

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

April 17, 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. Approval of Proposed Agenda
4. Consent Agenda:
 - A. Approval of Minutes - Joint Meeting March 20, 2025
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee Verbal Update – WVHA Administrator Stacy Tebo
7. Marissa Wilcox Presentation – Alzheimer’s Association Advocacy Efforts and Initiatives
8. Annual Contractual Utilization Report to the WVHA Board of Commissioners
 - A. FDOH Dental Program – Orange City Manager & Dental Hygienist Priscilla Montijo
 - B. SMA Healthcare – Vice President, Volusia County Services Jennifer Stephenson
9. Reporting Agenda:
 - A. EBMS March Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona March Report – Written Submission
 1. 2025 Quarter Two miCare Report (Jan – March)
 - C. The House Next Door (THND) March HealthCard Report
10. Discussion Items:
 - A. Future Advertising Timeline for Funding Application (Commissioner Moore – Tabled on 3/20/25)
 - B. WVHA Website (Commissioner Ford)
 - C. Eligibility Guidelines
 - D. Sponsorship Request for Healing Stations at BIPOC Mental Health Fair – Investing in Community Wellness (Commissioner Ford)
 - E. Respectful Behavior Amongst Commissioners (Commissioner Manning)
 - F. Votran Bus Routes Available for Advertising
11. Follow Up – Consideration of miCare Clinic Consolidation
12. Administrator Report
13. Finance Report
 - A. March Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
14. Legal Update
15. Upcoming Meetings – CAC Preliminary Ranking Meeting on 5/6/25 and WVHA Board Meeting on 5/15/25
16. Adjournment

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

**WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS &
CITIZENS ADVISORY COMMITTEE
JOINT MEETING**

Sanborn Center Ballroom B
815 S. Alabama Avenue, DeLand, FL
March 20, 2025

Board Members in Attendance:

Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Jennifer Moore
Commissioner Rakeem Ford
Commissioner Judy Craig (arrived at 5:27 p.m.)

CAC Members in Attendance:

Patrick Rogers
Jabari Brown
Angela Price
Felicia Benzo
Dr. Najwa Worthen
Chelsey Brown
Maria Valdivia
Randa Mayers
Creg Kennedy

CAC Members Absent

Thelma Belton (excused)

Others Present:

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

Call to Order

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom B, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:05 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 019 – 2025 Commissioner Moore moved to approve the proposed agenda. Commissioner Manning seconded. The motion passed 4-0-1.

Consent Agenda – Approval of Minutes

Regular Meeting held February 20, 2025

Motion 020 – 2025 Commissioner Manning moved to approve the Consent Agenda. Commissioner Ford seconded. The motion passed 4-0-1.

Citizen Comments – None

Citizens Advisory Committee – Chair Patrick Rogers

CAC Meeting Minutes of February 4, 2025

Chair Rogers asked for a motion to approve the minutes.

Motion 021 – 2025 Vice-Chair Jabari Brown moved to approve the minutes from 2/4/25, and Member Valdivia seconded the motion. The motion passed 9-0-1.

Annual Contractual Utilization Report to the WVHA Board of Commissioners – Waylan Niece of The Neighborhood Center (TNC)

Mr. Niece explained his PowerPoint presentation of TNC's activities during fiscal year 2023-2024 and entertained questions from the Board and the CAC. Commissioner Ford asked if the 5803 vouchers referenced in the presentation are the same as referrals to assorted services. Mr. Niece confirmed that vouchers are literally the physical part of the conceptual referral.

Commissioner Moore asked Mr. Niece to discuss TNC advertising. He explained the various methods and noted he would love to see TNC providing more outreach by going into the underserved communities. He noted they are limited by available staff and would benefit from increased funding for outreach.

Reporting Agenda

EBMS February Reports – Written Submission

WVHA miCare Clinic DeLand/Deltona February Reports – Practice Manager Gretchen Soto and Senior Account Executive Sue Wayte

Ms. Wayte outlined the clinic reports for the Board. Commissioner Craig requested that they provide a list of the visit category types.

Chair Coen noted that the EBMS report showed \$1.2 million in claims paid out in February. Commissioner Ford asked Ms. Wayte if she knew why there was such a significant increase. Ms. Wayte said that they include ER diversion in their quarterly report, and they would have that information in April. Attorney Small commented that in the past he had seen big dumps of claims in February when there are lags during the holiday season.

Member Chelsey Brown asked Ms. Wayte the value of a no show. Member Worthen asked Ms. Wayte to discuss the no show target. Ms. Wayte responded that they aim to keep it below five percent, and it is difficult to place a dollar value on a no show.

Commissioner Manning asked Ms. Soto to explain the numbers listed for the Pharmacy Assistance Program (PAP). Ms. Soto further explained the PAP to the CAC members and entertained questions.

The House Next Door (THND) February HealthCard Report

There were no questions regarding the report, and Chair Coen noted that one of the applications originated from the 26 and Covered initiative.

The reports were received into the written record.

Discussion Items

WVHA Funding Applications Received Spreadsheet 2025-2026

Attorney Small stated that the general purpose of the joint session is not to review the applications; that he urged everyone to avoid digging into the details of the applications at the joint meeting; that the purpose of the joint meeting is a broad overview of the applications received; and that the Board

should determine if any of the applications are so deficient that the Board desires to remove them from CAC consideration to save time.

Citizen Comments

Tanner Andrews asked if any applications were received late.

Ms. Tebo said that one CAC-reviewed application was turned in late at 12:30 p.m., and it was submitted by the Levi Long Sickle Cell Association.

Attorney Small said that the CAC application process is one where there are strict deadlines; that a prior Board incorporated the bold and underlined statement on page one of the application, where it says applicants are encouraged to submit well in advance of the deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing the strict deadline; that in his role as the lawyer for the Board, he said it would be ill advised not to adhere to the Board's rule; and that he consulted with another governmental attorney who confirmed that when a Board is that specific about what the rule is, the process is blown if the rule is not followed.

Commissioner Craig said she came to the meeting prepared to remove the late application from consideration and encouraged them to apply again next year before the deadline.

Motion 022 – 2025 Commissioner Craig moved to remove the Levi Long Sickle Cell Association application from consideration. Commissioner Manning seconded the motion. The motion passed 5-0.

Chair Coen outlined the rest of the process for the CAC members.

Member Price asked what the protocol is to visit the agencies applying. Attorney Small responded that they can schedule and go on their own, they could visit anonymously, or they could ask Ms. Tebo to facilitate the visit.

Member Jabari Brown asked for clarification on the final ranking and if there is a funding cap. He questioned whether they should make their funding recommendations outside of budget consideration for other programs.

Chair Coen answered that members are free to recommend anything to the Board, and they could recommend partial funding anywhere from zero to the full funding request; that the Board would be able to ask the CAC members questions on their recommendations at the June joint meeting; that the CAC has two individual meetings to discuss their analysis of the applications; and that the Board values each member's independent analysis.

Chair Coen advised the CAC members that the joint portion of the meeting was over, and they were free to leave or stay for the remainder of the Board's business.

There was a short break from 6:37 p.m. to 6:45 p.m.

Consideration of miCare Clinic Consolidation

Ms. Wayte stated they prepared answers to the questions posed by the Board in February; that in consideration of providing a single point of access for health card members, they looked at data from fiscal year 2023-2024; that they looked at actual visits per type and clinic location; and that they used the yearly data to determine the maximum utilization for each clinic location, the average appointment time, the average unique patients per day, and clinic operating costs. She added that if the Board elected to close the Deltona clinic, they would save approximately \$152,973 based on the

current monthly rent.

Ms. Soto pointed out that at the last meeting, Attorney Small suggested that they update the staffing chart showing the key roles in the clinics and the dedicated hours per clinic location. Commissioner Manning asked for clarification on the doctor's role and time in each clinic.

Attorney Small asked Ms. Soto to explain the meaning of "Other Clinic Professionals." Ms. Soto answered the category includes medical assistants and licensed practical nurses. She added that the category labeled "Physician Extenders" includes the nurse practitioners and the physician assistants, and they take the bulk of the provider facing visits.

Commissioner Craig asked Ms. Soto to explain the difference between the notation of fourteen hours and sixteen hours for the medical director / supervising physician. Ms. Soto responded that the doctor is physically located in each clinic for eight hours per week; that he works remotely fourteen additional hours per week; and that his total hours worked per week is thirty hours.

Chair Coen asked if miCare uses the same model in their other clinics in different states, meaning most of the provider visits are handled by physician extenders. Ms. Wayte confirmed that the model is an industry standard; that it is expensive to utilize doctors full-time for every patient visit; and that they utilize physician oversight of mid-level providers in all their primary care clinics.

Commissioner Ford noted he felt there was an omission in the miCare submittal regarding patient compliance with taking their prescribed medication. He added that in a recent visit with DeLand clinic staff, they noted lower patient compliance when medication pickup was only available at the DeLand location; that they said compliance was improved when medication pickup was also made available at the Deltona clinic; and that he considered it a good point to keep the Deltona clinic location open.

Commissioner Manning asked Ms. Soto to discuss mailed medication versus the prescriptions picked up by the patients.

Commissioner Manning asked Ms. Wayte to discuss staffing and possible changes that might be made if the clinics are consolidated. Commissioner Manning said she was asking because she saw four employees at the front with a single person in the waiting room. She added that she thought DeLand could manage all the health card members. Ms. Wayte said they could consolidate, and they determined they would need seven functional exam rooms in DeLand.

Commissioner Ford asked the senior Board members if the issue was not having a doctor in both locations or was it reducing clinic services to one access point.

Commissioner Moore referred to the demographic information submitted by Patrick Rogers and questioned why there was more usage in DeLand when Deltona's population was over 90,000. She stated that they are not meeting the needs of the Hispanic community; that the community is not trusting WVHA; that if they were able to gain trust and awareness with the people of color in West Volusia County, they would need the Deltona office; that she asked the Board if that was a commitment they are willing to make; that it is not acceptable for a person to spend over an hour and a half on a bus to get from Deltona to DeLand; and that they owe it to the community to make sure they are serving all the people in West Volusia.

Citizen Comments

Patrick Rogers recommended keeping the Deltona location and noted he utilized data from the 2020 census in his written comments.

Chair Coen said she had emailed the property appraiser's office earlier in the day to find out the exact value coming in from each city, and she hoped to have the information back by the next meeting.

Commissioner Craig said they were spending the same amount of money for 1,500 members as when they had 2,200 members with Family Health Source. She said she believed there would be better service through consolidation, and she would like to see clinic availability on the weekends so that patients did not have to go to the emergency room.

Commissioner Moore said it was important to consider the potential savings of \$152,000 versus the amount of citizenry that will be disenfranchised by taking coverage away.

Commissioner Ford echoed Commissioner Moore's comments and noted they are saving \$2.3 million on the prescription assistance program, and the potential cost savings of closing the Deltona client clinic is only \$152,000, which is less than one percent of the budget. He expressed the need for further research before deciding to consolidate.

Chair Coen said she also reached out to Jennifer Ambs at AdventHealth to analyze the increased cost to hospitals if people must seek other means of healthcare, and she was hoping to hear back from her before the next meeting. She added that WVHA does not have the resources for analytical research on the matter, and they could at least rely on the tools AdventHealth can offer.

Commissioner Craig said that Votran Blue is servicing the outer areas of the district.

Attorney Small said the decision about consolidation should not be driven by the incremental increase in cost of the lease, as they do not know what the amount will be in 2026. He added that if the WVHA does not notify the landlord as specified in the lease, it would automatically renew on October 1. He also addressed the earlier discussion regarding demographics and stated it was important that WVHA provides uniformly non-discriminatory healthcare.

Motion 023 – 2025 Commissioner Craig moved to consider consolidation of the DeLand and Deltona clinics. Commissioner Manning seconded the motion. The motion passed 4-1.

Roll call:

Commissioner Ford	Yes
Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Commissioner Coen	No

Ms. Tebo confirmed that the Board would like to carry the agenda item forward for follow-up. She said that Ms. Wayte was scheduled to be back in July, so that would leave enough time for the Board to notify the Justin Square property owner if they chose not to renew the lease.

Letter of Appreciation for CAC Member Heidi Bello

Motion 024 – 2025 Commissioner Manning moved to approve the letter and signature by the Chair. Commissioner Ford seconded the motion. The motion passed 5-0.

Contractual Site Visit Review Write Up FYE 2024 – TNC Access to Care

There were no questions or comments, and the report was received into the written record.

Future Advertising Timeline for Funding Application (Commissioner Moore)

Commissioner Moore asked for the item to be tabled.

WVHA Website (Commissioner Ford)

Commissioner Ford said he would like to propose changes to the website including commissioner photos, and he would be bringing back information to the next meeting.

Administrator Report

Ms. Tebo thanked Commissioner Ford for making the presentation with her at the Lake Helen Commission meeting the previous week and said it went well. She informed the Board that Marissa Wilcox of the Alzheimer's Association would make a presentation at the next Board meeting. She said she would be participating in the Day of the Child festival in Pierson on April 26th. She advised the Board that the Florida Association of Special Districts has been sending weekly updates on Friday afternoons to inform about the new bills being introduced during the legislative session.

Finance Report

February Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo informed the Board that the ER line item was not in danger of exceeding the budget as previously discussed in February. She explained that EBMS was currently reprocessing claims for members that had went to the ER and were subsequently admitted for inpatient hospital services; that EBMS changed the way in which claims were processed last year due to a new law that required consolidation of claims; that the new law should not have been applied to WVHA; and that they would see the adjustment to the ER and hospital line items next month.

Motion 025-2025 Commissioner Craig 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 \$2,786,045. Commissioner Moore seconded the motion. The motion passed 5-0.

Legal Update

Attorney Small had nothing further to report.

Upcoming – CAC Q & A Mandatory Applicant Meeting on 4/1/25 and WVHA Board Meeting on 4/17/25

Chair Coen reminded everyone that the CAC meeting would be held at The Center at Deltona.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 8:24 p.m.

Adjournment - Jennifer Coen, Chair

2025 Florida Legislative Session Update



2025 Florida Policy Priorities

Statewide
Public
Awareness
Campaign

Funding
for the
Brain Bus

Increase Funding
for Caregiver
Respite (ADI)



Alzheimer's and Related Dementia Awareness Program

SB 398/ HB 1065



- Florida is one of the only leading states for prevalence that has not allocated state funding for a public awareness campaign.
- Florida has the second highest number of individuals living with the disease.
- 6 out of the top 100 counties in the US for Alzheimer's prevalence are in Florida with number 1 being Miami Dade County.
- A recent NYU Langone Health study, revealed a individual age 55 and older's lifetime risk of developing dementia is 42%.
- We must equip our residents to understand the warning signs of Alzheimer's and be able to discuss any cognitive changes with their doctors.



Statewide Awareness Campaign



- Proposing legislation that would establish a statewide public awareness campaign.
- Seeking \$1.5 million in funding.
- Campaign will communicate:
 - * Importance of brain health
 - * Risk reduction strategies
 - * Discussing memory issues with doctor
 - * Early detection and diagnosis
- Marketing and advertising campaign utilizing multiple platforms

CONTINUE FUNDING THE BRAIN BUS



Travels to every county in the state, especially to underserved areas.

Educates on the warning signs of Alzheimer's and provides care consultations.

Provides information on the importance of brain health and risk reduction strategies.

Current Budget Proposals

BRAIN BUS



Senate Proposal - \$491,614

House Proposal - \$300,0000



INCREASE FUNDING FOR DEMENTIA RESPITE SERVICES FOR FLORIDA CAREGIVERS

The Alzheimer's Disease Initiative (ADI) is a vital program that provides respite services for caregivers through either adult day care or in-home support.

Currently there are over 18,239 individuals on the waitlist for services.

We must continue to increase funding to eliminate the waitlist for critical respite services for caregivers.

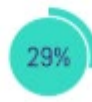


Realities of Caregiving in Florida

840,000 Floridians serving as unpaid caregivers



Caregivers are dealing with their own chronic health condition



Caregivers diagnosed with clinical depression



Caregivers who are in poor health



Caregivers have a household income of \$50,000 or less



Source: Alzheimer's Association 2024 Facts and Figures Report

Current Budget Proposals



RESPITE FUNDING

Alzheimer's Disease Initiative

Senate Proposal - \$6 million increase

House Proposal - \$ 3 million increase





Over 100 advocates traveled to Tallahassee to make their voices heard. Advocates held over 100 meetings with legislators and staff.

The Brain Bus was at the Capitol and we were honored to have Senate sponsor Senator Tom Wright stop by and also staffers from the Executive Office of the Governor. Many advocates were able to see the Brain Bus for the first time as well.



Advocates descended on the steps of the Old Capitol as it was lit purple in honor of the 580,000 Floridians living with Alzheimer's. They heard from speakers such as FL Dept of Elder Affairs Secretary Michelle Branham and Dementia Director Cari Eyre

WVHA-FDOH Dental Services Contractual Agreement Mid-Year Report



**Priscilla I Montijo
Orange City Manager**

Our Mission

- To provide Volusia County residents exceptional patient care through the delivery of quality dental care services.

Services Provided

- Preventative (exams, x-rays, cleanings, sealants, fluoride tx)
- Restorative (fillings, extractions)
- Education (oral hygiene instructions, nutritional and tobacco counseling)

Contract History

- FY-18/19 \$200,000 99% spent
- FY-19/20 \$228,000 51% spent
- FY-20/21 \$223,000 74% spent
- FY-21/22 \$150,000 88% spent
- FY-22/23 \$150,000 98% spent
- FY-23/24 \$160,000 Funding exhausted

October 1, 2024 - January 31, 2025

• Total Number of Unique Clients	171
• Total Number of Units Billed	364
• Total Number of Services	1,926
• Total Value of Services*	\$114,539.22
• Total Billed to WVHA	\$59,426.64

*value based of American Dental Association usual and customary fees

Client Comments

“Thank you. I feel I can smile again”

“I will use the services again”

“Staff were awesome”

“What would I do without you”

“Thank you so much!”

“Great service!”

QUESTIONS??





FY 24-25 SMA Utilization Report



Residential Treatment Services

Service Description:

SMA Healthcare provides residential substance use treatment to residents of the WVHA service area at Deland Men's Residential Treatment (DMRT). DMRT is a 54 bed, male-only, long-term treatment facility focusing on treatment for primary substance use and co-occurring mental health disorders.

Services provided include individual and group therapy, relapse prevention, job skills, family education, sober support meetings, and more.

FY 24-25 WVHA funding is \$550,000.



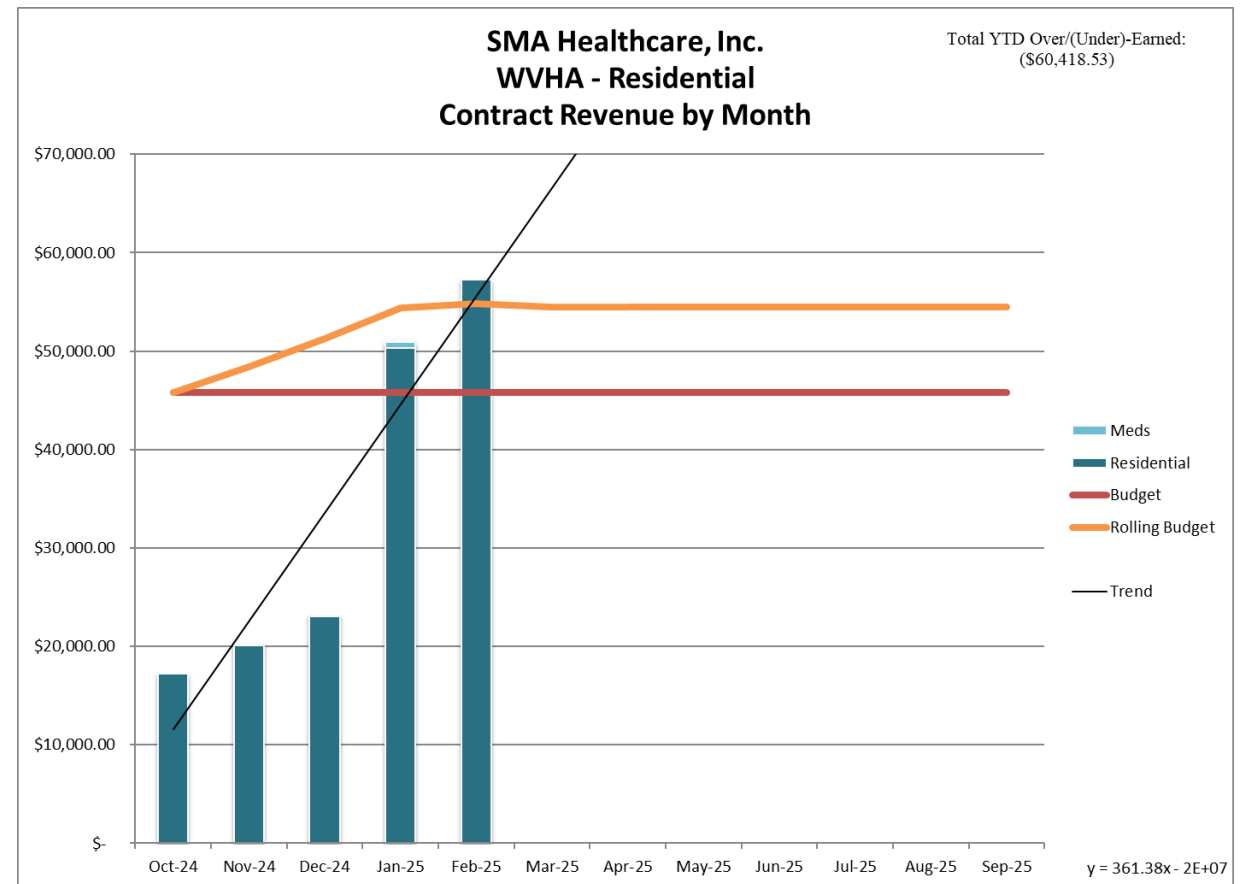
Residential Treatment Services

Numbers of Persons Served: 40

Utilization:\$168,749 (31%)

Trending upward:

- Program continues to increase overall census, thus a larger % of WVHA clients
- Case Management Team met with THND to improve communication and remove obstacles when referring clients for WVHA funding





Outpatient Psychiatric Services

Service Description:

Uninsured individuals typically seek out or are referred to care at an emergency room for psychiatric services. SMA provides psychiatric services and physical health screenings at SMA's Calvin Street clinic and on-site at Deland Men's Residential Treatment. SMA also partners with MiCare, Deland, to provide onsite services one day per week to members seeking psychiatric services. Providing accessible services prevents the deterioration of an individual's mental and/or physical health thereby decreasing the need for emergency room visits and hospitalization.

Services provided include: psychiatric evaluation and treatment planning; psychotropic medication prescription and management; mental health therapy; crisis intervention, including initiation of Baker Acts; medication prescriptions for clients filled through the SMA Pharmacy. Funding from this grant is used to cover the cost of medications from initial prescription through Patient Assistance Program (PAP) approval along with any co-pays.

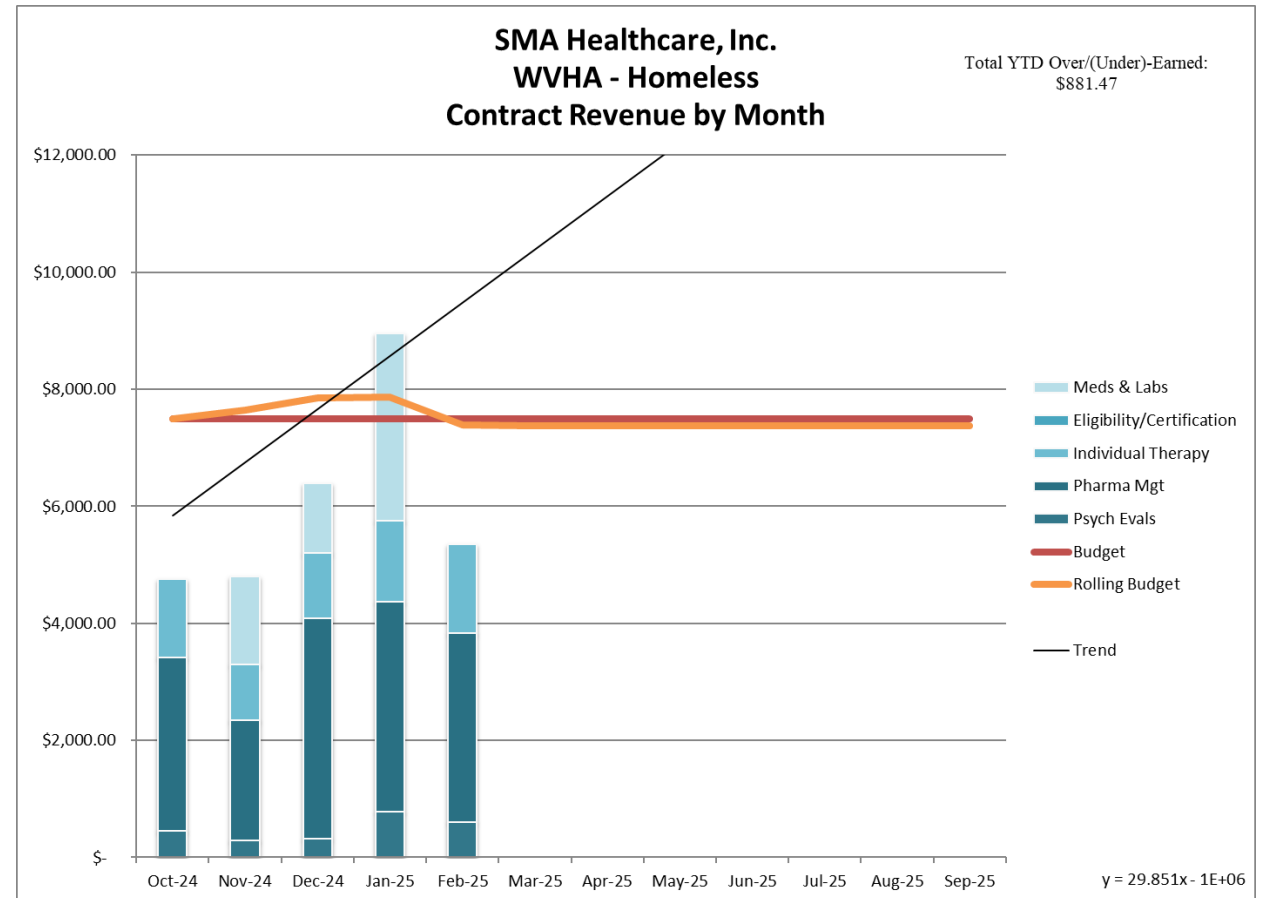
FY 24-25 WVHA funding is \$90,000.



Outpatient Psychiatric Services

Number of Persons Served: 173

Utilization: \$38,382 (43%)





Emergency Behavioral Health Services

Service Description:

SMA Healthcare's Chet Bell Crisis Center houses three distinct units:

- The Emergency Screening Unit provides public access to crisis services via a face-to-face assessment 24 hours per day
- The Crisis Stabilization Unit offers 30 beds for people who need acute psychiatric care
- The Detox Unit has 19 beds for people who need a medically monitored detoxification from addictive substances

Each unit is staffed around the clock with registered nurses, behavioral health technicians, and clinical staff working under the supervision of a physician. A psychiatrist and or psychiatric APRN assesses clients seven days a week and is available by phone 24 hours per day, including weekends and holidays.

FY 24-25 WVHA funding is \$150,000.

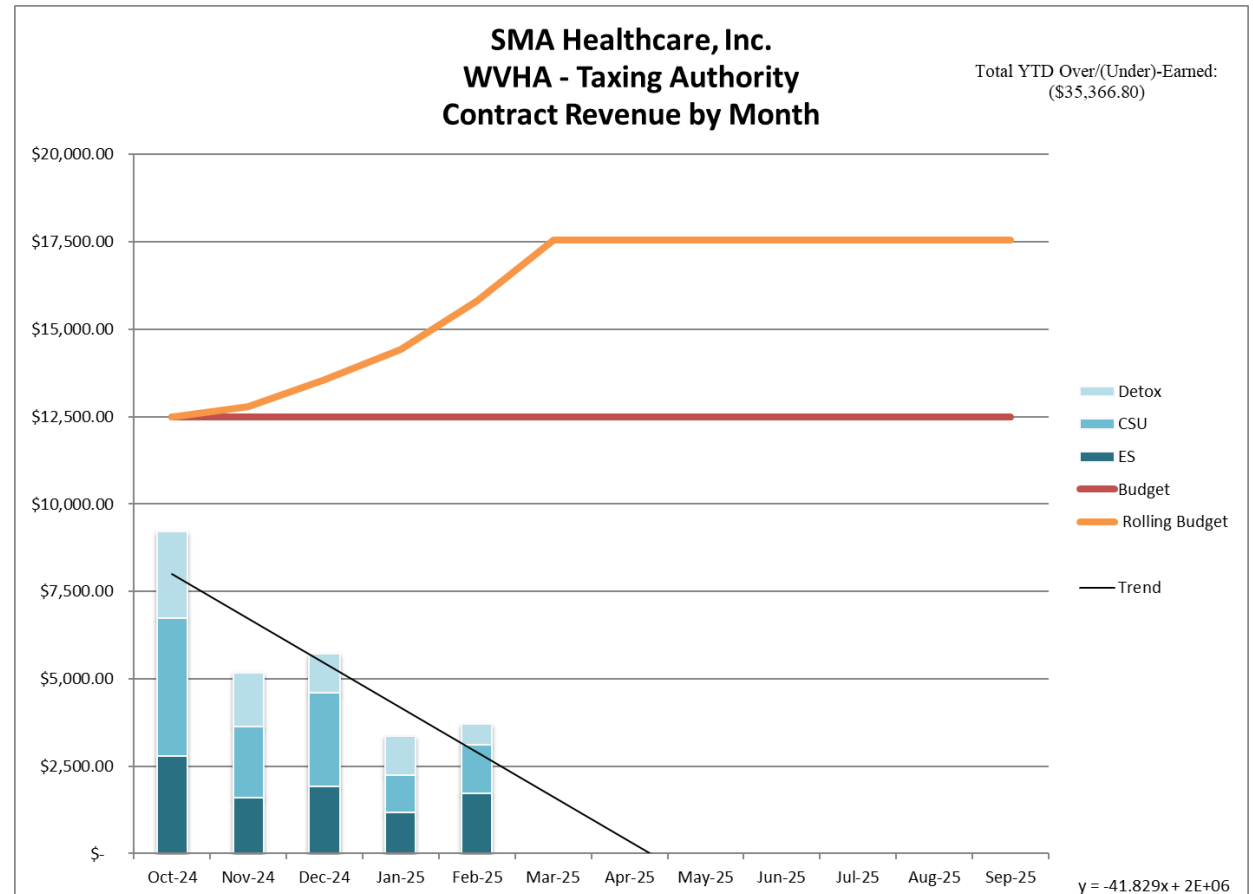


Emergency Behavioral Health Services

Numbers of Persons Served: 117

Utilization: \$27,134 (18%)

Plan to improve utilization trend:
We have identified specific team members to follow up with clients family members after admission to bring required eligibility documentation





Intergovernmental Transfer/Low Income Pool (LIP)

The Low-Income Pool (LIP) provides government support to providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Funding for the LIP program comes from intergovernmental transfers (IGTs) and federal matching funds.

SMA utilizes funds provided by the WVHA for Residential and Emergency Services for this purpose. WVHA and AHCA have a contracted letter of agreement that allows AHCA to invoice the WVHA for these funds directly. SMA is able to leverage this and receives match funding from AHCA.

- FY 21-22: WVHA IGT (\$257,582) + AHCA match (\$528,448) = \$786,030 (67.23% match)
- FY 22-23: WVHA IGT (\$265,285) + AHCA match (\$493,758) = \$759,041 (65.05% match)
- FY 23-24 : WVHA IGT (\$627,904) + AHCA match (\$865,682) = \$1,493,586 (57.96% match)*

If awarded funding this year, SMA is hoping the WVHA will continue to allow for the Residential and Emergency Services Contracts to also be utilized as IGT funds for AHCA match next year (up to \$700,000 total). Thus allowing SMA to receive AHCA match dollars up to approximately \$1,433,545 without additional cost to Volusia County/WVHA.



Coming Soon!

SMA Outpatient DeLand 1251 N. Stone St, DeLand

Anticipated Completion—October 2025

Services to be provided:

- Psychiatric Medication Management
- Outpatient Therapy
- Case Management
- Medication Assisted Treatment (MAT)
- Primary Care*
- Pharmacy*





Transforming Lives Through Hope and
Healing

QUESTIONS?



EBMS

April 24, 2025

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

3/1/2025 to 3/31/2025

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	7385		Charges	\$3,998,535	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$3,699,765	Addl Info Not Provided	\$40,377	1.01%
Medical	\$610,869	\$397	Allowed	\$298,770	Duplicate Charges	\$818,462	20.47%
Professional	\$279,672	\$182	less Member	\$5,238	Employee Ineligible	\$2,026	0.05%
Facility	\$331,197	\$215	less Adjustments	-\$317,337	Plan Limitations	\$724,107	18.11%
PBM	\$0	\$0	Paid Benefit	\$610,869	Cost Savings	\$2,101,697	52.56%
Total Plan Paid:	\$610,869	\$397	plus Admin Costs	\$395,883	UCR Reductions	\$529	0.01%
			Total Plan Paid:	\$1,006,752	Other	\$12,567	0.31%
					Total:	\$3,699,765	92.53%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2025	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	47	39	86	0	0	0	0	86	0	0
20 to 25	32	46	78	0	0	0	0	78	0	0
26 to 29	37	35	72	0	0	0	0	72	0	0
30 to 39	125	130	255	0	0	0	0	255	0	0
40 to 49	163	186	349	0	0	0	0	349	0	0
50 to 59	184	223	407	0	0	0	0	407	0	0
60 to 64	103	110	213	0	0	0	0	213	0	0
65 and Older	30	50	80	0	0	0	0	80	0	0
Totals	721	819	1540	0	0	0	0	1540	0	0
Average Age	45.08	46.35	45.75	0.00	0.00	0.00	0.00	45.75	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2025	Employee	Spouse	Dependent
Florida Cancer Specialists	83	\$75,091	0 to 19	\$2,523	\$0	\$0
PHPTS Of Ormond Beach	15	\$62,189	20 to 25	\$18,406	\$0	\$0
Deland Dialysis	54	\$40,176	26 to 29	\$36,808	\$0	\$0
Medical Center Of Deltona	36	\$34,333	30 to 39	\$67,076	\$0	\$0
Quest Diagnostics Tampa	354	\$21,377	40 to 49	\$117,543	\$0	\$0
06 Radiology Associates	113	\$14,291	50 to 59	\$245,187	\$0	\$0
Wellness Avenue Surgery	20	\$12,415	60 to 64	\$82,833	\$0	\$0
Gastroenterology Of	66	\$12,225	65 and Older	\$40,493	\$0	\$0
Quest Diagnostics Nichols	67	\$11,621	Totals	\$610,869	\$0	\$0
Deltona Dialysis	17	\$10,242				

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	\$25,351	43	\$1,090,093
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	56	\$0
February 25	\$1,213,843	RX	\$0	51	\$0
March 25	\$610,869	Total:			\$1,090,093
Total:	\$4,627,624				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 3/1/2025 to 3/31/2025
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	6	\$2,583	\$2,583	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	50	\$42,927	\$42,642	\$285	\$0	\$0	\$285	0.05%
CHIROPRACTIC	57	\$4,256	\$2,540	\$1,716	\$281	\$0	\$1,434	0.23%
DIALYSIS	108	\$1,838,656	\$1,783,225	\$55,431	\$0	\$0	\$55,431	9.07%
DME/APPLIANCE	6	\$1,084	\$1,084	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	550	-\$2,434,798	-\$1,960,615	-\$474,182	-\$3,963	\$0	-\$470,219	-76.98%
HOME HEALTH CARE	1	\$55	\$55	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	290	\$335,485	\$332,759	\$2,726	\$0	\$0	\$2,726	0.45%
INPATIENT PHYS	245	\$66,292	\$50,439	\$15,853	\$0	\$0	\$15,853	2.60%
IP HOSP CHARGES	122	\$2,182,275	\$1,862,808	\$319,467	\$2,200	\$0	\$317,267	51.94%
MATERNITY	4	\$3,000	\$3,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	27	\$3,057	\$2,307	\$750	\$130	\$0	\$620	0.10%
OFFICE VISIT	862	\$101,636	\$61,900	\$39,736	\$3,179	\$0	\$36,558	5.98%
OP PHYSICIAN	179	\$72,651	\$63,219	\$9,432	\$138	\$0	\$9,293	1.52%
OTHER	227	\$0	\$0	\$0	\$0	-\$317,337	\$317,337	51.95%
OUTPAT HOSP	15	-\$46,390	-\$29,276	-\$17,114	\$276	\$0	-\$17,390	-2.85%
PSYCHIATRIC	100	\$70,365	\$38,580	\$31,784	\$555	\$0	\$31,229	5.11%
RADIATION /CHEMO	57	\$355,869	\$277,683	\$78,186	\$37	\$0	\$78,149	12.79%
SUBS ABUSE	5	\$73,164	\$36,582	\$36,582	\$0	\$0	\$36,582	5.99%
SURG FACILITY	50	\$588,248	\$514,404	\$73,844	\$750	\$0	\$73,094	11.97%
SURGERY	193	\$34,117	\$25,567	\$8,550	\$0	\$0	\$8,550	1.40%
SURGERY IP	13	\$6,819	\$3,562	\$3,256	\$0	\$0	\$3,256	0.53%
SURGERY OP	34	\$32,451	\$24,864	\$7,587	\$0	\$0	\$7,587	1.24%
THERAPY	383	\$39,407	\$29,105	\$10,302	\$830	\$0	\$9,472	1.55%
URGENT CARE	30	\$4,252	\$3,117	\$1,135	\$239	\$0	\$896	0.15%
WELLNESS	667	\$49,133	\$40,037	\$9,096	\$0	\$0	\$9,096	1.49%
XRAY/ LAB	3434	\$571,944	\$487,594	\$84,349	\$586	\$0	\$83,764	13.71%
Totals:	7715	\$3,998,535	\$3,699,765	\$298,770	\$5,238	-\$317,337	\$610,869	



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2024 to 3/31/2025

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	46010		Charges	\$39,016,509	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$34,666,348	Addl Info Not Provided	\$394,169	1.01%
Medical	\$4,627,624	\$501	Allowed	\$4,350,161	Duplicate Charges	\$1,924,917	4.93%
Professional	\$2,101,421	\$227	less Member	\$68,665	Employee Ineligible	\$2,026	0.01%
Facility	\$2,526,203	\$273	less Adjustments	-\$346,129	Plan Limitations	\$7,627,175	19.55%
PBM	\$0	\$0	Paid Benefit	\$4,627,624	Cost Savings	\$24,643,086	63.16%
Vision	\$0	\$0	plus Admin Costs	\$1,973,889	UCR Reductions	\$3,053	0.01%
Total Plan Paid:	\$4,627,624	\$501	Total Plan Paid:	\$6,601,513	Other	\$71,922	0.18%
					Total:	\$34,666,348	88.85%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2025	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	47	39	86	0	0	0	0	86	0	0
20 to 25	32	46	78	0	0	0	0	78	0	0
26 to 29	37	35	72	0	0	0	0	72	0	0
30 to 39	125	130	255	0	0	0	0	255	0	0
40 to 49	163	186	349	0	0	0	0	349	0	0
50 to 59	184	223	407	0	0	0	0	407	0	0
60 to 64	103	110	213	0	0	0	0	213	0	0
65 and Older	30	50	80	0	0	0	0	80	0	0
Totals	721	819	1540	0	0	0	0	1540	0	0
Average Age	45.08	46.35	45.75	0.00	0.00	0.00	0.00	45.75	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2025	Employee	Spouse	Dependent
Florida Cancer Specialists	595	\$696,246	0 to 19	\$14,055	\$0	\$0
Adventhealth Deland	591	\$466,767	20 to 25	\$71,327	\$0	\$0
Adventhealth Fish	516	\$434,506	26 to 29	\$162,485	\$0	\$0
Halifax Hospital Medical	104	\$373,737	30 to 39	\$610,872	\$0	\$0
Medical Center Of Deltona	116	\$333,163	40 to 49	\$787,954	\$0	\$0
Deland Dialysis	317	\$289,074	50 to 59	\$1,627,223	\$0	\$0
Quest Diagnostics Tampa	2034	\$128,639	60 to 64	\$855,327	\$0	\$0
PHPTS Of Ormond Beach	44	\$109,426	65 and Older	\$498,382	\$0	\$0
06 Radiology Associates	798	\$95,245	Totals	\$4,627,624	\$0	\$0
Wellness Avenue Surgery	131	\$85,757				

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	\$25,351	43	\$1,090,093
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	56	\$0
February 25	\$1,213,843	RX	\$0	51	\$0
March 25	\$610,869	Total:			\$1,090,093
Total:	\$4,627,624				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 3/31/2025
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	0.00%
AMBULANCE	29	\$62,156	\$62,156	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	324	\$395,251	\$321,619	\$73,632	\$0	\$0	\$73,632	1.59%
CHIROPRACTIC	197	\$14,649	\$8,505	\$6,144	\$951	\$0	\$5,192	0.11%
COVID-19	7	\$850	\$850	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	564	\$11,549,427	\$11,193,233	\$356,194	\$0	\$0	\$356,194	7.70%
DME/APPLIANCE	36	\$16,971	\$16,971	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	2745	\$6,242,925	\$5,803,527	\$439,398	\$18,010	\$0	\$421,387	9.11%
HOME HEALTH CARE	2	\$492	\$492	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	1577	\$1,257,820	\$1,254,796	\$3,024	\$0	\$0	\$3,024	0.07%
INPATIENT PHYS	1622	\$438,913	\$332,873	\$106,041	\$0	\$0	\$106,041	2.29%
IP HOSP CHARGES	218	\$5,451,929	\$4,805,592	\$646,337	\$3,800	\$0	\$642,537	13.88%
MATERNITY	17	\$24,600	\$24,600	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	134	\$26,609	\$22,941	\$3,668	\$607	\$0	\$3,060	0.07%
OFFICE VISIT	4898	\$684,598	\$438,728	\$245,870	\$19,329	\$0	\$226,541	4.90%
OP PHYSICIAN	1117	\$455,610	\$373,432	\$82,178	\$1,072	\$0	\$81,106	1.75%
OTHER	1282	\$2,393	\$2,329	\$64	\$0	-\$346,129	\$346,193	7.48%
OUTPAT HOSP	180	\$423,048	\$385,203	\$37,844	\$3,627	\$0	\$34,217	0.74%
PSYCHIATRIC	775	\$361,617	\$215,267	\$146,350	\$3,090	\$0	\$143,260	3.10%
RADIATION /CHEMO	751	\$2,665,621	\$1,960,736	\$704,885	\$201	\$0	\$704,684	15.23%
SLEEP DISORDER	14	\$2,249	\$2,249	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	37	\$219,624	\$153,200	\$66,424	\$0	\$0	\$66,424	1.44%
SURG FACILITY	454	\$3,774,067	\$3,200,477	\$573,589	\$7,575	\$0	\$566,014	12.23%
SURGERY	1179	\$216,547	\$157,984	\$58,562	\$0	\$0	\$58,562	1.27%
SURGERY IP	116	\$122,107	\$88,692	\$33,415	\$0	\$0	\$33,415	0.72%
SURGERY OP	238	\$294,608	\$235,074	\$59,534	\$0	\$0	\$59,534	1.29%
THERAPY	2382	\$257,171	\$187,445	\$69,726	\$5,250	\$0	\$64,476	1.39%
URGENT CARE	111	\$20,769	\$16,254	\$4,515	\$939	\$0	\$3,576	0.08%
VISION	4	\$295	\$295	\$0	\$0	\$0	\$0	0.00%
WELLNESS	4821	\$357,308	\$292,322	\$64,985	\$0	\$0	\$64,985	1.40%
XRAY/ LAB	21154	\$3,675,638	\$3,108,054	\$567,584	\$4,214	\$0	\$563,371	12.17%
Totals:	46986	\$39,016,509	\$34,666,348	\$4,350,161	\$68,665	-\$346,129	\$4,627,624	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2025 to 3/31/2025

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2025	1594	0	1594
2/1/2025	1603	0	1603
3/1/2025	1607	0	1607
Total Member Days			1,601.33



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 3/31/2025

City, State	Employee Count	Dependent Count	Total Count
Astor, FL	3	0	3
De Leon Springs, FL	122	0	122
Debary, FL	38	0	38
Deland, FL	744	0	744
Deltona, FL	381	0	381
Enterprise, FL	1	0	1
Eustis, FL	1	0	1
Lake Helen, FL	9	0	9
Orange City, FL	95	0	95
Osteen, FL	7	0	7
Pierson, FL	93	0	93
Seville, FL	46	0	46
Total	1540	0	1540



Tier Census by Product 3/1/2025

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	1509	697	812	0	0	0	0	1509
		Subtotal for Active:	1509	697	812	0	0	0	0	1509
		Total for Medical:	1509	697	812	0	0	0	0	1509



Tier Census by Product 3/15/2025

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	707	800	0	0	0	0	1507
		Subtotal for Active:	1507	707	800	0	0	0	0	1507
		Total for Medical:	1507	707	800	0	0	0	0	1507



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 3/1/2025 to 3/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	6	2,583.10	2,583.10	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	50	42,926.90	559.00	42,083.25	284.65	0.00	0.00	284.65	0.05%
CHIROPRACTIC	57	4,255.56	0.00	2,540.03	1,715.53	281.46	0.00	1,434.07	0.23%
DIALYSIS	108	1,838,656.02	424,731.60	1,358,493.88	55,430.54	0.00	0.00	55,430.54	9.07%
DME/APPLIANCE	6	1,083.82	1,083.82	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	550	-2,434,797.70	137,833.57	-2,098,448.83	-474,182.44	-3,962.94	0.00	-470,219.50	-76.98%
HOME HEALTH CARE	1	55.00	55.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	290	335,485.09	331,598.02	1,161.04	2,726.03	0.00	0.00	2,726.03	0.45%
INPATIENT PHYS	245	66,292.16	26,561.55	23,877.48	15,853.13	0.00	0.00	15,853.13	2.60%
IP HOSP CHARGES	122	2,182,274.72	471,996.27	1,390,811.31	319,467.14	2,200.00	0.00	317,267.14	51.94%
MATERNITY	4	3,000.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	27	3,057.02	0.02	2,307.04	749.96	130.00	0.00	619.96	0.10%
OFFICE VISIT	862	101,636.32	6,187.88	55,712.34	39,736.10	3,178.54	0.00	36,557.56	5.98%
OP PHYSICIAN	179	72,650.81	22,035.00	41,184.15	9,431.66	138.39	0.00	9,293.27	1.52%
OTHER	331	0.00	0.00	0.00	0.00	0.00	-317,336.79	317,336.79	51.95%
OUTPAT HOSP	15	-46,390.43	2,956.81	-32,233.05	-17,114.19	275.82	0.00	-17,390.01	-2.85%
PSYCHIATRIC	100	70,364.52	-2,288.00	40,868.07	31,784.45	555.00	0.00	31,229.45	5.11%
RADIATION /CHEMO	57	355,868.59	37,939.37	239,743.60	78,185.62	36.87	0.00	78,148.75	12.79%
SUBS ABUSE	5	73,164.00	0.00	36,582.00	36,582.00	0.00	0.00	36,582.00	5.99%
SURG FACILITY	50	588,248.36	16,321.89	498,081.99	73,844.48	750.00	0.00	73,094.48	11.97%
SURGERY	193	34,116.77	0.00	25,566.82	8,549.95	0.00	0.00	8,549.95	1.40%
SURGERY IP	13	6,818.70	0.00	3,562.41	3,256.29	0.00	0.00	3,256.29	0.53%
SURGERY OP	34	32,450.54	2,451.00	22,412.83	7,586.71	0.00	0.00	7,586.71	1.24%
THERAPY	383	39,407.00	11,354.00	17,750.74	10,302.26	830.00	0.00	9,472.26	1.55%
URGENT CARE	30	4,251.76	121.00	2,995.97	1,134.79	239.05	0.00	895.74	0.15%
WELLNESS	667	49,132.52	4,438.63	35,598.01	9,095.88	0.00	0.00	9,095.88	1.49%
XRAY/ LAB	3434	571,943.92	60,913.41	426,681.08	84,349.43	585.56	0.00	83,763.87	13.71%
Totals for 00532	7819	3,998,535.07	1,562,432.94	2,137,332.16	298,769.97	5,237.75	-317,336.79	610,869.01	



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 3/31/2025

	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	0.00%
AMBULANCE	29	62,155.70	62,155.70	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	324	395,250.60	32,375.93	289,242.71	73,631.96	0.00	0.00	73,631.96	1.59%
CHIROPRACTIC	197	14,649.32	283.70	8,221.76	6,143.86	951.46	0.00	5,192.40	0.11%
COVID-19	7	849.55	849.55	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	564	11,549,426.74	2,450,872.66	8,742,360.33	356,193.75	0.00	0.00	356,193.75	7.70%
DME/APPLIANCE	36	16,970.58	16,970.58	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	2745	6,242,924.85	2,662,236.19	3,141,290.75	439,397.91	18,010.47	0.00	421,387.44	9.11%
HOME HEALTH CARE	2	492.00	492.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	1577	1,257,819.99	1,251,626.50	3,169.79	3,023.70	0.00	0.00	3,023.70	0.07%
INPATIENT PHYS	1622	438,913.29	151,065.72	181,806.95	106,040.62	0.00	0.00	106,040.62	2.29%
IP HOSP CHARGES	218	5,451,928.98	1,497,290.78	3,308,301.44	646,336.76	3,800.00	0.00	642,536.76	13.88%
MATERNITY	17	24,600.00	24,600.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	134	26,609.00	11,275.00	11,666.46	3,667.54	607.30	0.00	3,060.24	0.07%
OFFICE VISIT	4898	684,597.70	64,786.33	373,941.80	245,869.57	19,328.54	0.00	226,541.03	4.90%
OP PHYSICIAN	1117	455,610.16	61,424.91	312,007.17	82,178.08	1,072.10	0.00	81,105.98	1.75%
OTHER	1475	2,393.00	779.00	1,550.42	63.58	0.00	-346,129.08	346,192.66	7.48%
OUTPAT HOSP	180	423,047.77	79,074.91	306,128.55	37,844.31	3,627.13	0.00	34,217.18	0.74%
PSYCHIATRIC	775	361,617.01	101,269.04	113,997.82	146,350.15	3,090.00	0.00	143,260.15	3.10%
RADIATION /CHEMO	751	2,665,621.07	382,949.18	1,577,786.73	704,885.16	200.82	0.00	704,684.34	15.23%
SLEEP DISORDER	14	2,248.65	2,248.65	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	37	219,623.93	42,418.98	110,780.99	66,423.96	0.00	0.00	66,423.96	1.44%
SURG FACILITY	454	3,774,066.51	272,041.09	2,928,436.03	573,589.39	7,575.00	0.00	566,014.39	12.23%
SURGERY	1179	216,546.59	6,704.70	151,279.42	58,562.47	0.00	0.00	58,562.47	1.27%
SURGERY IP	116	122,106.94	18,956.92	69,734.89	33,415.13	0.00	0.00	33,415.13	0.72%
SURGERY OP	238	294,608.12	27,806.00	207,267.79	59,534.33	0.00	0.00	59,534.33	1.29%
THERAPY	2382	257,171.00	64,354.00	123,091.11	69,725.89	5,250.00	0.00	64,475.89	1.39%
URGENT CARE	111	20,768.76	4,838.24	11,415.43	4,515.09	939.05	0.00	3,576.04	0.08%
VISION	4	295.00	295.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	4821	357,307.90	34,729.73	257,592.73	64,985.44	0.00	0.00	64,985.44	1.40%
XRAY/ LAB	21154	3,675,638.32	450,561.77	2,657,492.33	567,584.22	4,213.52	0.00	563,370.70	12.17%
Totals for 00532	47179	39,016,509.03	9,777,332.76	24,889,015.73	4,350,160.54	68,665.39	-346,129.08	4,627,624.23	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 04:08:28 on 01 April 2025



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 3/1/2025 to 3/31/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1597	320,955.22	0.00	0.00	0.00	0.00	320,955.22
miCareDelton	1542	276,565.87	0.00	0.00	0.00	0.00	276,565.87
miCarePierse	121	13,347.92	0.00	0.00	0.00	0.00	13,347.92
N/A	14	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	3274	610,869.01	0.00	0.00	0.00	0.00	610,869.01



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2024 to 3/31/2025

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	10268	2,587,269.87	0.00	0.00	0.00	0.00	2,587,269.87
miCareDelton	8680	1,889,632.66	0.00	0.00	0.00	0.00	1,889,632.66
miCarePierse	702	150,721.70	0.00	0.00	0.00	0.00	150,721.70
N/A	48	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	19701	4,627,624.23	0.00	0.00	0.00	0.00	4,627,624.23



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 3/1/2025 to 3/31/2025

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	695	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 3/31/2025

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	3656	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/24 to 3/31/25

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	1670	\$345,627.44	\$0.00	966	\$357.79	\$119.24	\$24.18	\$0.38	\$214.00	\$0.00
miCareDeLand	11-2024	\$203,463.92	\$24,990.98	\$365.04	\$272,695.74	\$0.00	1788	\$501,515.68	\$0.00	975	\$514.38	\$208.68	\$25.63	\$0.37	\$279.69	\$0.00
miCareDeLand	12-2024	\$133,478.22	\$18,415.92	\$0.00	\$227,953.51	\$0.00	1566	\$379,847.65	\$0.00	979	\$388.00	\$136.34	\$18.81	\$0.00	\$232.84	\$0.00
miCareDeLand	01-2025	\$171,507.75	\$22,164.05	\$0.00	\$207,814.07	\$0.00	1399	\$401,485.87	\$0.00	981	\$409.26	\$174.83	\$22.59	\$0.00	\$211.84	\$0.00
miCareDeLand	02-2025	\$343,988.20	\$24,057.06	\$2,509.96	\$267,282.79	\$0.00	2104	\$637,838.01	\$0.00	992	\$642.98	\$346.76	\$24.25	\$2.53	\$269.44	\$0.00
miCareDeLand	03-2025	\$141,897.02	\$23,360.18	\$737.58	\$154,960.44	\$0.00	1566	\$320,955.22	\$0.00	1003	\$320.00	\$141.47	\$23.29	\$0.74	\$154.50	\$0.00
	Subtotal:	\$1,109,524.97	\$136,341.45	\$3,977.62	\$1,337,425.83	\$0.00	10093	\$2,587,269.87	\$0.00	5896	\$438.82	\$188.18	\$23.12	\$0.67	\$226.84	\$0.00
miCareDelton	10-2024	\$75,447.41	\$13,266.17	\$0.00	\$131,247.03	\$0.00	1377	\$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	1420	\$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	1305	\$253,759.12	\$0.00	554	\$458.05	\$242.08	\$27.31	\$0.00	\$188.66	\$0.00
miCareDelton	01-2025	\$114,808.48	\$16,230.16	\$0.00	\$130,267.36	\$0.00	1144	\$261,306.00	\$0.00	550	\$475.10	\$208.74	\$29.51	\$0.00	\$236.85	\$0.00
miCareDelton	02-2025	\$358,838.32	\$20,923.94	\$114.69	\$167,193.55	\$0.00	1808	\$547,070.50	\$0.00	548	\$998.30	\$654.81	\$38.18	\$0.21	\$305.10	\$0.00
miCareDelton	03-2025	\$138,178.07	\$14,496.96	\$0.00	\$123,890.84	\$0.00	1533	\$276,565.87	\$0.00	541	\$511.21	\$255.41	\$26.80	\$0.00	\$229.00	\$0.00
	Subtotal:	\$983,083.99	\$96,314.21	\$114.69	\$810,119.77	\$0.00	8587	\$1,889,632.66	\$0.00	3347	\$564.58	\$293.72	\$28.78	\$0.03	\$242.04	\$0.00
miCarePierse	10-2024	\$1,576.07	\$2,656.08	\$0.00	\$17,624.57	\$0.00	132	\$21,856.72	\$0.00	66	\$331.16	\$23.88	\$40.24	\$0.00	\$267.04	\$0.00
miCarePierse	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
miCarePierse	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
miCarePierse	01-2025	\$24,289.62	\$982.59	\$0.00	\$9,839.75	\$0.00	79	\$35,111.96	\$0.00	63	\$557.33	\$385.55	\$15.60	\$0.00	\$156.19	\$0.00
miCarePierse	02-2025	\$11,134.68	\$1,721.99	\$0.00	\$16,078.16	\$0.00	117	\$28,934.83	\$0.00	63	\$459.28	\$176.74	\$27.33	\$0.00	\$255.21	\$0.00
miCarePierse	03-2025	\$942.74	\$1,383.96	\$0.00	\$11,021.22	\$0.00	121	\$13,347.92	\$0.00	63	\$211.87	\$14.96	\$21.97	\$0.00	\$174.94	\$0.00
	Subtotal:	\$66,226.72	\$10,757.20	\$0.00	\$73,737.78	\$0.00	699	\$150,721.70	\$0.00	385	\$391.48	\$172.02	\$27.94	\$0.00	\$191.53	\$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
N/A	01-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5	\$0.00	\$297,957.57	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$329,172.19	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	03-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$395,883.47	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	43	\$0.00	\$1,973,889.10	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$2,158,835.68	\$243,412.86	\$4,092.31	\$2,221,283.38	\$0.00	19425	\$4,627,624.23	\$1,973,889.10	9628	\$685.66	\$224.22	\$25.28	\$0.43	\$230.71	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2024-3/31/2025

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

March 2025 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2025	232	204	88%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Deltona			
2025	201	159	79%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Overall			
2025	433	363	84%

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 84% of the available clinician capacity was used for scheduled appointments; 16% 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.

	No Show Count	No Show %
DeLand	86	9%
Deltona	35	5%

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



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

Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand

Clinic Services	Number of visits	%	Notes
Total Provider visits	393	41%	Schedulable patient activities
Total Labs	186	19%	Schedulable patient activities
Total Nurse Visits	5	1%	Schedulable patient activities
Total medication pick-up	343		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	955		

DeLand

- There was a total of 584 clinic visits at the DeLand clinic in March plus 343 medication pick-ups and an additional 28 med pick-ups from the PAP program
- Of the 584 clinic visits, 13 were phone visits
- There were 20 new **patients** that established care at the DeLand clinic last month
- There were 62 **Physicals** in March – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	298	42%	Schedulable patient activities
Total Labs	117	17%	Schedulable patient activities
Total Nurse Visits	11	2%	Schedulable patient activities
Total medication pick-up	255		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	21		Don't have a visit type and are not scheduled appointments
Total Visits	702		

Deltona

- There was a total of 426 clinic visits at the Deltona clinic in March plus 255 pick-ups from Deltona as well as 21 med pick-ups from the PAP program
- Of the 426 visits, 7 were phone visits
- There were 14 **new patients** that established care at the Deltona clinic last month
- There were 42 **Physicals** in March – Male/Female Wellness – Established Patients



miCare Member Migration

March 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	546	1,569	35%
Deltona	344	1,569	22%

*** Combined migration – 49% for March**

*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 and may use both sites.

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications on an annualized basis.
- 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

PAP Summary	
Application Approved	370
Application Pending Approval	8
Application Started but Not Submitted	3
Total Active Applications	381
	(Active Applications)

Key Insights:

- **49 PAP medications were picked up between the two locations**
- **Currently, WVHA has 381 patients with active PAP applications being managed**
- **The projected annualized savings for the 381 PAP applications are \$2,349,462**



WVHA miCare Clinic Deland and Deltona

Quarter Two Report

January 1st – March 31st, 2025

Clinical Utilization

Deland Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	668	610	91%
2025	688	612	89%

Deltona Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	498	425	85%
2025	529	437	83%

Deland and Deltona Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	1,166	1,035	88%
2025	1,217	1,049	86%

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

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



No Show Rate

Q2	DeLand		Deltona	
2024	7%	192	5%	96
2025	9%	260	6%	116

miCare Member Migration Q2 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	815	1,569	52%
Deltona	497	1,569	32%

*The patient encounter total for WVHA membership was 68% on Q2

Key Insights:

- The overall available hours increase for this period over last year and the utilization decreased slightly from 88% to 86% for the overall membership
- Membership increased from 1,404 in this period last year to 1,569 in 2025
- 68% of members used one of the sites in this quarter
- No show rates increased at both sites for Q2
- There was an increase in visit count for this quarter over last year for both DeLand and the Deltona sites
 - DeLand 2,791 over 2,598
 - Deltona 1,933 over 1,844
- Survey results for Q2 show 141 responses and an overall rating of 4.9% - See comments below – page 7



miCare Visit Type Frequency

DeLand

WVHA miCare Clinic Total Visits for DeLand Q2 - 2024-2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	1,153	41%	Schedulable patient activities
Total Labs	551	20%	Schedulable patient activities
Total Nurse Visits	35	1%	Schedulable patient activities
Total medication pick-up	972		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	80		Don't have a visit type and are not scheduled appointments
Total Visits	2,791		

- There was a total of 1,739 clinic visits at the DeLand clinic in Q2 2025, with an additional 972 medication pick-ups and 80 med pick-ups from the PAP program
- Of the 1,739. visits, 42 were phone visits
- There were 72 new patients that established care at the DeLand clinic, and 176 Physicals were conducted in this quarter

Deltona

WVHA miCare Clinic Total Visits for Deltona Q2 - 2024-2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	826	43%	Schedulable patient activities
Total Labs	314	16%	Schedulable patient activities
Total Nurse Visits	31	2%	Schedulable patient activities
Total medication pick-up	703		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	59		Don't have a visit type and are not scheduled appointments
Total Visits	1,933		

- There was a total of 1,171 clinic visits at the Deltona clinic in Q2 2025, with an additional 703 medication pick-ups along with 59 medication pick-ups from the PAP program
- Of the 1,171 visits, 37 were phone visits
- There were 39 new patients that established care at the Deltona clinic, and 119 Physicals were conducted in this quarter



Referrals

01/1/2025 – 03/31/2025

Total # All of Referrals	1,918	
miCare Provider Referrals	1,041	54%
Imaging Referrals	451	43%
Referral to Specialist	590	57%

	WVHA Average	*National Average	miCare Average
Benchmark	54%	*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:

- The total number of referrals for the period was 1,918
- Referrals from miCare providers were 1,041 and 54% of total referrals
- miCare referrals to Specialist were 590 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 54%
- 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	6
Advent	84
Total ER visits	90
Appropriate ER Visits	55
PCP Appropriate	35
Established Patients (miCare)	88
Follow up scheduled at miCare	54
Follow up completed at miCare	46

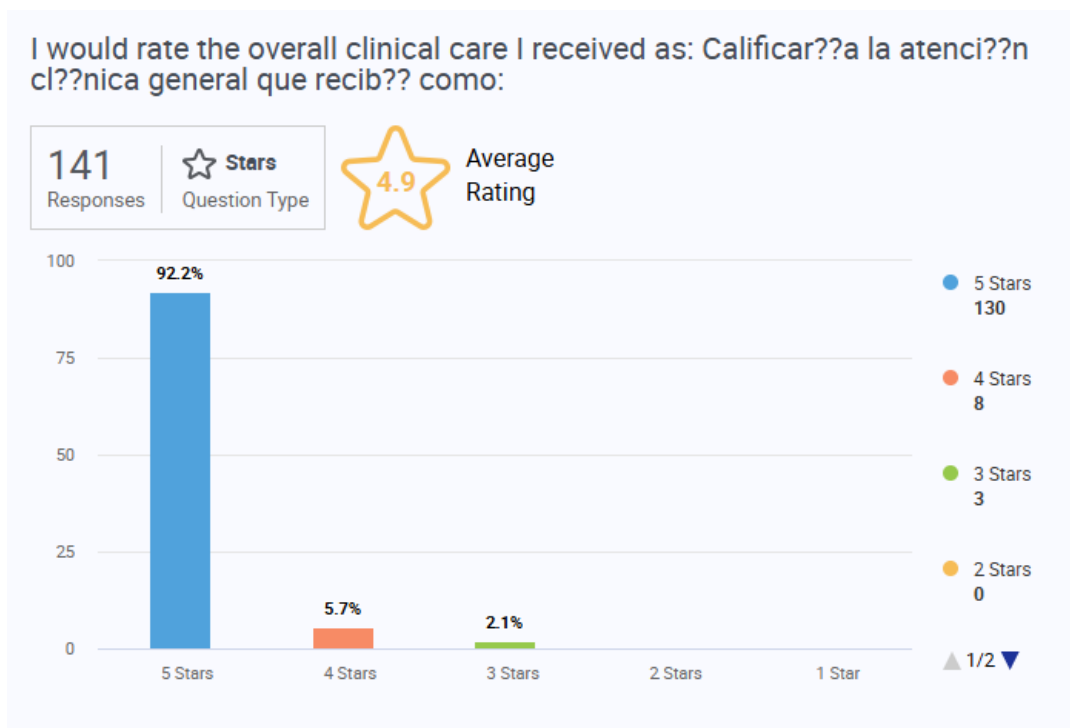
Key Insights:

- Total patients between Halifax and Advent were 90 (6 Halifax and 84 Advent), this shows a decrease from 2024 for the same period, which was 95 total
- Out of the 90 patients that went to the ER, 88 had established care at miCare
- Out of the patients that sought care in the ER, 55 were appropriate and 35 could have been seen outside of the ER.
- 54 patients scheduled follow up appointments at miCare of those, 46 completed their follow up in the clinic.



Post Visit Survey Results

January - March 2025



Survey Results – Comments:

- Always and Exceptional service
- I'm very happy with Gina Mendez and Lorna their spot on
- I would like to thank the entire Deltona staff for their support and professionalism every time I have a visit i truly appreciate the care,concern, attention.
- Great Service.
- It seems that my primary has left. I have a new one. Since this is the first time, I have established a relationship with the new doctor, I really cannot truly make any judgments, which accurately answer this survey (My answers are skewed towards shadow of the doubt).
- Solo les hago saber que el servicio de los profesionales son excelente , sin duda alguna los demás son personas agradables, atentos y profesionales, gracias a todos por su atención!
- The doctors I see are great
- No extra comment needed
- The services I receive are above and beyond what I expect. I am treated with compassion and concern. All my questions are always answered and the staff is extremely professional.
- Solo me queda dar las gracias a todos, a la clinica, a los empleados y de manera especial al doctor Humberto.
- Out of all doctors offices I have visited over the years this is one of the best.
- Dr. Patel is a great provider.
- Fantastic job, thank you!!
- Great job, keel up the good work



- Always good to visit. Professionals are great. Attention and everything is really nice. Absolutely satisfied.
- Todo muy bien. Gracias
- Dios los vendiga
- Excelente todo..!! Gracias.
- I have recommended Micare Clinic to several people as I have found both the Deland and Deltona offices both professional.
- Todo súper bien 👍
- I would like to know if you have the Covid vaccine.
- Estoy satisfecha y agradecida con todo el personal. En especial con el Dr Humberto Paez, el Enfermero Angel, Front Desk. Personal telefónico y de laboratorio. Gracias.
- I've had most issues with waiting for meds to get delivered in full
- Excelente todo el servicio muchas gracias
- While I'm there everybody is nice and does a fantastic job and treats me with a lot of respect. Once I leave there's no sense of urgency on anything or any follow-up. Every time I order prescriptions and get home there's always some kind of problem or something missing and I don't drive and it cost me money to take taxi back and forth.
- Always in and out quick, even if I arrive early. Amazing staff. Thank you!
- Personal amable y atento, siempre es bueno contar con personal que muestra empatia hacia los pacientes y yo agradezco que lo he encontrado en Micare
- Yes
- I love the fact that the laboratory tech is so patient and gentle with me knowing that is hard to find my xeins. She is truly amazing.
- Good
- Look forward for future exams.
- I greatly appreciate the care I am receiving
- Todo es de lo major
- I am very grateful for the services I have received. 😊
- No gracias
- El personal muy hamable y professional
- The service I always receive is great.
- MiCare clinic is a family environment with a very attentive and professional Staff.
- Dr Perez is absolutely the best Dr I've had my life. He is very concerned and recommends what he thinks is best for you. He explains to you in laymen terms so you understand medical terminology. I have only had him as a doctor for about 6 months but he has shown and has helped me tremendously since I've become his patient. MiCare has a wonderful knowledgeable caring doctor they are lucky to have him
- I am super happy with Dr. Umberto. He is very kind and caring.
- Everyone is so kind especially the Dr
- Love the staff&my Dr.they welcome me as soon as I walk in the door
- I am fairly new to mi care. The facility is clean and the staff is courteous and thorough
- Absolutely wonderful team and service. More pleased with this service than I have ever been with medical offices. All medical services should strive to be this good
- Your pharmacy often has my meds out of stock
- Super nice, kind, knowledgeable and professional. And approachable which is very important. I don't feel awkward with awkward situations or medical issues. You guys rock!
- Excellent service thank you
- I have no other comments.



- It has always been pleasant and professional plus no long waits.
- I loved my visit!! Such a friendly, helpful, courteous staff!! I couldn't have expected a more pleasant experience!! Keep up the good work!!!
- Always happy and satisfied with the care I get every time I go!!! 2 thumbs way up for the staff!!



April 2, 2025

West Volusia Hospital Authority
Monthly Enrollment Report

In the month of February there were 289 client interviews conducted. Of these, 255 appointments were to assist with new /renewal applications, and 34 to assist with pending applications from February to March.

For the month a total of 255 applications were submitted for verification and enrollment. Of these, 255 were processed by the end of the month, leaving no rollovers to carry over into April for approval.

Of the 255 that were processed, 230 were approved, 14 were denied, and 11 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.

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)

Application Source	New	Renewal	Total
House Next Door	25	175	200
Halifax (Health Fund Solutions)	0	0	0
Advent Health/Fl Hospital	3	7	10
RAAO	13	19	32
Other	7	4	11
SMA	2	0	2
26 and covered	0	0	0
Totals	50	205	255

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
- Working Events in the Community (Family Fun Day event)

Respectfully submitted by Chris Booker



CREDIBILITY • INTEGRITY • ACHIEVEMENT





WVHA Website Updates & Reorganization

STREAMLINING
CONTENT FOR CLARITY
AND COMPLIANCE


PREPARED AND PRESENTED BY:
COMMISSIONER RAKEEM FORD

Goals of the Update

- ▶ Improve site navigation & content organization
- ▶ Centralize legal and compliance materials
- ▶ Align structure with stakeholder needs
- ▶ Remove outdated or irrelevant content

Homepage Updates

- ▶ Add Compliance tab for legal/regulatory content
- ▶ Remove 'Nonprimary Care Applicant' headline



The screenshot shows the homepage of the West Volusia Hospital Authority (WVHA). The navigation bar at the top includes links for Home, About Us, Economic Impact, Partners, Contact Us, and HealthCard Q&A. The main content area features a paragraph about WVHA, a notice about the closed non-primary care application window, a link to ethics laws, a link to apply for a HealthCard, and a link to FY 2024-2025 goals. A photograph of a doctor and an elderly patient is on the right, and the WVHA logo is at the bottom.

[Home](#) [About Us](#) [Economic Impact](#) [Partners](#) [Contact Us](#) [HealthCard Q&A](#) 

The West Volusia Hospital Authority (WVHA) is an independent special taxing district established by the State of Florida for the purpose of providing access to health care for indigent residents of the district.


NON-PRIMARY CARE APPLICATION WINDOW FOR SUBMITTAL HAS CLOSED.

April 1 5:30 p.m. – **Mandatory** Applicant Q & A Meeting at the Center at Deltona

[CLICK HERE FOR APPLICABLE ETHICS LAWS](#)

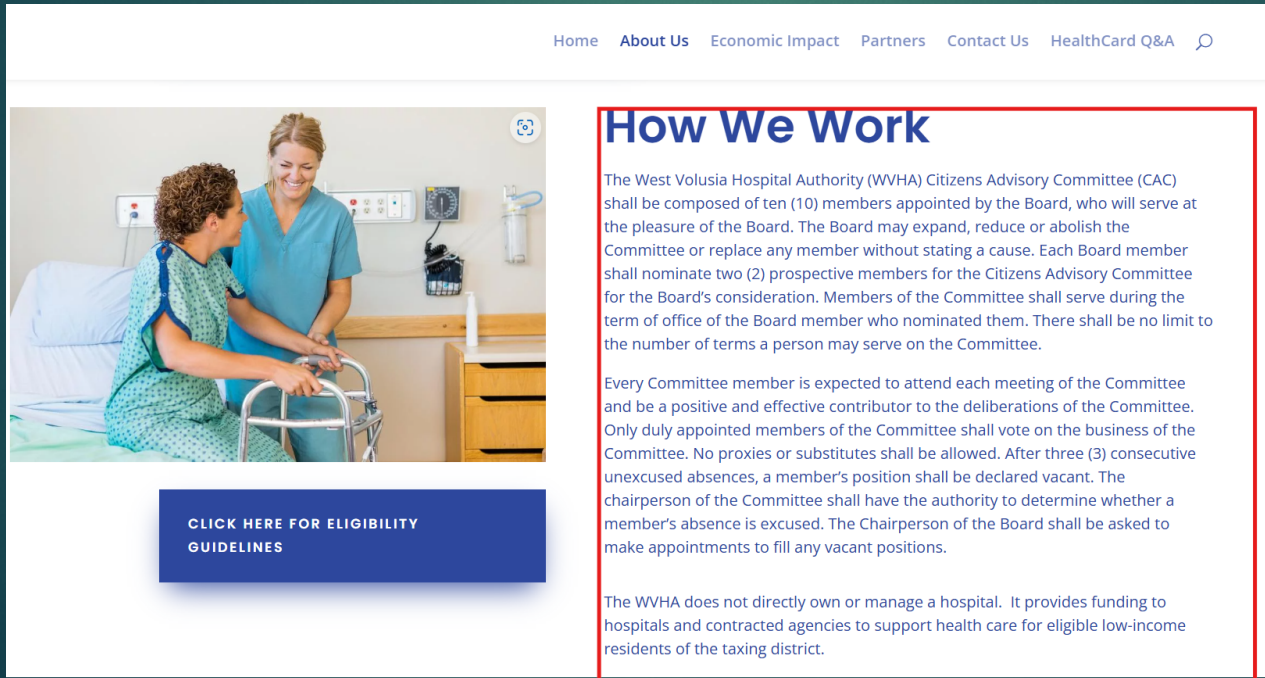
[Apply for WVHA HealthCard](#)

[CLICK HERE FOR FY 2024-2025 GOALS](#)



About Us Section

- ▶ Remove 'How We Work'
- ▶ Replace with 'Commissioner' section
- ▶ Sub-tabs to include:
 - ▶ 1. Commissioner
 - ▶ 2. CAC Board
- ▶ Move 'Medicaid Match Dispute' to Compliance tab



The screenshot displays the website's navigation bar with links: Home, About Us, Economic Impact, Partners, Contact Us, and HealthCard Q&A. The main content area features a photograph of a healthcare professional assisting a patient with a walker. Below the photo is a blue button labeled 'CLICK HERE FOR ELIGIBILITY GUIDELINES'. To the right, the 'How We Work' section is highlighted with a red border. This section contains text about the Citizens Advisory Committee (CAC) and its members, followed by a paragraph detailing the committee's expectations and procedures. At the bottom of the highlighted section, a paragraph states that the WVHA provides funding to hospitals and agencies to support health care for eligible low-income residents.

Home About Us Economic Impact Partners Contact Us HealthCard Q&A

How We Work

The West Volusia Hospital Authority (WVHA) Citizens Advisory Committee (CAC) shall be composed of ten (10) members appointed by the Board, who will serve at the pleasure of the Board. The Board may expand, reduce or abolish the Committee or replace any member without stating a cause. Each Board member shall nominate two (2) prospective members for the Citizens Advisory Committee for the Board's consideration. Members of the Committee shall serve during the term of office of the Board member who nominated them. There shall be no limit to the number of terms a person may serve on the Committee.

Every Committee member is expected to attend each meeting of the Committee and be a positive and effective contributor to the deliberations of the Committee. Only duly appointed members of the Committee shall vote on the business of the Committee. No proxies or substitutes shall be allowed. After three (3) consecutive unexcused absences, a member's position shall be declared vacant. The chairperson of the Committee shall have the authority to determine whether a member's absence is excused. The Chairperson of the Board shall be asked to make appointments to fill any vacant positions.

The WVHA does not directly own or manage a hospital. It provides funding to hospitals and contracted agencies to support health care for eligible low-income residents of the taxing district.

CLICK HERE FOR ELIGIBILITY GUIDELINES


Compliance Tab Overview

- ▶ New Tab: Compliance
- ▶ Medicaid Match Dispute
- ▶ Enabling Legislation
- ▶ Applicable Ethics Laws
- ▶ FY2024-25 Goals

Economic Impact Section

- ▶ Add RAOO as point of contact
- ▶ Purpose: Assist with WVHA card screening

[Home](#) [About Us](#) [Economic Impact](#) [Partners](#) [Contact Us](#) [HealthCard Q&A](#) [🔍](#)



Did You Know?

WVHA commissioners are elected for four-year terms, and are not compensated for their service.

The WVHA has an administrator and contracts for accounting and legal services.

The maximum millage (tax) rate that can legally be levied by the WVHA is 4 mills. The FY 2024-2025 rate is well below that, at 1.0480 mills.

The WVHA usually meets on the third Thursday of the month at a duly noticed location. All members of the public are welcome to attend.

The WVHA fiscal year runs from October 1 through September 30. Two hearings are held in September to determine the tax rate and budget for the following year, and these hearings are also open to the public.

The WVHA does not own or manage a hospital. It provides funding to hospitals and not for profit agencies to support health care for eligible low-income residents of the taxing district.

HOW TO APPLY:
Contact The House Next Door for an appointment.
Call (386) 232-2055 DeLand ext. 1109 or 1122,
Pierson ext. 1109 or Deltona ext. 3206 or 3201.

Partners Section

- ▶ Add address of CFO Office
- ▶ Goal: Match format & flow of other partner listings

The screenshot displays a website's 'Partners' section. At the top, a navigation bar includes links for Home, About Us, Economic Impact, Partners, Contact Us, and HealthCard Q&A. Below this, four partner listings are shown, each with a logo and contact information. The first listing is for SMA Healthcare, followed by The House Next Door DeLand, 840 Deltona Boulevard Suite K, and The Neighborhood Center of West Volusia. A red-bordered box at the bottom left contains the official seal of the Chief Financial Officer of the State of Florida, indicating where the CFO Office's address should be added to match the format of the other listings.

Home About Us Economic Impact Partners Contact Us HealthCard Q&A

SMA HEALTHCARE
SMA Healthcare
Outpatient Medication
Management/Therapy
105 W Calvin Street
DeLand, FL 32720
(800) 539-4228

THE HOUSE NEXT DOOR
Nurturing Families
Building Communities
The House Next Door DeLand
114 S Alabama Avenue
DeLand, Florida 32724
(386) 738-9169

THE HOUSE NEXT DOOR
Nurturing Families
Building Communities
840 Deltona Boulevard
Suite K
Deltona, Florida 32725
(386) 232-2055

The Neighborhood Center of West Volusia
A Place with a Heart
The Neighborhood Center
434 S Woodland Boulevard
DeLand, FL 32720
(386) 734-8120

CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

Contracts Section

- ▶ Remove home addresses of commissioners
- ▶ Remove CAC reference

Home About Us Economic Impact Partners Contact Us

Apply for WVHA HealthCard

WVHA Commissioners

Jennifer Moore *Group A, Seat 1*
130 Carlton Avenue
DeLand, FL 32720
386-748-4845
EMAIL

Rakeem Ford *Group A, Seat 2*
919 Glazebrook Loop
Orange City, FL 32763
954-593-7659
EMAIL

Judy Craig *Group A, Seat 3 (2020)*
1835 Anchor Avenue
DeLand, FL 32720
386-738-5781
EMAIL

Jennifer Coen *Group B, Seat 1*
2847 W. New York Avenue
DeLand, FL 32720

WVHA Citizens Advisory Committee

Chelsey Brown
EMAIL

Felicia Benzo
EMAIL

Creg Kennedy
EMAIL

Angela Price
EMAIL

Patrick Rogers
EMAIL

Jabari Brown
EMAIL

Najwa Worthen
EMAIL

Maria Valdivia
EMAIL

WVHA Admini

Stacy Tebo
WVHA
PO Box 940
DeLand, FL 32720
386-626-4870
EMAIL
WVHA

Profess

Accountant:
Webb Sheph
WVHA
PO Box 940
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386-626-4870
EMAIL

Accountant:
Zach Chalifo
WVHA
PO Box 940

Summary

- ▶ All updates aim to:
 - ▶ Streamline content
 - ▶ Improve legal clarity
 - ▶ Enhance user experience

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 20, 2024

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WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

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

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

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

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

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

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

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

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

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

2. Identification (Article VIII).

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

3. Income (Article IX).

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

4. Medical Coverage.

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

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

5. WVHA Affordable Care Act (ACA) Requirements

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

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

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

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

Section 2.03 Purpose

To summarize the eligibility process.

Section 2.04 Policy

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

Procedures

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

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

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

h. Available ACA Plans

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

2. Evaluation and Determination:

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

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

Article III. WVHA Application Time Standards

Section 3.01 Purpose

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

Section 3.02 Policy

Time Standards – Applications:

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

Article IV. WVHA Family Size

Section 4.01 Purpose

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

Section 4.02 Policy

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

Section 4.03 Definitions

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

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

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

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

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

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

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

Eligibility is based on the entire family unit.

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

Article V. WVHA Qualifying Levels

Section 5.01 Purpose

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

Section 5.02 Policy

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

Section 5.03 Guideline

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

Article VI. WVHA Termination

Section 6.01 Purpose

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

Section 6.02 Policy

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

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

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

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

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

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

Article VII. WVHA Residency

Section 7.01 Purpose

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

Section 7.02 Policy

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

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

Section 7.03 Procedures

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

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

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

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

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

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

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

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

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

Section 7.04 Definitions

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

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

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

Article VIII. WVHA Identification

Section 8.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 8.02 Policy

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

Section 8.03 Procedures

The following define acceptable documentation for proving identification.

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

Article IX. WVHA Income

Section 9.01 Purpose

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

Section 9.02 Policy

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

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

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

Section 9.03 Definitions

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

Section 9.04 Procedures

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

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

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

(a) Verification of Income

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

(b) Calculation of Income

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

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

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

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

Article X. WVHA Assets

Section 10.01 Purpose

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

Section 10.02 Policy

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

Section 10.03 Procedures

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

1. Assets Excluded

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

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

2. Assets to be considered

- a. Checking and saving accounts- the value of a checking or savings account excludes amounts deposited in the four (4) weeks prior to application because such funds are counted as income.
- b. Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value (for the purpose of the asset calculation under this program) must be tied to the property through formalized legal obligation. Generally, this is a recorded lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e., receiving payment from a buyer when selling or transferring the title). An unrecorded loan provided to the property owner [for example a loan from a friend or family member] is not considered an encumbrance for asset amount determination.
- c. Cash surrender value of whole life insurance, if the combined face value of all policies owned by the family unit exceeds \$2,500.

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

Article XI. Appendices

Section 11.01 Appendix A – Current Federal Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$15,650	\$23,475
2	\$21,150	\$31,725
3	\$26,650	\$39,975
4	\$32,150	\$48,225
5	\$37,650	\$56,475
6	\$43,150	\$64,725
7	\$48,650	\$72,975
8	\$54,150	\$81,225
For families/households with more than 8 persons, add \$5,500 for each additional person.		

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

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

WVHA Health Card Program

ASSET LIMITS

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

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

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

Each Additional Person \$500

West Volusia Hospital Authority Taxing District

Zip Codes

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

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



WVHA HEALTH CARD APPLICATION

Application Date:

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

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

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

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

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

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

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

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

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

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

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

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date



WVHA HEALTH CARD ASSESSMENT FORM

Screened by _____
(THND Representative): _____

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

Section 1: General Information.

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

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

Section 2: Insurance Information.

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

Section 3: Family Size.

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

Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i>	<input type="checkbox"/> No
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4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

Non-Picture ID:

-Social Security Card

-Birth Certificate

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

Picture ID:

-Passport

-Green Card

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?

☐ Yes

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

☐ No

5.2 Do you rent?

☐ Yes

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

☐ No

5.3 Do you live in someone else's house?

☐ Yes

If Yes, please provide Verification of Support Form

☐ No

5.4 Do you consider yourself homeless?

☐ Yes

If Yes, please provide Homeless Verification Form

☐ No

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

Please circle any other proof of residency provided:

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

- Mail received for three (3) month period

- Vehicle Registration in the applicant/spouse's name

- Mortgage Payment

- Proof of children registered in West Volusia School

Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?

☐ Yes

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

☐ No

Employer Name

Pay Rate (circle one)

Hourly

Daily

Weekly

Biweekly

Monthly

Employer Address

City

State

Zip

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

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

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

Section 8: Assets

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



WVHA Homeless Verification Form

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

Section 1: General Information.

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

Section 2: Mailing Address.

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

Length of time in Volusia County

Section 3: Agency Assessment.

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

Agency Signature:	Date:
Client Signature:	Date:

Section 12.07 Appendix G - WVHA Verification of Support Form



WVHA Verification of Support

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

Section 1: General Information.

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

Section 2: I am presently residing at.

Physical Address

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

I have been residing at the above address since: _____

Section 3: My previous address was.

Address

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

I lived at this previous address for: _____

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

Provider Name

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

Section 5: To be completed by Provider.

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

- INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

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

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

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

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

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

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


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

Section 6: Provider Signature & Notary.

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

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

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

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

Section 12.09 Appendix I – WVHA Self-Employment Quarterly Statement



WVHA Health Card: Self Employment Quarterly Statement

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

1. APPLICANT'S NAME: (First) _____ (M.I.) _____ (Last) _____			
2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____ %			
3. BUSINESS OWNER NAME(S) (First) _____ (M.I.) _____ (Last) _____			
4. BUSINESS NAME: _____			
5. BUSINESS ADDRESS: _____			6. BUSINESS PHONE # _____
Section 1: -Total Gross Income- Add total monthly income and sales from your business each of the past 3 months.	MONTH 1	MONTH 2	MONTH 3
	_____/_____ (MM) (YY)	_____/_____ (MM) (YY)	_____/_____ (MM) (YY)
	1A: \$ _____	2A: \$ _____	3A: \$ _____
Section 2: Business Expenses			
	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
Supplies	\$ _____	\$ _____	\$ _____
Heat/Utilities/Phone	_____	_____	_____
Business property rent	_____	_____	_____
Business Equipment Rent	_____	_____	_____
Business Vehicle Expenses	_____	_____	_____
Business Taxes	_____	_____	_____
Advertising	_____	_____	_____
Insurance	_____	_____	_____
Bank Charges	_____	_____	_____
Other (specify) _____	_____	_____	_____
TOTAL Business Expenses	1B: \$ _____	2B: \$ _____	3B: \$ _____
NET INCOME: Subtract A FROM B = C	1C: \$ _____ (1A minus 1B)	2C: \$ _____ (2A minus 2B)	3C: \$ _____ (3A minus 3C)
Section 3: Calculate average monthly income			
TOTAL 3 MONTHS: \$ _____ (ADD 1C, 2C, 3C)		AVERAGE 3 MONTHS: \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3)	
APPLICANT SIGNATURE: Applicants must read and sign the below			
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.			
Signature _____			Date _____

From: Janae Ponder <janae.ponder@life-spirecounseling.com>

Sent: Friday, April 4, 2025 9:48 AM

To: Rakeem Ford <rford@westvolusiahospitalauthority.org>

Subject: Sponsorship Request for Healing Stations at BIPOC Mental Health Fair – Investing in Community Wellness

Dear Commissioner Ford,

I hope this message finds you well. My name is Janae Ponder, Licensed Clinical Social Worker and founder of Life-Spire Community/Counseling Services. I am reaching out to formally request the support of the West Volusia Hospital Authority through a \$2,000 sponsorship to fund our Healing Stations and Healing Passport experience at the upcoming BIPOC Mental Health Fair taking place on Saturday, July 26, 2025, at the Chisholm Community Center in DeLand.

As a community deeply impacted by health disparities, trauma, and barriers to care, it is vital that we create spaces that not only educate but actively engage residents in preventive, restorative wellness. Our Healing Stations are intentionally designed to reflect the unique cultural healing practices of Black, Indigenous, and People of Color, offering tools and experiences that resonate with the communities we serve.

About the Healing Passport

The Healing Passport is a hands-on journey through five culturally inspired healing stations, each representing a letter in BIPOC:

- B – Black: Storytelling, legacy journaling, and ancestral altars
- I – Indigenous: Smudging, talking circles, and nature-based grounding
- P – People of Color (Latinx/Asian/Middle Eastern): Herbal tea bar, tincture tasting, and wisdom from traditional medicine
- O – Of Color (Solidarity & Diaspora): Radical rest zone, joy journaling, sound healing
- C – Cultural Integration: Reflection wall, community art, and call-and-response affirmations

Participants will collect stamps and stickers at each station, fostering community connection, emotional healing, and educational engagement.

What You'll Help Fund

The \$2,000 sponsorship will fund the full build-out of our Healing Stations and Healing Passport experience, including:

- Tablecloths and large wooden BIPOC letters (representing Black, Indigenous, People, Of Color)

- Books and journals by BIPOC authors for our community healing library
- Essential oils, smudging materials, salt lamps, and herbal teas to support sensory healing
- Headphones, speakers, affirmations, and resting stations for mental health regulation
- Art supplies, coloring books, and community art materials for creative expression
- Comfortable floor cushions, zero gravity chairs, and blankets for our Radical Rest Lounge
- Printed Healing Passports with stickers and stamps to guide participants through each cultural healing zone
- Tea cups, candles, signage, and hygiene materials for a safe and soothing environment
- Gratitude materials

Impact on Community Health

By providing accessible, culturally grounded wellness activities, the Healing Stations and Passport:

- Reduce reliance on emergency services by promoting proactive emotional regulation and stress relief
- Address trauma and mental health stigma in minority communities
- Equip families with tools that promote resilience and prevent health crises
- Support intergenerational healing, particularly among youth and elders

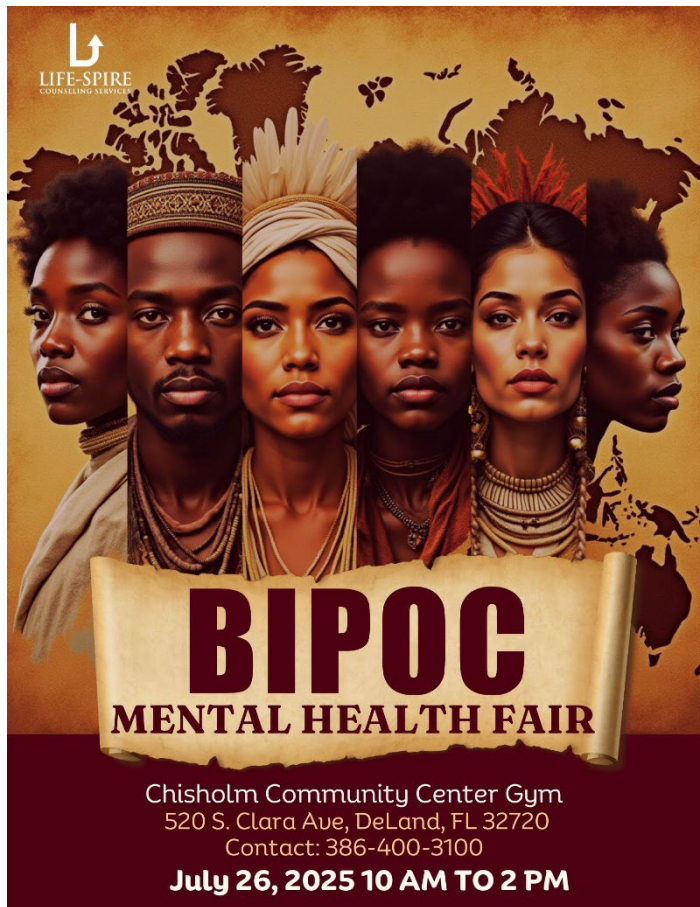
This effort directly supports WVHA's mission of improving the health of West Volusia residents and aligns with a shared goal: keeping our community safe, supported, and out of the hospital through early intervention and community wellness.

We would be honored to recognize the West Volusia Hospital Authority as a Healing Sponsor during the event, with logo placement, public acknowledgment, and an invitation to participate in the Healing Passport experience.

Sponsor Registration Link: [Exhibitor Application](#)

Please let me know if you have any questions or would like more information. I would be happy to provide a full event flyer, budget, or proposal upon request.

Thank you for your continued commitment to the well-being of West Volusia. Your support makes healing possible.



Warm regards,
Janae Ponder, LCSW
Founder, Life-Spire Counseling Services

[Meet.WithJanae*](#)

Janae T. Ponder, MSW, LCSW

Life-Spire Counseling Services LLC

386-400-3100

780 Deltona Blvd Suite 102

Deltona, FL 32725

Janae.Ponder@Life-SpireCounseling.com

WEST VOLUSIA HOSPITAL AUTHORITY

AGENDA MEMO

TO: WVHA Commissioners

FROM: Stacy Tebo, WVHA Administrator

RE: Votran Bus Routes Available for Advertising

DATE: April 8, 2025

Votran's advertising representative, Kevin Hahn, provided the information regarding west side bus routes. The west side has two primary routes: route 33 services DeBary/Deltona/Orange City, and route 31 services from DeLand to Orange City (mainly on Woodland Blvd./17-92). They have ten buses in total to run both routes. One can view the routes at www.votran.org by clicking on the Take a Trip tab, Maps & Schedule, and then choosing West Volusia County Map. There are no regular buses going north of DeLand into DeLeon Springs, Pierson, Seville or west into Lake Helen or Osteen. There are fifteen paratransit buses servicing all the west side of the county for disabled persons, and there are not set routes. Votran Blue is a newer service, and there is currently no advertising.

Mr. Hahn sent me the attached non-profit price sheet for the various ad styles, and he has confirmed that WVHA will be charged the same rates if the Board desires to advertise with them.

Votran has an artist who can put together the ad if an annual program is purchased. For shorter terms, the art set up ranges from \$100 to \$250.

For interior cards, the space cost \$7.00 per card per month (minimum 10 cards). The production / installation cost is \$17.00 per card (based on standard 11-inch X 28-inch cards).

One month of ten cards would be \$70 for space cost plus \$170 for production and installation; the initial month of advertising is \$240, and subsequent months are \$70 per month. For the example of six months advertising ten interior cards, we could estimate \$250 for the art set up, \$240 for the initial month, and \$350 for the remaining five months. The total estimated cost would be \$840.

Gateway Outdoor

NON-PROFIT RATES

SPACE RATES 2025

FULLWRAP - \$1,500.00 PER MONTH

FULLSIDE - \$700.00 PER MONTH

HALFSIDE - \$525.00 PER MONTH

KING KONG - \$525.00 PER MONTH

KONG - \$380.00 PER MONTH

KING PANEL- \$200.00 PER MONTH

QUEEN PANEL - \$175.00 PER MONTH

FULLBACK - \$350.00 PER MONTH

SUPERTAIL - \$280.00 PER MONTH

INTERIOR CARD \$7.00 PER MONTH

Paratransit Fullside \$400.00 PER MONTH

Paratransit Fullback \$250.00 PER MONTH

Paratransit Side panel \$75.00 PER MONTH

Production / Installation cost

Fullwrap	\$5,800.00
Fullside	\$3,200.00
King Kong	\$1,500.00
Halfside	\$1,200.00
Kong Panel	\$600.00
Supertail	\$330.00
Fullback	\$600.00
Paratransit Fullside	\$1,500.00
Paratransit Fullback	\$600.00
Paratransit side panel	\$125.00
King panel	\$150.00
Queen panel	\$125.00
Interior Cards	\$17.00

***SPACE COST SHOWN ARE MONTHLY CHARGES**

***INTERIOR CARD MINIMUM BUY IS 10 CARDS**

***PRODUCTION / INSTALLATION COST ARE TOTAL COST WHICH CAN PAID UP FRONT OR AMORTIZED OVER THE TERM OF THE CONTRACT.**

1. Mid-Level vs. Medical Director discussion

miCare has observed during the last few WVHA board meetings commentary that suggests that having mid-levels providing primary care is considered ‘bad medicine.’ We’d like to comment that having mid-level providers (NPs and PAs) embedded into a primary care clinic is common practice across the county. The amount of primary care physicians is on the decline and under the supervision of the practicing physician, mid-level providers have effectively filled this void for decades. The State of FL (and all others) allows for this hierarchy to occur. The miCare model of utilizing mid-levels is an accepted model we’ve found effective with not only the WVHA clinics but with others as well. miCare will continue to function with mid-levels until the WVHA Board elects to vote for a contract amendment to accommodate a physician only model.

2. Appointment No-Shows

As with any medical clinic, no-show appointments do occur. miCare considers anything less than 5% to be a ‘normal’ no-show rate. Historically, WVHA has offered incentives such as drawings for gas cards, etc. for attending scheduled appointments to reduce this rate.

As part of miCare’s standard process, patients receive a phone call the day prior to their appointment as well as automated text reminders that are generated from the EMR. If a no-show does occur, the miCare staff does everything possible to fill that appointment slot with a same day walk-in appointment. At this point, unless the WVHA Board elects to institute repercussions or a different strategy for no-shows, miCare will continue to handle these as described above.

3. VoRide

While decisions are made around the future of the Deltona Clinic, miCare would like to share with the Board the concerns the miCare staff has received around VoRide. These were originally shared with Judy Craig via email on 2/27/2025:

- VoRide is only available in Deland, Deltona, Debary, and Orange City. Some of the card members are not able to use this service since they do not reside in these areas.
- With VoRide, card members need to walk where VoRide has a station and sometimes it can be a long walk for the card members.
- VoRide can take a length of time for pick up. Recently one card member reported that it took approximately two hours to be picked up from the clinic.

- Votran Gold Services (card members with disabilities) the patient has to call four days ahead to schedule a ride and sometimes they have to wait a length of time to be picked up.
- Voride is \$2.00 dollars. Some of the card members have reported that they do not have the extra money to pay for this service.
- Votran Gold Services went up from \$3 to \$3.50 each way.

4. Saturday Clinic Hours

Upon the initial opening of the WVHA Clinic, miCare did offer Saturday hours. In October 2020, Saturday utilization was at 89%, by Q3 2021 utilization had dropped to 55% and by Q4 2021, it was at 39% and the decision was made to no longer offer these hours. Finding providers and other staff to work the Saturday hours was difficult.

5. Visit Types

In response to the inquiry around the visit types, please find the options below.

#	Visit Type Description
1	Medication Pick Up
2	Recheck/ Follow-Up
3	Lab Ordered by a miCare Provider
4	Physical/Well Exams (Women/Men 18 and over)
5	Hospital Follow-up
6	Sick/Urgent
7	Med Pick Up Pt Assist Program
8	Phone Recheck
9	Lab Ordered by a Non-miCare Provider
9	Regular Visit, 1-2 Issues/Medications
9	Regular Visit, 3+ Issues/Medications
12	1st Clinic Visit
12	Chronic Disease Mgmt
14	Immunization/Shot
14	Well Women Exam/PAP
16	COVID CAR TESTING
16	Nurse Visit
18	Procedure
19	Phone Regular Visit 3+
19	Surgery Medical Clearance

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

MARCH 31, 2025



ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of March 31, 2025, 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
April 17, 2025



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
MARCH 31, 2025**

ASSETS

Ameris Bank - operating	\$ 2,755,465
Ameris Bank - MM	10,318,586
Ameris Bank - payroll	69,961
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	6,619,057
Surety Bank - MM	1,602,778
Mainstreet Community Bank - Certificates of deposit	5,000,000
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 26,567,847</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 26,567,847</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 SIX MONTHS ENDED MARCH 31, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 198,528	\$ 17,407,444	\$ 18,700,000	\$ 1,292,556	93%
Interest income	50,609	255,676	400,000	144,324	64%
Other income	5,408	240,352	34,333	(206,019)	700%
Total revenues	<u>254,545</u>	<u>17,903,472</u>	<u>19,134,333</u>	<u>1,230,861</u>	<u>94%</u>
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	167,324	516,747			
AdventHealth	582,868	839,180			
Total hospitals	<u>750,192</u>	<u>1,355,927</u>	3,200,000	1,844,073	42%
Specialty Care Services					
Specialty Care - ER	4,642	32,067			
Specialty Care - Non-ER	392,909	2,066,969			
Total Specialty Care Services	<u>397,551</u>	<u>2,099,036</u>	3,500,000	1,400,964	60%
Emergency Room Care	(484,814)	397,481	1,000,000	602,519	40%
Primary Care	264,552	1,001,920	2,500,000	1,498,080	40%
Pharmacy	71,544	214,257	900,000	685,743	24%
Florida Dept of Health Dental Svcs	14,856	74,283	160,000	85,717	46%
Hispanic Health Initiatives	8,750	40,550	100,000	59,450	41%
Community Legal Services	5,989	30,224	88,500	58,276	34%
Rising Against All Odds	19,425	106,663	223,017	116,354	48%
The House Next Door	3,312	23,141	45,000	21,859	51%
SMA - Homeless Program	7,450	38,381	90,000	51,619	43%
SMA - Residential Treatment	-	-	550,000	550,000	0%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
County Medicaid Reimbursement	287,072	1,722,429	3,444,857	1,722,428	50%
H C R A - In County	-	11,965	400,000	388,035	3%
H C R A - Outside County	-	1,936	400,000	398,064	0%
The Neighborhood Center	10,425	47,275	125,000	77,725	38%
Healthy Communities Kid Care Outreach	5,279	27,756	72,202	44,446	38%
Other Healthcare Expenditures	-	-	174,767	174,767	0%
Total healthcare expenditures	<u>1,361,583</u>	<u>7,193,224</u>	<u>17,123,343</u>	<u>9,930,119</u>	<u>42%</u>
Personnel services					
Regular salaries and wages	5,755	34,532	69,064	34,532	50%
FICA	441	2,691	5,283	2,592	51%
Retirement	785	4,707	10,104	5,397	47%
Life and Health Insurance	959	5,536	12,000	6,464	46%
Workers Compensation Claims	-	3,619	25,000	21,381	14%
Total personnel services	<u>7,940</u>	<u>51,085</u>	<u>121,451</u>	<u>70,366</u>	<u>42%</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 SIX MONTHS ENDED MARCH 31, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Legal Counsel	6,500	39,000	78,000	39,000	50%
Outside Legal Counsel	-	-	30,000	30,000	0%
Audit	-	21,575	21,575	-	100%
General Accounting - Recurring	9,776	48,880	118,560	69,680	41%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Application Screening - THND	47,010	234,330	563,761	329,431	42%
Application Screening - RAAO	4,416	21,312	97,742	76,430	22%
TPA Services (EBMS)	39,457	195,802	500,000	304,198	39%
Building Repairs	24,212	46,960	100,000	53,040	47%
Advertising	-	1,937	10,000	8,063	19%
Other Operating Expenditures	1,649	15,715	79,900	64,185	20%
Tax Collector & Appraiser Fee	3,956	414,031	650,000	235,969	64%
City of DeLand Tax Increment District	-	164,037	125,000	(39,037)	131%
Total other expenditures	136,976	1,203,579	2,389,538	1,185,959	50%
Total expenditures	1,506,499	8,447,888	19,634,332	11,186,444	43%
Excess (deficiency) of revenues over expenditures	\$ (1,251,954)	\$ 9,455,584	\$ (499,999)	\$ (9,955,583)	-1891%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: April 8, 2025

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for April 17, 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 March 20, 2025 Regular Meeting Minutes.

I. WVHA Health Card Program Eligibility Guidelines.

[Refer back to Legal Update Memorandum dated 4/9/14, 7/19/14, 9/17/14, 11/12/14, 2/11/15, 6/10/2015, 10/7/15, 11/11/15, 3/9/16, 4/12/16, 5/9/17 and 3/09/21 for additional background details.]

From the inception, the Guidelines were adopted from a legal perspective to establish uniform, fair and non-discriminatory standards to comply with the Enabling Legislation's requirement that tax dollars are spent on primarily individuals who are both "residents" of the Tax District and who are "indigent" as defined within the Guidelines.

It is noteworthy that currently the Guidelines are utilized by WVHA in two distinct ways which are often confused by providers, potential providers and applicants for funding:

1. First, they are utilized by WVHA's Eligibility Determination provider, currently The House Next Door, as the governing rules for determining who is eligible to receive a WVHA Health Card. Once deemed eligible, THND transmits a listing to the Third-Party Administrator, currently EBMS, and EBMS mails the eligible beneficiary a Health Card (effective usually for 6 months) which automatically makes them eligible to receive hospital care, primary care, dental care, specialty care and pharmacy benefits at any provider who has signed a funding agreement to provide such services to those who are currently enrolled in the Health Card Program;
2. Second, the Guidelines are incorporated in whole or part as the governing rules for a funded agency to qualify some of their individual clients to become eligible for WVHA reimbursement (at the contracted rate) for services at that agency only. Even though these individuals are generally required to provide the same information, including proof that they have applied for the ACA and that they are not qualified for Medicaid or other affordable private health insurance, the individuals who qualify through these funded agencies do not receive a Health Card and therefore are NOT automatically eligible to receive other healthcare services available at other funded agencies, the hospitals, specialty care providers, pharmacy benefits, etc.

Board members should begin anticipating the annual EG review process. That annual EG review process generally starts in the first couple months each year with a presentation by THND of a

compilation of its recommendations on proposed changes. Then, after Board review of those, deliberation and voting by May, and new amendments, if any would take effect in June; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by THND, EBMS and/or other proposers that that such exceptional action is necessary to fulfill the public purposes of WVHA.

II. Review and Consideration of Updates to *Select Internal Organizational Policies of the West Volusia Hospital Authority* [Refer back to Legal Update Memorandum dated 10/15/2020, 11/10/2020 and 4/06/2021 for additional background details.]

As a reminder, the below set of *Select Internal Organizational Policies of the West Volusia Hospital Authority* were adopted at the Board's 11/10/2020 meeting and then amended on 4/06/2021. Counsel acknowledges that Ms. Tebo may be still in the process of compiling other past Board motions that should be included in this compilation of internal operating policies. Counsel recommends that the Board establish a timeline for review and consideration of any such proposals to amend these policies. Please note in your review that in the below pasted version, counsel has already amended the Electronic Records Retention policy to replace Ms. Long's name and email address with that of Ms. Tebo. That modification along with any other updates or amendments should be adopted as a consolidated set of amendments at a future Board meeting, date to be determined by the Board.

SELECT INTERNAL ORGANIZATIONAL POLICIES OF THE WEST VOLUSIA HOSPITAL AUTHORITY:

ORGANIZATION.

The Enabling Legislation, Section 2, Paragraph (3) provides that "The board of commissioners shall take office and organize at the first meeting in the month of January of each year by the election from among their number a chair, vice chair, secretary, treasurer, and such other officers as the board may deem necessary to accomplish the purpose of this act. All such officers shall serve for the year in which elected and until their successors are elected and installed.

-The Enabling Legislation, Section 1 provides that it is established for the public purpose "of, either directly or through third parties, providing access to healthcare for indigent residents of the district."

QUORUM.

The Enabling Legislation, Section 3, Paragraph (3) provides that "Three of the [five] commissioners shall constitute a quorum, and a vote of at least two of the commissioners shall be necessary for the transaction of any business of the district."

-The Florida Attorney General has opined that the physical presence of a quorum of commissioners is required in order for local governments to conduct official business unless the in-person requirement is waived by a specific statute or by an executive order of the governor during a state of emergency.

-The Florida Attorney General has opined that when a quorum is physically present, an absent member may only participate via telephone conference or other interactive electronic technology when this means of participation is due to "extraordinary circumstances such as illness," the public has been

provided notice and a speaker phone or similar device is used to allow the absent member to hear and participate in discussions, and to be heard by other board members and the public.

RULES OF DEBATE.

A. Obtaining the floor: Every Commissioner desiring to speak shall address the Chair and, upon recognition by the Chair, the recognized Commissioner shall confine comments to the question under debate, avoiding all personalities and indecorous language.

B. Interruptions: A Commissioner, once recognized, shall not be interrupted when speaking unless the Chair calls that Commissioner to order. If a Commissioner, while speaking, is called to order by the Chair, the Commissioner shall cease speaking until the question of order is determined and, if in order, shall be permitted to proceed.

-The Chair shall decide all questions of order; subject, however, to an appeal to the entire board of commissioners upon such questions, in which event a majority vote of the board of commissioners shall conclusively govern and determine such question of order.

RULES ON ELECTRONIC RECORDS RETENTION:

In order to comply with the Florida Public Records Law, any email, text message or social media post which involves WVHA official business and it is of a non-transitory nature, as explained above, must be preserved as a "public record" in accordance with the General Records Schedule. Board members, funded or contracted agencies and contracted professionals are hereby strongly discouraged from using personal email accounts, cell phones and social media to conduct official WVHA business unless it is only "transitory". Effective as soon as such accounts are generated by WVHA's contracted Public Records Custodian and technical access is made available, Board members and contracted professionals are expected to utilize email accounts on the westvolusiahospitalauthority.org domain for purposes of sending and receiving emails to conduct WVHA official business. When it is necessary to utilize personal accounts or social media because the matter is time sensitive, individuals are encouraged to forward the email to Ms. Tebo (stebo@westvolusiahospitalauthority.org) for preservation in accordance with the General Records Schedule. If there is any question at all in the Board members', funded or contracted agent's mind about whether the email, text message or social media is a public record, the question should be discussed with Ms. Tebo who shall consult with State officials to determine the appropriate retention schedule. If the person communicating about WVHA business on non-WVHA email accounts, telephones or social media is not able to save those messages on their company or personal computer or phone equipment, they should contact Ms. Tebo, which is WVHA's designated Public Records Custodian to make arrangements for forwarding them to Ms. Tebo for their proper preservation.

III. 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."