

West Volusia Hospital Authority  
Special Meeting  
WVHA BOARD OF COMMISSIONERS  
June 18, 2020 4:00 p.m.

Via [www.freeconferencecall.com](http://www.freeconferencecall.com) Call in number: 1-339-209-4657

Access Code: 776002

**DeLand, FL**

**AGENDA**

1. Call to Order
2. Approval of Proposed Agenda
3. WVHA Administrative Services FY 2020-2021
  - A. The House Next Door HealthCard Program
  - B. Rising Against All Odds Proposal for Prescreening
  - C. Healthy Communities Outreach Services
4. EBMS/Veracity Phase 2 Update
5. Commissioners Comments
6. Adjournment

West Volusia Hospital Authority  
Joint Meeting of the  
WVHA BOARD OF COMMISSIONERS and the CITIZENS  
ADVISORY COMMITTEE (CAC)

June 18, 2020 5:30 p.m.

Via [www.freeconferencecall.com](http://www.freeconferencecall.com) Call in number: 1-339-209-4657

Access Code: 776002

DeLand, FL

**AGENDA**

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
  - A. Approval of Minutes – Teleconference May 21 ,2020
5. Citizens Comments
6. Citizens Advisory Committee (CAC), Elmer Holt, Chair
  - A. Minutes Discussion/Q&A Meeting June 2, 2020
  - B. Minutes Ranking Meeting June 16, 2020
  - C. CAC Ranking Results and Comments June 16, 2020 (spreadsheets attached)
7. CAC meeting adjournment (CAC members may exit if desired)
8. Reporting Agenda
  - A. EBMS May Report – Written Submission
  - B. UMR May 2020 Report – Written Submission
  - C. FQHC Report – Written Submission  
Northeast Florida Health Services, Inc. (NEFHS)  
d/b/a Family Health Source (FHS)-May 2020 Report
  - D. The House Next Door May 2020 Application Processing Report
    1. Gail Hallmon, Operations Director, THND Quarterly Verbal Report WVHA HealthCard Eligibility
9. Discussion Items
  - A. EBMS/Veracity Phase 2 Update
  - B. Annual Filing Requirement Statement of Interest Form 1 (attached)
  - C. Follow Up Items
    1. WVHA Eligibility Guidelines EBMS/Veracity Recommendations
    2. WVHA Summary Plan Document (SPD) EBMS/Veracity Recommendations
10. Finance Report
  - A. May Financials
  - B. June 1, 2020 pre-preliminary Tax Roll Values per F.S. 200.065(8)
11. Legal Update
12. Commissioner Comments
13. Adjournment

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

**5:00 P.M.**

Via [www.freeconferencecall.com](http://www.freeconferencecall.com) Call in number: 1-339-209-4657

Access Code: 776002

May 21, 2020

DeLand, Florida

**Those in Attendance:**

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

**CAC Members in Attendance:**

Linda White  
Donna Pepin  
Elmer Holt  
Joyce Cusack  
Alissa Lapinsky  
Jenneffer Pulapaka

**Others Present:**

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

**Call to Order**

Chair Guzman called the meeting to order. The meeting took place via teleconference #1-339-209-4657, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:00 p.m.

*5:00 p.m. Commissioner Andy Ferrari had not joined the conference call.*

**Approval of Proposed Amended Agenda**

**Motion 025 – 2020** Commissioner Hill motioned to approve the amended agenda as presented. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

## **Consent Agenda**

**Approval of Minutes – Special Meeting AdventHealth February 20, 2020**  
**Approval of Minutes – Regular Meeting February 20, 2020**  
**Approval of Minutes – Regular Meeting March 19, 2020**  
**Tentative Hearing Date Thursday September 10, 2020 @ 5:05 pm**  
**Tentative Final Hearing Date Thursday September 24, 2020 @ 5:05 pm**

**Motion 026 – 2020** Commissioner Hill motioned to approve the consent agenda. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

## **Reporting Agenda**

**EBMS March/April/May 2020 Report – Written Submission**  
**UMR March/April/May 2020 Report – Written Submission**  
**FQHC Report – Written Submission Northeast Florida Health Services, Inc.**  
**(NEFHS) d/b/a Family Health Source (FHS) February/March/April 2020 Report**  
**The House Next Door February/March/April 2020 Application Processing Report**

The WVHA Board accepted the reports as written.

## **Citizens Comments**

There were six.

*5:16 pm Commissioner Andy Ferrari joined the conference call.*

**Citizens Advisory Committee – Meeting Minutes March 3, 2020 – Draft**

**Contractual Utilization Reports to the WVHA Board of Commissioners**

**Waylan Niece, Case Manager, The Neighborhood Center**  
**Tachara-Ferguson-Reid, Florida Department of Health**  
**Nicole Sharbono, SMA Healthcare**  
**Brenda Flowers, Rising Against All Odds**

The WVHA Board accepted the reports as written.

## **Discussion Items**

**James Moore & Company – Independent Audit Renewal**

**Motion 027 – 2020** Commissioner Manning motioned to approve the Engagement Letter as submitted by James Moore and Company. Commissioner Craig seconded the motion. The motion passed unanimously.



**WVHA Funding Applications Received (list attached)  
2020-2021 WVHA Funding Applications Non-Compliant (there were none)**

Chair Guzman stated that she did not want the new WVHA Funding Application as submitted by Creative Living to proceed through the CAC review and ranking process as she believed there were other programs already providing services to the patient population described within the application.

**Motion 028 – 2020** Commissioner Craig motioned to pull the WVHA Funding Application as submitted by Creative Living. Commissioner Hill seconded the motion. The motion passed unanimously.

**WVHA email for Board of Commissioners, CAC Members, Attorney Small and DRT – 17 email addresses – cost to set up \$255.00 (individual training) and \$30.00 per month for monitoring services (see email dated 5/7/2020 attached)**

**Motion 029 -2020** Commissioner Craig motioned to approve the WVHA website and email services as presented. Commissioner Ferrari seconded the motion. The motion passed unanimously.

**EBMS Phase II Planning (Proposal/WVHA Funding Application attached)  
Recommendations for WVHA Approval for Phase II Implementation (email dated May 11, 2020 attached) 5 steps required to launch Phase II**

**Motion 030 – 2020** Commissioner Ferrari motioned to approve the EBMS Phase II Implementation Proposal with 5 needed authorized steps from the WVHA Board of Commissioners (email dated May 11, 2020 attached). Commissioner Manning seconded the motion.

Dr. Andrew Murray, CMO, EBMS briefly summarized the steps needed to proceed to the Phase II implementation for the WVHA HealthCard population.

Commissioner Hill wanted the Commissioners to know that there were other options available to the Board and stated that he had just emailed a proposal to Ms. Long (who in turn distributed it out to the WVHA Board) from Guardian.

There was Board discussion that this proposal has come in rather late during the process. The Board was not entirely opposed to this option, just not at this time.

Commissioners Guzman, Ferrari, Craig, and Manning voted in favor of the motion as made by Commissioner Ferrari and seconded by Commissioner Manning. Commissioner Hill was opposed. The motion passed.

**WVHA Summary Plan Document – Exclusion #97 – Telemedicine –  
Telephone of internet Consultations**

**Motion 031 – 2020** Commissioner Ferrari motioned to approve removing the Exclusion #97 in the WVHA Summary Plan Document. Commissioner Craig seconded the motion.

Commissioner Hill stated for the record that he was not opposed to approving telemedicine, but it was his preference that providers strive to see their patients in person.

Attorney Small wanted to ensure that rates for telemedicine were negotiated as lower than face-to-face visits.

The motion passed unanimously.

**West Plymouth Avenue Lease – Notice of Term sixty (60) days (see NEFHS Letter dated 4/30/2020 attached)**

Attorney Small reviewed the provision as outlined in the WVHA Lease Agreement with NEFHS. He asked the Board to consider authorizing Chair Guzman to execute an amendment to the existing Lease Agreement that would provide for an early termination date, anywhere between June 15<sup>th</sup> and July 15<sup>th</sup>, 2020, to see if NEFHS is willing to vacate the premises early.

**Motion 032 – 2020** Commissioner Ferrari motioned to authorize Chair Guzman to execute an amendment to the existing Lease Agreement with the help of Attorney Small that would provide for an early termination date, anywhere between June 15<sup>th</sup> and July 15<sup>th</sup>, 2020. Commissioner Manning seconded the motion. The motion passed unanimously.

**AdventHealth Letter dated 4/30/2020 (attached)**

Chair Guzman believed that this matter has been covered through EBMS in negotiating hospital credentialing as approved above during the Phase II EBMS implementation.

**Sunset WVHA – Cause & Effect**

Commissioner Ferrari wanted the Board to consider the fact if they did not have hospital services or primary care services for the HealthCard population, who are most vulnerable, how would that impact this patient population.

**Follow Up Items**

**Eligibility Guideline Review/Revisions**

**Email dated March 13, 2020, Gail Hallmon, The House Next Door –  
no recommendations or revisions**

Ms. Long reminded Chair Guzman that it was discussed that the WVHA Eligibility Guidelines be forwarded to the team at EBMS/Veracity for their insight and recommendations. Further, Ms. Long had also been directed by Commissioner Ferrari to send the WVHA Summary Plan Document (SPD) to them as well to place the WVHA SPD in line with industry standards.

Mr. Jim Vertino, CEO, EBMS said that they would be happy to review the Eligibility Guidelines and the SPD and bring back their recommendations in time for the June 18, 2020 Board Meeting.

### **Finance Report**

#### **February/March/April Financials**

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

**Motion 033 - 2020** Commissioner Ferrari motioned to pay the bills totaling \$5,919,798.72. Commissioner Craig seconded the motion. The motion passed unanimously.

### **Legal Update**

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated May 12, 2020 (See attached).

### **Legal Update**

### **Commissioner Comments**

### **Adjournment**

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

Adjournment

Dolores Guzman, Chair

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
TELECONFERENCE: 1-339-209-4657 ACCESS CODE: 776002  
DeLand, FL  
JUNE 2, 2020  
5:15PM  
MINUTES**

**CAC Members/Attendance:**

Elmer Holt  
Ann Flowers  
Althea Whittaker (joined the call at 6:04 p.m.)  
Lynn Hoganson  
Jenneffer Pulapaka (joined the call at 6:14 p.m.)  
Linda White  
Donna Pepin  
Joyce Cusack  
Jacquie Lewis

**Absent:**

Alissa Lapinsky (Unexcused)

**Others Present:**

Eileen Long, Dreggors, Rigsby & Teal, P.A.

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**Call to Order**

CAC Chair Elmer Holt opened the meeting with The Pledge of Allegiance followed with a moment of silence.

**Approval of Agenda**

Member Ann Flowers motioned to approve the agenda. Member Linda White seconded the motion. The motion passed by a 7-0-3 vote.

**Approval Minutes March 3, 2020 – Applicant Workshop**

Member Linda White motioned to approve the Minutes of the March 3, 2020 Applicant Workshop. Member Joyce Cusack seconded the motion. The motion passed by a 7-0-3 vote.

**Citizens Comments**

There was one.

**April Schedule I – Healthcare Expenditures**

Chair Holt explained that this financial statement is being provided to the Committee so that they can see the funded agencies current WVHA budget utilization versus what they are requesting for 2020-2021.

**Discussion/Q&A for current funding applicants**

- a. Florida Department of Health Dental Services (FDOH)
- b. The Neighborhood Center (TNC) Outreach Program
- c. TNC Healthcare Navigation Program
- d. Rising Against All Odds (RAAO) HIV/Aids/Outreach
- e. The House Next Door (THND) Therapeutic Services
- f. SMA Baker Act-Emergency Behavioral Health Services
- g. SMA Psychiatric Services to Homeless
- h. SMA Residential Treatment Services
- i. Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator
- j. HSCFV WIS/NOS Services
- k. Community Legal Services of Mid-Florida (CLSMF)
- l. Hispanic Health Initiative (HHI) HRA/Education/Case Management

The Committee went through each application in the order in which they were listed above. With one exception, that was HHI asked to be discussed first as the agency representative had another obligation at 6:30 p.m. that evening.

**Hispanic Health Initiative (HHI)**

Chair Holt called upon Mr. Peter Willems of the HHI and stated for the record that this agency did request an increase in funding of \$20,700.00 for fiscal year 2020-2021.

**Member Donna Pepin:**

DP: Asked Mr. Peter Willems why HHI was requesting such a large increase?

Mr. Willems defended the increase as not very significant since the program's total budget is \$152,300.00. Further, they anticipate an increase to their client's utilization due to COVID-19 and the awareness that underlying chronic conditions, such as diabetes, have been a high risk population for this pandemic.

**Member Ann Flowers:**

AF: Asked Mr. Willems to clarify how many paid employees does HHI have?

Mr. Willems explained that there are three paid employees.

**Member Lynn Hoganson:**

LH: Asked Mr. Willems if he is seeing more clients without health insurance. And if so, is HHI referring these individuals to The House Next Door (THND) to apply to see if they are eligible for the WVHA HealthCard (HC)?

Mr. Willems explained that is a part of their contractual agreement with the WVHA. They are required to see only those individuals who do not have any other health insurance coverage. Further, they do refer their clients to THND and other WVHA funded agencies.

**Member Jacquie Lewis:**

JL: Had no questions at this time as they had already been answered.

**Member Linda White:**

LW: Asked Mr. Willems if HHI's outreach services at alternating locations have become problematic due to the COVID-19 pandemic?

Mr. Willems explained that in March HHI had to stop their outreach services. They go to a lot of food pantries that have changed to drive through operations.

LW: Asked if HHI has an office?

Mr. Willems explained that they do, but they do not see many of their clients at their office location. They go to them at various other sites.

LW: Asked if HHI has two ways of screening their clients; through community outreach or by appointment in their office?

Mr. Willems agreed that was correct.

LW: Asked if the employees at HHI were medical professionals?

Mr. Willems responded, no, they have a certified community health worker. You do not have to be a medical professional to perform as a certified community health worker.

LW: Asked if HHI performs a blood draw?

Mr. Willems stated no, they perform a finger prick.

LW: Asked when HHI performs their outreach or office screenings, do they perform a financial assessment on their clients?

Mr. Willems, no we do not.

LW: Asked if the only people they screen are members of the WVHA HealthCard program?

Mr. Willems said no, they usually find their clients at food pantries or other community health fairs.

LW: Asked if this budget represented the entire agency budget or just this particular program?

Mr. Willems responded that it just represented the budget for this particular program.

**Member Joyce Cusack:**

JC: Asked how do individuals find out about services available from HHI?

Mr. Willems explained that they advertise in the newspaper, they have brochures and fliers that they distribute throughout the community. They go to food pantries, Florida Farm Workers, SpringHill Resource Center, they go to health fairs, they try to find the people who need their services.

JC: Asked if HHI has seen an increase or anticipates an increase in their services due to the COVID-19 pandemic?

Mr. Willems explained that they had to shut down due to the COVID-19 pandemic and social distancing requirements. He stated that he does anticipate an increase due to the chronic conditions of people being at greater risk due to the COVID-19 pandemic.

JC: Asked and was concerned that the costs that they are requesting for two employees are for two who are not licensed?

Mr. Willems stressed that community health workers are not required to be licensed.

JC: Asked referring to page 4 of their funding application, if the number of clients to be served is based upon the COVID-19 pandemic?

Mr. Willems responded no, that was based upon prior utilization.

JC: Asked how HHI calculated In Kind contributions?

Mr. Willems explained that In Kind contributions are based upon volunteer hours that are used in assisting HHI.

### **Chair Elmer Holt**

EH: Had no further questions for HHI and thanked Mr. Willems for his time.

### **Florida Department of Health (FDOH)**

Chair Holt called upon Ms. Tachara Ferguson-Reid of the FDOH and stated for the record that this agency did not request an increase in funding but reduced their request by \$3,000.00 for fiscal year 2020-2021.

### **Member Donna Pepin**

DP: Questioned one of the salaries for the dentists that was significantly greater than the rest. She asked if that dentist was full time and the others were part time?

Ms. Ferguson-Reid answered affirmatively that there is one full time dentist who works 5 days per week and the remaining dentists work one day per week.

### **Member Ann Flowers**

AF: Asked if only WVHA HealthCard members received these dental services, that only include cleaning and basic dental services, no major dental work?

Ms. Ferguson-Reid responded that the FDOH does not provide surgery or root canals; they provide fillings, extractions and cleanings, exams, etc. to active HC members.

AF: Asked when FDOH needs to refer these patients out to specialists does the FDOH then follow up with these patients?

Ms. Ferguson-Reid responded yes, the FDOH does follow up with these patients. However, they try to perform as much of the dental services in-house.

**Member Lynn Hoganson**

LH: Asked if the FDOH has treated any patients with COVID-19 Virus and then did that result in additional costs to FDOH for protective gear, gloves, miscellaneous supplies?

Ms. Ferguson-Reid replied that since March 20, 2020 the FDOH was only seeing those patients who required emergency dental services. They are still waiting for the Director of the Health Department to give approval to return to fully operational services. The FDOH has had to purchase more PPE, face shields, and they purchased an air purifier. They are in the planning stages of reopening slowly.

*6:04 p.m. Member Althea Whittaker joined the conference call.*

**Member Jacquie Lewis**

JL: Was concerned about pediatric dental services.

Ms. Ferguson-Reid explained that the FDOH had many dental programs in addition to the one funded by the WVHA, including a school-based program and they see all children whether insured or uninsured. They have a WIC dental program where they treat children for dental services.

JL: Stated that children have not been going to school during this pandemic and she asked how the FDOH was reaching out to this community during this pandemic?

Ms. Ferguson-Reid in the Summer they also go to Summer Camps and Daycare centers. This will start back up once they receive approval from the FDOH Administrator.

**Member Linda White**

LW: Asked if the FDOH will reopen both the Holsonback location and the Harley Strickland location?

Ms. Ferguson-Reid responded yes.

LW: Asked if the FDOH was the vendor for the WVHA and when patients present for services, they already carry the WVHA HealthCard?

Ms. Ferguson-Reid responded yes.

**Member Joyce Cusack**



JC: Asked how many children does the FDOH treat for dental services?

Ms. Ferguson-Reid replied that they treat 10,000 in the schools, 10,000 or more in the dental clinic, and 5,000 in the WIC dental clinic. Some of those children can be duplicate clients.

JC: Asked if the FDOH was going to be funded adequately by the WVHA?

Ms. Ferguson-Reid responded that for the WVHA HealthCard population, the FDOH will be adequately funded by the WVHA. Due to the pandemic, there will be more families that qualify for Medicaid and the FDOH will be reimbursed by Medicaid for the children.

JC: Stated that this was a very needed service and she wanted to ensure that the WVHA funding was sufficient for the FDOH Dental Services.

**Member Althea Whittaker**

AW: Did not have any questions.

**Chair Elmer Holt**

EH: Did not have any questions.

**The Neighborhood Center (TNC)-Outreach Program  
The Neighborhood Center (TNC)-Healthcare Navigation Program**

Chair Holt called upon Waylan Niece of TNC Outreach Program and Healthcare Navigation Program and stated for the record that they did not request an increase in funding for fiscal year 2020-2021.

**Member Donna Pepin**

DP: Stated that she appreciated that TNC did not increase their funding requests from the WVHA.

*6:14 p.m. Member Jenneffer Pulapaka joined the conference call.*

**Member Ann Flowers**

AF: Asked what services were provided through TNC Healthcare Navigation Program?

Mr. Niece explained that this funds a healthcare navigation case manager, who is a licensed nurse, who makes appointments for indigent residents, takes them to appointments, healthcare navigation, and makes connections between healthcare providers and the clients.

AF: Asked if TNC works with other WVHA Funded Agencies?

Mr. Niece explained that TNC works with every WVHA funded agency.

**Member Lynn Hoganson**

LH: Did not have any questions for TNC, rather she stated publicly how much she appreciated the services as provided by TNC.

**Member Jenneffer Pulapaka**

JP: Had no questions for TNC.

**Member Jacquie Lewis**

JL: Had no questions but only praise for the services that TNC provides to the community.

**Member Linda White**

LW: Asked for clarity what the difference was between the Navigator Program and the Access to Care Outreach Program and do you sometimes see the same clients in both programs?

Mr. Niece explained that sometimes these program clients overlap, but these programs are very different. The Navigation Program is a hands-on approach that helps clients get literal healthcare. The Access to Care/Outreach Program provides the clients with referrals to other programs.

**Member Joyce Cusack**

JC: Asked how TNC was marketed and promoted throughout the community for community awareness of their services?

Mr. Niece responded that TNC has been in business since February 23, 1970. TNC is well known in the community and they utilize Facebook, Twitter, the City of DeLand, the City of Deltona, staying connected to City Government, they sponsor outreach events throughout the community, etc.

JC: Appreciated the good work that TNC does for the community.

**Member Althea Whittaker**

AW: No questions.

**Chair Elmer Holt**

EH: Had one question regarding the Healthcare Navigation Program application page 6, paragraph C. second paragraph "It is the intention of this program to assist approximately 50 of the most vulnerable and most needy eligible participants with Health Care Navigation". Will this be 50 WVHA HealthCard members?

Mr. Niece, it will be either 50 uninsured indigents or 50 eligible HealthCard members.

**Rising Against All Odds (RAAO)**

Chair Holt called upon Ms. Brenda Flowers and Mr. Shannon Sargent from RAAO and stated for the record that they were requesting a funding decrease of \$54,015.00 for fiscal year 2020-2021.

**Member Donna Pepin**

DP: First thanked RAAO for the service that they provide for the community. Further, she asked how it was possible that RAAO could request less funding from the WVHA?

Ms. Flowers responded that she attributed this reduction in funding on the guidance and feedback that RAAO received from the CAC in questioning employee rates. RAAO was able to partner with the National Black Caucus (NBC) and three of their employees are working with RAAO. RAAO found other funding sources for administrative revenue thus allowing them to reduce their funding request from the WVHA.

**Member Ann Flowers**

AF: Had no questions, but congratulated Ms. Flowers for making new partnerships allowing them to reduce their funding request to the WVHA.

**Member Lynn Hoganson**

LH: Said congratulations on the good job in finding other sources for funding.

**Member Jenneffer Pulapaka**

JP: Had no questions for RAAO.

**Member Jacquie Lewis**

JL: Had no questions for RAAO.

**Member Linda White**

LW: Asked if COVID-19 affected RAAO's outreach services?

Ms. Flowers said yes, on the onset of the COVID-19, they had to cease services immediately. During the time that they were not providing services, she and her staff were being trained for contactless testing. They have since acquired PPE, face shields, N95 masks and they are now able to resume providing services.

LW: Asked if RAAO had to purchase the PPE from outside vendors, it wasn't donated by the Florida Department of Health?

Ms. Flowers responded that's correct.

**Member Joyce Cusack**

JC: Asked RAAO where their clients are treated?

Ms. Flowers responded that RAAO provides HIV testing through an outreach program, they also have a building where people can receive their mail and some opportunities come through the building. That said, their focus is to provide outreach to the hard to reach community members.

JC: Do you test and then refer them out to other agencies?

Ms. Flowers responded that they test and then assess what their needs are, and they refer them to the appropriate agency or medical providers. For clients that come back positive, RAAO is partnered now with a laboratory and a pharmacy immediately and RAAO follows these patients and provides them with all the support they need to be successful with their care.

JC: How many clients do you see?

Mr. Sargent responded unique clients under the current fiscal year roughly 675 clients, probably 1,000 duplicate clients for the year.

JC: How many were new clients this year? What is the breakdown between new clients versus repeat clients?

Ms. Flowers replied that 80% of the clients that they tested this year were HIV positive. RAAO was able to transition them into care through the RAAO RX program that was initiated.

**Member Althea Whittaker**

AW: No questions for RAAO.

**Chair Elmer Holt**

EH: Had one question and referred to page 2 of RAAO's WVHA Funding Application, Section I – Proposal, A. Identify why funds are being requested and how funds will be used: "Historically, RAAO was the only free HIV screening site in West Volusia County. The Orange City office of the Florida Department of Health – Volusia County (FDOH) provides free HIV screening, however, it is currently limited to two and a half hour windows throughout the week". That's the extent of what the FDOH offers?

Mr. Sargent responded that the FDOH offers HIV testing for two and a half hours per day.

EH: Asked if the clients that the FDOH are seeing are different than the clients that RAAO is seeing?

Mr. Sargent responded that RAAO is going into areas that are hard to reach, folks that are not going to utilize mainstream services. That's why they utilize their mobile outreach unit to provide HIV testing and outreach services.

EH: Stated that he wanted confirmation that these were not duplicated clients.

## **The House Next Door (THND)**

Chair Holt called upon Ms. Gail Hallmon, THND and stated for the record that this agency requested a decrease in funding of \$10,000.00 for fiscal year 2020-2021.

### **Member Donna Pepin**

DP: Thanked THND for all that they do for the community.

### **Member Ann Flowers**

AF: Had no questions for THND.

### **Member Lynn Hoganson**

LH: Appreciated all that THND does for the community.

### **Member Jenneffer Pulapaka**

*6:57 p.m. Member Pulapaka left the conference call.*

### **Member Jacquie Lewis**

JL: Had no questions and said THND was doing a great job.

### **Member Linda White**

LW: Had no questions but thanked THND for all that they do for the community, stated she hears nothing but good things about THND.

### **Member Joyce Cusack**

JC: Had no questions.

### **Member Althea Whittaker**

AW: Had no questions.

### **Chair Elmer Holt**

EH: Had no questions.

### **SMA Baker Act/Emergency Services SMA Psychiatric Services to Homeless SMA Residential Treatment Services**

Chair Holt called upon Nicole Sharbono of SMA and stated for the record that SMA requested the same funding for fiscal year 2020-2021 for their Baker Act Program and their Residential Treatment Services, but that they requested a reduction in funding for their Psychiatric Services to Homeless in the amount of \$30,120.00.

**Member Donna Pepin**

DP: Thanked SMA for all that they do for the community and appreciated that SMA was requesting less for their Psychiatric Services to Homeless.

**Member Ann Flowers**

AF: Asked regarding SMA's Residential Treatment Services Program if they were seeing recurring clients or new clients?

Ms. Sharbono responded some could be return clients, but the majority of their residential clients do not return.

AF: Does SMA charge a different fee for new clients versus returning clients?

Ms. Sharbono replied that SMA does not differentiate between new versus returning clients. SMA charges a flat bed day fee.

AF: Then addressed SMA's Psychiatric Services to Homeless asking how do these clients find out about these services?

Ms. Sharbono replied that they receive clients from a variety of different sources. Many are self-referrals, some are referrals from the hospitals, some referrals come from community partners, or SMA can be contacted via their advertised 1-800 phone number.

AF: Asked if some referrals were received from law enforcement?

Ms. Sharbono responded that when law enforcement is involved, it's usually a Baker Act situation where the Crisis Stabilization Unit (CSU) is required. However, they have good partners in the community where an individual may not quite require a Baker Act response but needs other treatment services from SMA.

AF: Do clients who receive services at SMA require a referral or can they contact SMA directly?

Ms. Sharbono responded that clients at all SMA locations can contact SMA directly to receive services, a referral is not required.

AF: Asked where clients receive Emergency Behavioral Health Services?

Ms. Sharbono explained that those services are provided at their Tiger Bay facility located between DeLand and Daytona Beach. Services provided at the CSU for inpatient services, or for detoxification services and stabilization, whether they are admitted voluntarily or involuntarily.

**Member Lynn Hoganson**

LH: Commented that SMA does a great job for the community.

**Member Jacquie Lewis**

7:13 p.m. Member Lewis left the conference call.

**Member Linda White**

LW: Thanked SMA for all that they are doing for the community.

**Member Joyce Cusack**

JC: Thanked SMA for all that they do for the community.

**Member Althea Whittaker**

AW: Had no questions for SMA.

**Chair Elmer Holt**

EH: Appreciated SMA's reduction in their funding request for their Homeless Program. He further commented that the SMA Homeless Program has only utilized 25% of their overall budget for the current fiscal year of 2019-2020. He asked if SMA was expecting an influx in services for the remainder of this fiscal year?

Ms. Sharbono replied that SMA has noticed a significant decline in the utilization of the outpatient medication management services by members over this past year. In previous years they had realized an increase in utilization of this program. Since the COVID-19 pandemic, they have realized a decrease in utilization as clients are social distancing. Their staff are reaching out to clients who have missed appointments and they are trying to bring them back into the program.

**Healthy Start Coalition of Flagler and Volusia (HSCFV) Family Services  
Coordinator  
HSCFV WIS/NOS**

Chair Holt called upon Deedree Zerfas, Melissa Pagan, and Thalia Smith of HSCFV and stated that these applications were requesting the same funding amounts as last year for fiscal year 2020-2021.

**Member Donna Pepin**

DP: Had no questions for HSCFV and praised them for the good work that they provide for the community.

**Member Ann Flowers**

AF: Asked how does HSCFV handle those mothers who have been incarcerated?

Ms. Smith explained that HSCFV has an outreach worker who is a Women's Intervention Specialist (WIS) and Neonatal Outreach Specialist (NOS) and that representative will obtain a referral from the jail itself, from the Department of Children and Families (DCF) or Child Protective Services (CPS). They also receive referrals from SMA, Children's Home Society, other community partners. Because of the COVID-19 pandemic they have been doing a lot of these services virtually.

AF: If a mother has a baby removed due to their incarceration, does that mother get that baby back? What does the mother have to do to get her baby back?

Ms. Smith explained that would be a DCF or Child Protection Court (CPC) decision. There would be a parenting plan implemented and HSCFV would work with the moms to make sure that she (they) meets with her case worker regularly, but HSCFV does not make that type of determinations.

**Member Lynn Hoganson**

LH: Appreciated that HSCFV kept their funding amounts at last year's amounts and appreciated the service that they provide to the community.

**Member Linda White**

LW: Asked if the HSCFV offices were open during this COVID-19 pandemic?

Ms. Zervas replied that HSCFV offices are open, but they have been providing services telephonically, through Zoom chats, expanded their website with many new resources specific to COVID-19. They created online parent groups and they have a plan to fully reopen their offices for clients later this month. They have not experienced any interruption in services.

**Member Joyce Cusack**

JC: Stated that she was very familiar with this program and she appreciated what this program provides for moms and babies.

**Member Althea Whittaker**

AH: Had no questions.

**Chair Elmer Holt**

EH: Had no questions.

**Community Legal Services of Mid-Florida (CLSMF)**

Chair Holt called upon Christina Walters, CLSMF and stated for the records that this agency requested an increase in funding of \$9,331.00 for fiscal year 2020-2021.

**Member Donna Pepin**

DP: Asked Ms. Walters to explain their services.

Ms. Walters explained that CLSMF helps current HealthCard members get removed from the WVHA Program. They receive referrals from their community partners and aide these clients in obtaining Social Security Disability.

DP: Asked why an increased request for funding?



Ms. Walters explained it is an increase in their overall cost of doing business for CLSMF and a change in Florida Law whereby third parties, like CLSMF, are being charged the maximum of \$1.00 per page for medical records requests when trying to prove a medical disability case. Many of their clients see over 16 different medical providers.

**Member Ann Flowers**

AF: Asked for further clarification regarding medical records and agencies charging CLSMF for these records.

Ms. Walters explained that many of the WVHA community partners provide medical records to CLSMF free of charge. It is those organizations who outsource their medical records to third parties that are charging the maximum charge of \$1.00 per page for medical records. For example, AdventHealth records requests goes to a third-party vendor and they charge the \$1.00 per page maximum.

**Member Lynn Hoganson**

LH: Stated that she has referred people to CLSMF, and she has heard good reports. She believed that funding CLSMF was beneficial to the WVHA as they get HealthCard members permanent health insurance and financial benefits.

**Member Linda White**

LW: Asked if CLSMF only bills back to the WVHA for just those clients that already have the HealthCard (HC)?

Ms. Walters responded correct.

LW: Do many clients come to CLSMF without a HC?

Ms. Walters replied that the community partners usually refer those individuals who already have the HC, but in a few cases, clients have come to them seeking services and CLSMF aided them in applying for the WVHA HC. The majority of the clients that they see under this program already have the WVHA HC.

**Member Joyce Cusack**

JC: Had no questions.

**Member Althea Whittaker**

*7:39 Member Whittaker left the conference call.*

**Chair Elmer Holt**

EH: Asked Ms. Walters if there was a provider that refused to give CLSMF medical records?

Ms. Walters replied that it wasn't that they refused, but Family Health Source would not provide medical records at the discounted rates that the patient would qualify for. Family Health Source also uses a third-party medical records company.

*7:40 p.m. Member Whittaker inadvertently hit a button that muted her from the conference call and rejoined the conference call.*

*7:41 p.m. Member Lewis rejoined the conference call, she left due to her cell phone battery dying.*

#### **Member Jacquie Lewis**

JL: Asked how CLSMF was obtaining referrals?

Ms. Walters responded that they receive referrals from SMA, HSCFV, TNC, all the WVHA Funded Agencies. They also meet monthly with all the WVHA Funded Agencies.

#### **Discussion/Q&A for New funding applicants**

- a. Creative Living – Pulled by the WVHA Board of Commissioner 5/21/2020

#### **CAC Comments**

#### **Adjournment**

There being no further business before the Committee, the meeting was adjourned.

Elmer Holt, CAC Chair



EBMS

June 18, 2020

Submission Report for  
WVHA Board Members

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# Executive Summary for 00532

Client:  
Paid Dates:  
Location:

West Volusia Hospital Authority  
5/1/2020 to 5/31/2020  
All

Benefit Plan: All  
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	2729		Charges	\$4,001,823	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$3,482,875	Addl Info Not Provided	\$117,232	2.93%
Medical	\$504,379	\$265	Allowed	\$518,948	Duplicate Charges	\$45,907	1.15%
Professional	\$254,920	\$134	less Member	\$14,569	Not Medically...	\$6,361	0.16%
Facility	\$249,458	\$131	less Adjustments	\$0	Plan Limitations	\$1,083,675	27.08%
<b>Total Plan Paid:</b>	<b>\$504,379</b>	<b>\$265</b>	Paid Benefit	\$504,379	Other	\$2,229,701	55.72%
			plus Admin Costs	\$88,602	<b>Total:</b>	<b>\$3,482,875</b>	<b>87.03%</b>
			<b>Total Plan Paid:</b>	<b>\$592,980</b>			

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
5/31/2020										
0 to 19	21	33	54	0	0	0	0	54	0	0
20 to 25	57	57	114	0	0	0	0	114	0	0
26 to 29	51	42	93	0	0	0	0	93	0	0
30 to 39	131	151	282	0	0	0	0	282	0	0
40 to 49	186	242	428	0	0	0	0	428	0	0
50 to 59	250	353	603	0	0	0	0	603	0	0
60 to 64	83	165	248	0	0	0	0	248	0	0
65 and Older	24	60	84	0	0	0	0	84	0	0
<b>Totals</b>	<b>803</b>	<b>1103</b>	<b>1906</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1906</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.18</b>	<b>47.96</b>	<b>46.79</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.79</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2020	Employee	Spouse	Dependent
Adventhealth Fish	153	\$157,117	0 to 19	\$1,261	\$0	\$0
Adventhealth Deland	110	\$87,211	20 to 25	\$8,426	\$0	\$0
Florida Cancer Specialists	137	\$73,131	26 to 29	\$37,561	\$0	\$0
NEFHS Deland	201	\$21,811	30 to 39	\$34,158	\$0	\$0
NEFHS Deltona 2160	203	\$21,654	40 to 49	\$80,155	\$0	\$0
Florida Hospital Fish	174	\$18,516	50 to 59	\$264,866	\$0	\$0
Florida Hospital	139	\$13,963	60 to 64	\$39,732	\$0	\$0
Florida Orthopaedic	95	\$10,540	65 and Older	\$38,220	\$0	\$0
Quest Diagnostics Tampa	180	\$9,070	<b>Totals</b>	<b>\$504,379</b>	<b>\$0</b>	<b>\$0</b>
Blue Springs Surgery	5	\$5,130				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
Month	Paid	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
January 20	\$65,205	Medical	\$17,184	35	\$601,440
February 20	\$308,816	Vision	\$0	13	\$0
March 20	\$588,249	<b>Total:</b>			<b>\$601,440</b>
April 20	\$646,953				
May 20	\$504,379				
<b>Total:</b>	<b>\$2,113,602</b>				

# Executive Summary for 00532

Client:  
Paid Dates:  
Location:

West Volusia Hospital Authority  
5/1/2020 to 5/31/2020  
All

Benefit Plan: All  
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	12	\$3,575	\$3,575	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	28	\$48,353	\$47,665	\$688	\$0	\$0	\$688	0.14%
CHIROPRACTIC	26	\$1,350	\$585	\$765	\$200	\$0	\$565	0.11%
COVID-19	43	\$18,404	\$14,635	\$3,770	\$0	\$0	\$3,770	0.75%
DIALYSIS	13	\$6,113	\$3,800	\$2,313	\$0	\$0	\$2,313	0.46%
DME/APPLIANCE	6	\$1,726	\$1,726	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	392	\$835,340	\$726,634	\$108,706	\$2,400	\$0	\$106,306	21.08%
HOME HEALTH CARE	1	\$195	\$195	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	174	\$65,465	\$65,465	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	202	\$51,597	\$33,176	\$18,421	\$0	\$0	\$18,421	3.65%
IP HOSP CHARGES	78	\$1,555,222	\$1,456,777	\$98,445	\$0	\$0	\$98,445	19.52%
MATERNITY	3	\$329	\$94	\$235	\$0	\$0	\$235	0.05%
MEDICAL MISC	38	\$14,522	\$9,936	\$4,586	\$110	\$0	\$4,476	0.89%
OFFICE VISIT	959	\$199,727	\$121,373	\$78,354	\$5,400	\$0	\$72,954	14.46%
OP PHYSICIAN	136	\$36,189	\$23,564	\$12,625	\$100	\$0	\$12,525	2.48%
OTHER	27	\$9,430	\$9,190	\$240	\$0	\$0	\$240	0.05%
OUTPAT HOSP	8	\$34,756	\$33,244	\$1,511	\$260	\$0	\$1,251	0.25%
PSYCHIATRIC	19	\$41,207	\$39,365	\$1,843	\$65	\$0	\$1,778	0.35%
RADIATION /CHEMO	129	\$189,587	\$122,641	\$66,946	\$3	\$0	\$66,944	13.27%
SUBS ABUSE	16	\$34,531	\$33,093	\$1,438	\$0	\$0	\$1,438	0.29%
SURG FACILITY	20	\$166,145	\$141,225	\$24,919	\$90	\$0	\$24,829	4.92%
SURGERY	57	\$6,650	\$5,866	\$784	\$0	\$0	\$784	0.16%
SURGERY IP	15	\$8,684	\$5,077	\$3,608	\$0	\$0	\$3,608	0.72%
SURGERY OP	49	\$48,801	\$36,089	\$12,712	\$0	\$0	\$12,712	2.52%
TELEMEDICINE	14	\$2,240	\$1,157	\$1,083	\$0	\$0	\$1,083	0.21%
THERAPY	230	\$24,807	\$14,839	\$9,968	\$690	\$0	\$9,278	1.84%
URGENT CARE	2	\$480	\$480	\$0	\$0	\$0	\$0	0.00%
VISION	7	\$585	\$585	\$0	\$0	\$0	\$0	0.00%
WELLNESS	109	\$10,056	\$6,391	\$3,665	\$13	\$0	\$3,652	0.72%
XRAY/ LAB	2002	\$585,757	\$524,434	\$61,323	\$5,239	\$0	\$56,084	11.12%
<b>Totals:</b>	<b>4815</b>	<b>\$4,001,823</b>	<b>\$3,482,875</b>	<b>\$518,948</b>	<b>\$14,569</b>	<b>\$0</b>	<b>\$504,379</b>	



# Executive Summary for 00532

Client:  
Paid Dates:  
Location:

West Volusia Hospital Authority  
1/1/2020 to 5/31/2020  
All

Benefit Plan: All  
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	10072		Charges	\$14,744,345	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$12,572,823	Addl Info Not Provided	\$1,153,243	7.82%
Medical	\$2,113,602	\$222	Allowed	\$2,171,522	Duplicate Charges	\$85,070	0.58%
Professional	\$1,052,670	\$110	less Member	\$57,919	Not Medically...	\$6,361	0.04%
Facility	\$1,060,933	\$111	less Adjustments	\$0	Out of Network	\$1,900	0.01%
Vision	\$0	\$0	Paid Benefit	\$2,113,602	Plan Limitations	\$2,406,736	16.32%
<b>Total Plan Paid:</b>	<b>\$2,113,602</b>	<b>\$222</b>	plus Admin Costs	\$244,004	Other	\$8,919,513	60.49%
			<b>Total Plan Paid:</b>	<b>\$2,357,606</b>	<b>Total:</b>	<b>\$12,572,823</b>	<b>85.27%</b>

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
5/31/2020										
0 to 19	21	33	54	0	0	0	0	54	0	0
20 to 25	57	57	114	0	0	0	0	114	0	0
26 to 29	51	42	93	0	0	0	0	93	0	0
30 to 39	131	151	282	0	0	0	0	282	0	0
40 to 49	186	242	428	0	0	0	0	428	0	0
50 to 59	250	353	603	0	0	0	0	603	0	0
60 to 64	83	165	248	0	0	0	0	248	0	0
65 and Older	24	60	84	0	0	0	0	84	0	0
<b>Totals</b>	<b>803</b>	<b>1103</b>	<b>1906</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1906</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.18</b>	<b>47.96</b>	<b>46.79</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.79</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2020	Employee	Spouse	Dependent
Adventhealth Fish	599	\$579,676	0 to 19	\$8,648	\$0	\$0
Adventhealth Deland	540	\$451,947	20 to 25	\$48,728	\$0	\$0
Florida Cancer Specialists	416	\$287,874	26 to 29	\$90,163	\$0	\$0
NEFHS Deltona 2160	1121	\$98,796	30 to 39	\$137,968	\$0	\$0
NEFHS Deland	1044	\$94,454	40 to 49	\$404,482	\$0	\$0
Quest Diagnostics Tampa	677	\$33,540	50 to 59	\$1,007,915	\$0	\$0
Florida Hospital Fish	259	\$26,547	60 to 64	\$278,705	\$0	\$0
Florida Orthopaedic	263	\$26,093	65 and Older	\$136,992	\$0	\$0
NEFHS Pierson	270	\$24,642	<b>Totals</b>	<b>\$2,113,602</b>	<b>\$0</b>	<b>\$0</b>
Florida Hospital	258	\$24,184				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
January 20	\$65,205	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
February 20	\$308,816	Medical	\$17,184	35	\$601,440
March 20	\$588,249	Vision	\$0	13	\$0
April 20	\$646,953	<b>Total:</b>			<b>\$601,440</b>
May 20	\$504,379				
<b>Total:</b>	<b>\$2,113,602</b>				



## Executive Summary for 00532

Client:  
Paid Dates:  
Location:

West Volusia Hospital Authority  
1/1/2020 to 5/31/2020  
All

Benefit Plan: All  
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	32	\$71,824	\$71,824	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	123	\$211,888	\$197,866	\$14,022	\$0	\$0	\$14,022	0.66%
CHIROPRACTIC	122	\$6,110	\$2,690	\$3,420	\$580	\$0	\$2,840	0.13%
COVID-19	47	\$20,365	\$16,189	\$4,176	\$0	\$0	\$4,176	0.20%
DIALYSIS	28	\$13,162	\$8,746	\$4,416	\$0	\$0	\$4,416	0.21%
DME/APPLIANCE	21	\$18,423	\$18,423	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1047	\$3,302,128	\$2,977,740	\$324,388	\$11,425	\$0	\$312,963	14.81%
HOME HEALTH CARE	1	\$195	\$195	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	1084	\$630,735	\$630,735	\$0	\$0	\$0	\$0	0.00%
INJECTION	5	\$30	\$6	\$24	\$0	\$0	\$24	0.00%
INPATIENT PHYS	625	\$168,801	\$113,818	\$54,983	\$0	\$0	\$54,983	2.60%
IP HOSP CHARGES	252	\$4,837,743	\$4,352,818	\$484,925	\$0	\$0	\$484,925	22.94%
MATERNITY	48	\$3,783	\$627	\$3,156	\$0	\$0	\$3,156	0.15%
MEDICAL MISC	118	\$41,398	\$26,622	\$14,776	\$243	\$0	\$14,533	0.69%
OFFICE VISIT	3871	\$703,264	\$356,730	\$346,533	\$21,510	\$0	\$325,023	15.38%
OP PHYSICIAN	555	\$139,587	\$92,347	\$47,240	\$305	\$0	\$46,935	2.22%
OTHER	89	\$37,345	\$34,910	\$2,435	\$0	\$0	\$2,435	0.12%
OUTPAT HOSP	18	\$39,973	\$36,921	\$3,052	\$290	\$0	\$2,762	0.13%
PSYCHIATRIC	322	\$119,202	\$75,047	\$44,154	\$1,385	\$0	\$42,769	2.02%
RADIATION /CHEMO	305	\$683,399	\$418,122	\$265,278	\$3	\$0	\$265,275	12.55%
SUBS ABUSE	37	\$103,365	\$86,240	\$17,126	\$0	\$0	\$17,126	0.81%
SURG FACILITY	99	\$917,629	\$807,091	\$110,539	\$693	\$0	\$109,845	5.20%
SURGERY	247	\$32,614	\$27,401	\$5,213	\$30	\$0	\$5,183	0.25%
SURGERY IP	59	\$60,910	\$42,647	\$18,263	\$0	\$0	\$18,263	0.86%
SURGERY OP	287	\$322,903	\$241,745	\$81,157	\$7	\$0	\$81,151	3.84%
TELEMEDICINE	31	\$5,438	\$4,263	\$1,175	\$0	\$0	\$1,175	0.06%
THERAPY	644	\$68,620	\$40,293	\$28,327	\$2,150	\$0	\$26,177	1.24%
URGENT CARE	4	\$960	\$960	\$0	\$0	\$0	\$0	0.00%
VISION	93	\$1,955	\$1,955	\$0	\$0	\$0	\$0	0.00%
WELLNESS	732	\$80,927	\$52,814	\$28,113	\$22	\$0	\$28,091	1.33%
XRAY/ LAB	7322	\$2,099,671	\$1,835,040	\$264,631	\$19,278	\$0	\$245,353	11.61%
<b>Totals:</b>	<b>18268</b>	<b>\$14,744,345</b>	<b>\$12,572,823</b>	<b>\$2,171,522</b>	<b>\$57,919</b>	<b>\$0</b>	<b>\$2,113,602</b>	





## PCORI Membership Count

Block of Business ID:  
Client ID:

EBMSI  
00532

Eligibility Date: : 1/1/2020 to 5/31/2020

Month-Year	Employee Count	Dependent Count	Total Member Count
00532-West Volusia Hospital...			
JAN-2020	1912		
FEB-2020	1911		
MAR-2020	1907		
APR-2020	1858		
MAY-2020	1908		
Total Member Days			1,899.20

# Enrollment Counts by Postal Code

Block of Business ID:  
Client ID:

EBMSI  
00532

As Of Date: 5/31/2020

Postal Code	Employee Count	Dependent Count	Total Count
30271	1	0	1
32102	2	0	2
32130	65	0	65
32180	94	0	94
32190	27	0	27
32713	70	0	70
32720	462	0	462
32721	2	0	2
32724	332	0	332
32725	359	0	359
32728	1	0	1
32738	314	0	314
32739	1	0	1
32744	25	0	25
32753	3	0	3
32763	131	0	131
32764	16	0	16
32774	1	0	1
<b>Total</b>	1906	0	1906



# Tier Census on 5/31/2020

Block of Business ID:  
Client ID:  
Display By:

EBMSI  
00532  
By Product

Products: MM,DE,VI  
Status: A,C,NC,R,V

## EBMSI : Employee Benefit Management Services

## 00532 : West Volusia Hospital Authority

Status	Medical	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
Active	Employee	1906	803	1103	0	0	0	0	1906
Subtotal:		1906	803	1103	0	0	0	0	1906
Total Medical		1906	803	1103	0	0	0	0	1906

# Benefit Analysis Summary

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 5/1/2020 to 5/31/2020

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	12	3,575.00	3,575.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	28	48,353.04	1,968.00	45,697.30	687.74	0.00	0.00	687.74	0.14%
CHIROPRACTIC	26	1,350.00	0.00	585.48	764.52	200.00	0.00	564.52	0.11%
COVID-19	43	18,404.19	613.10	14,021.45	3,769.64	0.00	0.00	3,769.64	0.75%
DIALYSIS	13	6,113.00	581.00	3,219.22	2,312.78	0.00	0.00	2,312.78	0.46%
DME/APPLIANCE	6	1,726.39	1,726.39	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	392	835,340.26	128,609.66	598,024.11	108,706.49	2,400.00	0.00	106,306.49	21.08%
HOME HEALTH CARE	1	195.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	174	65,464.52	65,464.52	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	202	51,597.17	11,575.00	21,600.89	18,421.28	0.00	0.00	18,421.28	3.65%
IP HOSP CHARGES	78	1,555,222.43	917,259.29	539,518.18	98,444.96	0.00	0.00	98,444.96	19.52%
MATERNITY	3	328.57	75.73	18.00	234.84	0.00	0.00	234.84	0.05%
MEDICAL MISC	38	14,522.00	2,451.00	7,484.77	4,586.23	110.00	0.00	4,476.23	0.89%
OFFICE VISIT	959	199,726.87	46,881.33	74,491.36	78,354.18	5,400.00	0.00	72,954.18	14.46%
OP PHYSICIAN	136	36,188.95	3,303.10	20,260.66	12,625.19	100.00	0.00	12,525.19	2.48%
OTHER	27	9,429.64	9,189.64	0.00	240.00	0.00	0.00	240.00	0.05%
OUTPAT HOSP	8	34,755.76	7,297.28	25,947.08	1,511.40	260.00	0.00	1,251.40	0.25%
PSYCHIATRIC	19	41,207.34	0.00	39,364.71	1,842.63	65.00	0.00	1,777.63	0.35%
RADIATION /CHEMO	129	189,586.80	497.00	122,143.51	66,946.29	2.74	0.00	66,943.55	13.27%
SUBS ABUSE	16	34,530.51	0.00	33,092.81	1,437.70	0.00	0.00	1,437.70	0.29%
SURG FACILITY	20	166,144.57	20,978.22	120,247.10	24,919.25	90.00	0.00	24,829.25	4.92%
SURGERY	57	6,650.11	0.00	5,865.93	784.18	0.00	0.00	784.18	0.16%
SURGERY IP	15	8,684.40	1,314.09	3,762.53	3,607.78	0.00	0.00	3,607.78	0.72%
SURGERY OP	49	48,801.47	5,805.25	30,284.09	12,712.13	0.00	0.00	12,712.13	2.52%
TELEMEDICINE	14	2,240.00	-250.00	1,407.27	1,082.73	0.00	0.00	1,082.73	0.21%
THERAPY	230	24,806.62	784.42	14,054.17	9,968.03	690.00	0.00	9,278.03	1.84%
URGENT CARE	2	480.00	480.00	0.00	0.00	0.00	0.00	0.00	0.00%
VISION	7	585.00	585.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	109	10,056.05	1,101.12	5,290.19	3,664.74	12.53	0.00	3,652.21	0.72%
XRAY/ LAB	2002	585,757.35	92,841.88	431,592.07	61,323.40	5,239.20	0.00	56,084.20	11.12%
00532	4815	4,001,823.01	1,324,902.02	2,157,972.88	518,948.11	14,569.47	0.00	504,378.64	100.00%
<b>Totals:</b>	4815	4,001,823.01	1,324,902.02	2,157,972.88	518,948.11	14,569.47	0.00	504,378.64	100.00%



# Benefit Analysis Summary

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2020 to 5/31/2020

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	32	71,824.00	71,824.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	123	211,888.01	22,351.97	175,513.90	14,022.14	0.00	0.00	14,022.14	0.66%
CHIROPRACTIC	122	6,110.00	0.00	2,689.89	3,420.11	580.00	0.00	2,840.11	0.13%
COVID-19	47	20,365.16	883.00	15,306.18	4,175.98	0.00	0.00	4,175.98	0.20%
DIALYSIS	28	13,162.00	2,661.00	6,084.65	4,416.35	0.00	0.00	4,416.35	0.21%
DME/APPLIANCE	21	18,423.27	18,423.27	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1047	3,302,127.90	611,568.87	2,366,170.65	324,388.38	11,425.00	0.00	312,963.38	14.81%
HOME HEALTH CARE	1	195.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	1084	630,734.74	630,734.74	0.00	0.00	0.00	0.00	0.00	0.00%
INJECTION	5	30.00	0.00	6.30	23.70	0.00	0.00	23.70	0.00%
INPATIENT PHYS	625	168,800.88	35,684.75	78,133.27	54,982.86	0.00	0.00	54,982.86	2.60%
IP HOSP CHARGES	252	4,837,742.82	2,259,859.40	2,092,958.65	484,924.77	0.00	0.00	484,924.77	22.94%
MATERNITY	48	3,783.19	1,590.33	-963.33	3,156.19	0.00	0.00	3,156.19	0.15%
MEDICAL MISC	118	41,398.00	4,493.00	22,128.89	14,776.11	242.74	0.00	14,533.37	0.69%
OFFICE VISIT	3871	703,263.60	73,779.76	282,950.63	346,533.21	21,510.00	0.00	325,023.21	15.38%
OP PHYSICIAN	555	139,586.60	19,505.10	72,841.64	47,239.86	304.52	0.00	46,935.34	2.22%
OTHER	89	37,344.64	34,909.64	0.00	2,435.00	0.00	0.00	2,435.00	0.12%
OUTPAT HOSP	18	39,972.68	7,908.67	29,012.46	3,051.55	290.00	0.00	2,761.55	0.13%
PSYCHIATRIC	322	119,201.56	9,129.59	65,917.64	44,154.33	1,385.00	0.00	42,769.33	2.02%
RADIATION /CHEMO	305	683,399.13	7,992.00	410,129.53	265,277.60	2.74	0.00	265,274.86	12.55%
SUBS ABUSE	37	103,365.32	500.00	85,739.71	17,125.61	0.00	0.00	17,125.61	0.81%
SURG FACILITY	99	917,629.35	215,809.83	591,280.94	110,538.58	693.12	0.00	109,845.46	5.20%
SURGERY	247	32,613.68	967.00	26,433.74	5,212.94	30.00	0.00	5,182.94	0.25%
SURGERY IP	59	60,910.48	10,836.48	31,810.53	18,263.47	0.00	0.00	18,263.47	0.86%
SURGERY OP	287	322,902.66	30,016.98	211,728.36	81,157.32	6.62	0.00	81,150.70	3.84%
TELEMEDICINE	31	5,438.00	2,595.00	1,667.59	1,175.41	0.00	0.00	1,175.41	0.06%
THERAPY	644	68,620.19	5,552.96	34,740.39	28,326.84	2,150.00	0.00	26,176.84	1.24%
URGENT CARE	4	960.00	960.00	0.00	0.00	0.00	0.00	0.00	0.00%
VISION	93	1,955.00	1,955.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	732	80,926.60	6,615.44	46,198.20	28,112.96	21.67	0.00	28,091.29	1.33%
XRAY/ LAB	7322	2,099,670.76	339,694.57	1,495,345.67	264,630.52	19,277.89	0.00	245,352.63	11.61%
00532	18268	14,744,345.22	4,428,997.35	8,143,826.08	2,171,521.79	57,919.30	0.00	2,113,602.49	100.00%
<b>Totals:</b>	18268	14,744,345.22	4,428,997.35	8,143,826.08	2,171,521.79	57,919.30	0.00	2,113,602.49	100.00%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 04:58:56 on 01 June 2020

# Cost of Major

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 5/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	31	96	115,887.41	22.98%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	225	329	65,111.05	12.91%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	86	149	47,360.39	9.39%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	151	263	42,725.37	8.47%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	89	131	35,481.03	7.03%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	69	113	32,322.04	6.41%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	31	68	28,261.80	5.60%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	92	114	28,097.25	5.57%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	32	58	19,159.72	3.80%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	123	153	18,360.50	3.64%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	84	105	17,979.08	3.56%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	49	79	16,681.05	3.31%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	27	48	11,774.27	2.33%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	54	70	10,120.23	2.01%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	5	5	6,119.67	1.21%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	22	24	3,357.94	0.67%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	17	24	3,008.06	0.60%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	17	17	2,003.79	0.40%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	2	2	567.99	0.11%
				1206	1848	504,378.64	100.00%

# Cost of Major

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	86	347	361,559.58	17.11%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	550	1233	263,491.41	12.47%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	216	580	225,558.04	10.67%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	385	1131	195,961.15	9.27%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	198	485	185,509.32	8.78%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	225	455	152,202.64	7.20%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	244	575	140,061.26	6.63%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	306	575	118,134.04	5.59%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	419	837	88,933.86	4.21%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	165	386	73,831.70	3.49%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	74	232	63,823.35	3.02%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	89	185	60,007.54	2.84%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	92	250	55,539.86	2.63%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	77	168	54,416.77	2.57%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	91	171	39,384.58	1.86%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	95	144	18,667.30	0.88%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	9	20	10,467.74	0.50%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	37	49	5,155.11	0.24%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	4	6	897.24	0.04%
				3362	7829	2,113,602.49	100.00%

## Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 5/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	C81	Malignant neoplasms of lymphoid, hematopoietic and related tissue	3	18	48,568.67	9.63%
00532	West Volusia Hospital Authority	R00	Symptoms and signs involving the circulatory and respiratory systems	76	98	24,470.90	4.85%
00532	West Volusia Hospital Authority	R10	Symptoms and signs involving the digestive system and abdomen	68	93	21,948.15	4.35%
00532	West Volusia Hospital Authority	C50	Malignant neoplasms of breast	7	21	21,135.91	4.19%
00532	West Volusia Hospital Authority	M50	Other dorsopathies	63	96	20,692.35	4.10%
00532	West Volusia Hospital Authority	C15	Malignant neoplasms of digestive organs	3	27	18,738.34	3.72%
00532	West Volusia Hospital Authority	N20	Urolithiasis	9	21	17,197.69	3.41%
00532	West Volusia Hospital Authority	D70	Other disorders of blood and blood-forming organs	8	24	16,080.06	3.19%
00532	West Volusia Hospital Authority	I10	Hypertensive diseases	52	60	16,055.10	3.18%
00532	West Volusia Hospital Authority	Z40	Encounters for other specific health care	10	13	15,511.92	3.08%
00532	West Volusia Hospital Authority	A30	Other bacterial diseases	6	12	14,109.11	2.80%
00532	West Volusia Hospital Authority	C51	Malignant neoplasms of female genital organs	3	7	12,771.04	2.53%
00532	West Volusia Hospital Authority	K50	Noninfective enteritis and colitis	11	24	12,668.41	2.51%
00532	West Volusia Hospital Authority	E08	Diabetes mellitus	83	98	11,955.31	2.37%
00532	West Volusia Hospital Authority	C64	Malignant neoplasms of urinary tract	2	5	10,647.58	2.11%
00532	West Volusia Hospital Authority	L00	Infections of the skin and subcutaneous tissue	15	32	10,113.20	2.01%
00532	West Volusia Hospital Authority	N10	Renal tubulo-interstitial diseases	6	9	9,415.00	1.87%
00532	West Volusia Hospital Authority	Z00	Persons encountering health services for examinations	43	51	7,829.06	1.55%
00532	West Volusia Hospital Authority	K55	Other diseases of intestines	11	13	7,370.14	1.46%
00532	West Volusia Hospital Authority	M45	Spondylopathies	32	56	6,655.64	1.32%
00532	West Volusia Hospital Authority	D60	Aplastic and other anemias and other bone marrow failure syndromes	10	21	6,555.43	1.30%
00532	West Volusia Hospital Authority	R50	General symptoms and signs	36	41	6,536.96	1.30%
00532	West Volusia Hospital Authority	N17	Acute kidney failure and chronic kidney disease	18	37	6,131.23	1.22%
00532	West Volusia Hospital Authority	I30	Other forms of heart disease	22	35	6,062.15	1.20%
00532	West Volusia Hospital Authority	N30	Other diseases of the urinary system	19	21	5,893.06	1.17%
00532	West Volusia Hospital Authority	J09	Influenza and pneumonia	8	11	5,307.00	1.05%
00532	West Volusia Hospital Authority	E70	Metabolic disorders	33	38	5,112.58	1.01%
00532	West Volusia Hospital Authority	D50	Nutritional anemias	10	16	5,095.32	1.01%
00532	West Volusia Hospital Authority	N80	Noninflammatory disorders of female genital tract	19	30	4,906.74	0.97%
00532	West Volusia Hospital Authority	M20	Other joint disorders	29	39	4,785.84	0.95%



# Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 5/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	J00	Acute upper respiratory infections	23	23	4,607.07	0.91%
00532	West Volusia Hospital Authority	K20	Diseases of esophagus, stomach and duodenum	22	26	4,423.94	0.88%
00532	West Volusia Hospital Authority	J40	Chronic lower respiratory diseases	28	34	4,416.56	0.88%
00532	West Volusia Hospital Authority	O30	Maternal care related to the fetus and amniotic cavity and possible delivery...	2	2	4,256.84	0.84%
00532	West Volusia Hospital Authority	I20	Ischemic heart diseases	10	11	3,950.19	0.78%
00532	West Volusia Hospital Authority	I70	Diseases of arteries, arterioles and capillaries	3	3	3,855.39	0.76%
00532	West Volusia Hospital Authority	F30	Mood [affective] disorders	26	34	3,599.25	0.71%
00532	West Volusia Hospital Authority	K80	Disorders of gallbladder, biliary tract and pancreas	9	17	3,596.08	0.71%
00532	West Volusia Hospital Authority	F10	Mental and behavioral disorders due to psychoactive substance use	10	16	3,537.37	0.70%
00532	West Volusia Hospital Authority	R90	Abnormal findings on diagnostic imaging and in function studies, without...	17	22	3,494.04	0.69%
00532	West Volusia Hospital Authority	M70	Other soft tissue disorders	20	31	3,475.62	0.69%
00532	West Volusia Hospital Authority	M15	Osteoarthritis	14	15	3,253.04	0.64%
00532	West Volusia Hospital Authority	I80	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	4	9	3,231.46	0.64%
00532	West Volusia Hospital Authority	B15	Viral hepatitis	9	25	2,855.67	0.57%
00532	West Volusia Hospital Authority	T15	Effects of foreign body entering through natural orifice	4	4	2,708.82	0.54%
00532	West Volusia Hospital Authority	S70	Injuries to the hip and thigh	3	18	2,322.78	0.46%
00532	West Volusia Hospital Authority	F40	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	13	13	2,317.49	0.46%
00532	West Volusia Hospital Authority	R70	Abnormal findings on examination of blood, without diagnosis	19	21	2,146.87	0.43%
00532	West Volusia Hospital Authority	N60	Disorders of breast	11	14	2,014.92	0.40%
00532	West Volusia Hospital Authority	G40	Episodic and paroxysmal disorders	14	15	1,970.37	0.39%
00532	West Volusia Hospital Authority	T66	Other and unspecified effects of external causes	3	3	1,967.22	0.39%
00532	West Volusia Hospital Authority	J20	Other acute lower respiratory infections	18	21	1,898.67	0.38%
00532	West Volusia Hospital Authority	Z30	Persons encountering health services in circumstances related to reproduction	12	18	1,772.59	0.35%
00532	West Volusia Hospital Authority	R40	Symptoms and signs involving cognition, perception, emotional state and...	10	12	1,760.70	0.35%
00532	West Volusia Hospital Authority	R30	Symptoms and signs involving the genitourinary system	13	17	1,681.11	0.33%
00532	West Volusia Hospital Authority	S00	Injuries to the head	5	6	1,668.17	0.33%
00532	West Volusia Hospital Authority	Z20	Persons with potential health hazards related to communicable diseases	14	14	1,629.01	0.32%
00532	West Volusia Hospital Authority	C60	Malignant neoplasms of male genital organs	3	3	1,580.43	0.31%
00532	West Volusia Hospital Authority	S20	Injuries to the thorax	4	4	1,536.34	0.30%
00532	West Volusia Hospital Authority	M65	Disorders of synovium and tendon	2	4	1,503.44	0.30%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:33:30 on 01 June 2020

# Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 5/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	K00	Diseases of oral cavity and salivary glands	8	9	1,469.71	0.29%
00532	West Volusia Hospital Authority	S30	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	9	12	1,362.73	0.27%
00532	West Volusia Hospital Authority	I60	Cerebrovascular diseases	5	8	1,357.82	0.27%
00532	West Volusia Hospital Authority	T80	Complications of surgical and medical care, not elsewhere classified	1	1	1,356.61	0.27%
00532	West Volusia Hospital Authority	R83	Abnormal findings on examination of other body fluids, substances and...	4	7	1,308.71	0.26%
00532	West Volusia Hospital Authority	R20	Symptoms and signs involving the skin and subcutaneous tissue	12	13	1,291.05	0.26%
00532	West Volusia Hospital Authority	S80	Injuries to the knee and lower leg	7	7	1,245.69	0.25%
00532	West Volusia Hospital Authority	H53	Visual disturbances and blindness	9	10	1,190.99	0.24%
00532	West Volusia Hospital Authority	K70	Diseases of liver	3	11	1,139.89	0.23%
00532	West Volusia Hospital Authority	H15	Disorders of sclera, cornea, iris and ciliary body	2	7	1,115.27	0.22%
00532	West Volusia Hospital Authority	J30	Other diseases of upper respiratory tract	7	9	1,038.68	0.21%
00532	West Volusia Hospital Authority	K40	Hernia	6	8	1,035.03	0.21%
00532	West Volusia Hospital Authority	O60	Complications of labor and delivery	1	1	1,000.87	0.20%
00532	West Volusia Hospital Authority	N40	Diseases of male genital organs	6	10	977.14	0.19%
00532	West Volusia Hospital Authority	S90	Injuries to the ankle and foot	8	11	951.41	0.19%
00532	West Volusia Hospital Authority	L80	Other disorders of the skin and subcutaneous tissue	7	8	908.19	0.18%
00532	West Volusia Hospital Authority	Z77	Persons with potential health hazards related to family and personal history...	10	13	856.94	0.17%
00532	West Volusia Hospital Authority	G50	Nerve, nerve root and plexus disorders	3	3	854.51	0.17%
00532	West Volusia Hospital Authority	I95	Other and unspecified disorders of the circulatory system	3	3	833.93	0.17%
00532	West Volusia Hospital Authority	O00	Pregnancy with abortive outcome	1	1	820.65	0.16%
00532	West Volusia Hospital Authority	D10	Benign neoplasms, except benign neuroendocrine tumors	5	5	738.64	0.15%
00532	West Volusia Hospital Authority	H60	Diseases of external ear	7	7	728.57	0.29%
00532	West Volusia Hospital Authority	J96	Other diseases of the respiratory system	4	7	711.10	0.14%
00532	West Volusia Hospital Authority	N70	Inflammatory diseases of female pelvic organs	6	6	703.49	0.14%
00532	West Volusia Hospital Authority	C43	Melanoma and other malignant neoplasms of skin	3	4	669.32	0.13%
00532	West Volusia Hospital Authority	M40	Deforming dorsopathies	2	4	655.72	0.13%
00532	West Volusia Hospital Authority	D37	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	1	2	647.70	0.13%
00532	West Volusia Hospital Authority	B20	Human immunodeficiency virus [HIV] disease	4	6	586.58	0.12%
00532	West Volusia Hospital Authority	L20	Dermatitis and eczema	5	5	580.00	0.11%
00532	West Volusia Hospital Authority	B00	Viral infections characterized by skin and mucous membrane lesions	4	5	560.18	0.11%

Requested by: ReportScheduler from p316 data [P316]

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# Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 5/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	M05	Inflammatory polyarthropathies	4	5	555.40	0.11%
00532	West Volusia Hospital Authority	E00	Disorders of thyroid gland	7	7	487.84	0.10%
00532	West Volusia Hospital Authority	B35	Mycoses	4	4	459.94	0.09%
00532	West Volusia Hospital Authority	Q65	Congenital malformations and deformations of the musculoskeletal system	1	1	452.56	0.09%
00532	West Volusia Hospital Authority	S50	Injuries to the elbow and forearm	3	4	438.14	0.09%
00532	West Volusia Hospital Authority	M60	Disorders of muscles	5	5	434.24	0.09%
00532	West Volusia Hospital Authority	T36	Poisoning by, adverse effects of and underdosing of drugs, medicaments and...	1	3	417.93	0.08%
00532	West Volusia Hospital Authority	K35	Diseases of appendix	1	2	384.21	0.08%
00532	West Volusia Hospital Authority	G60	Polyneuropathies and other disorders of the peripheral nervous system	4	4	381.96	0.08%
00532	West Volusia Hospital Authority	F20	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	3	4	366.84	0.07%
00532	West Volusia Hospital Authority	E50	Other nutritional deficiencies	5	5	361.69	0.07%
00532	West Volusia Hospital Authority	M86	Other osteopathies	3	3	355.17	0.07%
00532	West Volusia Hospital Authority	B95	Bacterial and viral infectious agents	2	3	335.97	0.07%
00532	West Volusia Hospital Authority	H80	Diseases of inner ear	1	1	315.79	0.06%
00532	West Volusia Hospital Authority	R25	Symptoms and signs involving the nervous and musculoskeletal systems	3	3	313.54	0.06%
00532	West Volusia Hospital Authority	D65	Coagulation defects, purpura and other hemorrhagic conditions	3	5	300.13	0.06%
00532	West Volusia Hospital Authority	E20	Disorders of other endocrine glands	2	3	259.23	0.05%
00532	West Volusia Hospital Authority	S40	Injuries to the shoulder and upper arm	2	2	254.40	0.05%
00532	West Volusia Hospital Authority	T51	Toxic effects of substances chiefly nonmedicinal as to source	1	1	245.55	0.05%
00532	West Volusia Hospital Authority	M30	Systemic connective tissue disorders	3	4	243.48	0.05%
00532	West Volusia Hospital Authority	K90	Other diseases of the digestive system	2	3	234.63	0.05%
00532	West Volusia Hospital Authority	D55	Hemolytic anemias	2	2	230.86	0.14%
00532	West Volusia Hospital Authority	Z69	Persons encountering health services in other circumstances	2	2	218.46	0.04%
00532	West Volusia Hospital Authority	D40	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	1	1	209.34	0.04%
00532	West Volusia Hospital Authority	E15	Other disorders of glucose regulation and pancreatic internal secretion	2	2	183.85	0.04%
00532	West Volusia Hospital Authority	Z68	Body mass index	2	2	167.19	0.03%
00532	West Volusia Hospital Authority	L60	Disorders of skin appendages	1	2	144.64	0.03%
00532	West Volusia Hospital Authority	S60	Injuries to the wrist, hand and fingers	2	2	136.84	0.08%
00532	West Volusia Hospital Authority	R80	Abnormal findings on examination of urine, without diagnosis	1	1	122.39	0.02%
00532	West Volusia Hospital Authority	N25	Other disorders of kidney and ureter	1	1	121.12	0.02%

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## Cost of Minor

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	M80	Disorders of bone density and structure	1	1	115.43	0.16%
00532	West Volusia Hospital Authority	Z67	Blood type	1	1	112.08	0.02%
00532	West Volusia Hospital Authority	H43	Disorders of vitreous body and globe	1	1	103.24	0.02%
00532	West Volusia Hospital Authority	I26	Pulmonary heart disease and diseases of pulmonary circulation	1	1	99.04	0.02%
00532	West Volusia Hospital Authority	C76	Malignant neoplasms of ill-defined, other secondary and unspecified sites	1	1	83.82	0.02%
00532	West Volusia Hospital Authority	G30	Other degenerative diseases of the nervous system	1	1	82.68	0.02%
00532	West Volusia Hospital Authority	F99	Unspecified mental disorder	1	1	68.42	0.04%
00532	West Volusia Hospital Authority	C00	Malignant neoplasms of lip, oral cavity and pharynx	1	1	64.41	0.01%
00532	West Volusia Hospital Authority	O20	Other maternal disorders predominantly related to pregnancy	1	1	41.31	0.01%
00532	West Volusia Hospital Authority	R97	Abnormal tumor markers	1	1	36.63	0.01%
00532	West Volusia Hospital Authority	I05	Chronic rheumatic heart diseases	1	1	35.95	0.01%
00532	West Volusia Hospital Authority	C73	Malignant neoplasms of thyroid and other endocrine glands	1	1	32.21	0.01%
00532	West Volusia Hospital Authority	L55	Radiation-related disorders of the skin and subcutaneous tissue	1	1	28.24	0.01%
				1323	1848	504,378.64	100.00%

## Cost of Minor

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 Client ID: 00532  
 Paid Date: 1/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	R10	Symptoms and signs involving the digestive system and abdomen	188	373	88,995.88	4.21%
00532	West Volusia Hospital Authority	R00	Symptoms and signs involving the circulatory and respiratory systems	170	322	78,078.47	3.69%
00532	West Volusia Hospital Authority	I10	Hypertensive diseases	157	253	76,254.30	3.61%
00532	West Volusia Hospital Authority	C15	Malignant neoplasms of digestive organs	6	69	73,804.74	3.49%
00532	West Volusia Hospital Authority	E08	Diabetes mellitus	230	486	61,425.69	2.91%
00532	West Volusia Hospital Authority	C81	Malignant neoplasms of lymphoid, hematopoietic and related tissue	6	34	59,669.97	2.82%
00532	West Volusia Hospital Authority	M50	Other dorsopathies	163	359	56,933.37	2.69%
00532	West Volusia Hospital Authority	Z40	Encounters for other specific health care	22	33	56,357.15	2.67%
00532	West Volusia Hospital Authority	N80	Noninflammatory disorders of female genital tract	63	131	53,600.72	2.54%
00532	West Volusia Hospital Authority	C50	Malignant neoplasms of breast	14	55	48,586.54	2.30%
00532	West Volusia Hospital Authority	L00	Infections of the skin and subcutaneous tissue	29	87	46,616.19	2.21%
00532	West Volusia Hospital Authority	N20	Urolithiasis	20	74	46,148.74	2.18%
00532	West Volusia Hospital Authority	C30	Malignant neoplasms of respiratory and intrathoracic organs	2	18	45,938.79	2.17%
00532	West Volusia Hospital Authority	A30	Other bacterial diseases	11	33	44,808.02	2.12%
00532	West Volusia Hospital Authority	J40	Chronic lower respiratory diseases	82	180	43,952.84	2.08%
00532	West Volusia Hospital Authority	Z00	Persons encountering health services for examinations	209	361	42,692.95	2.02%
00532	West Volusia Hospital Authority	K20	Diseases of esophagus, stomach and duodenum	89	177	41,306.64	1.95%
00532	West Volusia Hospital Authority	N10	Renal tubulo-interstitial diseases	12	25	38,831.80	1.84%
00532	West Volusia Hospital Authority	C43	Melanoma and other malignant neoplasms of skin	5	18	36,130.93	1.71%
00532	West Volusia Hospital Authority	R50	General symptoms and signs	102	158	35,894.19	1.70%
00532	West Volusia Hospital Authority	K80	Disorders of gallbladder, biliary tract and pancreas	15	46	35,081.97	1.66%
00532	West Volusia Hospital Authority	M45	Spondylopathies	62	145	35,026.53	1.66%
00532	West Volusia Hospital Authority	K40	Hernia	15	42	31,178.06	1.48%
00532	West Volusia Hospital Authority	F30	Mood [affective] disorders	98	246	30,877.59	1.46%
00532	West Volusia Hospital Authority	M20	Other joint disorders	129	270	30,519.02	1.44%
00532	West Volusia Hospital Authority	D70	Other disorders of blood and blood-forming organs	18	77	29,695.07	1.40%
00532	West Volusia Hospital Authority	N30	Other diseases of the urinary system	42	91	29,671.97	1.40%
00532	West Volusia Hospital Authority	K55	Other diseases of intestines	56	103	29,024.71	1.37%
00532	West Volusia Hospital Authority	K50	Noninfective enteritis and colitis	18	47	28,811.29	1.36%
00532	West Volusia Hospital Authority	I20	Ischemic heart diseases	26	36	28,697.85	1.36%

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## Cost of Minor

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 Paid Date: 1/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	C64	Malignant neoplasms of urinary tract	3	19	27,958.81	1.32%
00532	West Volusia Hospital Authority	M15	Osteoarthritis	48	84	27,113.97	1.28%
00532	West Volusia Hospital Authority	J09	Influenza and pneumonia	25	57	25,190.23	1.19%
00532	West Volusia Hospital Authority	J96	Other diseases of the respiratory system	14	62	24,482.37	1.16%
00532	West Volusia Hospital Authority	G40	Episodic and paroxysmal disorders	61	99	23,256.41	1.10%
00532	West Volusia Hospital Authority	N40	Diseases of male genital organs	24	49	23,144.36	1.10%
00532	West Volusia Hospital Authority	J00	Acute upper respiratory infections	85	137	23,088.16	1.09%
00532	West Volusia Hospital Authority	F10	Mental and behavioral disorders due to psychoactive substance use	14	27	21,794.98	1.03%
00532	West Volusia Hospital Authority	C51	Malignant neoplasms of female genital organs	3	22	20,053.04	0.95%
00532	West Volusia Hospital Authority	N17	Acute kidney failure and chronic kidney disease	39	114	19,767.29	0.94%
00532	West Volusia Hospital Authority	M60	Disorders of muscles	18	34	18,458.93	0.87%
00532	West Volusia Hospital Authority	R70	Abnormal findings on examination of blood, without diagnosis	73	107	17,973.32	0.85%
00532	West Volusia Hospital Authority	D60	Aplastic and other anemias and other bone marrow failure syndromes	28	54	16,746.01	0.79%
00532	West Volusia Hospital Authority	M70	Other soft tissue disorders	78	144	16,499.75	0.78%
00532	West Volusia Hospital Authority	E70	Metabolic disorders	155	228	16,257.95	0.77%
00532	West Volusia Hospital Authority	I80	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	12	28	15,035.50	0.71%
00532	West Volusia Hospital Authority	I30	Other forms of heart disease	41	88	14,300.52	0.68%
00532	West Volusia Hospital Authority	D37	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	2	4	14,265.27	0.67%
00532	West Volusia Hospital Authority	D10	Benign neoplasms, except benign neuroendocrine tumors	36	57	13,927.07	0.66%
00532	West Volusia Hospital Authority	D50	Nutritional anemias	24	74	13,173.11	0.62%
00532	West Volusia Hospital Authority	J20	Other acute lower respiratory infections	39	75	13,003.97	0.62%
00532	West Volusia Hospital Authority	S30	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	10	31	12,409.16	0.59%
00532	West Volusia Hospital Authority	R90	Abnormal findings on diagnostic imaging and in function studies, without...	54	73	11,715.08	0.55%
00532	West Volusia Hospital Authority	F40	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	54	86	10,658.23	0.50%
00532	West Volusia Hospital Authority	R40	Symptoms and signs involving cognition, perception, emotional state and...	24	42	10,617.95	0.50%
00532	West Volusia Hospital Authority	I60	Cerebrovascular diseases	12	27	10,378.64	0.49%
00532	West Volusia Hospital Authority	S80	Injuries to the knee and lower leg	19	41	9,762.07	0.46%
00532	West Volusia Hospital Authority	N60	Disorders of breast	33	56	9,439.67	0.45%
00532	West Volusia Hospital Authority	K70	Diseases of liver	16	37	9,281.10	0.44%
00532	West Volusia Hospital Authority	F20	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	9	18	8,652.39	0.41%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	K35	Diseases of appendix	1	6	7,531.33	0.36%
00532	West Volusia Hospital Authority	C73	Malignant neoplasms of thyroid and other endocrine glands	1	5	7,514.63	0.36%
00532	West Volusia Hospital Authority	R20	Symptoms and signs involving the skin and subcutaneous tissue	37	46	7,199.71	0.34%
00532	West Volusia Hospital Authority	E00	Disorders of thyroid gland	47	70	6,936.87	0.33%
00532	West Volusia Hospital Authority	Z77	Persons with potential health hazards related to family and personal history...	40	60	6,862.85	0.32%
00532	West Volusia Hospital Authority	S70	Injuries to the hip and thigh	5	44	6,664.98	0.32%
00532	West Volusia Hospital Authority	G35	Demyelinating diseases of the central nervous system	1	2	6,367.91	0.30%
00532	West Volusia Hospital Authority	C76	Malignant neoplasms of ill-defined, other secondary and unspecified sites	5	11	6,334.03	0.30%
00532	West Volusia Hospital Authority	R30	Symptoms and signs involving the genitourinary system	39	60	6,282.43	0.30%
00532	West Volusia Hospital Authority	J30	Other diseases of upper respiratory tract	40	60	6,201.75	0.29%
00532	West Volusia Hospital Authority	Z30	Persons encountering health services in circumstances related to reproduction	30	66	6,133.99	0.29%
00532	West Volusia Hospital Authority	B15	Viral hepatitis	18	55	5,523.99	0.26%
00532	West Volusia Hospital Authority	S90	Injuries to the ankle and foot	14	37	5,463.31	0.26%
00532	West Volusia Hospital Authority	H53	Visual disturbances and blindness	33	51	5,158.91	0.24%
00532	West Volusia Hospital Authority	O30	Maternal care related to the fetus and amniotic cavity and possible delivery...	3	4	5,147.77	0.24%
00532	West Volusia Hospital Authority	G50	Nerve, nerve root and plexus disorders	11	26	5,060.58	0.24%
00532	West Volusia Hospital Authority	H40	Glaucoma	27	32	4,866.14	0.23%
00532	West Volusia Hospital Authority	I70	Diseases of arteries, arterioles and capillaries	10	10	4,857.28	0.23%
00532	West Volusia Hospital Authority	C60	Malignant neoplasms of male genital organs	6	15	4,325.37	0.20%
00532	West Volusia Hospital Authority	J90	Other diseases of the pleura	1	3	4,140.78	0.20%
00532	West Volusia Hospital Authority	N70	Inflammatory diseases of female pelvic organs	19	32	3,878.76	0.18%
00532	West Volusia Hospital Authority	D65	Coagulation defects, purpura and other hemorrhagic conditions	10	23	3,808.50	0.18%
00532	West Volusia Hospital Authority	M05	Inflammatory polyarthropathies	15	38	3,802.58	0.18%
00532	West Volusia Hospital Authority	R83	Abnormal findings on examination of other body fluids, substances and...	10	29	3,658.70	0.17%
00532	West Volusia Hospital Authority	S00	Injuries to the head	9	13	3,398.64	0.16%
00532	West Volusia Hospital Authority	T80	Complications of surgical and medical care, not elsewhere classified	6	8	3,374.74	0.16%
00532	West Volusia Hospital Authority	T15	Effects of foreign body entering through natural orifice	5	6	3,282.77	0.16%
00532	West Volusia Hospital Authority	E50	Other nutritional deficiencies	27	36	2,952.82	0.14%
00532	West Volusia Hospital Authority	Z20	Persons with potential health hazards related to communicable diseases	23	28	2,863.43	0.14%
00532	West Volusia Hospital Authority	M40	Deforming dorsopathies	12	18	2,719.34	0.13%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	K00	Diseases of oral cavity and salivary glands	14	18	2,640.87	0.12%
00532	West Volusia Hospital Authority	L80	Other disorders of the skin and subcutaneous tissue	16	26	2,558.79	0.12%
00532	West Volusia Hospital Authority	H65	Diseases of middle ear and mastoid	17	22	2,481.16	0.12%
00532	West Volusia Hospital Authority	B35	Mycoses	21	28	2,465.13	0.12%
00532	West Volusia Hospital Authority	T66	Other and unspecified effects of external causes	5	8	2,449.06	0.12%
00532	West Volusia Hospital Authority	L20	Dermatitis and eczema	21	26	2,309.07	0.11%
00532	West Volusia Hospital Authority	I95	Other and unspecified disorders of the circulatory system	6	8	2,264.63	0.11%
00532	West Volusia Hospital Authority	D40	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	8	12	2,225.72	0.11%
00532	West Volusia Hospital Authority	G60	Polyneuropathies and other disorders of the peripheral nervous system	11	16	2,206.40	0.10%
00532	West Volusia Hospital Authority	L60	Disorders of skin appendages	13	21	2,200.58	0.10%
00532	West Volusia Hospital Authority	S20	Injuries to the thorax	6	8	2,148.65	0.10%
00532	West Volusia Hospital Authority	H25	Disorders of lens	3	6	2,100.67	0.10%
00532	West Volusia Hospital Authority	M65	Disorders of synovium and tendon	5	10	2,026.66	0.10%
00532	West Volusia Hospital Authority	H00	Disorders of eyelid, lacrimal system and orbit	13	21	1,951.74	0.09%
00532	West Volusia Hospital Authority	O00	Pregnancy with abortive outcome	3	6	1,951.56	0.09%
00532	West Volusia Hospital Authority	G89	Other disorders of the nervous system	8	19	1,931.42	0.09%
00532	West Volusia Hospital Authority	O20	Other maternal disorders predominantly related to pregnancy	3	6	1,904.03	0.09%
00532	West Volusia Hospital Authority	H15	Disorders of sclera, cornea, iris and ciliary body	5	12	1,856.81	0.09%
00532	West Volusia Hospital Authority	R97	Abnormal tumor markers	6	8	1,831.38	0.09%
00532	West Volusia Hospital Authority	B20	Human immunodeficiency virus [HIV] disease	9	18	1,792.47	0.08%
00532	West Volusia Hospital Authority	S50	Injuries to the elbow and forearm	6	16	1,784.58	0.08%
00532	West Volusia Hospital Authority	H60	Diseases of external ear	14	19	1,766.12	0.08%
00532	West Volusia Hospital Authority	B25	Other viral diseases	6	9	1,736.24	0.08%
00532	West Volusia Hospital Authority	Z69	Persons encountering health services in other circumstances	3	11	1,666.26	0.08%
00532	West Volusia Hospital Authority	S60	Injuries to the wrist, hand and fingers	6	11	1,503.14	0.07%
00532	West Volusia Hospital Authority	B00	Viral infections characterized by skin and mucous membrane lesions	9	14	1,415.08	0.07%
00532	West Volusia Hospital Authority	O60	Complications of labor and delivery	2	3	1,343.95	0.06%
00532	West Volusia Hospital Authority	M30	Systemic connective tissue disorders	10	18	1,318.38	0.06%
00532	West Volusia Hospital Authority	H10	Disorders of conjunctiva	9	11	1,314.38	0.06%
00532	West Volusia Hospital Authority	M86	Other osteopathies	6	8	1,196.33	0.06%

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## Cost of Minor

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	Z3A	Weeks of Gestation	5	11	1,119.97	0.05%
00532	West Volusia Hospital Authority	S40	Injuries to the shoulder and upper arm	8	12	1,091.32	0.05%
00532	West Volusia Hospital Authority	N25	Other disorders of kidney and ureter	8	8	1,074.73	0.05%
00532	West Volusia Hospital Authority	F99	Unspecified mental disorder	1	2	1,067.21	0.05%
00532	West Volusia Hospital Authority	T36	Poisoning by, adverse effects of and underdosing of drugs, medicaments and...	2	7	1,057.01	0.05%
00532	West Volusia Hospital Authority	R25	Symptoms and signs involving the nervous and musculoskeletal systems	10	13	1,039.23	0.05%
00532	West Volusia Hospital Authority	A50	Infections with a predominantly sexual mode of transmission	6	11	931.73	0.04%
00532	West Volusia Hospital Authority	Q65	Congenital malformations and deformations of the musculoskeletal system	3	5	781.81	0.04%
00532	West Volusia Hospital Authority	B95	Bacterial and viral infectious agents	6	9	781.30	0.04%
00532	West Volusia Hospital Authority	E20	Disorders of other endocrine glands	5	11	668.42	0.03%
00532	West Volusia Hospital Authority	H55	Other disorders of eye and adnexa	5	5	577.15	0.03%
00532	West Volusia Hospital Authority	H90	Other disorders of ear	5	6	561.09	0.03%
00532	West Volusia Hospital Authority	S10	Injuries to the neck	2	4	558.59	0.03%
00532	West Volusia Hospital Authority	K90	Other diseases of the digestive system	5	6	537.92	0.03%
00532	West Volusia Hospital Authority	D00	In situ neoplasms	2	4	499.80	0.02%
00532	West Volusia Hospital Authority	H30	Disorders of choroid and retina	2	3	482.81	0.02%
00532	West Volusia Hospital Authority	L40	Papulosquamous disorders	4	4	452.44	0.02%
00532	West Volusia Hospital Authority	E65	Overweight, obesity and other hyperalimentation	2	2	368.38	0.02%
00532	West Volusia Hospital Authority	F01	Mental disorders due to known physiological conditions	2	3	352.33	0.02%
00532	West Volusia Hospital Authority	H80	Diseases of inner ear	1	2	346.74	0.02%
00532	West Volusia Hospital Authority	F90	Behavioral and emotional disorders with onset usually occurring in childhood...	2	3	346.29	0.03%
00532	West Volusia Hospital Authority	B85	Pediculosis, acariasis and other infestations	3	4	338.74	0.02%
00532	West Volusia Hospital Authority	Z68	Body mass index	4	4	325.36	0.02%
00532	West Volusia Hospital Authority	E15	Other disorders of glucose regulation and pancreatic internal secretion	2	3	299.28	0.01%
00532	West Volusia Hospital Authority	G70	Diseases of myoneural junction and muscle	1	6	297.46	0.01%
00532	West Volusia Hospital Authority	T51	Toxic effects of substances chiefly nonmedicinal as to source	1	1	245.55	0.01%
00532	West Volusia Hospital Authority	H43	Disorders of vitreous body and globe	2	2	243.26	0.01%
00532	West Volusia Hospital Authority	D55	Hemolytic anemias	2	2	230.86	0.02%
00532	West Volusia Hospital Authority	C00	Malignant neoplasms of lip, oral cavity and pharynx	1	2	223.56	0.01%
00532	West Volusia Hospital Authority	A00	Intestinal infectious diseases	3	4	214.84	0.01%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:25:32 on 01 June 2020

## Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2020 to 5/31/2020

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	I26	Pulmonary heart disease and diseases of pulmonary circulation	2	3	214.59	0.01%
00532	West Volusia Hospital Authority	R80	Abnormal findings on examination of urine, without diagnosis	2	2	205.07	0.01%
00532	West Volusia Hospital Authority	I05	Chronic rheumatic heart diseases	2	2	199.33	0.01%
00532	West Volusia Hospital Authority	G20	Extrapyramidal and movement disorders	2	2	181.72	0.01%
00532	West Volusia Hospital Authority	D80	Certain disorders involving the immune mechanism	1	2	169.80	0.01%
00532	West Volusia Hospital Authority	L49	Urticaria and erythema	2	2	136.03	0.01%
00532	West Volusia Hospital Authority	O94	Other obstetric conditions, not elsewhere classified	1	1	120.43	0.01%
00532	West Volusia Hospital Authority	Q80	Other congenital malformations	1	1	115.43	0.03%
00532	West Volusia Hospital Authority	Z67	Blood type	1	1	112.08	0.01%
00532	West Volusia Hospital Authority	D49	Neoplasms of unspecified behavior	2	2	101.31	0.00%
00532	West Volusia Hospital Authority	G30	Other degenerative diseases of the nervous system	1	1	82.68	0.01%
00532	West Volusia Hospital Authority	L55	Radiation-related disorders of the skin and subcutaneous tissue	1	1	28.24	0.00%
00532	West Volusia Hospital Authority	E69	Postprocedural endocrine and metabolic complications and disorders, not...	1	1	24.45	0.00%
00532	West Volusia Hospital Authority	J80	Other respiratory diseases principally affecting the interstitium	1	1	1.16	0.00%
				4015	7829	2,113,602.49	100.00%



## Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 5/1/2020 to 5/31/2020

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
DeLand	1081	178,377.00	0.00	0.00	0.00	0.00	178,377.00
Deltona	1486	286,892.59	0.00	0.00	0.00	0.00	286,892.59
Pierson	113	39,109.05	0.00	0.00	0.00	0.00	39,109.05
<b>00532 Totals:</b>	<b>2680</b>	<b>504,378.64</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>504,378.64</b>



## Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2020 to 5/31/2020

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
DeLand	3903	746,697.59	0.00	0.00	0.00	0.00	746,697.59
Deltona	5417	1,177,483.14	0.00	0.00	0.00	0.00	1,177,483.14
Pierson	530	189,421.76	0.00	0.00	0.00	0.00	189,421.76
<b>00532 Totals:</b>	<b>9850</b>	<b>2,113,602.49</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,113,602.49</b>



## Top Providers by Paid Amount for Tins: '550799729'

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 5/1/2020 to 5/31/2020

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
55-0799729	1407026016	NEFHS Deland	Deland	FL	Hospital	199	26,796.27	0.00	2,709.54	23,705.89	21,810.84	830.00
55-0799729	1750546313	NEFHS Deltona 2160	Deltona	FL	Hospital	203	29,845.60	0.00	5,369.64	24,296.62	21,654.32	925.00
55-0799729	1467907626	NEFHS Deland 1205	Deland	FL	Hospital	12	1,498.40	0.00	51.17	1,447.23	1,274.73	50.00
55-0799729	1396282208	NEFHS Daytona	South Daytona	FL	Hospital	9	1,007.62	0.00	-68.92	1,076.54	938.44	25.00
55-0799729	1992792311	Northeast Florida Health Services	Deland	FL	Hospital	6	607.82	0.00	-114.76	722.58	717.58	5.00
55-0799729	1992792311	NEFHS Pierson	Pierson	FL	Hospital	7	1,005.48	0.00	153.40	852.08	692.58	30.00
55-0799729	1447501291	Nefhs Pediatrics	Deland	FL	Clinic	3	367.50	0.00	6.21	361.29	346.29	15.00
55-0799729	1427605534	NEFHS Deltona 1200	Deltona	FL	Clinic	2	301.84	0.00	60.98	240.86	230.86	10.00
55-0799729	1407026016	NEFHS Deland	Deland	FL	Clinic	2	198.23	0.00	0.00	0.00	0.00	0.00



## Top Providers by Paid Amount for Tins: '550799729'

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2020 to 5/31/2020

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
55-0799729	1750546313	NEFHS Deltona 2160	Deltona	FL	Hospital	1121	129,429.08	0.00	21,237.81	107,032.11	98,796.49	4,086.60
55-0799729	1407026016	NEFHS Deland	Deland	FL	Hospital	986	116,420.61	0.00	17,561.94	97,657.35	90,839.72	3,665.00
55-0799729	1992792311	NEFHS Pierson	Pierson	FL	Hospital	270	30,385.00	0.00	4,034.97	25,998.19	24,641.69	975.00
55-0799729	1407026016	NEFHS Deland	Deland	FL	Clinic	57	4,887.92	0.00	-912.07	3,643.93	3,613.93	30.00
55-0799729	1396282208	NEFHS Daytona	South Daytona	FL	Hospital	35	3,429.42	0.00	-296.58	3,726.00	3,477.90	135.00
55-0799729	1447501291	Nefhs Pediatrics	Deland	FL	Clinic	17	2,501.88	0.00	452.50	2,049.38	1,866.88	60.00
55-0799729	1467907626	NEFHS Deland 1205	Deland	FL	Hospital	12	1,498.40	0.00	51.17	1,447.23	1,274.73	50.00
55-0799729	1992792311	Northeast Florida Health Services	Deland	FL	Hospital	6	607.82	0.00	-114.76	722.58	717.58	5.00
55-0799729	1427605534	NEFHS Deltona 1200	Deltona	FL	Clinic	4	556.84	0.00	75.12	481.72	461.72	20.00
55-0799729	1467907626	Family Health Source	Deland	FL	Family Practice	1	122.50	0.00	0.00	122.50	0.00	0.00

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:56:27 on 01 June 2020

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	01-2020	\$1,662.15	\$1,351.75	\$11,978.43	\$4,935.94	\$771.70	157	\$20,699.97	\$0.00	911	\$22.72	\$1.82	\$1.48	\$13.15	\$5.42	\$0.85
DeLand	02-2020	\$56,936.50	\$2,034.04	\$18,612.16	\$24,899.44	\$463.17	720	\$102,945.31	\$0.00	914	\$112.83	\$62.29	\$2.23	\$20.36	\$27.24	\$0.51
DeLand	03-2020	\$116,924.69	\$4,260.29	\$28,415.35	\$56,474.23	\$5,305.68	894	\$211,380.24	\$0.00	912	\$231.78	\$128.21	\$4.67	\$31.16	\$61.92	\$5.82
DeLand	04-2020	\$130,682.48	\$3,708.19	\$22,082.23	\$61,487.68	\$12,514.69	941	\$230,475.27	\$0.00	898	\$256.65	\$145.53	\$4.13	\$24.59	\$68.47	\$13.94
DeLand	05-2020	\$72,392.41	\$7,396.66	\$21,026.74	\$64,381.74	\$12,882.65	1038	\$178,080.20	\$0.00	925	\$192.52	\$78.26	\$8.00	\$22.73	\$69.60	\$13.93
	<b>Subtotal:</b>	<b>\$378,598.23</b>	<b>\$18,750.93</b>	<b>\$102,114.91</b>	<b>\$212,179.03</b>	<b>\$31,937.89</b>	<b>3750</b>	<b>\$743,580.99</b>	<b>\$0.00</b>	<b>4560</b>	<b>\$163.07</b>	<b>\$83.03</b>	<b>\$4.11</b>	<b>\$22.39</b>	<b>\$46.53</b>	<b>\$7.00</b>
Deltona	01-2020	\$5,961.94	\$108.23	\$14,530.99	\$10,834.92	\$2,400.65	217	\$33,836.73	\$0.00	887	\$38.15	\$6.72	\$0.12	\$16.38	\$12.22	\$2.71
Deltona	02-2020	\$87,197.30	\$3,813.18	\$20,840.89	\$72,158.81	\$2,899.50	1051	\$186,909.68	\$0.00	880	\$212.40	\$99.09	\$4.33	\$23.68	\$82.00	\$3.29
Deltona	03-2020	\$120,132.34	\$7,589.40	\$23,723.15	\$156,019.28	\$6,404.35	1138	\$313,868.52	\$0.00	878	\$357.48	\$136.82	\$8.64	\$27.02	\$177.70	\$7.29
Deltona	04-2020	\$193,127.90	\$9,143.88	\$24,140.23	\$112,931.88	\$11,280.46	1331	\$350,624.35	\$0.00	843	\$415.92	\$229.10	\$10.85	\$28.64	\$133.96	\$13.38
Deltona	05-2020	\$154,830.88	\$5,663.17	\$24,787.02	\$82,563.57	\$19,047.95	1375	\$286,892.59	\$0.00	868	\$330.52	\$178.38	\$6.52	\$28.56	\$95.12	\$21.94
	<b>Subtotal:</b>	<b>\$561,250.36</b>	<b>\$26,317.86</b>	<b>\$108,022.28</b>	<b>\$434,508.46</b>	<b>\$42,032.91</b>	<b>5112</b>	<b>\$1,172,131.87</b>	<b>\$0.00</b>	<b>4356</b>	<b>\$269.08</b>	<b>\$128.85</b>	<b>\$6.04</b>	<b>\$24.80</b>	<b>\$99.75</b>	<b>\$9.65</b>
N/A	01-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$35,217.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$76,970.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$43,215.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$88,601.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$244,003.50</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Pierson	01-2020	\$8,473.91	\$0.00	\$1,796.72	\$199.11	\$198.19	21	\$10,667.93	\$0.00	117	\$91.18	\$72.43	\$0.00	\$15.36	\$1.70	\$1.69
Pierson	02-2020	\$12,249.24	\$154.19	\$2,800.78	\$3,550.40	\$206.86	103	\$18,961.47	\$0.00	120	\$158.01	\$102.08	\$1.28	\$23.34	\$29.59	\$1.72
Pierson	03-2020	\$20,235.41	\$461.64	\$4,858.06	\$37,117.20	\$328.25	134	\$63,000.56	\$0.00	120	\$525.00	\$168.63	\$3.85	\$40.48	\$309.31	\$2.74
Pierson	04-2020	\$33,710.68	\$394.29	\$4,246.01	\$15,361.38	\$3,510.65	147	\$57,223.01	\$0.00	118	\$484.94	\$285.68	\$3.34	\$35.98	\$130.18	\$29.75
Pierson	05-2020	\$17,105.25	\$289.31	\$1,851.88	\$16,778.42	\$3,084.19	111	\$39,109.05	\$0.00	122	\$320.57	\$140.21	\$2.37	\$15.18	\$137.53	\$25.28
	<b>Subtotal:</b>	<b>\$91,774.49</b>	<b>\$1,299.43</b>	<b>\$15,553.45</b>	<b>\$73,006.51</b>	<b>\$7,328.14</b>	<b>516</b>	<b>\$188,962.02</b>	<b>\$0.00</b>	<b>597</b>	<b>\$316.52</b>	<b>\$153.73</b>	<b>\$2.18</b>	<b>\$26.05</b>	<b>\$122.29</b>	<b>\$12.27</b>
	<b>Total:</b>	<b>\$1,031,623.08</b>	<b>\$46,368.22</b>	<b>\$225,690.64</b>	<b>\$719,694.00</b>	<b>\$81,298.94</b>	<b>9378</b>	<b>\$2,104,674.88</b>	<b>\$244,003.50</b>	<b>9513</b>	<b>\$221.24</b>	<b>\$108.44</b>	<b>\$4.87</b>	<b>\$23.72</b>	<b>\$75.65</b>	<b>\$8.55</b>

### Parameters

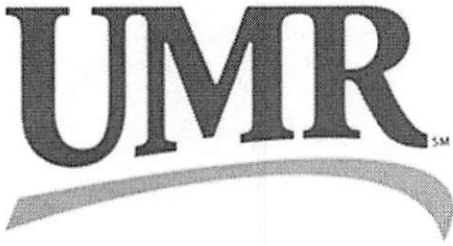
Beginning Location:

Ending Location:

Paid Date: 1/1/2020-5/31/2020

Client ID: 00532

Location: 000-zzzzz



UMR

May 08, 2020

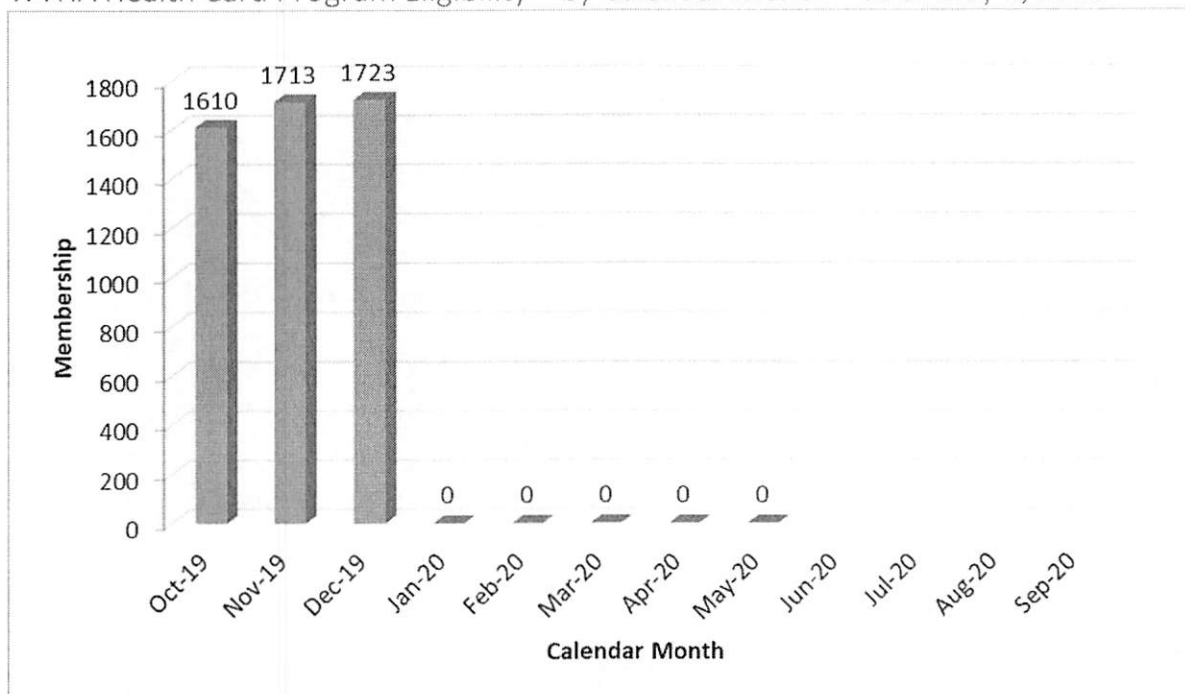
Submission Report for WVHA Board Members



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### WVHA Health Card Program Eligibility – by Calendar Month – as of May 1, 2020

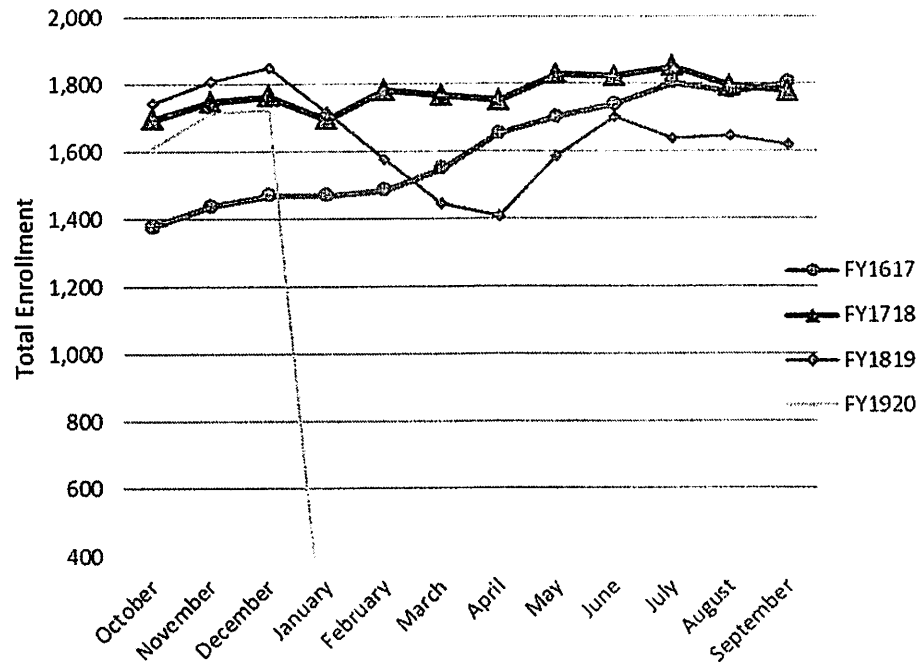


Eligibility reported above reflects eligibility as of the first of each month.

As of May 1, 2020, total program eligibility was 0 patients.

### WVHA Enrollment by Fiscal Year – as of May 1, 2020

WVHA Enrollment By Fiscal Year	
Month of Fiscal Year	FY1920
October	1,610
November	1,713
December	1,723
January	0
February	0
March	0
April	0
May	0
June	
July	
August	
September	
Grand Total	5,046



# WVHA Enrollment by Zip Code – as of May 1, 2020

WVHA Enrollment by Zip Code by Month													
Zip Code	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
32102	5	5	5	5	4	4	3	3	0	0	0	0	0
32130	62	62	53	53	53	48	51	53	0	0	0	0	0
32180	106	106	97	98	95	93	97	94	0	0	0	0	0
32190	19	19	20	22	23	24	21	20	0	0	0	0	0
32706	2	2	2	2	2	2	1	1	0	0	0	0	0
32713	64	64	60	64	62	66	71	74	0	0	0	0	0
32720	362	362	327	337	334	344	381	395	0	0	0	0	0
32721	4	4	3	3	3	4	4	5	0	0	0	0	0
32724	285	285	286	289	281	262	292	296	0	0	0	0	0
32725	334	334	336	331	333	327	329	312	0	0	0	0	0
32728	3	3	3	4	4	4	4	4	0	0	0	0	0
32732	1	1	0	0	0	0	0	0	0	0	0	0	0
32738	294	294	288	278	275	275	288	296	0	0	0	0	0
32744	26	26	25	24	26	25	28	27	0	0	0	0	0
32753	1	1	1	1	1	1	1	1	0	0	0	0	0
32759	1	1	1	1	0	0	0	0	0	0	0	0	0
32763	113	113	112	113	104	104	113	115	0	0	0	0	0
32764	15	15	15	15	14	13	13	11	0	0	0	0	0
32774	3	3	2	2	2	2	2	2	0	0	0	0	0
32762	1	0	0	0	0	0	0	0	0	0	0	0	0

## Medical and Prescription Drug Claim Data

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

	FY1920				
Month	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$123,465.25	-\$1,864.20	\$121,601.05	2,390	\$50.88
November	\$111,197.43	-\$1,694.94	\$109,502.49	2,173	\$50.39
December	\$100,276.14	-\$1,521.78	\$98,754.36	1,951	\$50.62
January	\$0.00	\$0.00	\$0.00	0	\$0.00
February	\$0.00	\$0.00	\$0.00	0	\$0.00
March	\$0.00	\$0.00	\$0.00	0	\$0.00
April					
May					
June					
July					
August					
September					
Grand Total	\$334,938.82	-\$5,080.92	\$329,857.90	6,514	\$50.64

Total EST Med R Dispensing Fee Less Copayments

# Combined Medical Costs (as of Claims Payment through 04/23/2020)

Medical and pharmacy costs are reported on a paid basis

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
<b>FY1920</b>	<b>\$835,382.57</b>	<b>\$109,211.51</b>	<b>\$269,567.95</b>	<b>\$1,076,181.95</b>	<b>\$108,499.09</b>	<b>\$329,857.90</b>	<b>\$2,728,700.97</b>	<b>3,436</b>	<b>\$794.15</b>	<b>\$243.13</b>	<b>\$31.78</b>	<b>\$78.45</b>	<b>\$313.21</b>	<b>\$96.00</b>
October	\$ (339,593.22)	\$ 40,888.46	\$ 103,635.91	\$ 321,160.59	\$ -	\$ 121,601.05	\$247,692.79	1,713	\$144.60	-\$198.24	\$23.87	\$60.50	\$187.48	\$70.99
November	\$ 102,651.00	\$ 17,590.64	\$ 44,314.69	\$ 204,626.66	\$ 43,404.87	\$ 109,502.49	\$522,090.35	1,723	\$303.01	\$59.58	\$10.21	\$25.72	\$118.76	\$63.55
December	\$ 184,660.61	\$ 20,042.98	\$ 66,512.14	\$ 242,759.88	\$ -	\$ 98,754.36	\$612,729.97	NA	NA	NA	NA	NA	NA	NA
January	\$ 474,948.51	\$ 25,959.12	\$ 54,643.49	\$ 272,666.35	\$ 65,094.22	\$ -	\$893,311.69	NA	NA	NA	NA	NA	NA	NA
February	\$ 332,960.45	\$ 4,301.27	\$ 230.86	\$ 16,541.25	\$ -	\$ -	\$354,033.83	NA	NA	NA	NA	NA	NA	NA
March	\$ 76,700.07	\$ 429.04	\$ 230.86	\$ 13,779.32	\$ -	\$ -	\$ 91,139.29	NA	NA	NA	NA	NA	NA	NA
April	\$ 3,055.15	\$ -	\$ -	\$ 4,647.90	\$ -	\$ -	\$ 7,703.05	NA	NA	NA	NA	NA	NA	NA
May														
June														
July														
August														
September														
<b>Grand Total</b>	<b>\$835,382.57</b>	<b>\$109,211.51</b>	<b>\$269,567.95</b>	<b>\$1,076,181.95</b>	<b>\$108,499.09</b>	<b>\$329,857.90</b>	<b>\$2,728,700.97</b>	<b>3,436</b>	<b>\$794.15</b>	<b>\$243.13</b>	<b>\$31.78</b>	<b>\$78.45</b>	<b>\$313.21</b>	<b>\$96.00</b>

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 04/23/2020)

Month	FY1920					
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total
October	278	334	116	0	13	741
November	205	163	73	0	1	442
December	163	211	84	0	11	469
January	119	184	79	0	4	386
February	6	1	2		2	11
March	4	6	3	0	1	14
April	3	4	0	0	0	7
May						0
June						0
July						0
August						0
September						0
Grand Total	778	903	357	0	32	2,070

PCP encounter claims are reported on a paid basis

## Specialty Care Services by Specialty – Top 25 (April 2020)

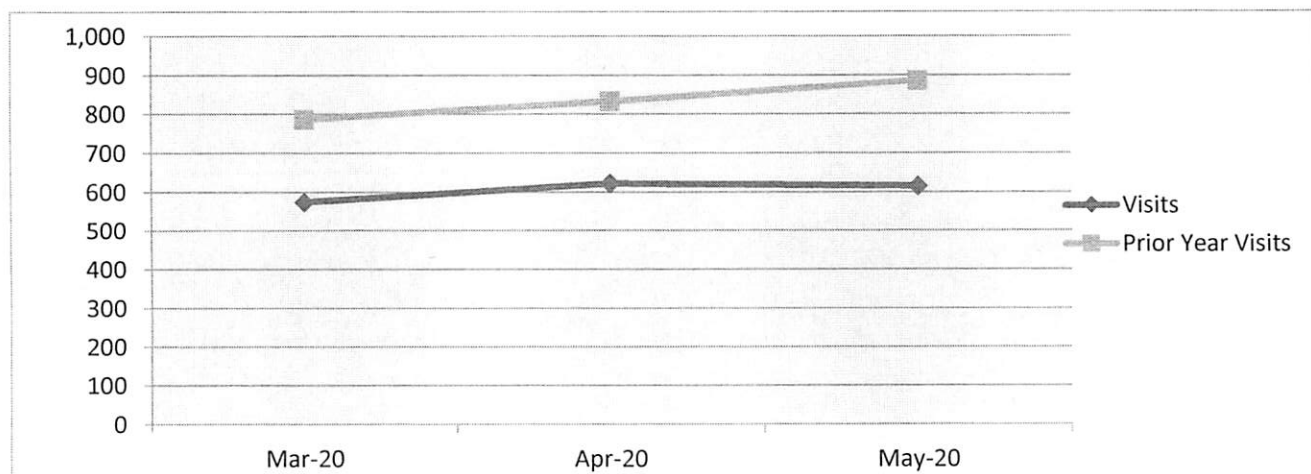
SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR April					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	General Surgery	3	3	2945.78 \$	981.93
2	Surgery Center	2	3	1420.07 \$	473.36
3	Internal Medicine	3	5	718.19 \$	143.64
4	Nephrology	1	2	234.45 \$	117.23
5	Rheumatology	1	1	92.79 \$	92.79
6	Dermatology	1	1	22.37 \$	22.37
7	Anesthesiology	6	6	0 \$	-
8	Cardiology	2	2	0 \$	-
9	Radiology	9	13	0 \$	-
10	Nurse Anesthetist	4	4	0 \$	-
11	Physical & Occupational Therapy	1	2	0 \$	-
12	Family Practice	2	4	0 \$	-
13	Infectious Diseases	4	5	0 \$	-



**Northeast Florida Health Services**  
*May-20*

**Patient Visits**

	Mar-20	Apr-20	May-20
Visits	574	622	615
Prior Year Visits	786	832	886



**Patient Visits by Location**

Location	Mar-20	Apr-20	May-20
Deland Medical	269	277	323
Deltona Medical	223	318	265
Pierson Medical	76	10	14
Daytona	6	17	13
Total	574	622	615

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**COVID-19 Testing Visits**

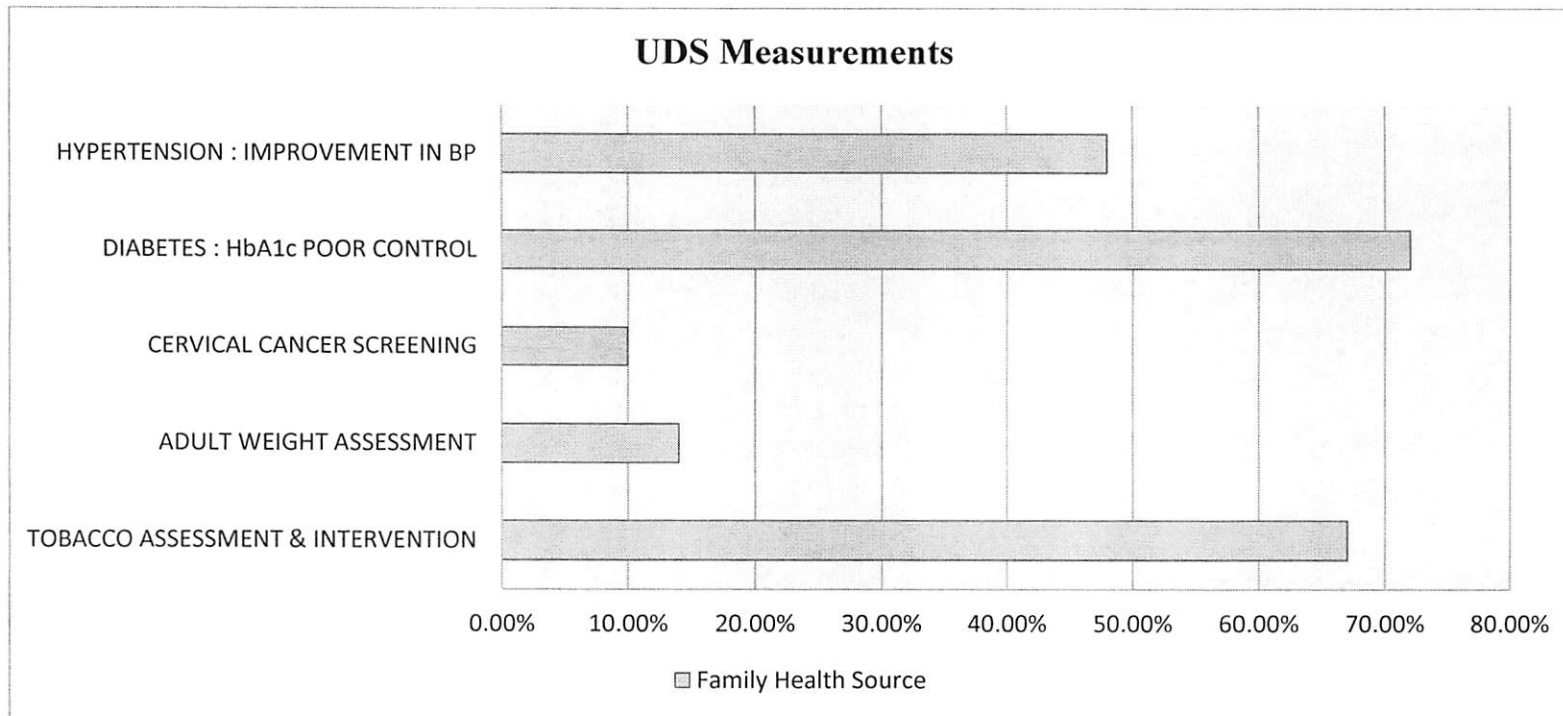
	Apr-20	May-20	
Deland Medical COVID	48	21	
Deltona Medical COVID	3	0	
Pierson Medical COVID	0	2	
Daytona Medical COVID	9	7	
Total	60	30	

### Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
Daytona	Fuller	Same Day
DeLand	Smith	Same Day
DeLand	Paez	Same Day
DeLand	Rowe	Same Day
DeLand	Ham-Ying	Same Day
DeLand	Sanchez	Same Day
DeLand	Rodriguez, Payton	Same Day
DeLand	Flores	Same Day
Deltona	Rodriguez	Same Day
Deltona	Koback	Same Day
Deltona	Mancini	Same Day
Pierson	Roberson	Same Day
Pierson	Hoblick	Same Day

### UDS Measures

	May-20
TOBACCO ASSESSMENT & INTERVENTION	67.00%
ADULT WEIGHT ASSESSMENT	14.00%
CERVICAL CANCER SCREENING	10.00%
DIABETES : HbA1c POOR CONTROL	72.00%
HYPERTENSION : IMPROVEMENT IN BP	48.00%





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386-734-0252 (fax)

DeLand Counseling Center  
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DeLand, FL 32720  
Counseling: 386-738-9169  
Programs: 386-734-2236  
386-943-8823 (fax)

Deltona Counseling  
Center 840 Deltona  
Blvd., Suite K Deltona,  
FL 32725  
Counseling and Programs:  
386-860-1776  
386-860-6006 (fax)

Flagler Counseling  
Center  
25 N Old Kings Road #7B  
Palm Coast, FL 32137  
386-738-9169  
386-943-8823

S. Daytona Counseling Center  
1000 Big Tree  
Road Daytona  
Beach, FL  
32114 386-301-  
4073  
386-492-7638 (fax)



COURTESY • INTEGRITY • COMMITMENT



June 1, 2020

West Volusia Hospital Authority

## Monthly Enrollment Report

In the month of April there were 98 appointments to assist with new applications and 7 appointments to assist with pended applications from April-May. For a total of 105 face to face contact with clients.

98 applications were submitted for verification and enrollment. Of these, 98 were processed by the end of the month (includes the roll overs -0- from previous month) leaving the balance of 0 to roll over into June 2020 for approval.

Of the 98 that were processed, 84 were approved and 7 were denied. There were 7 pended remaining.

Currently applications are being processed, approved and the client enrolled in 7 business days. Current enrollment with EBMS is taking up to 3-5 days to appear active in system.

Respectfully submitted by Gail Hallmon

**WVHA Health Card Report**  
**2nd Quarter 2019-2020**

	Jan	Feb	March	Total	
# Appts.	366	298	358	1,022	
# Submitted	300	249	346	895	
# Processed*	271	265	324	860	
# Approved	237	249	290	776	90%
# Pended	22	0	12	34	4%
# Denied	12	12	22	46	5%
# Carried Over	72	78	84		
Days to Process	7	7	7		

*\* #s processed include carry overs from previous month*

We switched from face-to-face appointments to telephone appointments in March.

## Eileen Long

---

**From:** Andrew G. Murray <amurray@ebms.com>  
**Sent:** Thursday, June 11, 2020 9:45 AM  
**To:** Eileen Long; Ron Cantlay; Ted Small  
**Cc:** James Vertino; Darik J. Croft; Pepper Schafer; Rose Alberts; Michael Espenlaub  
**Subject:** WVHA Phase 2 Implementation -- recommended next steps for 6/18 board meeting

Eileen and WVHA team,

We are very excited following our recent site inspection at the W Plymouth Ave location! In order to prepare for launching the initial Deland Clinic in time for October 1<sup>st</sup>, we recommend that WVHA take the actions detailed below during the upcoming 6/18 Board meeting.

**1. Approval for proposed clinic capacity and phased expansion plan as per EBMS' Phase 2 proposal.**

Phase 2a – 70 hours/week capacity at Deland clinic

Phase 2b – 100 hours/week at Deland + Deltona / Orange City (redistribute hours equally) – targeting 1/1/2021

Phase 2c – 120 hours/week at Deland + Deltona/Orange City + Pierson (add 20 hours for Pierson) – targeting 7/1/21

Key roles required	Phase 2a	Phase 2b	Phase 2c
Medical Director	4	6	6
Supervising Physician	20	30	30
Mid-level Providers (NPs/PAs)	70	100	120
Other Health Professionals	70	100	120
Social Worker/Health Coach	60	100	120
Practice Manager	40	40	40
Other non-licensed staff (Clerk)	40	40	40
Disease educator (virtual)	5	10	10
Pharmacist (virtual)	5	10	10

- 2. Approval for EBMS to make arrangements for transitioning all primary care and Rx services to WVHA primary clinic in such a manner as to avoid interruption of services to HealthCard members – these would include:**
- Finalize date when NEFHS will vacate W Plymouth Ave location, including approval to WVHA Board Chair to amend current NEFHS contract to facilitate their timely exit
  - Joint transition planning – EBMS + NEFHS
  - Transfer of medical and Rx records
  - Align on patient communication and plan for “clinic launch” campaign
  - Structured hand-off of patient care relationships from NEFHS to EBMS
  - Ensure continuity of Rx care (that may include early dispenses of maintenance medication by EBMS or extension of Rx services by NEFHS into October)
- 3. Approval for WVHA Board Chair to execute Amendment (as finalized by Attorney Small) to replace the current EBMS agreement for TPA services only with the new integrated agreement for TPA and new Clinical Services – this is required to formalize all further Phase 2 work, including clinic renovations and set-up.**

The above recommended actions are critical to formally start implementing Phase 2. I anticipate that some Commissioners may have questions and therefore suggest that we plan to facilitate 1:1 discussions with each

Commissioners – I can be available for these calls at 11am, 1pm and 3pm daily on Monday and Wednesday next week ahead of the Board meeting.

We look forward to partnering with the WVHA team on this exciting next phase!

Best regards,

Andrew

**Dr. Andrew G. Murray**

Chief Medical Officer | EBMS | [www.ebms.com](http://www.ebms.com)

President | miCare Health Centers | [www.micarehealthcenter.com](http://www.micarehealthcenter.com)

President | miRx Pharmacy | [www.mirxpharmacy.com](http://www.mirxpharmacy.com)

t: 800.777.3575 | p: 406.245.3575 | e-mail: [amurray@ebms.com](mailto:amurray@ebms.com)

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*The benefit of balance is greater wellbeing*

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## **HIPAA Confidentiality Notice - Protected Health Information**

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## **Eileen Long**

---

**From:** Andrew G. Murray <amurray@ebms.com>  
**Sent:** Thursday, June 11, 2020 10:47 AM  
**To:** Eileen Long  
**Cc:** James Vertino; Darik J. Croft; Pepper Schafer; Rose Alberts; Michael Espenlaub  
**Subject:** WVHA Phase 2 update

Eileen and WVHA team,

I am excited to share with you an update around Phase 2 Implementation under various themes:

### **FACILITIES**

- EBMS and the WVHA Administrative team conducted an onsite inspection on 6/3 of the W Plymouth Ave facility, currently occupied by NEFHS
- We found the facility to be appropriately maintained – the property will require:
  - Routine exterior maintenance (predominantly woodwork, and not urgent)
  - Routine interior maintenance for “wear-and-tear” (required before occupation by WVHA)
- We found this facility well suited for our planned DeLand in-house clinic and recommend the following modifications/enhancements prior to occupation:
  - Perform minor renovations (e.g. internal patching and painting; rigorous cleaning of the vinyl flooring; updating cabling for network connectivity / telephones)
  - Update exterior and interior signage
  - Built in cabinets will remain; other office equipment belongs to NEFHS and will be removed
- The commercially available backup facilities inspected is suitable from a “functional” perspective; however, this would require a sub-lease that makes this option problematic
- We understand that NEFHS should be able to vacate the property ahead of 9/30 – this should allow sufficient time for onsite activities that would include minor renovations, clinic set-up, staff onboarding and training, etc.

### **PHASE 2 CONTRACT**

- EBMS and Attorney Small are finalizing the contract amendment and we’re on track to have this completed ahead of the Board meeting
- Once fully executed by WVHA Board Chair, this will allow for moving to formal implementation of Phase 2-related work

### **PROVIDER CREDENTIALING**

- Hospital contracting discussions in progress with both Halifax Health and AdventHealth; we’re optimistic that both hospital systems will choose to partner with EBMS to provide facility-based care to HealthCard members in 2020/21
- Specialist network (re)development pending finalizing hospital partnerships (since Specialists generally require clinical privileges in partner hospitals)

### **IMPLEMENTATION PLANNING**

- Proposed phased capacity and expansion plan; once approved this will drive recruiting needs – pending Board approval
- EBMS to commence planning with NEFHS in July to make arrangements for seamless transition of primary care and Rx services – pending Board approval

- EBMS proactively commenced detailed implementation planning ahead of full execution of Phase 2 contract; ready to execute on this plan once Phase 2 contract is signed and start-up funding becomes available – pending Board approval
- Proposed tweaks to eligibility and benefits for 2020/21 HealthCard program – pending further discussion and finalization

In conclusion, we are making good progress and are on track for transitioning services seamlessly for 10/1. We thank you for the opportunity to continue servicing the Hospital Authority and all HealthCard members. We look forward to expanding our relationship from TPA Admin Services to also now include Clinical Services!

Best regards,

Andrew

### Dr. Andrew G. Murray

Chief Medical Officer | EBMS | [www.ebms.com](http://www.ebms.com)

President | miCare Health Centers | [www.micarehealthcenter.com](http://www.micarehealthcenter.com)

President | miRx Pharmacy | [www.mirxpharmacy.com](http://www.mirxpharmacy.com)

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**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2019**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☐

DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

**PART B -- SECONDARY SOURCES OF INCOME**[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.**FILING INSTRUCTIONS** for when  
and where to file this form are  
located at the bottom of page 2.**INSTRUCTIONS** on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

**Signature:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

# FINAL STATEMENT OF FINANCIAL INTERESTS

2020

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:  MAILING ADDRESS:  CITY:                      ZIP:                      COUNTY:	NAME OF REPORTING PERSON'S AGENCY:  CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):  <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE  LIST OFFICE OR POSITION HELD: _____ _____
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*\*\***BOTH** PARTS OF THIS SECTION **MUST** BE COMPLETED\*\*\***DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2020 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS \_\_\_\_\_, 2020. (Date must be prior to 12/31/20)

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS                      OR                      ☐ DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")


**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

**Signature:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2020, you may not have filed Form 1 for 2019. In that case, this is not the last form you will file. Form 1F covers January 1, 2020, through your last day of office or employment. You will be required to file Form 1 for 2019 by July 1, 2020, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

## WHO MUST FILE FORM 1F, Final Statement of Financial Interests:

All persons who fall within the categories of "state officers," "local officers," and "specified state employees" are required to file Form 1F within 60 days of leaving that position unless they take another position within the 60-day period that requires filing either Form 1 or Form 6. Positions within these categories are listed below. Persons required to file full financial disclosure (Form 6 – see that form for a list of persons who are required to file it) should file Form 6F rather than Form 1F as their final financial disclosure.

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.

4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing Board.

6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance director

of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$35,000 for the local governmental unit.

8) Officers and employees of entities serving as chief administrative officer of a political subdivision.

9) Members of governing boards of charter schools operated by a city or other public entity.

10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$35,000.

16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

## INSTRUCTIONS FOR COMPLETING FORM 1F:

### INTRODUCTORY INFORMATION (Top of Form):

**NAME OF AGENCY:** The name of the governmental unit which you served or by which you were employed.

**OFFICE OR POSITION HELD OR SOUGHT:** The title of the office or position you held during the disclosure period.

**DISCLOSURE PERIOD:** This statement reflects your financial interests for the period between January 1 and the last day of your public office or employment in 2020. Please write the last day of your office or employment in this part of the form. This date should be prior to December 31, 2020. The Form 1F cannot be used to report financial interests for

a period covering the entire 2020 calendar year, nor should this form be used to report your financial interests for a period beyond 2020.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality if you submit a written request.



# **MANNER OF CALCULATING REPORTABLE INTEREST**

As noted on the form, filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

## **IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY**

### **PART A — PRIMARY SOURCES OF INCOME**

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

### **PART B — SECONDARY SOURCES OF INCOME**

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than 5% of

the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,

- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

### **PART C — REAL PROPERTY**

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

### **PART D — INTANGIBLE PERSONAL PROPERTY**

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).



## PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

## PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(6), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies; entities controlled by the Public Service Commission;

and entities granted a franchise to operate by either a city or a county government.

Disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

(End of Dollar Value Thresholds Instructions.)

## IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

### PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s), but income from these public sources should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you list each individual company from which you derived more than 5% of your gross income. Do not aggregate all of your investment income.

— If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

### PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,

(2) You received more than 10% of your gross income from that business entity; **and**,

(3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

#### Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

### PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

### PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the

stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

### PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

### PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145, F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

**(End of Percentage Thresholds Instructions.)**

## Eileen Long

---

**From:** Andrew G. Murray <amurray@ebms.com>  
**Sent:** Thursday, June 11, 2020 8:46 AM  
**To:** Eileen Long  
**Cc:** James Vertino; Darik J. Croft; Pepper Schafer; Rose Alberts; Michael Espenlaub; Rose Alberts; Dan Myers  
**Subject:** WVHA Health Card program recommendations

Eileen and WVHA team,

Per your request we conducted a focused review of certain aspects of the WVHA HealthCard program and offer the following recommendations as are detailed below.

### **Eligibility Guidelines (6/20/2019 version)**

- **Page 6/35 ... Section 1(g)(i)(1) *Open Enrollment Period exceptions – New Applicants***  
Our understanding is that “any time” enrolment is happening today, likely through the exception created by this subsection, as New Applicant become eligible for various reasons. This mechanism seems to be working as intended – no change needed.
- **Page 9/35 ... Section 3.02 (5) *Eligibility Term***  
The current eligibility term is for 6 months, after when reverification is required. We reviewed year-to-date WVHA Health Card eligibility data to understand if a 12 month term may be more beneficial from an operational workload and patient experience perspective. Our analysis suggests that a significant number of Members (at least 15%) fail to re-verify after 6 months and thus terminate from the HealthCard program. This mechanism therefore seems to be working as intended – no change needed.
- **Page 12/35 ... Section 6.02 *Policy for Terminations***  
Add new criteria for potential termination:
  - Inappropriate or excessive use of WVHA primary care clinic and/or associated services, including drug-seeking behavior and failure to keep scheduled appointments
  - Failure to adhere to medical advice received from WVHA primary care clinic, including taking treatment as directed
  - Failure to fully cooperate with WVHA Health Management program, including failure to engage with Health Coaches and/or keep scheduled appointments with the WVHA primary care clinic team

### **Plan Document and SPD (1/1/2020 version)**

- **Page 3 ... *Designated and Participating Providers***
  - Primary care providers – update with new WVHA primary clinic details once known
  - Hospitals – update with 2020/21 program hospital network participants once known
- **Page 5 and more generally ... *Referrals vs. Prior Authorizations***  
Require ALL referrals to be made by WVHA primary care provider only and discontinue practice of allowing Specialist-to-Specialist referral; transition to a “prior-authorization” process administered by WVHA primary care team for all services not available onsite at WVHA primary care clinic in order to improve control and patient experience

- Page 5 ... **ER charges** – Recommend further review benefit in the light of hospitals’ non-negotiable EMTALA obligations and the associated incentive this may create for admissions from the ER that circumvent required referrals
- Page 5 – 7 ... **Copayments**  
Adjust copayment levels as follows for 2020/21 program year:

Service category	Current copayment	Proposed copayment
Primary care	\$5	No copayment
Prescription Drugs	\$3	No copayment
Specialists	\$10	\$10
ER services	\$25	\$25*
Outpatient services (Hospital or Surgery Center)	\$10	\$25
Inpatient services (including rehabilitation services)	\$0	\$50
Chiropractic care and Spinal manipulation	\$0 / \$10	\$25**

*\*Subject to change pending further discussion on ER benefit and associated processes*

*\*\*Should require referral from WVHA clinic after approval of treatment plan from external provider; medical necessity review required after each 12 visits*

- Page 14 ... **Family Health Source** – Update with new WVHA primary clinic details once known
- Page 14 ... **Hospitals** – Update with 2020/21 program hospital network participants once known
- Page 16 ... **Primary Care Physician** – Update with new WVHA primary clinic details once known

We trust that these recommendations will be helpful as the Board considers the parameters for the 2020/21 HealthCard program.

Best regards,

Andrew

## **Dr. Andrew G. Murray**

Chief Medical Officer | EBMS | [www.ebms.com](http://www.ebms.com)

President | miCare Health Centers | [www.micarehealthcenter.com](http://www.micarehealthcenter.com)

President | miRx Pharmacy | [www.mirxpharmacy.com](http://www.mirxpharmacy.com)

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*The benefit of balance is greater wellbeing*

***This is not a guarantee of benefits. All charges are subject to plan provisions, including exclusions, IRS regulations, and eligibility at the time charges are incurred.***

**West Volusia Hospital Authority  
Financial Statements  
May 31, 2020**



# Dreggors, Rigsby & Teal, P.A.

## *Advisors for Life*

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Melissa J. Trickey, CPA

To the Board of Commissioners  
West Volusia Hospital Authority  
P. O. Box 940  
DeLand, FL 32720-0940

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of May 31, 2020 and the related statement of revenues and expenditures - budget and actual (modified cash basis) for the month then ended and year-to-date, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The accompanying supplemental information contained in Schedules I and II is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information is the representation of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Authority's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to West Volusia Hospital Authority.

*Dreggors, Rigsby & Teal, P.A.*

Dreggors, Rigsby & Teal, P.A.  
Certified Public Accountants  
DeLand, FL

June 02, 2020

#### MEMBERS

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Certified Public Accountants

**West Volusia Hospital Authority**

**Balance Sheet**

**Modified Cash Basis**

**May 31, 2020**

**Assets**

**Current Assets**

Petty Cash	\$	100.00
Intracoastal Bank - Money Market		8,429,699.16
Intracoastal Bank - Operating		601,781.18
Mainstreet Community Bank - MM		13,098,130.12
Taxes Receivable		121,920.00
<b>Total Current Assets</b>		<b>22,251,630.46</b>

**Fixed Assets**

Land		145,000.00
Buildings		422,024.71
Building Improvements		350,822.58
Equipment		251.78
<b>Total Fixed Assets</b>		<b>918,099.07</b>
Less Accum. Depreciation		(381,092.51)
<b>Total Net Fixed Assets</b>		<b>537,006.56</b>

**Other Assets**

Deposits		2,000.00
<b>Total Other Assets</b>		<b>2,000.00</b>
<b>Total Assets</b>		<b>22,790,637.02</b>

**Liabilities and Net Assets**

**Current Liabilities**

Security Deposit		5,110.00
Deferred Revenue		116,506.00
<b>Total Current Liabilities</b>		<b>121,616.00</b>

**Net Assets**

Unassigned Fund Balance		12,908,605.75
Restricted Fund Balance		208,000.00
Nonspendable Fund Balance		537,006.56
Net Income Excess (Deficit)		9,015,408.71
<b>Total Net Assets</b>		<b>22,669,021.02</b>
<b>Total Liabilities and Net Assets</b>	<b>\$</b>	<b>22,790,637.02</b>

**West Volusia Hospital Authority**  
**Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 8 Months Ended May 31, 2020**

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
<b>Revenue</b>				
Ad Valorem Taxes	19,350,000	837,905	18,771,245	578,755
Investment Income	135,000	9,341	100,762	34,238
Rental Income	71,988	5,447	47,440	24,548
Other Income	0	1,162	15,889	(15,889)
<b>Total Revenue</b>	<u>19,556,988</u>	<u>853,855</u>	<u>18,935,336</u>	<u>621,652</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,904,295	107,255	2,444,846	3,459,449
Northeast Florida Health Services	2,187,941	92,178	886,999	1,300,942
Specialty Care	3,500,000	128,167	1,784,584	1,715,416
County Medicaid Reimbursement	2,452,561	204,380	1,635,041	817,520
The House Next Door	110,000	3,622	48,254	61,746
The Neighborhood Center	100,000	0	45,250	54,750
TNC Healthcare Navigation Program	50,000	0	20,845	29,155
Rising Against All Odds	219,000	3,800	117,450	101,550
Community Legal Services	86,627	2,379	40,626	46,001
Hispanic Health Initiatives	75,000	0	26,525	48,475
Florida Dept of Health Dental Svcs	228,000	666	104,773	123,227
Stewart Marchman - ACT	976,000	3,781	881,929	94,071
Health Start Coalition of Flagler & Volusia	142,359	13,149	98,940	43,419
H C R A	819,162	0	239,482	579,680
Other Healthcare Costs	303,780	0	0	303,780
<b>Total Healthcare Expenditures</b>	<u>17,154,725</u>	<u>559,377</u>	<u>8,375,544</u>	<u>8,779,181</u>
<b>Other Expenditures</b>				
Advertising	6,800	0	723	6,077
Annual Independent Audit	16,400	0	16,400	0
Building & Office Costs	6,500	102	2,875	3,625
General Accounting	68,100	3,721	29,426	38,674
General Administrative	65,100	4,138	29,928	35,172
Legal Counsel	70,000	3,960	37,527	32,473
Special Accounting	5,000	0	0	5,000
City of DeLand Tax Increment District	100,000	0	90,813	9,187
Tax Collector & Appraiser Fee	650,000	16,747	595,766	54,234
Legislative Consulting	60,000	0	30,090	29,910
TPA Services	663,938	93,826	404,687	259,251
Healthy Communities	74,363	0	35,094	39,269
Application Screening				
Application Screening - THND	391,062	31,941	230,892	160,170
Application Screening - RAAO	50,000	384	26,688	23,312
Workers Compensation Claims	25,000	0	7,627	17,373
Other Operating Expenditures	150,000	956	5,849	144,151
<b>Total Other Expenditures</b>	<u>2,402,263</u>	<u>155,775</u>	<u>1,544,385</u>	<u>857,878</u>
<b>Total Expenditures</b>	<u>19,556,988</u>	<u>715,152</u>	<u>9,919,929</u>	<u>9,637,059</u>
<b>Excess ( Deficit)</b>	<u>0</u>	<u>138,703</u>	<u>9,015,407</u>	<u>(9,015,407)</u>



**West Volusia Hospital Authority**  
**Schedule I - Healthcare Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 8 Months Ended May 31, 2020**

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
<b>Healthcare Expenditures</b>				
Adventist Health Systems				
Florida Hospital DeLand	2,839,647	48,077	1,188,281	1,651,366
Florida Hospital Fish Memorial	2,839,648	59,178	1,191,471	1,648,177
Florida Hospital DeLand - Physicians	112,500	0	35,558	76,942
Florida Hospital Fish - Physicians	112,500	0	29,537	82,963
Northeast Florida Health Services				
NEFHS - Pharmacy	1,000,320	62,690	439,127	561,193
NEFHS - Primary Care	1,187,621	29,488	447,872	739,749
Specialty Care	3,500,000	128,167	1,784,584	1,715,416
County Medicaid Reimbursement	2,452,561	204,380	1,635,041	817,520
Florida Dept of Health Dental Svcs	228,000	666	104,773	123,227
Good Samaritan				
The House Next Door	110,000	3,622	48,254	61,746
The Neighborhood Center	100,000	0	45,250	54,750
TNC Healthcare Navigation Program	50,000	0	20,845	29,155
Rising Against All Odds	219,000	3,800	117,450	101,550
Community Legal Services	86,627	2,379	40,626	46,001
Hispanic Health Initiatives	75,000	0	26,525	48,475
Stewart Marchman - ACT				
SMA - Homeless Program	126,000	3,781	31,929	94,071
SMA - Residential Treatment	550,000	0	550,000	0
SMA - Baker Act - Match	300,000	0	300,000	0
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,220	42,691	30,809
HSCFV - Fam Services	68,859	6,929	56,249	12,610
HCRA				
H C R A - In County	400,000	0	151,262	248,738
H C R A - Outside County	419,162	0	88,221	330,941
Other Healthcare Costs	303,780	0	0	303,780
<b>Total Healthcare Expenditures</b>	<b>17,154,725</b>	<b>559,377</b>	<b>8,375,546</b>	<b>8,779,179</b>

**West Volusia Hospital Authority**  
**Schedule II - Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**For the 1 Month and 8 Months Ended May 31, 2020 and May 31, 2019**

	1 Month Ended May 31, 2020	1 Month Ended May 31, 2019	8 Months Ended May 31, 2020	8 Months Ended May 31, 2019
<b>Revenue</b>				
Ad Valorem Taxes	837,905	203,566	18,771,245	19,594,910
Investment Income	9,341	14,666	100,762	96,386
Rental Income	5,447	0	47,440	45,536
Other Income	1,162	0	15,889	0
<b>Total Revenue</b>	<u>853,855</u>	<u>218,232</u>	<u>18,935,336</u>	<u>19,736,832</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	107,255	998,797	2,444,846	3,603,245
Northeast Florida Health Services	92,178	191,550	886,999	994,682
Specialty Care	128,167	554,952	1,784,584	2,221,122
County Medicaid Reimbursement	204,380	195,966	1,635,041	1,567,732
The House Next Door	3,622	8,866	48,254	61,736
The Neighborhood Center	0	6,500	45,250	52,825
TNC Healthcare Navigation Program	0	0	20,845	550
Rising Against All Odds	3,800	13,625	117,450	100,133
Community Legal Services	2,379	7,106	40,626	42,028
Hispanic Health Initiatives	0	7,100	26,525	35,150
Florida Dept of Health Dental Svcs	666	20,688	104,773	138,369
Stewart Marchman - ACT	3,781	65,313	881,929	835,608
Health Start Coalition of Flagler & Volusia	13,149	13,964	98,940	83,482
H C R A	0	23,882	239,482	139,997
<b>Total Healthcare Expenditures</b>	<u>559,377</u>	<u>2,108,309</u>	<u>8,375,544</u>	<u>9,876,659</u>
<b>Other Expenditures</b>				
Advertising	0	147	723	4,505
Annual Independent Audit	0	0	16,400	16,100
Building & Office Costs	102	272	2,875	2,710
General Accounting	3,721	5,592	29,426	40,160
General Administrative	4,138	4,763	29,928	28,449
Legal Counsel	3,960	5,600	37,527	35,010
City of DeLand Tax Increment District	0	(8,179)	90,813	64,265
Tax Collector & Appraiser Fee	16,747	73,774	595,766	601,972
Legislative Consulting	0	0	30,090	0
TPA Services	93,826	88,053	404,687	425,408
Eligibility / Enrollment	0	0	0	4,221
Healthy Communities	0	5,309	35,094	39,184
Application Screening				
Application Screening - THND	31,941	32,868	230,892	171,761
Application Screening - RAAO	384	4,224	26,688	28,992
Application Screening - SMA	0	0	0	84
Workers Compensation Claims	0	0	7,627	13,429
Other Operating Expenditures	956	286	5,849	3,795
<b>Total Other Expenditures</b>	<u>155,775</u>	<u>212,709</u>	<u>1,544,385</u>	<u>1,480,045</u>
<b>Total Expenditures</b>	<u>715,152</u>	<u>2,321,018</u>	<u>9,919,929</u>	<u>11,356,704</u>
<b>Excess ( Deficit)</b>	<u>138,703</u>	<u>(2,102,786)</u>	<u>9,015,407</u>	<u>8,380,128</u>

See Accountants' Compilation Report



May 21, 2020

West Volusia Hospital Authority  
Attention: Eileen Long, Administrator  
PO Box 940  
DeLand, FL 32721-0940

Re: June 1 Estimate of 2020 Tax Roll Values per F.S. 200.065(8)  
Taxing Authority Number(s): 0070

Dear Ms. Long:

Our office has compiled the following estimates of the 2020 taxable value within your jurisdiction. The official Preliminary Tax Roll will be certified to you by the DR420 on or before July 1, 2020.

Estimated 2020 Values

Just Value	\$20,968,175,934
Taxable Value	\$11,686,105,072
New Construction	\$251,022,989
Annexations	\$0

Annexations: A listing and map of any annexed property will be in a separate correspondence.

Community Redevelopment Areas (CRA): If your taxing authority has CRA's the taxable value will be included in a separate correspondence.

Thank you,



Larry Bartlett  
Property Appraiser