the Financial Institution is hereby authorized to make delivery of such property in accordance herewith, (2) to sell, transfer, endorse for sale or otherwise authorize the sale or transfer of securities or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to receive and/or apply the proceeds of any such sale to the credit of this Municipality in any such manner as he/she/they deem(s) proper, and the Financial Institution is hereby authorized to make a sale or transfer of any of the aforementioned property in accordance herewith, and (3) in accordance with state law, to accept such security, if applicable, and to execute such documents as said officer deems proper and necessary to secure the funds of this Municipality and to issue instructions regarding the same.~~

FURTHER RESOLVED, that this Municipality assumes full responsibility for any and all payments made or any other actions taken by the Financial Institution in reliance upon the signatures, including facsimiles thereof, of any person or persons holding the offices of this Municipality designated above regardless of whether or not the use of a facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to any instrument if such signatures resemble the specimen or facsimile signatures provided to the Financial Institution, for refusing to honor any signatures not provided to the Financial Institution, for honoring any requests for the transfer of funds or money between accounts or for the instructions from the persons designated in the foregoing resolutions regarding security for the accounts notwithstanding any inconsistent requirements of this Municipality not expressed in the foregoing resolutions, and that this Municipality agrees to indemnify and hold harmless the Financial Institution against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by the Financial Institution resulting from or arising out of any such payment or other action.

Select if applicable: ☐ ~~Further Resolved, the Financial Institution is authorized to honor facsimile and other non-manual signatures and may honor and charge the Municipality for all negotiable instruments, checks, drafts, and other orders for payment of money drawn in the name of the Municipality, on its regular accounts, including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means the facsimile signature or other non-manual signature may have been affixed, or electronically communicated, if such facsimile signature resembles the specimen attached to this Resolution or filed with the Financial Institution, regardless of whether misuse of a specimen or non-manual signature is with or without the negligence of the Municipality. The Specimen Facsimile Signature Exhibit, if attached, is incorporated into and is an integral part of this Resolution. The Municipality indemnifies the Financial Institution for all claims, expenses, and losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified.~~

FURTHER RESOLVED, that the Secretary or Clerk of this Municipality be and hereby is authorized and directed to certify to the Financial Institution the foregoing resolutions, that the provisions thereof are in conformity with law, the names, incumbencies and specimen or facsimile signature(s) on this resolution and, if applicable, on signature cards of the officer or officers named therein, and that the foregoing resolutions and signature cards, if any, and the authority thereby conferred shall remain in full force and effect until this Municipality notifies the Financial Institution to the contrary in writing; and the Financial Institution may conclusively presume that such resolutions and signature cards are in effect and that the persons identified therein from time to time as officers of the Municipality have been duly elected or appointed to and continue to hold such offices.

~~FURTHER RESOLVED, that this resolution authorizes the Financial Institution to honor all orders or checks when bearing, or purporting to bear, the facsimile signature(s) provided below, if any, by any one of the named officers, or in an attached Exhibit when indicated.~~

Facsimile Signature

Facsimile Signature

☐ The Specimen Facsimile Signature Exhibit attached is incorporated into and is an integral part of this Resolution.

By initialing, I acknowledge this is page 2 of 2 of the Resolution Designating
Public Depository and Authorizing Withdrawal of Municipal Public Moneys

Initials

Initials

Initials

Initials

Initials

New Account Information

Ameris Bank
1259 W Granada Blvd

Date: 12/06/2024

Ormond Beach, FL 32174
688

Check if applicable: ☐ Temporary ☒ Replacement

Account Information

Amount Of Deposit \$

Plan #

Account Number: [REDACTED]

Title of Account: West Volusia Hospital Authority
C/O James Moore & Company

Account T.I.N.: [REDACTED]

PO Box 940
Deland FL 32721-0940

Ownership Type: Public Depository

Product Name: Public Funds Money Market

Words, numbers or phrases preceded by a ☐ are applicable only when marked, i.e., ☒ Opened By JoAnn McInnis

Business Entity Information

Business Name and Address

West Volusia Hospital Authority

842 W Plymouth Ave
Deland, FL 32720

Assumed Name if D/B/A:

Contact Name: Webb Shepard

Contact Title: CPA

Contact Phone: (386) 257-4100

Other:

Business Filing State: Florida

Entity Document: [REDACTED]

Last Filing Date:

Filing Expiration:

Date Established: 01/01/1957

Nature Of Business: Corporation

Primary Location: Volusia

Resolution Date: 12/06/2024

E-Mail Address:

Facsimile Authorization On File: ☐ Yes ☒ No

Limited Liability Company Tax Classification:

Business Engages In Internet Gambling* ☐

OFAC ☐

ChexSystems ☐

ID Verification ☐

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (Notice: If you are subject to backup withholding, cross out this line), and
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

Taxpayer Identification Number: [REDACTED]

Signature West Volusia Hospital Authority
Owner

Date

Additional Terms

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understood and agree to be bound by the terms of the Account Agreement for that account type. The undersigned certify that all information provided to the institution is true and accurate. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If an authorized signer (which includes an agent or convenience signer as defined by applicable state law) is being designated by the account owner(s), by signing below all owners are agreeing to that designation. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of the business entity, all signers acknowledge that they are acting on behalf of the business entity, and they have the authority to act on behalf of the business entity to the extent indicated in a validly executed business resolution. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

NUMBER OF SIGNATURES REQUIRED: 1

☐ FACSIMILE ALLOWED

☒ Authorized Signer Only

Title: Commissioner

☒ Authorized Signer Only

Title: Commissioner

X

Jennifer L Coen

Date

X

Judy W Craig

Date

☒ Authorized Signer Only

Title: Commissioner

☒ Authorized Signer Only

Title: Commissioner

X

Voloria H Manning

Date

X

Rakeem Raynard Ford

Date

VERIFICATION / FOLLOW-UP

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have received, understand and agree to be bound by the terms of the Account Agreement for the type of account that they have opened. If this is a consumer account, the undersigned acknowledge receipt of the appropriate Account Agreement for the type of account opened and a copy of this institution's Privacy Policy, if one was not previously provided. The undersigned also acknowledge receipt, when applicable, of this institution's Truth In Savings, Funds Availability Policy, Electronic Fund Transfer, Overdraft Services Consent Form, and/or the Substitute Check Policy Disclosure. If this is a commercial account, the undersigned acknowledge receipt of the Funds Availability Policy and, when applicable, a copy of this institution's Privacy Policy and other account disclosures. If this account is opened in the name of a business entity, then all signers are acting on behalf of the business entity. The undersigned further acknowledge that the beneficiaries identified in the Beneficiary Designation section, if applicable, are complete and proper for this account. All signers authorize this institution to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

☒ Authorized Signer only.

☐ Authorized Signer only.

5. X _____ Date
Jennifer Moore
Commissioner

6. X _____ Date

☐ Authorized Signer only.

☐ Authorized Signer only.

7. X _____ Date

8. X _____ Date

**RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING
WITHDRAWAL OF MUNICIPAL PUBLIC MONEYS**

TO: (Name/Address of Financial Institution) Ameris Bank 1259 W Granada Blvd Ormond Beach, FL 32174 688	FROM: (Name/Address of Municipal Entity) West Volusia Hospital Authority 842 W Plymouth Ave Deland, FL 32720
---	--

Words or phrases preceded by a ☐ are applicable only if the ☒ is marked.

Under the Governing Municipality of:

State of: Florida

"IT IS RESOLVED THAT:

Ameris Bank (the "Financial Institution"), qualified as a public depository under state law, is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited;

The following described account(s) be opened and maintained in the name of this Municipality with the Financial Institution subject to the rules and regulations of the Financial Institution from time to time in effect;

The person(s) and the number thereof designated by title designated account(s) is hereby authorized, for and on behalf of this Municipality, to sign orders or checks in accordance with state law, for payment or withdrawal of money from said account(s) and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Financial Institution any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality;

The endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the person so endorsing; and

Any two of the persons holding the offices of this Municipality designated below is hereby authorized to make oral or written requests of the Financial Institution for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution."

THIS RESOLUTION APPLIES TO (S_____ ☐ **All Accounts**

☒ **Specific Account Number(s):**

DATE OF RESOLUTION: 12/06/2024

NAME AND TITLE	SIGNATURE	NO. OF NECESSARY COUNTER SIGNATURES
Jennifer L Coen Commissioner		2
Judy W Craig Commissioner		2
Voloria H Manning Commissioner		2
Rakeem Raynard Ford Commissioner		2
Jennifer Moore Commissioner		2

Additional comments or instructions:

This Resolution includes all of the provisions on Page 2.

This is to Certify, that the foregoing is a true and correct copy of resolutions duly and legally adopted by the governing body of Municipality at an open legal meeting held on the _____ day of _____ and said resolutions are now in full force and effect.

Signed by

Date _____

~~Clerk~~ Secretary

The undersigned member of the governing body not authorized to sign orders or checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

Date _____

Title:

"IT IS FURTHER RESOLVED, that the Financial Institution be and is hereby authorized and directed to honor, certify, pay and charge to any of the accounts of this Municipality, all orders or checks for the payment, withdrawal or transfer of funds or money deposited in these accounts or to the credit of this Municipality for whatever purpose or to whomever payable, including requests for conversion of such instruments into cash as well as for deduction from and payment of cash out of any deposit, and whether or not payable to, endorsed or negotiated by or for the credit of any persons signing such instrument or payable to or for the credit of any other officer, agent or employee of this Municipality, when signed, accepted, endorsed or approved as evidenced by original or facsimile signature by the person(s), and the number thereof, designated by title for the accounts described in the foregoing resolution, and to honor any request(s) made in accordance with the foregoing resolution, whether written or oral, and including but not limited to, request(s) made by telephone or other electronic means, for the transfer of funds or money between accounts maintained by this Municipality at the Financial Institution, and the Financial Institution shall not be required or under any duty to inquire as to the circumstances of the issuance or use of any such instrument or request or the application or use of proceeds thereof.

FURTHER RESOLVED, that the Financial Institution be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereafter called "Process") received by or served upon the Financial Institution, by which, in the Financial Institution's opinion, another person or entity claims an interest in any of these accounts and Financial Institution may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from these accounts and may hold the balance therein until Process is disposed of to Financial Institution's satisfaction.

~~**FURTHER RESOLVED**, that any one of the persons holding the offices of this Municipality designated above is hereby authorized (1) to receive for and on behalf of this Municipality, securities, currency or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to give receipt therefor, and the Financial Institution is hereby authorized to make delivery of such property in accordance herewith, (2) to sell, transfer, endorse for sale or otherwise authorize the sale or transfer of securities or any other property of whatever nature held by, sent to, consigned to or delivered to the Financial Institution for the account of or for delivery to this Municipality, and to receive and/or apply the proceeds of any such sale to the credit of this Municipality in any such manner as he/she/they deem(s) proper, and the Financial Institution is hereby authorized to make a sale or transfer of any of the aforementioned property in accordance herewith, and (3) in accordance with state law, to accept such security, if applicable and to execute such documents as said officer deems proper and necessary to secure the funds of this Municipality and to issue instructions regarding the same.~~

FURTHER RESOLVED, that this Municipality assumes full responsibility for any and all payments made or any other actions taken by the Financial Institution in reliance upon the signatures, including facsimiles thereof, of any person or persons holding the offices of this Municipality designated above regardless of whether or not the use of a facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to any instrument if such signatures resemble the specimen or facsimile signatures provided to the Financial Institution, for refusing to honor any signatures not provided to the Financial Institution, for honoring any requests for the transfer of funds or money between accounts or for the instructions from the persons designated in the foregoing resolutions regarding security for the accounts notwithstanding any inconsistent requirements of this Municipality not expressed in the foregoing resolutions, and that this Municipality agrees to indemnify and hold harmless the Financial Institution against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by the Financial Institution resulting from or arising out of any such payment or other action.

Select if applicable: ☐ ~~**Further Resolved**, the Financial Institution is authorized to honor facsimile and other non-manual signatures and may honor and charge the Municipality for all negotiable instruments, checks, drafts, and other orders for payment of money drawn in the name of the Municipality, on its regular accounts, including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means the facsimile signature or other non-manual signature may have been affixed, or electronically communicated, if such facsimile signature resembles the specimen attached to this Resolution or filed with the Financial Institution, regardless of whether misuse of a specimen or non-manual signature is with or without the negligence of the Municipality. The Specimen Facsimile Signature Exhibit, if attached, is incorporated into and is an integral part of this Resolution. The Municipality indemnifies the Financial Institution for all claims, expenses, and losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified.~~

FURTHER RESOLVED, that the Secretary or Clerk of this Municipality be and hereby is authorized and directed to certify to the Financial Institution the foregoing resolutions, that the provisions thereof are in conformity with law, the names, incumbencies and specimen or facsimile signature(s) on this resolution and, if applicable, on signature cards of the officer or officers named therein, and that the foregoing resolutions and signature cards, if any, and the authority thereby conferred shall remain in full force and effect until this Municipality notifies the Financial Institution to the contrary in writing; and the Financial Institution may conclusively presume that such resolutions and signature cards are in effect and that the persons identified therein from time to time as officers of the Municipality have been duly elected or appointed to and continue to hold such offices.

~~**FURTHER RESOLVED**, that this resolution authorizes the Financial Institution to honor all orders or checks when bearing, or purporting to bear, the facsimile signature(s) provided below, if any, by any one of the named officers, or in an attached Exhibit when indicated."~~

Facsimile Signature

Facsimile Signature

☐ The Specimen Facsimile Signature Exhibit attached is incorporated into and is an integral part of this Resolution.

By initialing, I acknowledge this is page 2 of 2 of the Resolution Designating
Public Depository and Authorizing Withdrawal of Municipal Public Moneys

Initials

Initials

Initials

Initials

Initials



West Volusia Hospital Authority

January 16, 2025

Kaiser Buick GMC Truck
1590 S. Woodland Blvd.
DeLand, FL 32720

Ladies and Gentlemen:

Commissioner Voloria Manning participated in the DeLand Christmas parade, and you graciously allowed her the use of your truck in the parade. We are very appreciative of your generosity and support, and we wanted to thank you in writing.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford

Item	Cost	Qty.	Total	
Book of Stamps 1 bk= 20 stamps United State Postal Service	\$13.60	33	\$448.80	This is the most effective and efficient
Postcards +Printing BizCard Xpress	\$0.45	650	\$292.50	2-sided color gloss 4x6 postcards
Differential 10% of Cost	\$74.13	1	\$74.13	Due to projected higher cost, these funds will serve as a buffer

HAPPY

Birthday

FROM THE WEST VOLUSIA HOSPITAL AUTHORITY



P.O. BOX 940
DELAND, FL 32721

DEAR CONSTITUENT,

TURNING 26 IS AN EXCITING MILESTONE—
CONGRATULATIONS!

HOWEVER, IT'S ALSO THE YEAR MANY AGE OUT OF
THEIR PARENTS' HEALTH PLAN. BUT DON'T WORRY—
THE WEST VOLUSIA HOSPITAL AUTHORITY IS HERE
TO HELP!



SCAN THE QR CODE TO SEE IF YOU
ARE ELIGIBLE FOR THE HEALTH
CARD PROGRAM & FILL OUT THE
REQUIRED FORMS SECTION

WE'RE COMMITTED TO ENSURING YOU HAVE ACCESS TO THE CARE
AND RESOURCES YOU NEED.

WARM REGARDS,
WEST VOLUSIA HOSPITAL AUTHORITY

JENNIFER MOORE, COMMISSIONER

RAKEEM FORD, COMMISSIONER

VOLORIA MANNING, COMMISSIONER

JENNIFER COEN, COMMISSIONER

JUDY CRAIG, COMMISSIONER

NEED ASSISTANCE? CALL (386) 232-2055, EXT. 3201

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

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

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Community Legal Services of Mid-Florida (CLSMF). The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of CLSMF and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

**CLSMF Medical-Legal Partnership Program
Sample Selected for Testing**

	Jan-24
Total Participants Served	18
Participants Selected	5
% Selected	<u>28%</u>

2. CLSMF is reimbursed at a fixed rate of \$91 per hour, billable in 1/10 hour increments for legal services rendered to program participants. We noted the following services were provided for the clients selected for testing:

**CLSMF Medical-Legal Partnership Program
Services Provided to Selected Participants**

Legal Representation	10/10
Service Dates Verified	10/10

3. CLSMF is required to verify that each program participant possesses a valid WVHA Health Card:

**CLSMF Medical-Legal Partnership Program
WVHA Card**

Valid WVHA Card	10/10
No Valid WVHA Card	0/10

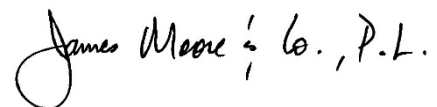
4. We inquired of CLSMF staff regarding determination of identification and noted that photo identification is checked by CLSMF at the onset of the case for every program participant.

The annual budget for CLSMF Medical-Legal Partnership Program for the year-ended September 30, 2024 was \$105,833. 100% of items tested were in compliance and were supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines and funding agreement.

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

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

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



Daytona Beach, Florida
January 16, 2025

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

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

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Florida Department of Health (FDOH) Dental Services. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of FDOH and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

FDOH Dental Care Services Program Sample Selected for Testing

Jan-24

Total Participant Visits	91
Participant Visits Selected	5
% Selected	<u>5%</u>

2. FDOH is reimbursed at a fixed rate of \$163.27 per each visit by a program participant:

**FDOH Dental Care Services Program
Services Provided to Selected Participants**

Dental Care	10/10	100%
Service Dates Verified	10/10	100%

3. FDOH is required to verify that each program participant possesses a valid WVHA Health Card:

**FDOH Dental Care Services Program
WVHA Card**

Valid WVHA Card	10/10	100%
No Valid WVHA Card	0/10	0%

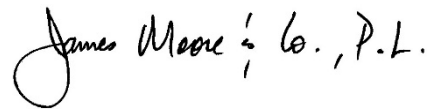
4. We inquired of FDOH staff regarding determination of identification and noted that photo identification is kept on file for each program participant.

The annual budget for FDOH Dental Care Services Program for the year-ended September 30, 2024 was \$150,000. 100% of items tested were in compliance and were supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines and funding agreement.

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

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

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



Daytona Beach, Florida
January 16, 2025

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

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

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Hispanic Health Initiative (HHI). The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of HHI and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

Hispanic Health Initiative Sample Selected for Testing

	Jan-24
Total Participants Served	61
Participants Selected	5
% Selected	8%

2. HHI is reimbursed at a fixed rate of \$100 per each health risk assessment that is performed for an eligible participant, a fixed fee of \$50 for at least half-hour of health and behavioral education and coaching provided for an eligible participant, and a fixed fee of \$25 for each half-hour of direct case management activity.

**Hispanic Health Initiative
Services Provided to Selected Participants**

Initial Health Risk Assessment	5/5	100%
Health and Behavioral Education	5/5	100%
Case Management	2/5	40%
Service Dates Verified	5/5	100%

3. HHI is required to verify that each program participant possesses a government issued photo ID with the WVHA Taxing District address:

**Hispanic Health Initiative
Residency Eligibility Documentation Compliance**

In Compliance (Government-issued ID)	5/5	100%
Not In Compliance		
No Documentation	0/5	0%
Ineligible/Out-of-State Document	0/5	0%
Total Not In Compliance	<u>0/10</u>	<u>0%</u>

The annual budget for HHI Taking Care of My Health Program for the year-ended September 30, 2024 was \$75,000. 100% of items tested were in compliance and were supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines and funding agreement.

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

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

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

James Moore & Co., P.L.

Daytona Beach, Florida
January 16, 2025



West Volusia Hospital Authority

January 16, 2025

Lyda Kiser
2000 Troon Circle, Apt. 2
Boiling Springs, SC 29316

RE: Letter of Appreciation

Dear Ms. Kiser:

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

Your dedication to the CAC and your input has 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. Your vast knowledge of the grant application process was integral to helping the Board update its annual funding application.

We wish the best to you and your family in South Carolina and immense success in your new position. We thank you for your work as the Chair and your commitment to the mission of the WVHA.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford



West Volusia Hospital Authority

January 16, 2025

Joanna Mercier
3990 Crestridge Dr.
New Smyrna Beach, FL 32168

RE: Letter of Appreciation

Dear Ms. Mercier:

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

Your dedication to the CAC and your input has 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 appreciate your assistance in updating the WVHA's annual funding application, and you were especially helpful to our Administrator, Stacy Tebo, with your work on the rubric.

We thank you for your commitment to the mission of the WVHA and the health of our community. We wish the best to you and your family in the coming years.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford



West Volusia Hospital Authority

January 16, 2025

Dr. Tiffanee Grant
350 W. Lisbon Pkwy
DeLand, FL 32720

RE: Letter of Appreciation

Dear Dr. Grant:

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

Your dedication to the CAC and your input has 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 wish the best to you and your family in the coming years and success in your new position.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford



West Volusia Hospital Authority

January 16, 2025

Teresa Lake
3105 Hickory Tree Lane
DeLand, FL 32724

RE: Letter of Appreciation

Dear Ms. Lake:

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

Your dedication to the CAC and your input has been invaluable as a retired nurse. 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 wish the best to you in your travels.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford



West Volusia Hospital Authority

January 16, 2025

Wakia Muhammad
5006 Grand Teton Ct.
DeLand, FL 32724

RE: Letter of Appreciation

Dear Ms. Muhammad:

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

Your dedication to the CAC and your input has 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 wish the best to you and your family in your move and the coming years.

Sincerely,

Commissioner Jennifer Coen

Commissioner Judy Craig

Commissioner Voloria Manning

Commissioner Jennifer Moore

Commissioner Rakeem Ford

APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

NAME: Chelsey Brown

ADDRESS: 461 Providence Blvd., Deltona, FL 32725

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: 5 Years

HOME PHONE: N/A CELL PHONE: (850) 445-5776

WORK PHONE: N/A

EMAIL ADDRESS: ChelseyB1887@gmail.com

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

With a background in community engagement and a drive to make a positive impact, I'm excited about the opportunity to serve on a board where I can help advance meaningful goals. In my role at ActivEngage, Inc., I focus on market analysis, stakeholder engagement, and strategic initiatives, all of which have been enriched by my recent Google Project Management Career Certificate. My work is grounded in practical problem-solving, and I would be honored to bring this mindset to a board setting, where I can support initiatives that make a difference

APPLICATION FOR THE WVHA CITIZENS ADVISORY
COMMITTEE

NAME: Jabari Brown

ADDRESS: 1167 Abigail, Dr. Deltona, FL 32725

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: 14 years

HOME PHONE: _____ CELL PHONE: 386 218 8744

WORK PHONE: _____

EMAIL ADDRESS: mr.jbrown125@gmail.com

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

Acquired degrees from Seminal State and UCF in
Anthropology which involves studying peoples biology
and cultures. Have experienced the positive
effects that the WVHA can have on families and
individuals within the community.

APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

NAME Felicia A. Benzo

ADDRESS: 1309 Micheal ave. __ Deltona Fl. 32735 __

HOW LONG HAVE YOU BEEN A WEST VOLUSIA
COUNTY RESIDENT: 26

CELL PHONE: 386 216 4289

EMAIL ADDRESS:

__ seedprinciple@gmail.com __

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

_MD_for_28_yrs_NYC_medically_underserved_communities

CEO CATALYST Global Youth Initiatives, INC 15yrs

-Volusia_Remembers_Coalition_Steering

Committee__member__

_Faculty_at_SUNY_Medical_School_StonyBrook__

APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

NAME: Angela Livingston Price_____

ADDRESS: 514 West Volusia Avenue DeLand, Florida 32720_____

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: 65 years_____

HOME PHONE: 3867954479_____CELL PHONE: 3867954479_____

WORK PHONE: NA

EMAIL ADDRESS: alprice217@gmail.com_____

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

Life Long resident, Educated in Volusia Schools, Retired educator - 35
years teaching math for Volusia County schools at Taylor Middle High,
Pierson, Fl., Graduate of Florida A& M University, Master's Degree from
American College of Education- Curriculum & Instruction, former
community member of the Pierson Medical Center, now operating as
Family Health Source, Member of DeLand Alumnae Chapter of Delta
Sigma Theta Sorority, Inc. Having lived my entire life here, I understand
the history, values and challenges of our community. I was born in the old
hospital (FISH), raised my family here, with my children born at the
DeLand hospital. My experiences give me a unique perspective on the
importance of equitable access to quality health care. I am particularly
passionate about advocating for initiatives that improve public health and
wellness and committed to representing the voices of our residents,
supporting projects and committing to the mission of improving health
outcomes in healthcare services.

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

NOVEMBER 30, 2024



ACCOUNTANTS' COMPILATION REPORT

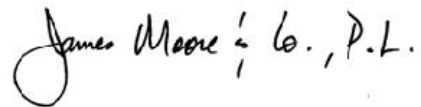
To the Board of Commissioners,
West Volusia Hospital Authority:

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 November 30, 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 a Statement of Changes in Fund Balance and 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
January 16, 2025



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
NOVEMBER 30, 2024**

ASSETS

Ameris Bank - operating	\$ 3,346,694
Ameris Bank - MM	1,252,769
Ameris Bank - payroll	10,743
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	6,542,758
Surety Bank - MM	1,581,196
Mainstreet Community Bank - Certificates of deposit	5,000,000
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 17,936,160</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 17,936,160</u></u>
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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 TWO MONTHS ENDED NOVEMBER 30, 2024

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 2,266,107	\$ 2,266,107	\$ 18,700,000	\$ 16,433,893	12%
Interest income	57,607	86,239	400,000	313,761	22%
Other income	2,860	3,268	34,333	31,065	10%
Total revenues	<u>2,326,574</u>	<u>2,355,614</u>	<u>19,134,333</u>	<u>16,778,719</u>	<u>12%</u>
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	57,589	71,507			
AdventHealth	52,575	57,586			
Total hospitals	<u>110,164</u>	<u>129,093</u>	3,200,000	3,070,907	4%
Specialty Care Services					
Specialty Care - ER	6,102	6,665			
Specialty Care - Non-ER	267,061	361,133			
Total Specialty Care Services	<u>273,163</u>	<u>367,798</u>	3,500,000	3,132,202	11%
Emergency Room Care	115,296	123,387	1,000,000	876,613	12%
Primary Care	3,700	78,518	2,500,000	2,421,482	3%
Pharmacy	-	-	900,000	900,000	0%
Florida Dept of Health Dental Svcs	16,816	16,816	160,000	143,184	11%
Hispanic Health Initiatives	10,200	10,200	100,000	89,800	10%
Community Legal Services	7,311	7,311	88,500	81,189	8%
Rising Against All Odds	18,650	18,650	223,017	204,367	8%
The House Next Door	6,744	6,744	45,000	38,256	15%
SMA - Homeless Program	5,935	5,935	90,000	84,065	7%
SMA - Residential Treatment	-	-	550,000	550,000	0%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
County Medicaid Reimbursement	287,072	574,143	3,444,857	2,870,714	17%
H C R A - In County	-	-	400,000	400,000	0%
H C R A - Outside County	-	-	400,000	400,000	0%
The Neighborhood Center	9,375	9,375	125,000	115,625	8%
Healthy Communities Kid Care Outreach	5,046	5,046	72,202	67,156	7%
Other Healthcare Expenditures	-	-	174,767	174,767	0%
Total healthcare expenditures	<u>869,472</u>	<u>1,353,016</u>	<u>17,123,343</u>	<u>15,770,327</u>	<u>8%</u>
Personnel services					
Regular salaries and wages	5,756	11,511	69,064	57,553	17%
FICA	441	881	5,283	4,402	17%
Retirement	785	1,569	10,104	8,535	16%
Life and Health Insurance	886	1,773	12,000	10,227	15%
Workers Compensation Claims	-	-	25,000	25,000	0%
Total personnel services	<u>7,868</u>	<u>15,734</u>	<u>121,451</u>	<u>105,717</u>	<u>13%</u>

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TWO MONTHS ENDED NOVEMBER 30, 2024

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Legal Counsel	6,500	13,000	78,000	65,000	17%
Outside Legal Counsel	-	-	30,000	30,000	0%
Audit	-	-	21,575	21,575	0%
General Accounting - Recurring	9,776	9,776	118,560	108,784	8%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Application Screening - THND	47,130	47,130	563,761	516,631	8%
Application Screening - RAAO	4,800	4,800	97,742	92,942	5%
TPA Services (EBMS)	-	37,480	500,000	462,520	7%
Building Repairs	-	-	100,000	100,000	0%
Advertising	-	-	10,000	10,000	0%
Other Operating Expenditures	1,175	8,431	79,900	71,469	11%
Tax Collector & Appraiser Fee	42,350	42,350	650,000	607,650	7%
City of DeLand Tax Increment District	-	-	125,000	125,000	0%
Total other expenditures	<u>111,731</u>	<u>162,967</u>	<u>2,389,538</u>	<u>2,226,571</u>	<u>7%</u>
Total expenditures	<u>989,071</u>	<u>1,531,717</u>	<u>19,634,332</u>	<u>18,102,615</u>	<u>8%</u>
Excess (deficiency) of revenues over expenditures	<u>\$ 1,337,503</u>	<u>\$ 823,897</u>	<u>\$ (499,999)</u>	<u>\$ (1,323,896)</u>	<u>-165%</u>

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
FINANCIAL STATEMENTS
DECEMBER 31, 2024



ACCOUNTANTS' COMPILATION REPORT

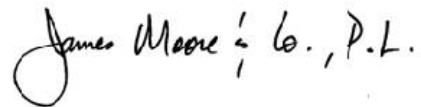
To the Board of Commissioners,
West Volusia Hospital Authority:

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 December 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 a Statement of Changes in Fund Balance and substantially all the disclosures required by accounting principles generally accepted in the United States of America. If the omitted statement and 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
January 16, 2025



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

ASSETS

Ameris Bank - operating	\$ 13,124,936
Ameris Bank - MM	1,255,992
Ameris Bank - payroll	3,560
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	6,562,182
Surety Bank - MM	1,581,196
Mainstreet Community Bank - Certificates of deposit	5,000,000
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 27,729,866</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 27,729,866</u></u>
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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 THREE MONTHS ENDED DECEMBER 31, 2024

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 11,472,481	\$ 13,738,588	\$ 18,700,000	\$ 4,961,412	73%
Interest income	22,646	108,885	400,000	291,115	27%
Other income	227,816	231,084	34,333	(196,751)	673%
Total revenues	<u>11,722,943</u>	<u>14,078,557</u>	<u>19,134,333</u>	<u>5,055,776</u>	<u>74%</u>
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	72,291	143,798			
AdventHealth	27,656	85,242			
Total hospitals	<u>99,947</u>	<u>229,040</u>	3,200,000	2,970,960	7%
Specialty Care Services					
Specialty Care - ER	6,383	13,048			
Specialty Care - Non-ER	376,593	737,726			
Total Specialty Care Services	<u>382,976</u>	<u>750,774</u>	3,500,000	2,749,226	21%
Emergency Room Care	172,678	296,065	1,000,000	703,935	30%
Primary Care	414,549	493,067	2,500,000	2,006,933	20%
Pharmacy	101,508	101,508	900,000	798,492	11%
Florida Dept of Health Dental Svcs	10,612	27,428	160,000	132,572	17%
Hispanic Health Initiatives	8,000	18,200	100,000	81,800	18%
Community Legal Services	-	7,311	88,500	81,189	8%
Rising Against All Odds	21,525	40,175	223,017	182,842	18%
The House Next Door	5,157	11,901	45,000	33,099	26%
SMA - Homeless Program	5,509	11,444	90,000	78,556	13%
SMA - Residential Treatment	-	-	550,000	550,000	0%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
County Medicaid Reimbursement	287,071	861,214	3,444,857	2,583,643	25%
H C R A - In County	7,944	7,944	400,000	392,056	2%
H C R A - Outside County	-	-	400,000	400,000	0%
The Neighborhood Center	10,450	19,825	125,000	105,175	16%
Healthy Communities Kid Care Outreach	5,113	10,159	72,202	62,043	14%
Other Healthcare Expenditures	-	-	174,767	174,767	0%
Total healthcare expenditures	<u>1,533,039</u>	<u>2,886,055</u>	<u>17,123,343</u>	<u>14,237,288</u>	<u>17%</u>
Personnel services					
Regular salaries and wages	5,755	17,266	69,064	51,798	25%
FICA	440	1,321	5,283	3,962	25%
Retirement	784	2,353	10,104	7,751	23%
Life and Health Insurance	887	2,660	12,000	9,340	22%
Workers Compensation Claims	-	-	25,000	25,000	0%
Total personnel services	<u>7,866</u>	<u>23,600</u>	<u>121,451</u>	<u>97,851</u>	<u>19%</u>

See accountants' compilation report.

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

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Legal Counsel	6,500	19,500	78,000	58,500	25%
Outside Legal Counsel	-	-	30,000	30,000	0%
Audit	-	-	21,575	21,575	0%
General Accounting - Recurring	9,776	19,552	118,560	99,008	16%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Application Screening - THND	46,605	93,735	563,761	470,026	17%
Application Screening - RAAO	3,840	8,640	97,742	89,102	9%
TPA Services (EBMS)	80,509	117,989	500,000	382,011	24%
Building Repairs	7,102	7,102	100,000	92,898	7%
Advertising	728	728	10,000	9,272	7%
Other Operating Expenditures	3,864	12,295	79,900	67,605	15%
Tax Collector & Appraiser Fee	229,408	271,758	650,000	378,242	42%
City of DeLand Tax Increment District	-	-	125,000	125,000	0%
Total other expenditures	388,332	551,299	2,389,538	1,838,239	23%
Total expenditures	1,929,237	3,460,954	19,634,332	16,173,378	18%
Excess (deficiency) of revenues over expenditures	\$ 9,793,706	\$ 10,617,603	\$ (499,999)	\$ (11,117,602)	-2124%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: January 8, 2025

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for January 16, 2025 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the November 21, 2024 Regular Meeting Minutes.

I. Annual Overview of Funding Agreements or other Contracts: [*See new info. in italics and bold*] [*Refer back to Legal Update Memorandum dated 5/12/2020 for additional background details, including details regarding now expired 20-year AdventHealth related Hospital agreements*]

Each Board member is responsible for making his or her own independent determination about whether the terms of a particular contract are consistent with the public interest. Counsel, as well as the accounting and administrative team at JAMES MOORE & CO (“JMCo”), are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation. For your convenience, the following is a listing of the major contracts, hospital services subcontracts in the EBMS Network and funding agreements between the Authority and other entities with notation of termination dates, if any. (If the agreements self-renew or are “evergreen”, then they automatically renew usually for another 1-year term unless WVHA or the other party gives notice of an intent not to renew within a specified time frame before the end of the current term)

The below listing is intended to include most, but not all of WVHA’s contractual agreements. If any Board members desires to drill down deeper into the contractual thicket, feel free to contact Counsel for an overview of all other agreements.

Year-to Year Health Care or Access to Health Care Funding Agreements, October 1, 2024-September 30, 2025:

- A. Community Legal Services, Inc. Medical-Legal Partnership program.
- B. Healthy Communities – Kidcare Outreach
- C. Hispanic Health Initiatives, Inc.’s Taking Care of My Health
- D. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- E. Rising Against All Odds, Inc.—Health Card Enrollment & Retention Services
- F. SMA Healthcare – Emergency Behavioral Services (Baker Act)
- G. SMA Healthcare– Psychiatric Outreach Services

- H. SMA Healthcare —Level II Residential Treatment
- I. The House Next Door – Therapeutic/Mental Health Services
- J. The House Next Door—Health Card Program-Eligibility Determination Services
- K. The Neighborhood Center of West Volusia “Access to Care”
- L. Volusia County Health Department—Florida Department of Health (Dental Care)

WVHA-Owned Primary Care Clinics Management Agreement:

- A. Employee Benefit Management Services, LLC (“EBMS”) Amendment No. 1 to Administrative Services Agreement, effective 10/01/2020 expanded EBMS’s portfolio of services to include the set-up and management of primary care clinic services, pharmacy services and healthcare management services, along with the third-party administrator services that it had already been providing since 1/01/2020. Amendment No. 1 provides for with automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of then-current term or Renewal Term. Pursuant to Amendment No. 1 to the Administrative Services Agreement and the automatic renewal on September 30, 2024, the current term was extended to end on September 30, 2025.
 - 1. The Board retains the right to establish policy that governs the terms on which EBMS provides this new portfolio of services, including the selection of the location of where the services are provided. Along with the terms of Amendment No. 1 to the Administrative Services Agreement, the WVHA Health Card Program Eligibility Guidelines and Procedures (“Eligibility Guidelines”) and Summary Benefit Plan set forth most of the Board’s existing policy concerning the terms on which WVHA authorizes EBMS to provide this portfolio of services. Schedule 1, Article IV, Section 4.01, provides that the “Parties will collaborate to jointly make determinations around significant operational parameters including clinic budget, capacity, hours of operation, staffing model, scope of services and other material decisions.”
- B. Lease Agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal: “*After the Initial Term, LESSEE will have the right (but not the obligation) to renew this Lease Agreement with the same terms and conditions as set forth herein for an additional three one-year terms (i.e. three Renewal Terms).*”
 - 1. WVHA is currently in the middle of its second automatic 1-year Renewal Term which means that it currently has the following options concerning its termination of this Lease: 1. Notify the landlord no later than July 30, 2025 of its intent not to renew the current lease IF WVHA decides based on the requested needs assessment from EBMS that it no longer desires to continue maintaining a 2nd clinic location; 2. Do nothing by July 30, 2025 and allow the

Lease to automatically renew for the last 1-year Renewal Term with the termination of the lease occurring on September 30, 2026.

EBMS-Owned Network of In-Hospital Services Agreements:

- A. *(AdventHealth DeLand (AHD), AdventHealth Fish Memorial (AHFM)), Halifax Hospital Medical Center, EMPros)* -- Following the 9/30/2020 expiration of the direct contractual agreement between AdventHealth and WVHA, EBMS as Third-Party Administrator is now responsible for qualifying and contracting directly with the hospitals and their emergency room specialists to establish terms for their participation in the network of providers that serve WVHA Health Card members.
- B. The Board retains the right to establish policy that governs the terms on which EBMS may qualify and contract with its network of providers. An example of such policy intervention is the Board's passage of WVHA Resolution 2020-007 in which the Board excluded any reimbursement for Emergency Room care services and established 85% of Medicare as the maximum that EBMS is allowed to contract with hospitals for reimbursement of inpatient hospital facilities and professional services. Through extensive negotiations between EBMS, the hospitals and EMPros, the Board at its April, 2021 Regular Meeting approved Amended Motion 43-2021, which provides the still relevant Board policies concerning this network of in-hospital service agreements:
- *Increase hospital funding for the 2021/22 program budget to \$4MM, of which 25% would be reserved for ED reimbursement – this establishes a de facto \$1.0M ED budget for 2021/22. Future year ED budgets to increase/decrease formulaically if utilization increase/decrease materially from a mutually agreed baseline: for example (a) increase the budget from \$1.0M to \$1.25M if ED utilization increases by 25% or more; similarly, (b) decrease the budget from \$1.0M to \$750k if ED utilization decrease by 25% or more.*
 - *Invest in an ED diversion program by expanding access to this new ED budget for care through more cost-effective, alternative sites of service (i.e. Urgent Care). Urgent Care should be reimbursable only when the miCare clinic is not available.*
 - *All contracted ED and/or Urgent Care providers draw down from this annual budget through submitting invoices for either facility fee charges (e.g. hospitals) or professional fee charges (all contracted specialists working in the ED / Urgent Care, whether hospital-employed or independent).*
 - *Rate of reimbursement for both facility and professional fees to be contracted at 85% of Medicare.*

- ***Participating providers should agree to provide all hospital care including ED care without any member balance billing, even when the annual hospital-ED budget has been depleted.***
- ***Participating providers should agree to a formal 3-year network agreement with fixed rate of 85% of Medicare, subject to annual hospital and ED budget caps as proposed above.***
- ***Hospitals should commit to a mutually agreeable accountability / transparency mechanism that may include submitting quarterly reports, periodically sharing external accreditation reports and agreement to not decrease access or adversely impact the quality of care available to the community.***

EBMS contracts directly with the Hospitals and EMPros to facilitate this network and must negotiate and present to the WVHA Board for approval any proposed changes to the above-listed terms. According to EBMS, the agreed 3-year network agreements terminate effective 9/30/2024. However, all of these contracts between EBMS and the Hospitals and EMPros are ‘evergreen’ and provide for automatic renewal for successive one-year terms unless either EBMS or the contracted party provides 90-days written notice of non-renewal.

C. Halifax Hospital Medical Center Extended HCRA

1. ***Extended HCRA Hospital Coverage and Physician Indigent Hospital Program Reimbursement Agreement (2007) (“Extended HCRA”) Second Addendum to Extended HCRA dated 9/23/2010, terminable at will by either party upon 60-days written notice. Establishes reimbursement rate consistent with HCRA guidelines, as opposed to 105% of Medicare rate (except for adult psychiatric and medical device implants) which was agreed in prior agreements dated 11/20/2008 and 4/19/2007.***

WVHA Administrative Services

1. Employee Benefit Management Services, LLC (“EBMS”) Administrative Services Agreement, effective 1/1/2020 for Third Party Administrator services with automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of then-current term. Pursuant to Amendment No. 1 to the Administrative Services Agreement and automatic renewals, the current term end on September 30, 2024. Pursuant to the automatic renewal on September 30, 2024, the current term was extended to end on September 30, 2025.
2. The House Next Door—Eligibility Determination Services, effective 10/1/2018, renewable on annual basis.
3. Rising Against All Odds, Inc. – Health Card Enrollment and Retention, effective 10/1/2018, renewable on annual basis.
4. Law Office Of Theodore W. Small, P.A. dated 11/2006 (outside legal counsel), as amended pursuant to Motion 053-2024 on 7/18/2024, terminable at will by Board
5. Phelps Dunbar LLP dated 10/21/2021, as amended on November 16, 2023, for

that law firm to represent WVHA concerning Motion 108-2021, specifically authorizing it as follows: Unless directed otherwise by the Board or the WVHA Attorney, the Authority's engagement of Phelps Dunbar will authorize us to take all appropriate actions to further the Authority's interests in this matter as set forth in Motion 108-2021 and any subsequent Board motions or directives.

6. Stacy Tebo dated 6/16/2022 (administrative services), as amended, is terminable by will by either party upon at least 90-days written notice or immediately by WVHA upon the occurrence of causes specified therein. If WVHA terminates her employment without cause, Tebo would be entitled to severance based on the number of years of continuous employment up to a maximum of 6 weeks.
7. JAMES MOORE & CO., P.L. dated 7/01/2022 (accounting services), is terminable at will by either party, subject to a transition period of at least 3 months following receipt of the notice to terminate, unless another transition period is agreed upon by both parties. Base fees were agreed through September, 30, 2023 and then were then renegotiated to include an annual CPI adjustment each year as approved in Motion 051-2024.
8. VISION HR ASO, Inc. dated 7/21/2022 (payroll processing) for a one-year term, with automatic renewals for additional one-year terms unless either party delivers written notice at least 30-days prior to the expiration of the initial term or any extension term.
9. Powell & Jones, CPAs (audit of financial statements) was signed September, 2022 for one year, and is renewable by written agreement for up to 2 times for 1-year terms each and terminable by either party with at least 60-days written notice.

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

The Government in the Sunshine Law, section 286.011, Florida Statutes, provides in pertinent part:

"All meetings of any board or commission . . . of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting."

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that the Sunshine Law DOES apply to "off-the record" chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters

likely to come before the Board; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

The Sunshine Law also prohibits nonmembers (staff, lawyers, accountants, and members of the public) from serving as liaisons between Board members concerning matters likely to come before the Board.

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

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

Once our candidates for the Board of Commissioners become "members-elect" either because they ran unopposed or won their election, Government in the Sunshine Law rules will apply to them.

Courts have recognized the applicability of section 286.011, Florida Statutes, to members-elect of public boards or commissions. In *Hough v. Stembridge*, the court concluded that an individual upon immediate election to public office loses his status as a private individual and acquires a position more akin to that of a public trustee. The court thus held that a meeting of an incumbent council member with several council members-elect who would serve together on the city council when sworn into office was subject to the Sunshine Law when the discussion at that meeting concerned matters on which foreseeable action would be taken by the city council.

Similarly, the Sunshine Law will prohibit any conversations between incumbent WVHA Board members and any new members-elect about matters which foreseeable action could be taken by WVHA unless these conversations occur at a duly noticed public meeting.