

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
February 18, 2021 5:00 p.m.
DeLand City Hall
120 S. Florida Ave., DeLand, FL
And via Conference Call #1-339-209-4657

AGENDA

1. Call to Order Regular meeting
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes - Organizational/Regular Meeting January 21, 2021
5. Citizens Comments
6. Reporting Agenda
 - A. EBMS January Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona January 2021 Report-Written Submittal
 - C. The House Next Door (THND) January HealthCard Application Report
 - D. Contractual Verbal Utilization Reports to the WVHA Board of Commissioners
Healthy Start Coalition of Flagler & Volusia
7. Discussion Items
 - A. James Moore & Company (JAMco) WVHA FYE 2020 Audit Presentation-
Zach Chalifour, CPA (Draft Financial Statements FYE 2020 attached)
 1. DRT Management Representation Letter to the Board (attached)
 2. WVHA Management Representation Letter to JAMco (attached)
 - a) MD&A FYE 2020 - outtake (attached)
 - B. Durable Medical Equipment Policies (SPD pages 18-23 attached)
 - C. EBMS Patient Assistance Program (PAP) (email Andrew Murray/EBMS dated 2/8/2021 attached)
 - D. WVHA HealthCard Renewal Process due to Executive
Orders/Extensions (Andrew Murray/EBMS email dated 2/8/2021 attached)
 - E. Proposed Changes to Eligibility Guidelines (EG) (email Andrew Murray dated 2/8/2021 attached)
 - F. Check Signing Schedule 2021 Removing Commissioner Accardi from rotation
 - G. Funding Application revisions collaboratively made by DRT & TWSPA
 1. Non-Primary Care Funding Applications Revised 2-18-2021
 - H. Board approval to release 2021-2022 Funding Applications Tuesday,
February 23, 2021
 - I. Attorney Theodore W. Small to attend CAC Applicant Workshop 3/2/2021
 - J. Follow Up Items
 1. Tentatively Scheduled Meetings 2021 – June 17, 2021 4 p.m. Primary
Care Application Workshop-Cancelled – CAC Meetings to be held at
DeLand City Hall
 2. EBMS Waiver of Subrogation Rights (Letter dated 12/13/2020
attached)
8. Finance Report
 - A. January Financials
9. Legal Update
10. Adjournment

**WEST VOLUSIA HOSPITAL AUTHORITY
WVHA BOARD OF COMMISSIONERS ORGANIZATIONAL
MEETING FOLLOWED BY THE REGULAR MEETING**

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
5:00 P.M.
Or Via Conference Call 1-339-209-4657
January 21, 2021
DeLand, Florida

Those in Attendance:

Commissioner Voloria Manning
Commissioner Judy Craig
Commissioner Roger Accardi
Commissioner Jennifer Coen
Commissioner Brian Soukup

CAC Present:

Elmer Holt (via conference call)
Donna Pepin
Jenneffer Pulapaka (via conference call)
Brandy White

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
Andrew Murray, CMO, EBMS
Jim Vertino, CEO, EBMS
Darik Croft, COO, miCare Clinics
Pepper Schafer, Principal, Veracity

Call to Order Organizational Portion of Meeting

Acting-Chair Manning called the Organizational meeting to order. The meeting took place at DeLand City Hall, 120 S. Florida Avenue, DeLand, Florida, at 5:00 p.m. and via Conference call #1-339-209-4657, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Organizational Meeting

Swearing in of the New Commissioners by Notary Public Eileen O'Reilly Long

**Commissioner Roger Accardi
Commissioner Jennifer Coen
Commissioner Judy Craig
Commissioner Voloria Manning
Commissioner Brian Soukup**

Election of Officers

Open floor for nomination of Chair

Vice-Chair Manning opened the floor for nominations for Chair.

Commissioner Accardi nominated Commissioner Jennifer Coen for the office of Chair.

Commissioner Craig nominated Commissioner Voloria Manning for the office of Chair.

Commissioner Coen respectfully declined the nomination for the office of Chair stating that she'd like to have more experience before accepting this nomination.

Commissioner Accardi nominated Commissioner Brian Soukup for the office of Chair.

The Board submitted paper ballots. Commissioner's Coen, Craig and Manning voted for Commissioner Manning; Commissioner's Accardi and Soukup voted for Commissioner Soukup. Commissioner Manning was declared Chair by a 3-2 vote.

Chair continues with nominations and Election of remaining Officers

Chair Manning entertained nominations for the office of Vice-Chair.

Commissioner Craig nominated Commissioner Coen for the office of Vice-Chair.

There were no other nominations for the office of Vice-Chair.

By acclamation Commissioner Coen was declared Vice-Chair.

Chair Manning entertained nominations for the office of Secretary.

Commissioner Craig volunteered for the office of Secretary.

There were no other nominations for the office of Secretary.

By acclamation Commissioner Craig was declared Secretary.

Chair Manning entertained nominations for the office of Treasurer.

Commissioner Soukup nominated Commission Accardi for the office of Treasurer.

There were no other nominations for the office of Treasurer.

By acclamation Commissioner Accardi was declared Treasurer.

Organizational Matters

Motion and approval confirming location of Authority office and records remains the same

Motion 001 - 2021 Commissioner Craig motioned to confirm the location of Authority office and records remains the same. Commissioner Coen seconded the motion. The motion passed unanimously.

Motion and approval of time and location for Authority meetings

- **DeLand City Hall, 120 S. Florida Avenue, DeLand, FL, 5 p.m.**
- **Dreggors, Rigsby & Teal, P.A., 1006 N. Woodland Blvd., DeLand, FL, 5 p.m.**
- **DeLand Police Department Community Room, 219 W. Howry Avenue, DeLand, FL, 5 p.m.**
- **Wayne Sanborn Center, 815 S. Alabama Ave., DeLand, FL, 5 p.m.**
- **Deltona City Hall, 2345 Providence Blvd., Deltona, FL 5 p.m.**

Motion 002 - 2021 Commissioner Accardi motioned to approve the locations and times for Authority meetings. Commissioner Coen seconded the motion. The motion passed unanimously.

Citizens Advisory Committee Vacancies (CAC)

Ms. Long stated that the CAC vacancies will be addressed during the Regular Meeting commencing upon the conclusion of the Organizational Meeting.

Allow WVHA Commissioners short comments, concerns and requests for agenda items for regular meetings

There were none.

Adjourn Organizational portion of meeting

Voloria Manning, Chair

**WEST VOLUSIA HOSPITAL AUTHORITY
WVHA BOARD OF COMMISSIONERS REGULAR MEETING
COMMENCING AT 5:28 P.M.**

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
Or Via Conference Call 1-339-209-4657
January 21, 2021
DeLand, Florida

Call to Order Regular Meeting

Chair Manning called the meeting to order. The meeting took place at DeLand City Hall in the Commission Chamber, located at 120 S. Florida Ave., DeLand, Florida, and via conference call 1-339-209-4657, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:28 p.m.

Approval of Proposed Amended Agenda

Motion 003 – 2021 Commissioner Coen motioned to approve the amended agenda as presented. Commissioner Soukup seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Regular Meeting November 19, 2020

Motion 004 – 2021 Commissioner Coen motioned to approve the Consent Agenda. Commissioner Accardi seconded the motion. The motion passed unanimously.

Citizens Comments

There were two.

Reporting Agenda

**EBMS November/December Report – Written Submission
The House Next Door (THND) November/December HealthCard Report**

Discussion Items

CAC Appointees – All Applications Attached

**Commissioner Manning – Elmer Holt
Commissioner Coen – Dolores Guzman & Patrick Rogers
Commissioner Accardi – Linda White & Jenneffer Pulapaka
Commissioner Craig – Jacquie Lewis
Commissioner Soukup – David Williams & Brandy White**

Motion 005 – 2021 Commissioner Soukup motioned to appoint all of the CAC members listed above. Commissioner Accardi seconded the motion. The motion passed unanimously.

Contractual Site Visit Review Write Ups FYE 2020

- 1. Florida Department of Health Dental Services**
- 2. The Neighborhood Center (TNC) Outreach Services**
- 3. The House Next Door (THND) Therapeutic Services**
- 4. Community Legal Services of Mid-Florida**
- 5. Hispanic Health Initiative Outreach Services**
- 6. TNC Healthcare Navigator Services**
 - a) Letter dated 11/18/2020 from Waylan Niece, Director of Operations, TNC and Homeless Management Information System (HMIS) Requirements, Regulations, Standards, etc. (attached)**
- 7. SMA Homeless Program**
 - a) Email dated 1/13/2021 from Nicole Sharbono/SMA, Senior VP (attached)**
- 8. THND HealthCard program**

Motion 006 – 2021 Commissioner Coen motioned to receive contractual site visit reviews 1 through 5 and 8, as presented above. Commissioner Accardi seconded the motion. The motion passed unanimously.

There was further discussion regarding the findings in both TNC Healthcare Navigator Program and the SMA Homeless Program. There was Board consent that they authorized DRT to complete an expanded contractual site visit review for both TNC and SMA in May of 2021.

Motion 007 – 2021 Commissioner Craig motioned to authorize DRT to expand the contractual compliance site visit review in May 2021 for TNC Healthcare Navigator Program. Commissioner Accardi seconded the motion. The motion passed unanimously.

Motion 008 – 2021 Commissioner Craig motioned to authorize DRT to expand the contractual compliance site visit review in May of 2021 for SMA Homeless Program. Commissioner Coen seconded the motion. The motion passed unanimously.

EBMS Phase 2 TPA Transition Update

- 1. Andrew Murray, CMO, EBMS email dated 12/21/2020 December Updates (attached)**
- 2. Operational Report for DeLand and Deltona WVHA miCare Clinics**
- 3. High-Cost Medication Strategy**
- 4. Clinic Implementation Update**

Dr. Andrew Murray, CMO, EBMS updated the Board with the progress that EBMS is making regarding both Halifax Medical Center and AdventHealth.

There was Board discussion regarding the lack of progress in securing a contract with Halifax Medical or AdventHealth. EBMS is processing and paying, currently Halifax Medical, for hospital services at 85% of the Medicare fee schedule, but they will not be

paid for emergency department services, due to the hospital's Federal obligation under the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. EBMS is also in negotiations with AdventHealth, with the same terms.

Dr. Murray further updated the Board regarding the implementations accomplished during the TPA Comprehensive Phase 2 process in launching both the WVHA DeLand and Deltona miCare clinics.

Dr. Murray further explained that EBMS/miCare Clinics have identified 140 HealthCard (HC) members who are prescribed and have been receiving high-cost brand medications. The cost of these prescription medications typically range from \$500 per month and can exceed \$5,000 per month. miCare/EBMS implemented a systematic program in collaboration with several pharmaceutical companies where patient assistance programs (PAPs) may help to cover some or all of the cost of these medications for indigent patients. EBMS/miCare made a three-step recommendation to the WVHA Board for this patient population:

1. Once the WVHA miCare clinic team identifies a patient who may qualify for a PAP, the patient will be required to fully complete the application, including providing any information, documentation, and signature in order to complete the application.
2. Only once step 1 has been completed, miCare will submit the application to the PAP and miRx will dispense and send to the clinic a one-off, 30-day supply of the medication so the patient can commence their treatment while the PAP application is being processed (this will be the "initial fill").
3. All subsequent refills beyond the first 30-days supply should be covered by the PAP.

Mr. Small expressed his concern in ceasing to provide medications to the HC members because they didn't complete the PAP applications.

Motion 009 – 2021 Commissioner Soukup motioned to approve the EBMS/miCare pharmacy high-cost brand medication strategy. Commissioner Accardi seconded the motion.

Mr. Small was concerned that an active HC member would randomly be terminated during their 6-month eligibility time period and this would be considered a breach of the WVHA's agreement to provide them with medical care and services. He suggested using this non-compliance as a basis for termination upon the HC members application/renewal. That would be his recommendation.

Motion 009 – 2021 (AMENDED) Commissioner Soukup motioned to accept the EBMS/miCare clinic three step recommendations (above) to adopt the approach in ensuring maximal patient cooperation with the PAP application process. Commissioner Accardi seconded the motion.

Motion 010 – 2021 Commissioner Judy Craig motioned to table this matter until the February 18, 2021 WVHA Board Meeting. Commissioner Coen seconded the motion to table this matter until the next WVHA Board Meeting. Commissioners Coen, Craig,

Manning and Accardi were in favor, Commissioner Soukup was opposed. The motion passed by a 4-1 vote.

Halifax Medical Center

Mr. Steve Mach, Director, Patient Financial Services, Halifax Medical Center updated the Board on their progress in coordinating with EBMS with a verbal single payor agreement and the value for the WVHA of having access to a Level II Trauma Unit, which does not make money. In closing, Mr. Mach stated that since October through December, Halifax has seen 200 WVHA HC members, 30 became inpatient patients and 70% of those inpatient patients came through their emergency department.

Commissioner Soukup stated that he was a Commissioner for the City of Deltona when Halifax was approved to build a hospital outside of their taxing district by the State of Florida. At that time, Halifax stated that they would not be asking for hospital authority taxing dollars and now Halifax is requesting funds from the WVHA taxing district.

Mr. Mach disclosed that he was not a part of those negotiations or discussions but believed that Halifax stated that they would not seek Halifax taxing district funds for their Deltona campus.

Governor Ron DeSantis Executive Order 20-316 (attached)

- 1. Email from Dr. Andrew Murray, EBMS dated 1/4/2021 (attached)**
- 2. Email from Gail Hallmon, THND dated 1/4/2021 (attached)**

Dr. Murray and Gail Hallmon both addressed this matter and believed that they can pick up the normal renewal procedures via telephone, email, fax or dropping off at their office and no longer need to continue following the Governor's Executive Orders extending Medicaid Eligibility.

Motion 011 – 2021 Commissioner Craig motioned to stop extending the HealthCard (HC) renewals consistent with Governor DeSantis' Executive Orders and allow HC renewals to resume the regular HC renewal process. Commissioner Coen seconded the motion. The motion passed unanimously.

EBMS Waiver of Subrogation Rights (Letter dated 12/31/2020 attached)

Mr. Small explained that EBMS needed more time to address this matter with their legal team and he asked if this could be tabled until the February 18, 2021 to allow time for a proper resolution.

Follow Up Items

- 1. WVHA Webmail usage to begin officially 1/21/2021**

Ms. Long addressed the WVHA Webmail and advised that the Commissioners emails are active and have been in use for the past two weeks. Everybody needs to use these activated emails going forward.

- 2. Update re: Covered Bus Stop at West Plymouth Avenue**

Commissioner Craig explained that Votran had previously approved building a covered bus stop on West Plymouth Avenue, roughly an \$8,000.00 cost at that time. The problem was that the WVHA was going to be responsible for maintaining and providing liability coverage. At that time, the Board decided not to take up that liability. Since that initial offer to pay for the expense of erecting the bus stop, Votran has since retracted that offer. Commissioner Craig suggested that the WVHA contact the City of DeLand and request that they pay for and maintain a covered bus stop on West Plymouth Avenue out of the money that the WVHA pays into the City of DeLand's Community Redevelopment Agency (CRA).

Motion 012 -2021 Commissioner Craig motioned that a letter be sent to the City of DeLand Commission requesting that they put a covered bus stop near the West Plymouth Avenue WVHA miCare DeLand Clinic and to pay for that out of the money that the WVHA pays into the City of DeLand's CRA. Commissioner Coen seconded the motion. The motion passed unanimously.

The Board directed that Ms. Long draft this letter and mail it to the City of DeLand Commissioners.

3. Commissioner Photos at WVHA miCare Clinics

Motion 013 – 2021 Commissioner Accardi motioned to place the WVHA Commissioners photos with their names in the WVHA miCare Clinics. Commissioner Craig seconded the motion.

There was Board discussion that each Commissioner would be responsible to provide Ms. Long with their individual photos.

The motion passed unanimously.

Finance Report

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

Motion 014 - 2021 Commissioner Accardi motioned to pay the bills totaling \$2,054,979.33. 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 January 12, 2021 (attached).

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

Adjournment

Voloria Manning, Chair

8 of 8 pages

January 21, 2021 Organizational - Regular Meeting



EBMS

February 18, 2021

**Submission Report for
WVHA Board Members**

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Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 1/1/2021 to 1/31/2021
 Location: All

Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts 2157			Charges	\$2,235,794	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$2,032,426	Addl Info Not Provided	-\$67,803	-3.03%
Medical	\$195,932	\$88	Allowed	\$203,368	Duplicate Charges	\$28,273	1.26%
Professional	\$167,874	\$75	less Member	\$7,436	Plan Limitations	\$1,491,659	66.72%
Facility	\$28,058	\$13	less Adjustments	\$0	UCR Reductions	\$139	0.01%
PBM	\$0	\$0	Paid Benefit	\$195,932	Other	\$580,158	25.95%
Vision	\$0	\$0	plus Admin Costs	\$268,813	Total:	\$2,032,426	90.90%
Total Plan Paid:	\$195,932	\$88	Total Plan Paid:	\$464,745			

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
1/31/2021										
0 to 19	23	30	53	0	0	0	0	53	0	0
20 to 25	75	71	146	0	0	0	0	146	0	0
26 to 29	60	56	116	0	0	0	0	116	0	0
30 to 39	179	176	355	0	0	0	0	355	0	0
40 to 49	214	268	482	0	0	0	0	482	0	0
50 to 59	295	397	692	0	0	0	0	692	0	0
60 to 64	101	178	279	0	0	0	0	279	0	0
65 and Older	31	79	110	0	0	0	0	110	0	0
Totals	978	1255	2233	0	0	0	0	2233	0	0
Average Age	44.88	47.94	46.60	0.00	0.00	0.00	0.00	46.60	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 1/31/2021	Employee	Spouse	Dependent
Florida Cancer Specialists	95	\$42,819	0 to 19	\$452	\$0	\$0
Medical Center Of Deltona	31	\$15,077	20 to 25	\$9,289	\$0	\$0
6 Radiology Associates	86	\$9,049	26 to 29	\$4,738	\$0	\$0
Halifax Hospital Medical	12	\$9,026	30 to 39	\$31,485	\$0	\$0
UF Health Shands Hospital	90	\$8,877	40 to 49	\$31,471	\$0	\$0
Quest Diagnostics Tampa	312	\$8,125	50 to 59	\$64,310	\$0	\$0
DR Rawji MD OBGYN LLC	88	\$7,432	60 to 64	\$37,290	\$0	\$0
1 Twin Lakes Imaging	39	\$6,474	65 and Older	\$16,899	\$0	\$0
Florida Orthopaedic	50	\$5,995	Totals	\$195,932	\$0	\$0
UF Health Medical Center	15	\$5,656				

Claims Paid by Month			Average Lag & Average Spend (rolling 12 months)			
January 21		\$195,932	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
Total:		\$195,932	Medical	\$17,035	41	\$698,435
			Vision	\$0	25	\$0
			RX	\$0	11	\$0
			Total:			\$698,435



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 1/1/2021 to 1/31/2021
 Location: All

Benefit Plan: All
 TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$243	\$145	\$98	\$0	\$0	\$98	0.05%
ANESTHESIA	32	\$41,275	\$36,126	\$5,149	\$0	\$0	\$5,149	2.63%
CHIROPRACTIC	15	\$597	\$407	\$190	\$50	\$0	\$140	0.07%
COVID-19	57	\$8,663	\$7,742	\$921	\$0	\$0	\$921	0.47%
DIALYSIS	20	\$46,801	\$44,855	\$1,946	\$0	\$0	\$1,946	0.99%
DME/APPLIANCE	7	\$4,264	\$4,264	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	329	\$558,032	\$558,032	\$0	\$0	\$0	\$0	0.00%
HOME HEALTH CARE	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	68	\$10,546	\$10,546	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	202	\$43,392	\$34,255	\$9,137	\$0	\$0	\$9,137	4.66%
IP HOSP CHARGES	70	\$502,273	\$502,273	\$0	\$0	\$0	\$0	0.00%
MATERNITY	18	\$10,293	\$9,787	\$505	\$0	\$0	\$505	0.26%
MEDICAL MISC	150	\$14,941	\$11,199	\$3,742	\$99	\$0	\$3,643	1.86%
OFFICE VISIT	530	\$92,603	\$68,391	\$24,212	\$2,720	\$0	\$21,492	10.97%
OP PHYSICIAN	175	\$27,412	\$21,539	\$5,873	\$86	\$0	\$5,787	2.95%
OTHER	77	\$20	\$20	\$0	\$0	\$0	\$0	0.00%
OUTPAT HOSP	2	\$15,579	\$11,280	\$4,299	\$450	\$0	\$3,849	1.96%
PSYCHIATRIC	104	\$14,271	\$5,964	\$8,307	\$385	\$0	\$7,922	4.04%
RADIATION /CHEMO	136	\$194,745	\$157,131	\$37,615	\$21	\$0	\$37,594	19.19%
SLEEP DISORDER	13	\$1,527	\$1,527	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	3	\$15,166	\$15,030	\$136	\$5	\$0	\$131	0.07%
SURG FACILITY	19	\$109,701	\$91,912	\$17,789	\$325	\$0	\$17,464	8.91%
SURGERY	95	\$8,596	\$7,141	\$1,455	\$0	\$0	\$1,455	0.74%
SURGERY IP	23	\$56,822	\$51,621	\$5,200	\$0	\$0	\$5,200	2.65%
SURGERY OP	56	\$73,925	\$56,014	\$17,912	\$0	\$0	\$17,912	9.14%
THERAPY	234	\$22,423	\$12,530	\$9,893	\$920	\$0	\$8,973	4.58%
URGENT CARE	2	\$580	\$580	\$0	\$0	\$0	\$0	0.00%
VISION	1	\$40	\$40	\$0	\$0	\$0	\$0	0.00%
WELLNESS	263	\$26,812	\$20,910	\$5,901	\$0	\$0	\$5,901	3.01%
XRAY/ LAB	3209	\$334,253	\$291,165	\$43,087	\$2,374	\$0	\$40,713	20.78%
Totals:	5913	\$2,235,794	\$2,032,426	\$203,368	\$7,436	\$0	\$195,932	

Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 1/1/2021 to 1/31/2021
 Location: All

Benefit Plan: All
 TIN: All

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Census										
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40 to 49	214	268	482	0	0	0	0	482	0	0
50 to 59	295	397	692	0	0	0	0	692	0	0
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65 and Older	31	79	110	0	0	0	0	110	0	0
Totals	978	1255	2233	0	0	0	0	2233	0	0
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Quest Diagnostics Tampa	312	\$8,125	50 to 59	\$64,310	\$0	\$0
DR Rawji MD OBGYN LLC	88	\$7,432	60 to 64	\$37,290	\$0	\$0
1 Twin Lakes Imaging	39	\$6,474	65 and Older	\$16,899	\$0	\$0
Florida Orthopaedic	50	\$5,995	Totals	\$195,932	\$0	\$0
UF Health Medical Center	15	\$5,656				

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Executive Summary for 00532

Client:
Paid Dates:
Location:

West Volusia Hospital Authority
1/1/2021 to 1/31/2021
All

Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$243	\$145	\$98	\$0	\$0	\$98	0.05%
ANESTHESIA	32	\$41,275	\$36,126	\$5,149	\$0	\$0	\$5,149	2.63%
CHIROPRACTIC	15	\$597	\$407	\$190	\$50	\$0	\$140	0.07%
COVID-19	57	\$8,663	\$7,742	\$921	\$0	\$0	\$921	0.47%
DIALYSIS	20	\$46,801	\$44,855	\$1,946	\$0	\$0	\$1,946	0.99%
DME/APPLIANCE	7	\$4,264	\$4,264	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	329	\$558,032	\$558,032	\$0	\$0	\$0	\$0	0.00%
HOME HEALTH CARE	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	68	\$10,546	\$10,546	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	202	\$43,392	\$34,255	\$9,137	\$0	\$0	\$9,137	4.66%
IP HOSP CHARGES	70	\$502,273	\$502,273	\$0	\$0	\$0	\$0	0.00%
MATERNITY	18	\$10,293	\$9,787	\$505	\$0	\$0	\$505	0.26%
MEDICAL MISC	150	\$14,941	\$11,199	\$3,742	\$99	\$0	\$3,643	1.86%
OFFICE VISIT	530	\$92,603	\$68,391	\$24,212	\$2,720	\$0	\$21,492	10.97%
OP PHYSICIAN	175	\$27,412	\$21,539	\$5,873	\$86	\$0	\$5,787	2.95%
OTHER	77	\$20	\$20	\$0	\$0	\$0	\$0	0.00%
OUTPAT HOSP	2	\$15,579	\$11,280	\$4,299	\$450	\$0	\$3,849	1.96%
PSYCHIATRIC	104	\$14,271	\$5,964	\$8,307	\$385	\$0	\$7,922	4.04%
RADIATION /CHEMO	136	\$194,745	\$157,131	\$37,615	\$21	\$0	\$37,594	19.19%
SLEEP DISORDER	13	\$1,527	\$1,527	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	3	\$15,166	\$15,030	\$136	\$5	\$0	\$131	0.07%
SURG FACILITY	19	\$109,701	\$91,912	\$17,789	\$325	\$0	\$17,464	8.91%
SURGERY	95	\$8,596	\$7,141	\$1,455	\$0	\$0	\$1,455	0.74%
SURGERY IP	23	\$56,822	\$51,621	\$5,200	\$0	\$0	\$5,200	2.65%
SURGERY OP	56	\$73,925	\$56,014	\$17,912	\$0	\$0	\$17,912	9.14%
THERAPY	234	\$22,423	\$12,530	\$9,893	\$920	\$0	\$8,973	4.58%
URGENT CARE	2	\$580	\$580	\$0	\$0	\$0	\$0	0.00%
VISION	1	\$40	\$40	\$0	\$0	\$0	\$0	0.00%
WELLNESS	263	\$26,812	\$20,910	\$5,901	\$0	\$0	\$5,901	3.01%
XRAY/ LAB	3209	\$334,253	\$291,165	\$43,087	\$2,374	\$0	\$40,713	20.78%
Totals:	5913	\$2,235,794	\$2,032,426	\$203,368	\$7,436	\$0	\$195,932	



PCORI Membership Count

Block of Business ID:
Client ID:

EBMSI
00532

Eligibility Date: : 1/1/2021 to 1/31/2021

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2021	2241	0	2241
Total Member Days			•
2,241.00			

Enrollment Counts by Postal Code

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 1/31/2021

Postal Code	Employee Count	Dependent Count	Total Count
14424	1	0	1
32102	2	0	2
32105	1	0	1
32130	82	0	82
32180	108	0	108
32190	35	0	35
32713	75	0	75
32720	591	0	591
32724	364	0	364
32725	409	0	409
32728	1	0	1
32738	367	0	367
32739	1	0	1
32744	26	0	26
32753	2	0	2
32763	150	0	150
32764	17	0	17
32771	1	0	1
Total	2233	0	2233



Tier Census by Product 1/1/2021

Block of Business ID: EBMSI
Client ID: 00532

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

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	2214	967	1247	0	0	0	0	2214
		Subtotal for Active:	2214	967	1247	0	0	0	0	2214
		Total for Medical:	2214	967	1247	0	0	0	0	2214



Tier Census by Product 1/15/2021

Block of Business ID:
Client ID:

EBMSI
00532

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

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	2217	971	1246	0	0	0	0	2217
		Subtotal for Active:	2217	971	1246	0	0	0	0	2217
		Total for Medical:	2217	971	1246	0	0	0	0	2217



Tier Census by Product 1/31/2021

Block of Business ID:
Client ID:

EBMSI
00532

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

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	2233	978	1255	0	0	0	0	2233
		Subtotal for Active:	2233	978	1255	0	0	0	0	2233
		Total for Medical:	2233	978	1255	0	0	0	0	2233

Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 1/1/2021 to 1/31/2021

		Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	243.00	0.00	144.77	98.23	0.00	0.00	98.23	0.05%
ANESTHESIA	32	41,274.80	8,779.30	27,346.51	5,148.99	0.00	0.00	5,148.99	2.63%
CHIROPRACTIC	15	597.00	270.00	137.01	189.99	50.00	0.00	139.99	0.07%
COVID-19	57	8,663.00	7,011.00	730.97	921.03	0.00	0.00	921.03	0.47%
DIALYSIS	20	46,800.90	23,758.85	21,096.17	1,945.88	0.00	0.00	1,945.88	0.99%
DME/APPLIANCE	7	4,264.00	4,264.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	329	558,032.40	558,032.40	0.00	0.00	0.00	0.00	0.00	0.00%
HOME HEALTH CARE	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	68	10,546.18	10,546.18	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	202	43,391.62	27,927.62	6,327.36	9,136.64	0.00	0.00	9,136.64	4.66%
IP HOSP CHARGES	70	502,273.04	502,273.04	0.00	0.00	0.00	0.00	0.00	0.00%
MATERNITY	18	10,292.50	8,910.00	877.15	505.35	0.00	0.00	505.35	0.26%
MEDICAL MISC	150	14,941.00	2,126.00	9,072.70	3,742.30	99.22	0.00	3,643.08	1.86%
OFFICE VISIT	530	92,603.45	24,534.64	43,856.53	24,212.28	2,720.00	0.00	21,492.28	10.97%
OP PHYSICIAN	175	27,412.20	10,194.00	11,344.72	5,873.48	86.22	0.00	5,787.26	2.95%
OTHER	77	20.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00%
OUTPAT HOSP	2	15,579.00	0.00	11,280.44	4,298.56	450.00	0.00	3,848.56	1.96%
PSYCHIATRIC	104	14,270.80	0.00	5,964.17	8,306.63	385.00	0.00	7,921.63	4.04%
RADIATION /CHEMO	136	194,745.41	67,272.41	89,858.27	37,614.73	21.23	0.00	37,593.50	19.19%
SLEEP DISORDER	13	1,526.74	1,526.74	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	3	15,165.88	14,915.88	113.67	136.33	5.00	0.00	131.33	0.07%
SURG FACILITY	19	109,701.00	0.00	91,911.83	17,789.17	325.00	0.00	17,464.17	8.91%
SURGERY	95	8,595.57	1,681.99	5,458.59	1,454.99	0.00	0.00	1,454.99	0.74%
SURGERY IP	23	56,821.92	20,583.92	31,037.53	5,200.47	0.00	0.00	5,200.47	2.65%
SURGERY OP	56	73,925.46	2,924.88	53,089.04	17,911.54	0.00	0.00	17,911.54	9.14%
THERAPY	234	22,423.08	0.00	12,530.08	9,893.00	920.00	0.00	8,973.00	4.58%
URGENT CARE	2	580.00	580.00	0.00	0.00	0.00	0.00	0.00	0.00%
VISION	1	40.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	263	26,811.55	9,985.05	10,925.44	5,901.06	0.00	0.00	5,901.06	3.01%
XRAY/ LAB	3209	334,252.77	144,217.35	146,948.01	43,087.41	2,374.06	0.00	40,713.35	20.78%
00532	5913	2,235,794.27	1,452,375.25	580,050.96	203,368.06	7,435.73	0.00	195,932.33	100.00%
Totals:	5913	2,235,794.27	1,452,375.25	580,050.96	203,368.06	7,435.73	0.00	195,932.33	100.00%



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 1/1/2021 to 1/31/2021

		Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	243.00	0.00	144.77	98.23	0.00	0.00	98.23	0.05%
ANESTHESIA	32	41,274.80	8,779.30	27,346.51	5,148.99	0.00	0.00	5,148.99	2.63%
CHIROPRACTIC	15	597.00	270.00	137.01	189.99	50.00	0.00	139.99	0.07%
COVID-19	57	8,663.00	7,011.00	730.97	921.03	0.00	0.00	921.03	0.47%
DIALYSIS	20	46,800.90	23,758.85	21,096.17	1,945.88	0.00	0.00	1,945.88	0.99%
DME/APPLIANCE	7	4,264.00	4,264.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	329	558,032.40	558,032.40	0.00	0.00	0.00	0.00	0.00	0.00%
HOME HEALTH CARE	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	68	10,546.18	10,546.18	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	202	43,391.62	27,927.62	6,327.36	9,136.64	0.00	0.00	9,136.64	4.66%
IP HOSP CHARGES	70	502,273.04	502,273.04	0.00	0.00	0.00	0.00	0.00	0.00%
MATERNITY	18	10,292.50	8,910.00	877.15	505.35	0.00	0.00	505.35	0.26%
MEDICAL MISC	150	14,941.00	2,126.00	9,072.70	3,742.30	99.22	0.00	3,643.08	1.86%
OFFICE VISIT	530	92,603.45	24,534.64	43,856.53	24,212.28	2,720.00	0.00	21,492.28	10.97%
OP PHYSICIAN	175	27,412.20	10,194.00	11,344.72	5,873.48	86.22	0.00	5,787.26	2.95%
OTHER	77	20.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00%
OUTPAT HOSP	2	15,579.00	0.00	11,280.44	4,298.56	450.00	0.00	3,848.56	1.96%
PSYCHIATRIC	104	14,270.80	0.00	5,964.17	8,306.63	385.00	0.00	7,921.63	4.04%
RADIATION /CHEMO	136	194,745.41	67,272.41	89,858.27	37,614.73	21.23	0.00	37,593.50	19.19%
SLEEP DISORDER	13	1,526.74	1,526.74	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	3	15,165.88	14,915.88	113.67	136.33	5.00	0.00	131.33	0.07%
SURG FACILITY	19	109,701.00	0.00	91,911.83	17,789.17	325.00	0.00	17,464.17	8.91%
SURGERY	95	8,595.57	1,681.99	5,458.59	1,454.99	0.00	0.00	1,454.99	0.74%
SURGERY IP	23	56,821.92	20,583.92	31,037.53	5,200.47	0.00	0.00	5,200.47	2.65%
SURGERY OP	56	73,925.46	2,924.88	53,089.04	17,911.54	0.00	0.00	17,911.54	9.14%
THERAPY	234	22,423.08	0.00	12,530.08	9,893.00	920.00	0.00	8,973.00	4.58%
URGENT CARE	2	580.00	580.00	0.00	0.00	0.00	0.00	0.00	0.00%
VISION	1	40.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	263	26,811.55	9,985.05	10,925.44	5,901.06	0.00	0.00	5,901.06	3.01%
XRAY/ LAB	3209	334,252.77	144,217.35	146,948.01	43,087.41	2,374.06	0.00	40,713.35	20.78%
00532	5913	2,235,794.27	1,452,375.25	580,050.96	203,368.06	7,435.73	0.00	195,932.33	100.00%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:07:58 on 01 February 2021



Benefit Analysis Summary

Totals:	5913	2,235,794.27	1,452,375.25	580,050.96	203,368.06	7,435.73	0.00	195,932.33	100.00%
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Cost of Major

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 1/31/2021

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	37	70	37,673.78	19.23%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	35	60	23,185.56	11.83%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	73	103	21,746.77	11.10%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	98	155	18,711.67	9.55%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	65	92	16,538.20	8.44%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	62	77	10,561.95	5.39%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	47	62	10,187.08	5.20%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	60	82	8,117.32	4.14%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	12	33	7,863.20	4.01%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	17	35	5,938.24	3.03%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	16	35	5,710.00	2.91%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	18	22	5,331.07	2.72%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	6	44	5,330.05	2.72%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	27	40	5,073.18	2.59%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	7	9	4,469.16	2.28%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	12	47	4,264.80	2.18%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	16	18	4,237.52	2.16%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	3	8	536.78	0.27%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	1	3	456.00	0.23%
				612	995	195,932.33	100.00%

Cost of Major

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 1/31/2021

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	37	70	37,673.78	19.23%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	35	60	23,185.56	11.83%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	73	103	21,746.77	11.10%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	98	155	18,711.67	9.55%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	65	92	16,538.20	8.44%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	62	77	10,561.95	5.39%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	47	62	10,187.08	5.20%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	60	82	8,117.32	4.14%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	12	33	7,863.20	4.01%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	17	35	5,938.24	3.03%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	16	35	5,710.00	2.91%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	18	22	5,331.07	2.72%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	6	44	5,330.05	2.72%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	27	40	5,073.18	2.59%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	7	9	4,469.16	2.28%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	12	47	4,264.80	2.18%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	16	18	4,237.52	2.16%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	3	8	536.78	0.27%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	1	3	456.00	0.23%
				612	995	195,932.33	100.00%

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 1/31/2021

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	7	17	17,094.38	8.72%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	3	10	12,304.37	6.28%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	27	31	11,917.56	6.08%
00532	West Volusia Hospital Authority	11.04	Hernia	6	12	8,246.33	4.21%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	7	14	8,010.10	4.09%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	18	28	7,408.25	3.78%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	8	14	6,435.82	3.28%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	33	44	5,876.39	3.00%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	41	55	5,294.94	2.70%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	25	41	5,120.75	2.61%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	3	41	4,869.62	2.49%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	1	3	4,719.74	2.41%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	38	41	4,494.46	2.29%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	26	36	4,473.26	2.28%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	11	20	4,363.37	2.23%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	2	3	4,165.13	2.13%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	9	35	3,188.47	1.63%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	5	6	3,180.15	1.62%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	19	26	2,943.84	1.50%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	17	24	2,775.89	1.42%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	16	24	2,764.17	1.41%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	13	21	2,407.18	1.23%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	4	7	2,348.61	1.20%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	8	11	2,345.93	1.20%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	10	11	2,293.44	1.17%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	10	20	2,187.60	1.12%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	9	9	2,172.44	1.11%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	5	6	2,130.43	1.09%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	10	10	2,126.62	1.09%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	16	19	2,067.56	1.06%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 02:59:32 on 01 February 2021

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 1/31/2021

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	14.08	Disorders of breast	9	11	2,055.26	1.05%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	2	4	2,021.23	1.03%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	2	12	1,819.44	0.93%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	13	17	1,755.04	0.90%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	3	5	1,739.22	0.89%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	10	15	1,721.49	0.88%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	8	8	1,596.78	0.81%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	3	5	1,576.51	0.80%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	8	9	1,547.73	0.79%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	12	13	1,430.92	0.73%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	14	14	1,299.19	0.66%
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	2	13	1,288.38	0.66%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	3	3	1,219.01	0.62%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	3	7	1,165.37	0.59%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	4	6	1,109.27	0.57%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	4	6	1,095.16	0.56%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	6	7	1,043.21	0.53%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	8	11	993.95	0.51%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	3	4	975.32	0.50%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	5	8	960.59	0.49%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	3	3	955.81	0.49%
00532	West Volusia Hospital Authority	07.06	Glaucoma	5	7	910.82	0.46%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	4	6	711.67	0.36%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	6	6	654.38	0.33%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	8	8	649.79	0.33%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	3	4	602.56	0.31%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	2	2	602.52	0.31%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoV acute respiratory disease	3	8	536.78	0.27%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	4	4	536.11	0.27%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	7	8	530.13	0.27%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	3	5	502.34	0.26%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	5	5	495.95	0.25%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	1	1	468.32	0.24%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery...	2	2	462.90	0.24%
00532	West Volusia Hospital Authority	08.03	Diseases of inner ear	1	3	456.00	0.23%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	3	4	378.57	0.19%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	1	4	375.32	0.19%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	1	3	370.83	0.19%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	3	3	366.43	0.19%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	2	3	360.31	0.18%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	2	3	355.71	0.18%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	3	4	335.40	0.17%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	3	3	326.68	0.17%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	1	3	319.92	0.16%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	2	3	287.42	0.15%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	2	2	274.62	0.14%
00532	West Volusia Hospital Authority	01.22	Other infectious diseases	1	1	268.38	0.14%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	2	4	260.88	0.13%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	2	2	246.90	0.13%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	3	3	241.28	0.12%
00532	West Volusia Hospital Authority	10.06	Lung diseases due to external agents	1	2	240.94	0.12%
00532	West Volusia Hospital Authority	09.10	Other and unspecified disorders of the circulatory system	2	3	231.59	0.12%
00532	West Volusia Hospital Authority	15.01	Pregnancy with abortive outcome	1	4	215.80	0.11%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	1	1	208.87	0.11%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	2	2	192.05	0.10%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	3	3	185.90	0.09%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	3	3	169.28	0.09%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	3	5	165.23	0.08%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	1	1	164.70	0.08%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	3	3	162.90	0.08%

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Cost of Minor

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 Paid Date: 1/1/2021 to 1/31/2021

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	1	1	138.71	0.07%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	1	2	136.75	0.07%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	1	2	134.57	0.07%
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and...	1	1	131.33	0.07%
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	2	2	124.55	0.06%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	2	2	117.49	0.06%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	1	1	109.47	0.06%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	1	2	106.07	0.05%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	1	1	99.95	0.05%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	1	1	92.45	0.05%
00532	West Volusia Hospital Authority	05.01	Mental disorders due to known physiological conditions	1	1	87.80	0.05%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	1	1	86.45	0.04%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	1	82.68	0.04%
00532	West Volusia Hospital Authority	02.17	Malignant neoplasms of lymphoid, hematopoietic and related tissue	1	1	79.42	0.04%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	1	1	68.56	0.07%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	2	3	62.75	0.03%
00532	West Volusia Hospital Authority	02.22	Neoplasms of unspecified behavior	1	1	55.86	0.03%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	1	2	46.55	0.02%
00532	West Volusia Hospital Authority	05.09	Pervasive and specific developmental disorders	1	1	40.36	0.02%
00532	West Volusia Hospital Authority	10.09	Other diseases of the pleura	3	3	23.94	0.01%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	1	1	20.42	0.01%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	1	1	7.98	0.00%
				666	995	195,932.33	100.00%

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	02.08	Malignant neoplasms of breast	7	17	17,094.38	8.72%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	3	10	12,304.37	6.28%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	27	31	11,917.56	6.08%
00532	West Volusia Hospital Authority	11.04	Hernia	6	12	8,246.33	4.21%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	7	14	8,010.10	4.09%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	18	28	7,408.25	3.78%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	8	14	6,435.82	3.28%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	33	44	5,876.39	3.00%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	41	55	5,294.94	2.70%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	25	41	5,120.75	2.61%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	3	41	4,869.62	2.49%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	1	3	4,719.74	2.41%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	38	41	4,494.46	2.29%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	26	36	4,473.26	2.28%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	11	20	4,363.37	2.23%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	2	3	4,165.13	2.13%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	9	35	3,188.47	1.63%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	5	6	3,180.15	1.62%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	19	26	2,943.84	1.50%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	17	24	2,775.89	1.42%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	16	24	2,764.17	1.41%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	13	21	2,407.18	1.23%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	4	7	2,348.61	1.20%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	8	11	2,345.93	1.20%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	10	11	2,293.44	1.17%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	10	20	2,187.60	1.12%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	9	9	2,172.44	1.11%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	5	6	2,130.43	1.09%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	10	10	2,126.62	1.09%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	16	19	2,067.56	1.06%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	14.08	Disorders of breast	9	11	2,055.26	1.05%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	2	4	2,021.23	1.03%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	2	12	1,819.44	0.93%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	13	17	1,755.04	0.90%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	3	5	1,739.22	0.89%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	10	15	1,721.49	0.88%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	8	8	1,596.78	0.81%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	3	5	1,576.51	0.80%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	8	9	1,547.73	0.79%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	12	13	1,430.92	0.73%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	14	14	1,299.19	0.66%
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	2	13	1,288.38	0.66%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	3	3	1,219.01	0.62%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	3	7	1,165.37	0.59%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	4	6	1,109.27	0.57%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	4	6	1,095.16	0.56%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	6	7	1,043.21	0.53%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	8	11	993.95	0.51%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	3	4	975.32	0.50%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	5	8	960.59	0.49%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	3	3	955.81	0.49%
00532	West Volusia Hospital Authority	07.06	Glaucoma	5	7	910.82	0.46%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	4	6	711.67	0.36%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	6	6	654.38	0.33%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	8	8	649.79	0.33%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	3	4	602.56	0.31%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	2	2	602.52	0.31%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoV acute respiratory disease	3	8	536.78	0.27%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	4	4	536.11	0.27%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	7	8	530.13	0.27%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	3	5	502.34	0.26%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	5	5	495.95	0.25%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	1	1	468.32	0.24%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery...	2	2	462.90	0.24%
00532	West Volusia Hospital Authority	08.03	Diseases of inner ear	1	3	456.00	0.23%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	3	4	378.57	0.19%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	1	4	375.32	0.19%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	1	3	370.83	0.19%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	3	3	366.43	0.19%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	2	3	360.31	0.18%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	2	3	355.71	0.18%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	3	4	335.40	0.17%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	3	3	326.68	0.17%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	1	3	319.92	0.16%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	2	3	287.42	0.15%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	2	2	274.62	0.14%
00532	West Volusia Hospital Authority	01.22	Other infectious diseases	1	1	268.38	0.14%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	2	4	260.88	0.13%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	2	2	246.90	0.13%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	3	3	241.28	0.12%
00532	West Volusia Hospital Authority	10.06	Lung diseases due to external agents	1	2	240.94	0.12%
00532	West Volusia Hospital Authority	09.10	Other and unspecified disorders of the circulatory system	2	3	231.59	0.12%
00532	West Volusia Hospital Authority	15.01	Pregnancy with abortive outcome	1	4	215.80	0.11%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	1	1	208.87	0.11%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	2	2	192.05	0.10%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	3	3	185.90	0.09%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	3	3	169.28	0.09%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	3	5	165.23	0.08%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	1	1	164.70	0.08%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	3	3	162.90	0.08%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	1	1	138.71	0.07%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	1	2	136.75	0.07%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	1	2	134.57	0.07%
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and...	1	1	131.33	0.07%
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	2	2	124.55	0.06%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	2	2	117.49	0.06%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	1	1	109.47	0.06%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	1	2	106.07	0.05%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	1	1	99.95	0.05%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	1	1	92.45	0.05%
00532	West Volusia Hospital Authority	05.01	Mental disorders due to known physiological conditions	1	1	87.80	0.09%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	1	1	86.45	0.04%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	1	82.68	0.04%
00532	West Volusia Hospital Authority	02.17	Malignant neoplasms of lymphoid, hematopoietic and related tissue	1	1	79.42	0.04%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	1	1	68.56	0.07%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	2	3	62.75	0.03%
00532	West Volusia Hospital Authority	02.22	Neoplasms of unspecified behavior	1	1	55.86	0.03%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	1	2	46.55	0.02%
00532	West Volusia Hospital Authority	05.09	Pervasive and specific developmental disorders	1	1	40.36	0.02%
00532	West Volusia Hospital Authority	10.09	Other diseases of the pleura	3	3	23.94	0.01%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	1	1	20.42	0.01%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	1	1	7.98	0.00%
				666	995	195,932.33	100.00%



WVHA miCare Clinic Deland and Deltona

January 2021 Report

miCare Utilization and Capacity

miCare Utilization and Capacity

Deland January	Capacity Available for Scheduled Appointments	Total Capacity Used for Scheduled Appointments	% of Total Capacity Scheduled for Appointments	Total Capacity Available for Unscheduled Appointments	% of Total Capacity Available for Appointments
2021	224 hrs	180 hrs	80%	44 hrs	20%

Deltona January	Capacity Available for Scheduled Appointments	Total Capacity Used for Scheduled Appointments	% of Total Capacity Scheduled for Appointments	Total Capacity Available for Unscheduled Appointments	% of Total Capacity Available for Appointments
2021	202 hrs	131 hrs	65%	71 hrs	35%

Deland and Deltona January	Capacity Available for Scheduled Appointments	Total Capacity Used for Scheduled Appointments	% of Total Capacity Scheduled for Appointments	Total Capacity Available for Unscheduled Appointments	% of Total Capacity Available for Appointments
2021	426 hrs	311 hrs	73%	115 hrs	27%

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

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



miCare Utilization by Day of the Week

Deland January	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2021	95%	81%	73%	79%	81%	75%

Deltona January	Monday	Tuesday	Wednesday	Thursday	Friday
2021	69%	72%	63%	61%	59%

Key Insights:

- Monday, Tuesday, and Friday are the most popular days in Deland. Deltona has the highest utilization on Monday and Tuesday.
- Between the two clinics 73% of the available capacity was used for scheduled appointments; 5% of time was available for walk-ins and other unscheduled patient care activities
- “No Shows” is where patient didn’t attend their scheduled clinic appointment – this happened in 12% of all cases in Deland and 17% of all cases in Deltona; such no shows create systematic “waste” since this scheduled appointment slot was not available to other members
- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represent approx. 3% of total capacity and is in line with industry standard for this type of patient care model

miCare Member Migration

January 2021

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Patients	706	2,244	31%
Total 2021	706*	2,244	31%

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



miCare Visit Type Frequency

The data below includes all visits completed by the clinical team including Nurses, Phlebotomy, Nurse Practitioners, and Health Coaches.

**Deland
January
2021**

Visit Type	Visits	Percentage
New Patient	101	8.91%
Sick/Urgent/Walk In	13	1.15%
Regular Visit, 1-2 Issues/Medications	49	4.32%
Recheck/Follow-Up	133	11.74%
Lab Draw	188	16.59%
Immunization	5	0.44%
Medication Pick Up	615	54.28%
Physical/Well Exams	7	0.62%
Community Resource	15	1.32%
Nurse Visit	7	0.62%
Total Visits	1133	

**January
2021**

Location	Visit Count	% of Total
Onsite	1128	100%
Telephone	5	0%
Video	0	0%
Overall - Total	1133	

**Deltona
January
2021**

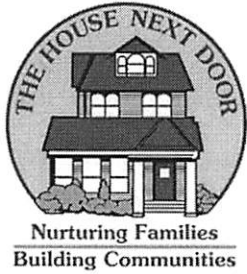
Visit Type	Visits	Percentage
New Patient	61	20.75%
Sick/Urgent/Walk In	20	6.80%
Regular Visit, 1-2 Issues/Medications	42	14.29%
Regular Visit, 3+ Issues/Medications	3	1.02%
Recheck/Follow-Up	120	40.82%
Lab Draw	40	13.61%
Medication Pick Up	1	0.34%
Physical/Well Exams	4	1.36%
Nurse Visit	1	0.34%
Sports Physical	1	0.34%
Procedure	1	0.34%
Total Visits	294	



20210101 - 20210131
miCare
20210101 - 20210131
miCare
20210101 - 20210131
miCare

January
2021

Location	Visit Count	% of Total
Onsite	288	98%
Telephone	6	2%
Video	0	0%
Overall - Total	294	



WVHA ENROLLMENT

January 2021

1. Total number of initial screenings	255
2. Total number of pending assisted applications	41
3. Number of applications processed	214
A. Number of approved applications	194
B. Number of pended applications	10
C. Number of denied applications	10
D. Errors in processing – no charge	0

Utilization Reports

West Volusia Hospital Authority (WVHA) Funding Contracts

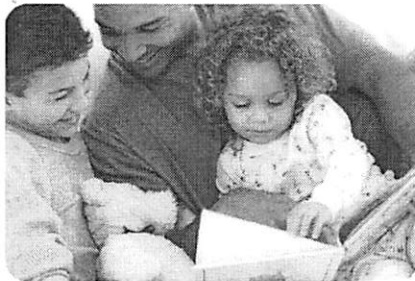
Fiscal Year: Oct 1, 2019 to Sep 30, 2020

AND Oct 1, 2020 to Jan 31, 2021

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

#1) Family Services Coordinator

#2) Women's Intervention Specialist (WIS)-Neonatal Outreach Specialist (NOS)

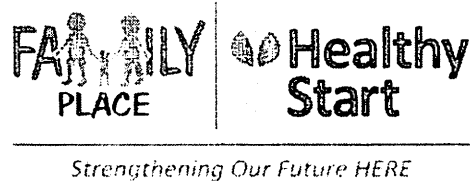


 **Healthy Start**
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UTILIZATION REPORT #1

WVHA FUNDING AGREEMENT ACCESS TO HEALTH CARE SERVICES FOR PRENATAL, POST-PARTUM & INFANT BY FAMILY SERVICES COORDINATOR (FSC) @ FAMILY PLACE DELTONA & OB/GYN OFFICE



ANNUAL UTILIZATION REPORT (FSC):

WVHA Funding contract for Oct 1, 2019 to Sep 30, 2020

Program Goals:

A Family Services Coordinator (FSC) to provide assistance in application for Medicaid Managed Care (MMC), food stamps, and cash assistance through DCF ACCESS, assist in navigating to application sites to obtain the WVHS Health Card, provide information and/or referral to WIC program, Healthy Start and other needed services, provide referrals for women to receive post-partum interconception health care or to parents of children for pediatric care.



ANNUAL UTILIZATION REPORT (FSC)

Report for Oct 1, 2019 – Sep 30, 2020

<u>WVHA FSC Billable Unique Clients</u>	<u>Number</u>
Pregnant	79
Post Partum	41
<u>Infants (0-3 years old)</u>	<u>85</u>
Total	205

WVHA Funding Amount for FSC: \$68,859.00

FY19-20 Total # Unique Clients Billed 168

*** 37 clients not billed due to exhausting of contracted funds**

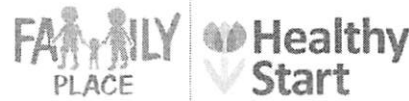


ANNUAL UTILIZATION REPORT (FSC)
Report for Oct 1, 2020 – Jan 31, 2021 (Q1)

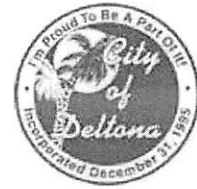
<u>WVHA FSC Billable Unique Clients</u>	<u>Number</u>
Pregnant	20
Post Partum	10
<u>Infants (0-3 years old)</u>	<u>15</u>
Total	45

WVHA Funding Amount for FSC:	\$68,859.00
FY20-21 Total # Unique Clients Billed	45





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FAMILY PLACE DELTONA

- DCF ACCESS COMMUNITY PARTNER TO GENERAL PUBLIC (ie. Medicaid/food stamps/cash assistance)
- FACE TO FACE assistance for ACCESS to health and human services
- Computers, internet, printing, scanning, phone and fax machine
- "Warm" Referrals to resources (i.e. HND, NEFHS, Career Source, Early Learning Coalition, 211, Help Me Grow, etc.)
- Healthy Start & Healthy Families program staff co-located on-site

FAMILY PLACE DELTONA PARTICIPANT ACCESS NEEDS SUMMARY

Time Period: Oct 1, 2019 – Sept 30, 2020

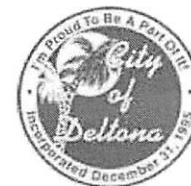
- **697** Total Visits by Participants
- **321** Unique Participants Assisted by Family Services Coordinator
- **17%** Accessed by General Public

During visits by our 321 Unique (New) Participants:

- **64%** Accessed by Pregnant, Post-Partum & Infants (0-3 years old)
- **302** Visits Utilized Available Technology On-Site*
(*Computer/Internet, Phone/Fax, Print/Scan, Navigation Help)
- **256** Finding Health Insurance (Medicaid/ACA/WVHA Card)
- **35** Access to Prenatal Care/Family Planning/Pediatric Care/Primary Care
- **30** Locating and/or connecting to Housing Assistance/Support
- **11** Locating and/or connecting to Assistance with Identification



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FAMILY PLACE DELTONA

- DCF ACCESS COMMUNITY PARTNER TO GENERAL PUBLIC (ie. Medicaid/food stamps/cash assistance)
- FACE TO FACE assistance for ACCESS to health and human services
- Computers, internet, printing, scanning, phone and fax machine
- “Warm” Referrals to resources (i.e. HND, NEFHS, Career Source, Early Learning Coalition, 211, Help Me Grow, etc.)
- Healthy Start & Healthy Families program staff co-located on-site

FAMILY PLACE DELTONA PARTICIPANT ACCESS NEEDS SUMMARY

Time Period: Oct 1, 2020 – Jan 31, 2021

- **232** Total Visits by Participants
- **62** Unique Participants Assisted by Family Services Coordinator
- **27%** Accessed by General Public

During visits by our 319 Unique (New) Participants:

- **73%** Accessed by Pregnant, Post-Partum & Infants (0-3 years old)
- **47** Visits Utilized Available Technology On-Site*
(*Computer/Internet, Phone/Fax, Print/Scan, Navigation Help)
- **55** Finding Health Insurance (Medicaid/ACA/WVHA Card)
- **8** Access to Prenatal Care/Family Planning/Pediatric Care/Primary Care
- **3** Locating and/or connecting to Housing Assistance/Support
- **0** Locating and/or connecting to Assistance with Identification

Participant Needs Summary

Report for Oct 1, 2019 – Sept 30, 2020

FY19-20: Family Place Deltona – Other Participant Assistance

(8)	7-day Bus Passes	Oct 1, 2019 to Sept 30, 2020
(1)	\$10 Speedway Gas Cards	Oct 1, 2019 to Sept 30, 2020
(1)	\$10 Subway Food Cards	Oct 1, 2019 to Sept 30, 2020



UTILIZATION REPORT #2

**WVHA FUNDING AGREEMENT
ACCESS TO HEALTH CARE SERVICES
FOR
PRENATAL, POST-PARTUM & INFANT BY
WOMEN'S INTERVENTION SPECIALIST (WIS)/
NEONATAL OUTREACH SPECIALIST (NOS)
SERVING WEST VOLUSIA RESIDENTS**



ANNUAL UTILIZATION REPORT

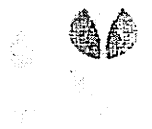
WVHA Funding contract for October 1, 2019 - September 30, 2020

Total Amount of Contract for WIS/NOS Services = \$ 73,500

Program Goals:

The Women's Intervention Specialist (WIS)-Neonatal Outreach Specialist (NOS):

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



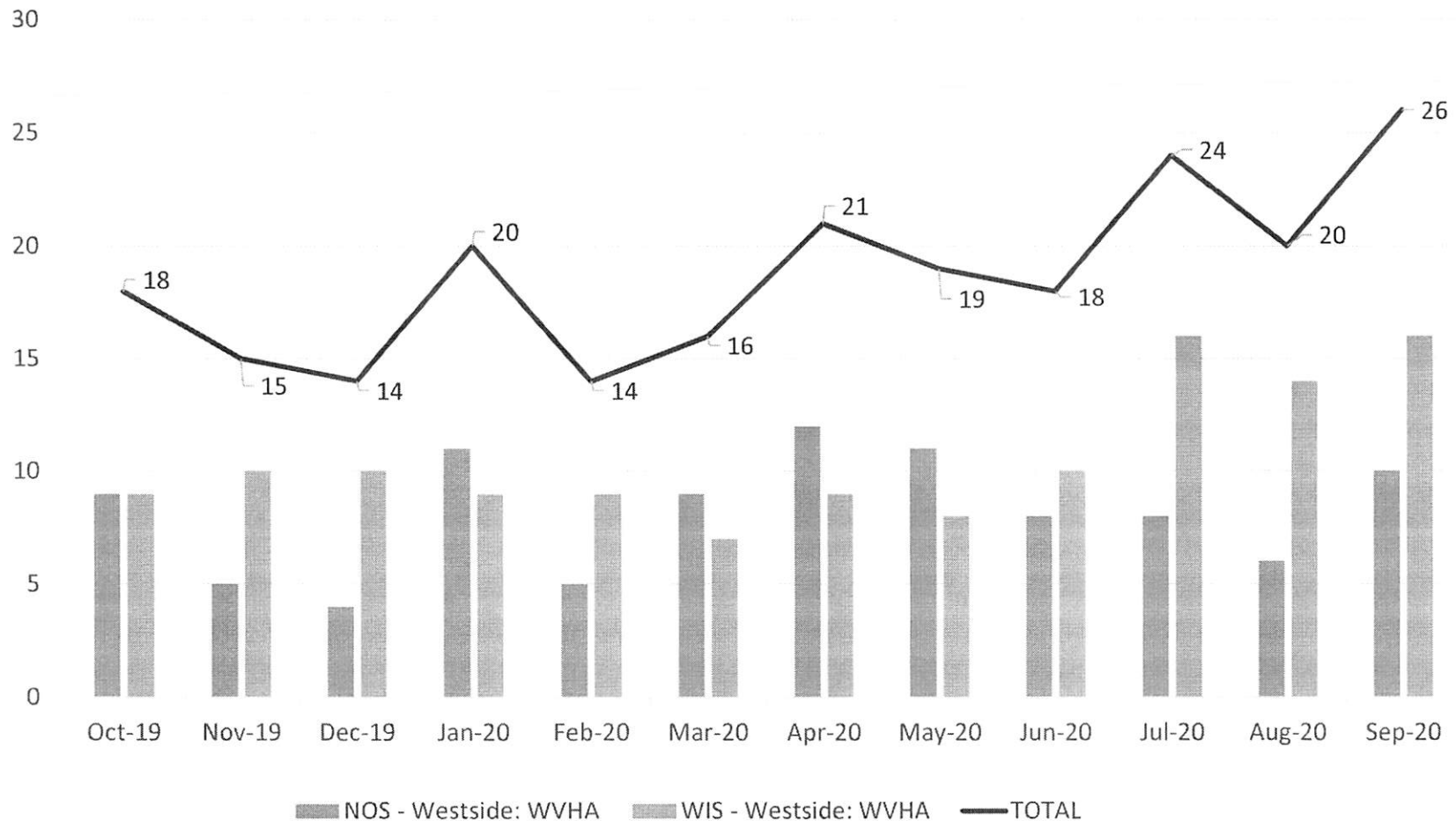
FY19-20 WIS/NOS Client Characteristics

Client Characteristics	Total Clients (FY19-20)
Age	
0-5	99
6-10	0
11-17	9
18-29	99
30-54	57
55-64	1
Not Documented	0
Gender	
Male	56
Female	209
Race	
White	156
Black/African American	43
Other	66
Residence	
Barberville 32105	3
DeLand 32720, 32721, 32722, 32723, 32724	112
DeLeon Springs 32130	8
Lake Helen 32744	4
Pierson 32180	8
Seville 32190	2
DeBary 32713, 32753	7
Deltona 32725, 32728, 32738, 32739	88
Orange City 32763, 32774	29
Osteen 32764	4
TOTAL SERVED BY TIME PERIOD	265

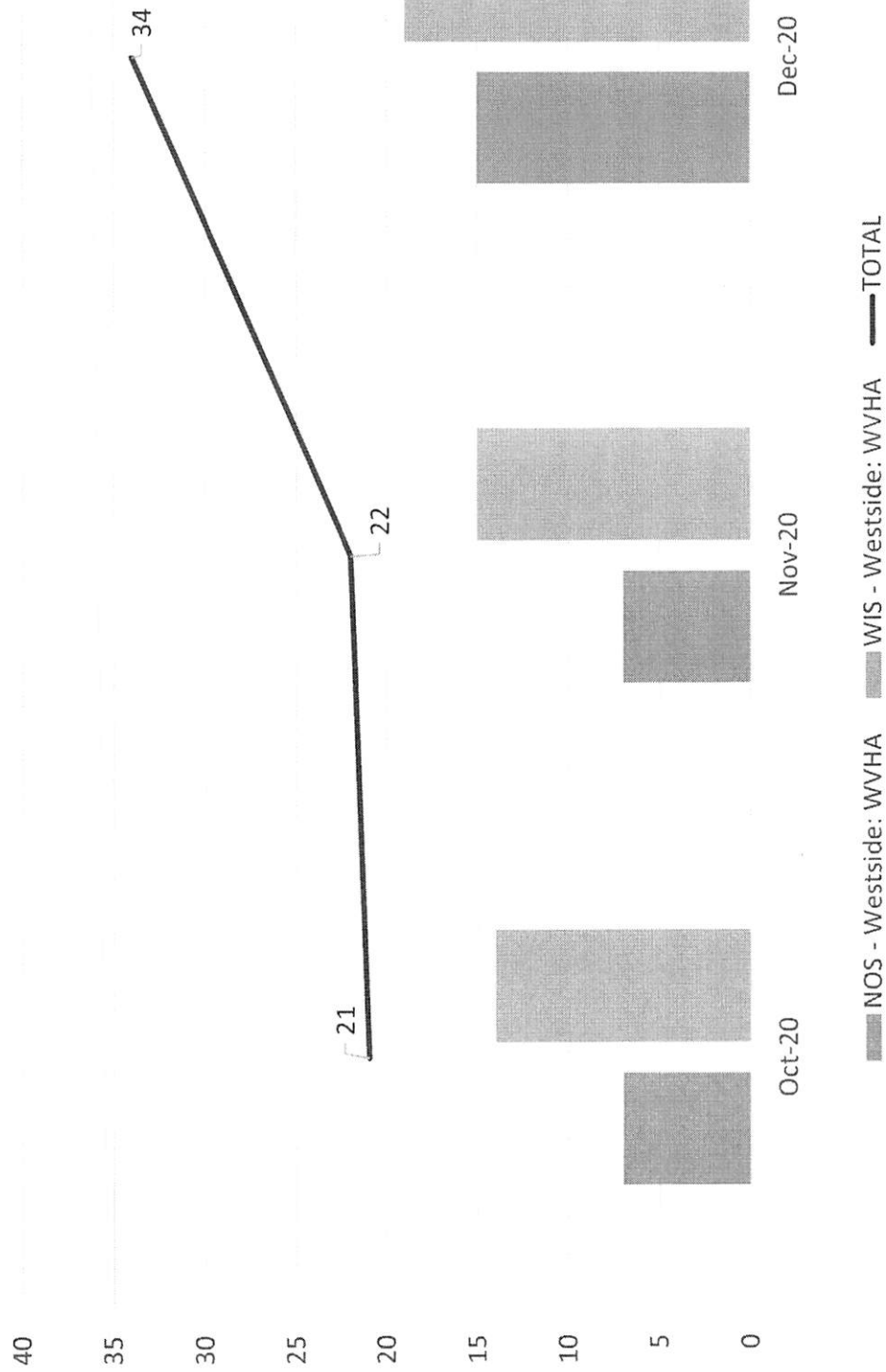
FY20-21 WIS/NOS Client Characteristics (Q1)

Client Characteristics	Total Clients (FY20-21 Q1)
Age	
0-5	29
6-10	0
11-17	3
18-29	25
30-54	20
55-64	0
Not Documented	0
Gender	
Male	11
Female	66
Race	
White	48
Black/African American	6
Other	23
Residence	
Barberville 32105	0
DeLand 32720, 32721, 32722, 32723, 32724	39
DeLeon Springs 32130	2
Lake Helen 32744	0
Pierson 32180	4
Seville 32190	0
DeBary 32713, 32753	4
Deltona 32725, 32728, 32738, 32739	17
Orange City 32763, 32774	8
Osteen 32764	3
TOTAL SERVED BY TIME PERIOD	77

FY19-20 WIS/NOS Referrals to Outreach Services



FY20-21 WIS/NOS Referrals to Outreach Services (Q1)



Related Activities

- Coordination with Dr. Rawji for clinic support
- Outreach and coordination with delivery hospitals with Level II & III NICUs
- Participation in the Substance Exposed Newborn Task Force
- Coordination with Department of Children and Families in the development of Plans of Safe Care (in accordance with CARA Federal Legislation and DCF Operational Procedure 170-8)
- Collaboration with other WVHA partners to ensure coordination of services for HIV, legal support, medical care, mental health, and health education
- Participation in the West Volusia Hospital Collaborative Meeting
- Participation in the Florida Perinatal Quality Collaborative to promote successful outcomes for very high risk women and infants. (MORE – Maternal Opioid Reduction Effort – see <https://hscweb3.hsc.usf.edu/health/publichealth/news/the-maternal-opioid-recovery-effort-mid-project-meeting-connects-divers>)
- Coordination with Advent Health for detox of pregnant and post partum women
- Participation in statewide maternal and child health collaborative to better coordinate services



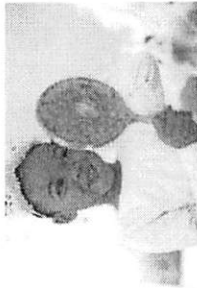
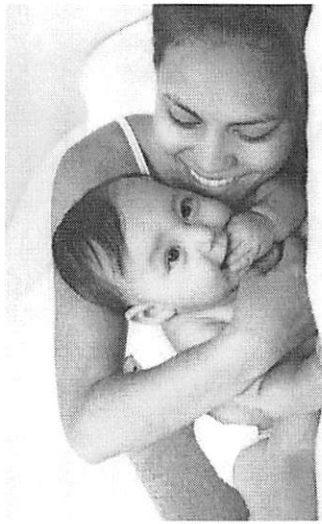


Healthy Start

Coalition of Flagler & Volusia Counties, Inc.

Strengthening Our Future

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



WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

SEPTEMBER 30, 2020

DRAFT

**WEST VOLUSIA HOSPITAL AUTHORITY
FINANCIAL STATEMENTS
SEPTEMBER 30, 2020**

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INDEPENDENT AUDITORS' REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and major fund of the West Volusia Hospital Authority (the Authority), as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

The Authority's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities and major fund of Authority as of September 30, 2020, and the respective changes in financial position thereof and the respective budgetary comparison for the general fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that management's discussion and analysis, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Authority's basic financial statements. The schedule of healthcare and other expenditures is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The schedule of healthcare expenditures is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of healthcare expenditures is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 18, 2021, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

James Moore & Co., P.C.

Daytona Beach, Florida
February 18, 2021

WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET / STATEMENT OF NET POSITION
SEPTEMBER 30, 2020

	<u>General Fund</u>	<u>Adjustments</u>	<u>Statement of Net Position</u>
<u>ASSETS</u>			
Cash and cash equivalents	\$ 18,623,357	\$ -	\$ 18,623,357
Taxes receivable	88,492	-	88,492
Prepaid items and deposits	133,626	-	133,626
Property and equipment, net	-	526,156	526,156
Total Assets	<u>\$ 18,845,475</u>	<u>\$ 526,156</u>	<u>\$ 19,371,631</u>
<u>LIABILITIES</u>			
Accounts payable and accrued expenses	\$ 1,406,594	\$ -	\$ 1,406,594
Workers' compensation claims payable	-	208,000	208,000
Total Liabilities	<u>\$ 1,406,594</u>	<u>\$ 208,000</u>	<u>\$ 1,614,594</u>
<u>DEFERRED INFLOWS</u>			
Unavailable revenue - taxes receivable	<u>\$ 84,940</u>	<u>\$ (84,940)</u>	<u>\$ -</u>
<u>FUND BALANCE / NET POSITION</u>			
Fund balance:			
Nonspendable:			
Prepaid items and deposits	\$ 133,626	\$ (133,626)	\$ -
Assigned			
Subsequent year's budget	2,000,000	(2,000,000)	-
Unassigned	15,220,315	(15,220,315)	-
Net position:			
Investment in capital assets	-	526,156	526,156
Unrestricted	-	17,230,881	17,230,881
Total Fund Balance / Net Position	<u>\$ 17,353,941</u>	<u>\$ 403,096</u>	<u>\$ 17,757,037</u>

The accompanying notes to financial statements
are an integral part of these statements.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN
FUND BALANCE / STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	<u>General Fund</u>	<u>Adjustments</u>	<u>Statement of Activities</u>
Revenues			
Ad valorem taxes	\$ 19,507,765	\$ (22,958)	\$ 19,484,807
Interest income	133,654	-	133,654
Rental income	65,064	-	65,064
Miscellaneous	19,209	-	19,209
Total revenues	<u>19,725,692</u>	<u>(22,958)</u>	<u>19,702,734</u>
Expenditures / expenses			
Healthcare and other	15,478,691	-	15,478,691
Capital outlay	17,366	(17,366)	-
Depreciation	-	28,217	28,217
Total expenditures / expenses	<u>15,496,057</u>	<u>10,851</u>	<u>15,506,908</u>
Net change in fund balance / net position	<u>4,229,635</u>	<u>(33,809)</u>	<u>4,195,826</u>
Fund balance / net position, beginning of year	13,124,306	436,905	13,561,211
Fund balance / net position, end of year	<u><u>\$ 17,353,941</u></u>	<u><u>\$ 403,096</u></u>	<u><u>\$ 17,757,037</u></u>

The accompanying notes to financial statements
are an integral part of these statements.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN
FUND BALANCE - BUDGET AND ACTUAL
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	Budgeted Amounts		Actual Amounts	Variance with Final Budget - Positive (Negative)
	Original	Final		
Revenues				
Ad valorem taxes	\$ 19,350,000	\$ 19,350,000	\$ 19,507,765	\$ 157,765
Interest income	135,000	135,000	133,654	(1,346)
Rental income	71,988	71,988	65,064	(6,924)
Miscellaneous	-	-	19,209	19,209
Total revenues	19,556,988	19,556,988	19,725,692	168,704
Expenditures				
Healthcare	17,229,088	17,229,088	13,499,216	3,729,872
Other	2,327,900	2,327,900	1,996,841	331,059
Total expenditures	19,556,988	19,556,988	15,496,057	4,060,931
Net change in fund balance	-	-	4,229,635	4,229,635
Fund balance, beginning of year	13,124,306	13,124,306	13,124,306	-
Fund balance, end of year	<u>\$ 13,124,306</u>	<u>\$ 13,124,306</u>	<u>\$ 17,353,941</u>	<u>\$ 4,229,635</u>

The accompanying notes to financial statements
are an integral part of this statement.

**WEST VOLUSIA HOSPITAL AUTHORITY
MANAGEMENT'S DISCUSSION AND ANALYSIS
SEPTEMBER 30, 2020**

BEGIN

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**WEST VOLUSIA HOSPITAL AUTHORITY
MANAGEMENT'S DISCUSSION AND ANALYSIS
SEPTEMBER 30, 2020**

END

DRAFT

WEST VOLUSIA HOSPITAL AUTHORITY
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

(1) **Summary of Significant Accounting Policies:**

The accounting policies of the West Volusia Hospital Authority (the Authority) conform to generally accepted accounting principles applicable to governmental units. The following is a summary of significant policies.

(a) **Reporting entity**—The Authority is a special taxing district in Volusia County, Florida created and incorporated in 1957 by the Legislature of the State of Florida under Chapter 57-2085. The five-member elected Board of Commissioners (the Board) is enabled to acquire, construct, operate and maintain hospitals, healthcare facilities, or contract with third parties for the care of medically indigent persons in the Authority's district, and to levy taxes and issue bonds to finance healthcare facilities' operations, and to participate in other activities to promote the general health of the district.

The Authority has adopted the Governmental Accounting Standards Board (GASB) Codification for the purpose of evaluating its financial statements. Based on the Codification, the Authority has determined that there are no other component units that meet the criteria for inclusion in the Authority's financial statements.

(b) **Government-wide and fund financial statements**—The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the activities of the Authority. The Authority only has governmental activity and does not engage in any business-type activity. Direct expenses are those that are clearly identifiable with a specific function or segment. General revenues include ad valorem taxes and interest income. Fund financial statements are presented for the Authority's General Fund. The General Fund is considered to be a major fund and is the only fund of the Authority.

(c) **Measurement focus, basis of accounting, and financial statement presentation**—The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned, and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue when all eligibility requirements imposed by the grantor have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized when they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Authority considers revenues to be available if they are collected within 60 days of the end of the current period. Expenditures generally are recorded when a liability is incurred. However, expenditures related to long-term agreements are recorded only when payment is due.

(d) **Budgets**—The Board of Commissioners of the Authority adopts an annual operating budget, which is prepared on a modified accrual basis and can be amended by the Board throughout the year. At the fund level, actual expenditures cannot exceed the budgeted amounts; however, with proper approval by the Board, budgetary transfers between line items can be made. The accompanying budgeted financial statements for the General Fund reflect the final budget authorization amounts, including all amendments.

WEST VOLUSIA HOSPITAL AUTHORITY
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

(1) **Summary of Significant Accounting Policies:** (Continued)

(e) **Cash and cash equivalents**—Cash and cash equivalents consists of cash on hand and on deposit in banks and money market accounts.

(f) **Property and equipment**—Property and equipment purchased in the general fund are recorded as expenditures at the time of purchase. Gifts or contributions are recorded at acquisition value at the time received. It is the policy of the Authority to capitalize property and equipment over \$500. Lesser amounts are expensed. Depreciation has been provided on fixed assets as a direct charge using the straight-line method over the estimated useful lives of the various classes of depreciable assets, which ranges from 5 to 40 years.

(g) **Deferred inflows of resources**—In addition to liabilities, the statement of financial position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position or fund balance that applies to future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. Currently, the one item in this category is unavailable revenues, which will be recognized as inflows of resources in the period that the amounts become available.

(h) **Fund equity**—The Authority reports fund balance in accordance with the GASB Codification. Fund balances are classified as follows:

Nonspendable—Amounts that cannot be spent either because they are not in a spendable form (prepaids and deposits) or because they are legally or contractually required to be maintained intact.

Restricted—Amounts constrained to specific purposes by outside parties or enabling legislation.

Committed—Amounts that can be used only for specific purposes determined by a formal action by ordinance or resolution.

Assigned—Amounts that are designated by the Board of Commissioners for a specific purpose.

Unassigned—All amounts not included in other spendable classifications.

When an expenditure is incurred for purposes for which restricted, committed, assigned, and unrestricted fund balance is available, the Authority considers restricted funds to have been spent first, committed funds second, assigned funds third, and unassigned funds last.

In order to determine amounts reported as restricted and unrestricted net position, it is the Authority's policy to consider restricted net position to have been used before unrestricted net position is applied.

(i) **Use of estimates**—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period.

WEST VOLUSIA HOSPITAL AUTHORITY
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

(2) **Reconciliation of Government-Wide and Fund Financial Statement:**

(a) **Explanation of certain differences between the governmental fund balance sheet and the government-wide statement of net position**—Included with the governmental fund balance sheet is a reconciliation between fund balance – total governmental funds and net position – governmental activities as reported in the government-wide statement of net position. These differences, including the recording of the Authority's capital assets and long-term workers' compensation claims liability, and various equity reclassifications, are outlined in the "Adjustments" column on the balance sheet / statement of net position.

(b) **Explanation of certain differences between the governmental fund statement of revenues, expenditures, and changes in fund balances and the government-wide statement of activities**—Included with the governmental fund statement of revenues, expenditures, and changes in fund balances, there is a reconciliation between net changes in fund balances - total governmental funds and changes in net position of governmental activities as reported in the government-wide statement of activities. These differences are included in the "Adjustments" column on the statement of revenues, expenditures, and changes in fund balance / statement of activities and consist of depreciation expense for the year and the full change in available taxes receivable.

(3) **Property Tax Calendar:**

The Authority is a taxing authority in Volusia County, Florida (the County), and pays a fee to the County for the assessment and collection of property taxes. The property tax calendar for the year ended September 30, 2020, is as follows:

Valuation date	January 1
Property appraiser prepares the assessment roll with values as of January 1, submits this preliminary roll for approval by the state and notifies each taxing authority of their respective valuations.	July 1
Each taxing authority holds two required public hearings and adopts a budget and ad valorem tax millage rate for the coming fiscal year.	September
Property appraiser certifies the assessment roll and all real and tangible personal property taxes are due and payable (levy date).	November 1
A notice of taxes is mailed to each property owner on the assessment roll. Taxes may be paid November through March with the following applicable discounts:	November through March

<u>Month</u>	<u>Discount</u>
November	4%
December	3%
January	2%
February	1%
March	0%

All unpaid taxes on real and tangible personal property become delinquent.	April 1
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A list of unpaid real and tangible personal property taxes are advertised.	April and May
--	---------------

Tax certificates are sold on all real estate with unpaid real estate property taxes (lien date).	June 1
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A court order is obtained authorizing the seizure and sale of personal property, if the taxpayer fails to pay the delinquent personal property taxes.	June
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WEST VOLUSIA HOSPITAL AUTHORITY
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

(4) Deposits and Investments:

At September 30, 2020, the carrying amount of the Authority's cash on deposit in its bank accounts was \$18,623,357 after any applicable reconciling items such as outstanding checks and deposits in transit. In addition to insurance provided by the Federal Depository Insurance Corporation, deposits are held in banking institutions approved by the State Treasurer of the State of Florida to hold public funds. Under Florida Statutes Chapter 280, Florida Security for Public Deposits Act, the State Treasurer requires all Florida qualified public depositories to deposit with the Treasurer or another banking institution eligible collateral. In the event of failure of a qualified public depository, the remaining public depositories would be responsible for covering any resulting losses. The Authority's deposits at year end are considered insured for custodial credit risk purposes.

The Authority is authorized to invest in investment vehicles, as defined in the written investment policy, which was approved by the Board. The policy specifies the authorized investment vehicles which, among others, include the Local Government Surplus Funds Trust Fund (State Board of Administration, "SBA"), negotiable direct obligations of, or obligations the principal and interest of which are unconditionally guaranteed by the U.S. Government at the then prevailing market price for such securities with remaining maturities not exceeding one year, for certain money market funds and repurchase agreements. The policy also specifies the portfolio allocation, which is intended to meet the Authority's specified goals, in order of priority; safety, liquidity, and yield.

(5) Capital Assets:

Changes in the Authority's capital assets for the years ended September 30, 2020, were as follows:

	Balance October 1, 2019	Increases	Decreases	Balance September 30, 2020
Capital assets not being depreciated:				
Land	\$ 145,000	\$ -	\$ -	\$ 145,000
Total capital assets not being depreciated	145,000	-	-	145,000
Capital assets being depreciated:				
Machinery and equipment	252	17,366	-	17,618
Buildings	772,848	-	-	772,848
Accumulated depreciation	(381,093)	(28,217)	-	(409,310)
Total capital assets being depreciated, net	392,007	(10,851)	-	381,156
Capital Assets, net	\$ 537,007	\$ (10,851)	\$ -	\$ 526,156

Depreciation expense for the year ended September 30, 2020, was \$28,217.

(6) Accrued Workers' Compensation Claims:

The Authority has responsibility for workers' compensation claims arising from the period that certain hospitals were under its control, and has accrued \$208,000 for the purpose of paying settlements. The amount accrued and represents the recommended reserve for future payments on open claims. Management has performed a detailed analysis of past claim costs, claimant life expectancy, and expected future costs in determining the estimate and considers the reserve, which is for one outstanding claim, to be adequate. This balance has not changed from the previous fiscal year.

WEST VOLUSIA HOSPITAL AUTHORITY
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

(7) **Contingencies:**

The Authority occasionally faces legal claims incidental to the ordinary course of its operations. In the opinion of management and based on the advice of legal counsel, the ultimate disposition of open inquiries and claims, if any, will not have a material adverse effect on the financial position or results of operations of the Authority.

During the year ended September 30, 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impact to the Authority as of February 18, 2021, management believes that a material impact on the Authority's financial position and results of future operations is reasonably possible.

(8) **New Accounting Pronouncements:**

The Governmental Accounting Standards Board (GASB) has issued several pronouncements that have effective dates that may impact future financial statements. Many of these standard have been deemed to have no impact on the Authority and have been considered to be early-implemented. Listed below are pronouncements with required implementation dates effective for subsequent fiscal years that have not yet been implemented. Management has not currently determined what, if any, impact implementation of the following will have on the financial statements:

- (a) GASB issued Statement No. 87, *Leases*, in June 2017. GASB 87 increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The provisions in GASB 87 are effective for periods beginning after June 15, 2021.

WEST VOLUSIA HOSPITAL AUTHORITY
SCHEDULE OF HEALTHCARE AND OTHER EXPENDITURES
FOR THE YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Expenditures		
Healthcare expenditures		
Baker Act, substance abuse and mental health programs	\$ 1,164,403	\$ 1,234,456
Hospital indigent care reimbursements	3,771,176	5,598,544
Hospital - physicians services	210,717	180,944
Health Care Responsibility Act reimbursements	272,620	244,169
KidCare outreach	42,974	68,574
Medicaid reimbursements	2,467,478	2,376,838
Pharmacy program	790,461	751,986
Primary care and pharmacy services	484,386	-
Primary care and dental program	847,627	1,063,529
Specialty care program	3,118,665	3,718,835
HIV outreach	328,709	330,364
Total healthcare expenditures	<u>13,499,216</u>	<u>15,568,239</u>
Other expenditures		
General and administrative	71,152	76,034
Marketing and advertising	4,133	7,282
Third-party administration	527,301	500,424
Eligibility and enrollment oversight	430,500	377,533
Legal	88,667	75,590
Plant and maintenance	4,001	2,664
Professional and accounting fees	63,623	81,397
Tax increment fees - City of DeLand	90,813	64,265
Tax collector and appraiser fees	683,625	684,377
Miscellaneous	15,660	5,834
Capital outlay	17,366	-
Total other expenditures	<u>1,996,841</u>	<u>1,875,400</u>
Total expenditures	<u><u>\$ 15,496,057</u></u>	<u><u>\$ 17,443,639</u></u>

See accompanying notes to financial statements.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Commissioners,
West Volusia Hospital Authority:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the *Government Auditing Standards* issued by the Comptroller General of the United States of America, the financial statements of the governmental activities and major fund of the West Volusia Hospital Authority (the Authority) as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated February 18, 2021

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Daytona Beach, Florida
February 18, 2021

James Moore & Co., P.L.

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**INDEPENDENT AUDITORS' MANAGEMENT LETTER REQUIRED
BY CHAPTER 10.550, RULES OF THE STATE OF FLORIDA
OFFICE OF THE AUDITOR GENERAL**

To the Board of Commissioners,
West Volusia Hospital Authority:

Report on the Financial Statements

We have audited the basic financial statements of the West Volusia Hospital Authority (the Authority), as of and for the fiscal year ended September 30, 2020, and have issued our report thereon dated February 18, 2021.

Auditors' Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Chapter 10.550, Rules of the Florida Auditor General.

Other Reporting Requirements

We have issued our Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*; and Independent Accountants' Report on an examination conducted in accordance with *AICPA Professional Standards*, AT-C Section 315, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General. Disclosures in those reports, which are dated February 18, 2021, should be considered in conjunction with this management letter.

Prior Audit Findings

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. No comments from the second preceding year remain uncorrected. There were no recommendations made in the preceding financial audit report.

Official Title and Legal Authority

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. The Authority was established by special act by the Florida Legislature. There are no component units related to the Authority.

Financial Condition and Management

Sections 10.554(1)(i)5.a. and 10.556(7), Rules of the Auditor General, require us to apply appropriate procedures and communicate the results of our determination as to whether or not the Authority has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and to identify the specific condition(s) met. In connection with our audit, we determined that the Authority did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures for the Authority. It is management's responsibility to monitor the Authority's financial condition, and our financial condition assessment was based in part on representations made by management and review of financial information provided by same.

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we communicate any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

Additional Matters

Section 10.554(1)(i)3., Rules of the Auditor General, requires us to communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but warrants the attention of those charged with governance. In connection with our audit, we did not note any such findings.

Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, and applicable management and the Board of Commissioners, and is not intended to be and should not be used by anyone other than these specified parties.

Daytona Beach, Florida
February 18, 2021

James Moore & Co., P.L.

INDEPENDENT ACCOUNTANTS' EXAMINATION REPORT

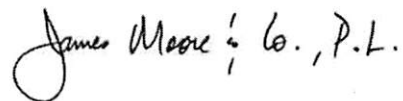
To the Board of Commissioners,
West Volusia Hospital Authority:

We have examined the West Volusia Hospital Authority's (the Authority) compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies*, for the year ended September 30, 2020. The Authority's management is responsible for the Authority's compliance with those requirements. Our responsibility is to express an opinion on the Authority's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Authority complied with Section 218.415, Florida Statutes, *Local Government Investment Policies*, for the year ended September 30, 2020, in all material respects. An examination involves performing procedures to obtain evidence about the Authority's compliance with those requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of risks of material noncompliance with those requirements, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

In our opinion, the West Volusia Hospital Authority complied, in all material respects, with the aforementioned requirements for the year ended September 30, 2020.

Daytona Beach, Florida
February 18, 2021





Dreggors, Rigsby & Teal, P.A.

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February 8, 2021

West Volusia Hospital Authority
Board of Commissioners
1006 N. Woodland Blvd.
PO Box 940
DeLand, FL 32721

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority) as of September 30, 2020 and for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows, where applicable, of the Authority in accordance with accounting principles generally accepted for governments in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of February 8, 2021:

Financial Statements

1. The financial statements were prepared in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
5. We have reviewed, approved, and taken responsibility for the financial statements and related notes.
6. We have a process to track the status of audit findings and recommendations.
7. We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
8. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
9. There have been no related party transactions.
10. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.

11. There is no summary of unrecorded misstatements shown in an attached schedule since all adjustments proposed by the auditor, material and immaterial, have been recorded.
12. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
13. All funds and activities are properly classified.
14. All funds that meet the quantitative criteria in GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*, GASB Statement No. 37, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus* as amended, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.
15. All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
16. The policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
17. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
18. All interfund and intra-entity transactions and balances, if any, have been properly classified and reported.
19. Special items and extraordinary items have been properly classified and reported.
20. Deposit and investment risks have been properly and fully disclosed.
21. Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
22. All required supplementary information is measured and presented within the prescribed guidelines.
23. With respect to the supplementary information accompanying the financial statements:
 - We acknowledge our responsibility for the presentation of the supplementary information in accordance with accounting principles generally accepted in the United States of America.
 - We believe the supplementary information, including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America.
 - The methods of measurement or presentation have not changed from those used in the prior period.
 - We believe the significant assumptions or interpretations underlying the measurement or presentation of the supplementary information, and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
 - When the supplementary information is not presented with the audited financial statements, management will make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the entity of the supplementary information and the auditors' report thereon.
 - We acknowledge our responsibility to include the auditor's report on the supplementary information in any document containing the supplementary information and that indicates the auditor reported on such supplementary information.
 - We acknowledge our responsibility to present the supplementary information with the audited financial statements or, if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the entity of the supplementary information and the auditors' report thereon.

24. With respect to the required supplementary information accompanying the financial statements:
- We acknowledge our responsibility for the presentation of the required supplementary information in accordance with accounting principles generally accepted in the United States of America.
 - We believe the supplementary information, including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America.
 - The methods of measurement or presentation have not changed from those used in the prior period.
 - We believe the significant assumptions or interpretations underlying the measurement or presentation of the supplementary information, and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
25. Accrued workers' compensation claims have been properly reserved for and the amount recorded is adequate given the circumstances.
26. With regard to investments and other instruments reported at fair value:
- The underlying assumptions are reasonable and they appropriately reflect the Authority's intent and ability to carry out its stated courses of action.
 - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
 - The disclosures related to fair values are complete, adequate, and in accordance with U.S. GAAP.
 - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.

Information Provided

27. We have provided you with:
- Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements of the Authority referred to above, such as records, documentation, meeting minutes, and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
28. All transactions have been recorded in the accounting records and are reflected in the financial statements.
29. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
30. We have provide to you our analysis of the entity's ability to continue as a going concern, including significant conditions and event present, and if necessary, our analysis of management's plans, and our ability to achieve those plans.
31. We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
- The Board of Commissioners of the West Volusia Hospital Authority
 - Employees (if any, whether current or former), contractors, and/or others who have significant roles in internal control; or
 - Others where the fraud could have a material effect on the financial statements.
32. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors, regulators, or others.
33. We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.
34. We have disclosed to you the identity of the entity's related parties. There have been no related party transactions.
35. There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.

36. The Authority has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
37. We have disclosed to you all guarantees, whether written or oral, under which the Authority is contingently liable.
38. We have disclosed to you all significant estimates and material concentrations known to us that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
39. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
40. We have no knowledge of:
 - Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
 - Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
 - Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
41. The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
42. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
43. In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures including the performance of the following functions:
 - Reconcile general ledger amounts to the draft financial statements utilizing grouping schedules to be provided by JMCO.
 - Review all supporting documentation and explanations for journal entries proposed and approve the entries.
 - Review the adequacy of financial statement disclosures by completing a disclosure checklist.
 - Review and approve schedules and calculations supporting amounts included in the notes to the financial statements.
 - Apply analytic procedures to the draft financial statements.
 - Perform other procedures as considered necessary by us.
44. In regards to the financial statement preparation assistance services performed by you, we have:
 - Made all management decisions and performed all management functions.
 - Designated a management-level individual with suitable skill, knowledge, or experience to oversee the services.
 - Evaluated the adequacy and results of the services performed.
 - Accepted responsibility for the results of the services.
 - Established and maintained internal controls, including monitoring ongoing activities.
45. During the year ended September 30, 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while we cannot quantify the financial and other impact to the

Authority as of February 8, 2021, we believe that a material impact on the entity's net position and results of future operations is reasonably possible.

Section 218.415, Florida Statutes, *Local Government Investment Policies*

We confirm, to the best of our knowledge and belief, the following representations made to you during your examination engagement:

46. We are responsible for complying with Section 218.415, Florida Statutes, *Local Government Investment Policies*.
47. We are responsible for selecting the criteria and have selected the following: Section 218.415, Florida Statutes, *Local Government Investment Policies*.
48. We have determined that the criteria are suitable and appropriate for our purposes.
49. We are responsible for establishing and maintaining effective internal control over compliance.
50. We assert that the Authority is in compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* for the year ended September 30, 2019.
51. There is no known noncompliance.
52. There has been no correspondence or other communications we have received from regulatory authorities, internal auditors, and other practitioners regarding possible noncompliance with the specified requirements.
53. We have made available to you all records and documentation applicable to compliance with the specified requirements.
54. There is no known noncompliance that has occurred subsequent to through the date of this letter that would affect the presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies*, or your report.
55. We represent that your report will be available for general use.

Dreggors, Rigsby & Teal, P.A.

Dreggors, Rigsby & Teal, P.A.



West Volusia Hospital Authority

February 18, 2021

James Moore & Co., P.L.
121 Executive Circle
Daytona Beach, Florida 32114

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority) as of September 30, 2020 and for the years then ended, and the related notes to the financial statements, for the purpose of expressing opinions on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows, where applicable, of the Authority in accordance with accounting principles generally accepted for governments in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of February 18, 2021:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated March 9, 2020, for the preparation and fair presentation of the financial statements of the Authority referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
5. We have reviewed, approved, and taken responsibility for the financial statements and related notes.
6. We have a process to track the status of audit findings and recommendations.
7. We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
8. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
9. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
10. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
11. The effects of uncorrected misstatements summarized in the attached schedule and aggregated by you during the current engagement are immaterial, both individually and in the aggregate, to the Authority and to the financial statements as a whole.
12. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
13. All funds and activities are properly classified.

14. All funds that meet the quantitative criteria in GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*, GASB Statement No. 37, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus* as amended, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.
15. All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
16. Our policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
17. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
18. All interfund and intra-entity transactions and balances, if any, have been properly classified and reported.
19. Special items and extraordinary items have been properly classified and reported.
20. Deposit and investment risks have been properly and fully disclosed.
21. Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
22. All required supplementary information is measured and presented within the prescribed guidelines.
23. With respect to the supplementary information accompanying the financial statements:
 - We acknowledge our responsibility for the presentation of the supplementary information in accordance with accounting principles generally accepted in the United States of America.
 - We believe the supplementary information, including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America.
 - The methods of measurement or presentation have not changed from those used in the prior period.
 - We believe the significant assumptions or interpretations underlying the measurement or presentation of the supplementary information, and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
 - When the supplementary information is not presented with the audited financial statements, management will make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the entity of the supplementary information and the auditors' report thereon.
 - We acknowledge our responsibility to include the auditor's report on the supplementary information in any document containing the supplementary information and that indicates the auditor reported on such supplementary information.
 - We acknowledge our responsibility to present the supplementary information with the audited financial statements or, if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by the entity of the supplementary information and the auditors' report thereon.
24. With respect to the required supplementary information accompanying the financial statements:
 - We acknowledge our responsibility for the presentation of the required supplementary information in accordance with accounting principles generally accepted in the United States of America.
 - We believe the supplementary information, including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America.
 - The methods of measurement or presentation have not changed from those used in the prior period.

- We believe the significant assumptions or interpretations underlying the measurement or presentation of the supplementary information, and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
- 25. Accrued workers' compensation claims have been properly reserved for and the amount recorded is adequate given the circumstances.
- 26. With regard to investments and other instruments reported at fair value:
 - The underlying assumptions are reasonable and they appropriately reflect the Authority's intent and ability to carry out its stated courses of action.
 - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
 - The disclosures related to fair values are complete, adequate, and in accordance with U.S. GAAP.
 - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.

Information Provided

- 27. We have provided you with:
 - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements of the Authority referred to above, such as records, documentation, meeting minutes, and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- 28. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- 29. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 30. We have provided to you our analysis of the entity's ability to continue as a going concern, including significant conditions and events present, and if necessary, our analysis of management's plans, and our ability to achieve those plans.
- 31. We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
 - The Board of Commissioners of the West Volusia Hospital Authority
 - Employees (if any, whether current or former), contractors, and/or others who have significant roles in internal control; or
 - Others where the fraud could have a material effect on the financial statements.
- 32. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors, regulators, or others.
- 33. We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.
- 34. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
- 35. We have disclosed to you any communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
- 36. The Authority has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- 37. We have disclosed to you all guarantees, whether written or oral, under which the Authority is contingently liable.
- 38. We have disclosed to you all significant estimates and material concentrations known to the Authority that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November*

- 30, 1989 FASB and AICPA Pronouncements. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
39. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
40. There are no:
- Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
 - Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
 - Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
41. The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
42. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
43. In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures including the performance of the following functions:
- Reconcile general ledger amounts to the draft financial statements utilizing grouping schedules to be provided by you.
 - Review all supporting documentation and explanations for journal entries you proposed and approve the entries.
 - Review the adequacy of financial statement disclosures by completing a disclosure checklist.
 - Review and approve schedules and calculations supporting amounts included in the notes to the financial statements.
 - Apply analytic procedures to the draft financial statements.
 - Perform other procedures as considered necessary by us
44. In regards to the financial statement preparation assistance services performed by you, we have:
- Made all management decisions and performed all management functions.
 - Designated a management-level individual (Ronald Cantlay, Dreggors, Rigsby, & Teal) with suitable skill, knowledge, or experience to oversee the services.
 - Evaluated the adequacy and results of the services performed.
 - Accepted responsibility for the results of the services.
 - Established and maintained internal controls, including monitoring ongoing activities.
45. During the year ended September 30, 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impact to the Authority as of February 18, 2021, management believes that a material impact on the entity's net position and results of future operations is reasonably possible.

Section 218.415, Florida Statutes, *Local Government Investment Policies*

We confirm, to the best of our knowledge and belief, the following representations made to you during your examination engagement:

46. We are responsible for complying with Section 218.415, Florida Statutes, *Local Government Investment Policies*.
47. We are responsible for selecting the criteria and have selected the following: Section 218.415, Florida Statutes, *Local Government Investment Policies*.
48. We have determined that the criteria are suitable and appropriate for our purposes.
49. We are responsible for establishing and maintaining effective internal control over compliance.
50. We assert that the Authority is in compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* for the year ended September 30, 2020.
51. We have communicated and disclosed to you all known noncompliance.
52. We have communicated and disclosed to you all correspondence or other communications we have received from regulatory authorities, internal auditors, and other practitioners regarding possible noncompliance with the specified requirements.
53. We have made available to you all records and documentation applicable to compliance with the specified requirements.
54. To the best of our knowledge and belief, we have disclosed to you all known noncompliance that has occurred subsequent to through the date of this letter that would affect the presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies*, or your report.
55. We represent that your report will be available for general use.

Signed: _____
Chair, Board of Commissioners

Signed: _____
Ronald Cantlay, Partner, Dreggors, Rigsby & Teal

WEST VOLUSIA HOSPITAL AUTHORITY
An Independent Special District

MANAGEMENT'S DISCUSSION AND ANALYSIS(Continued)
Year Ended September 30, 2020

Economic Factors and Changes on the Horizon.

The Authority exists to provide access to healthcare for qualified uninsured residents of the taxing district. The Authority requires all applicants for the Authority's program to apply for coverage through the federal exchange, as well as Medicaid. In 2020, many businesses in the West Volusia area experienced shutdowns and service interruptions due to Covid-19. This pandemic led to the expansion of health card enrollment. While enrollment increased, medical visits decreased. The decrease in medical visits is attributed to improving health conditions for some health card members and a fear by some health card members of seeking services where they may be exposed to a Covid positive individual. It is anticipated that as the Covid-19 pandemic subsides, health card members will be more willing to visit medical facilities and the demand for services will increase. The Authority's expenditures are also subject to legislative changes by the State of Florida affecting the Medicaid share of costs which could rise in the future. These factors will demand continued planning and diligence from the Board. Beginning on October 1, 2020, the Authority changed primary care providers by establishing third-party managed clinics for only the health card members. These clinics are expected to be able to streamline medical care, provide more comprehensive care, and reduce costs. For the September 30, 2020 fiscal year, the Board set its final millage rate at 1.5035 mills which 14.4 % lower than the rollback rate.

Requests for Information

This report is designed to provide an overview of the Authority's finances for those with an interest in this area. Questions concerning any of the information found in this report, or requests for additional information, should be directed to Eileen Long, West Volusia Hospital Authority, 1006 N. Woodland Blvd., DeLand, Florida 32720.

PLAN EXCLUSIONS

For all Medical Benefits shown in the Schedule of Benefits, a charge for the following is not covered:

- (1) **Alternative medicine.** Care, treatment, services or supplies related to alternative or complimentary medicine, including but not limited to holistic medicine, homeopathy, hypnosis, hypnotherapy, aroma therapy, rolfing, reiki therapy, herbal therapy, myotherapy, prolotherapy, naturopathy, sclerotherapy, sex therapy, vision therapy or other alternative treatment that is not an accepted medical practice as determined by the Plan, except as specifically stated as a benefit under this Plan. Services performed by a Naturopathic Doctor within the scope of his/her license that are otherwise considered a Covered Charge, will be eligible.
- (2) **Ambulance.** Land or air ambulance services.
- (3) **Autism Services.** Treatment for autism after diagnosis including, but not limited to, Intensive Behavioral Intervention (IBI), Early Intensive Behavioral Intervention (EIBI) and Applied Behavioral Analyst (ABA).
- (4) **Bereavement counseling.** Bereavement counseling as a result of a loss of a loved one.
- (5) **Biofeedback.** Services related to biofeedback.
- (6) **Coding Guidelines.** Charges for inappropriate coding in accordance to the industry standard guidelines in effect at the time services were received.
- (7) **Complications of non-covered treatments.** Care, services or treatment required as a result of complications from a treatment not covered under the Plan are not covered.
- (8) **Cosmetic Procedures.** Any surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, or improve a physiological function. Cosmetic Procedures include cosmetic surgery, reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, or treatment relating to the consequences of, or as a result of, Cosmetic Surgery (including reimplantation). This exclusion includes, but is not limited to, surgery to correct gynecomastia and breast augmentation procedures, and otoplasties. This exclusion does not apply to surgery to restore function if the body area has been altered by Injury, disease, trauma, congenital/developmental Anomalies, or previous covered therapeutic processes.
- (9) **Counseling.** Care and treatment for family planning, marital or pre-marital counseling and financial counseling.
- (10) **Custodial care.** Services or supplies provided mainly as a rest cure, maintenance, Custodial Care or domiciliary care consisting chiefly of room and board, except as specifically stated as a benefit under this Plan.
- (11) **Dental Care.** The care and treatment of teeth or gums, alveolar processes, dentures, appliances or supplies used in such care or treatment, or drugs prescribed in connection with dental care, Injury or damage to teeth as a result of or caused by chewing of food or similar substances and dental implants including preparation for implants, orthodontics services or procedures, periodontal surgery, cast crowns, cast post or core, cast bridges, inlays or onlays, porcelain or resin laminate veneers, space maintainers or any cosmetic dental procedures, except as specifically stated as a benefit under this Plan.

General dental benefits will be provided by the Florida Department of Health and are not payable under this Plan.
- (12) **Developmental Delays.** Occupational, speech and physical therapy related to developmental delays, intellectual disabilities or behavioral therapy.

- (13) **Durable Medical Equipment.** Charges for Durable Medical Equipment and supplies necessary for the maintenance and operation of the Durable Medical Equipment except as provided for small personal medical equipment provided by a WVHA miCare Clinic, including but not limited to glucometer or blood pressure monitors, where such small personal medical equipment is required to effectively manage chronic health conditions such as diabetes and hypertension.
- (14) **Educational or vocational testing.** Services for educational or vocational testing or training, except as specifically stated as a benefit under this Plan.
- (15) **Emergency Services.** All emergency and non-emergency care and treatment provided in an Emergency Room; also includes any further medical examination and treatment performed by the staff of or at the facilities of the Hospital as is required under EMTALA to stabilize the Plan Participant.
- (16) **Exams for employment, insurance, licensing or litigation purposes.**
- (17) **Excess charges** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Allowable Charge.
- (18) **Exercise programs.** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy if covered by this Plan.
- (19) **Experimental or not Medically Necessary.** Care and treatment that is either Experimental/ Investigational or not Medically Necessary.
- (20) **Eye care.** Radial keratotomy or other eye surgery to correct refractive disorders. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting. This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages.
- (21) **Routine foot care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions (except open cutting operations), and treatment of corns, calluses or toenails (unless needed in treatment of a metabolic or peripheral-vascular disease or as otherwise deemed Medically Necessary).
- (22) **Fraud.** Willfully and knowingly engaging in an activity intended to defraud the Plan including failure to notify the Plan of an event that effects the eligibility of a Plan Participant. Committing fraud will result in a denial of a claim, but may also result in the termination of a Plan Participants coverage under this Plan and prosecution and punishment under the full extent under state and/or federal law.
- (23) **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services. Immunization for foreign travel is not a Covered Charge under this Plan.
- (24) **Government coverage.** Care, treatment or supplies furnished by a program or agency funded by any government. This exclusion does not apply to Medicaid or when otherwise prohibited by applicable law.
- (25) **Hair loss.** Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
- (26) **Hearing Aids.** Purchase and fitting of hearing aids.
- (27) **Home Health Care.** Charges for home health care services and supplies for care and treatment of an Injury or Sickness.
- (28) **Hospice Care.** Charges for Hospice Care Services and Supplies.
- (29) **Hospital employees.** Professional services billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.

- (30) **Illegal acts.** Charges for services received as a result of an Illness or Injury occurring directly, or indirectly as a result of a serious criminal act, or a riot or public disturbance, or regardless of causation, if such Illness or Injury occurs in connection with, or while engaged in, or attempting to engage in, a serious criminal act, or a riot or public disturbance. For the purposes of this exclusion, the term "serious criminal act" shall mean any act or series of acts by the Plan Participant, or by the Plan Participant in concert with another or others, for which, if prosecuted as a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed. For this exclusion to apply, it is not necessary that criminal charges be filed, or if filed, that a conviction result, or that a sentence of imprisonment for a term in excess of one year be imposed. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

Charges for services, supplies, care or treatment to a Plan Participant for an Injury or Illness which occurred as a result of that Plan Participant operating a motor vehicle while under the influence of alcohol or drugs or a combination thereof or operating a motor vehicle with a blood or breath alcohol content (BAC) above the legal limit. The arresting officer's determination of inebriation will be sufficient for this exclusion. It is not necessary for this exclusion to apply that criminal charges be filed, or if filed, that a conviction result. Expenses will be covered for injured Plan Participants other than the person operating the vehicle while under the influence or a BAC above the legal limit, and expenses may be covered for chemical dependency treatment as specified in this Plan. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

- (31) **Impotence.** Care, treatment, services, supplies or medication in connection with treatment for impotence or sexual dysfunction.
- (32) **Incarcerated.** Care, treatment, services, and supplies incurred and/or provided to a Plan Participant by a government entity while housed in a governmental institution.
- (33) **Infertility.** Charges for services to restore or enhance fertility, including, but not limited to, genetic testing, artificial insemination, in vitro fertilization, embryo transfer procedures and sterilization reversal.
- (34) **Labor and Delivery.** Labor and delivery resulting from Pregnancy.
- (35) **Long-term care, chronic care and nursing home care services.**
- (36) **Mailing or Sales Tax.** Charges for mailing, shipping, handling, postage, conveyance and sales tax.
- (37) **Missed Appointment.** Charges for failure to keep a scheduled visit or appointment.
- (38) **No charge.** Care and treatment for which there would not have been a charge if no coverage had been in force.
- (39) **Non-emergency Hospital admissions.** Care and treatment billed by a Hospital for non-Medical Emergency admissions on a Friday or a Saturday. This does not apply if surgery is performed within 24 hours of admission.
- (40) **No obligation to pay.** Charges incurred for which the Plan has no legal obligation to pay.
- (41) **No Physician recommendation.** Care, treatment, services or supplies not recommended and approved by a Physician; or treatment, services or supplies when the Plan Participant is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Illness.
- (42) **Not specified as covered.** Non-traditional medical services, treatments and supplies which are not specified as covered under this Plan.

- (43) **Obesity.** Care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another illness is excluded, except as specifically stated as a benefit under this Plan.
- (44) **Occupational Injury.** Care and treatment of an Injury or Illness that is occupational – that is, arises from work for wage or profit including self-employment. This exclusion applies even though the Plan Participant:
- (a) Has waived his/her rights to Workers' Compensation benefits;
 - (b) Was eligible for Workers' Compensation benefits and failed to properly file a claim for such benefits; or
 - (c) The Plan Participant is permitted to elect not to be covered under Workers' Compensation and has affirmatively made that election.
- (45) **Orthognathic, Prognathic and Maxillofacial Surgery** except as specifically covered under this Plan.
- (46) **Orthotic appliances.** The purchase (whether an original or replacement), fitting and repair of orthotic appliances such as braces, splints or other appliances.
- (47) **Personal comfort items.** Personal comfort items, patient convenience items, or other equipment, such as, but not limited to, air conditioners, air-purification units, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, nonprescription drugs and medicines, girdles, corsets, abdominal binders and belts, first-aid supplies and non-hospital adjustable beds.
- (48) **Plan design excludes.** Charges excluded by the Plan design as mentioned in this document.
- (49) **Private duty nursing.** Charges in connection with care, treatment or services of a private duty nurse.
- (50) **Prosthetics.** The purchase (whether an original or replacement), fitting and repair of fitted prosthetic devices which replace body parts.
- (51) **Relative giving services.** Professional services performed by a person who ordinarily resides in the Plan Participant's home or is related to the Plan Participant as a Spouse, parent, child, brother or sister, whether the relationship is by blood or exists in law.
- (52) **Routine care.** Charges for routine or periodic examinations, screening examinations, evaluation procedures, preventive medical care, or treatment or services not directly related to the diagnosis or treatment of a specific Injury, Illness or Pregnancy-related condition which is known or reasonably suspected, unless such care is specifically covered in the Schedule of Benefits or required by applicable law.
- (53) **Services before or after coverage.** Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.
- (54) **Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment.
- (55) **Skilled Nursing Facilities.** The room and board and nursing care furnished by a Skilled Nursing Facility.
- (56) **Surgical sterilization reversal.** Care and treatment for reversal of surgical sterilization for men and women.

- (57) **Surrogacy.** Services and supplies provided in connection with a surrogate including Pregnancy and maternity charges incurred by a Plan Participant acting as a surrogate.
- (58) **Temporomandibular Joint Disorder (TMJ) services.** Diagnostic services, non-surgical services and surgical services including intraoral devices or any other non-surgical method to alter occlusion and/or vertical dimension.
- (59) **Transplants.** Charges for the procurement and transplant of organs or tissues including travel and lodging, except as specifically stated as a benefit under this Plan.
- (60) **Travel or accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician.
- (61) **Urgent Care.** Care and treatment for an Illness, Injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room services.
- (62) **War.** Any loss that is due to a declared or undeclared act of war.

Claims should be received by the Claims Administrator within **90 days** from the date charges for the services were incurred. Benefits are based on the Plan's provisions in effect at the time the charges were incurred. Claims received later than that date will be denied.

The Plan Participant must provide sufficient documentation (as determined by the Claims Administrator) to support a Claim for benefits. The Plan reserves the right to have a Plan Participant seek a second medical opinion.

Eileen Long

From: Andrew G. Murray <amurray@ebms.com>
Sent: Monday, February 08, 2021 2:16 PM
To: Eileen Long; Ted Small
Cc: Darik J. Croft
Subject: WVHA Rx PAP mechanism -- recommendation for Board discussion

Eileen and WVHA team,

Following the Board's discussion around the best strategy to encourage Health Card members to cooperate with getting enrolled in Patient Assistance Programs (PAP) and other similar charitable and/or indigent care programs that has potential to save taxpayer money, Attorney Small and I propose the below change to the Eligibility Guideline (Section VI – Termination) to make clear the expectation that all Health Card members will fully cooperate with the recommendations of the WVHA miCare team and/or other agencies (e.g. Legal Services) to ensure that Members receive the right care at the right time and at best pricing for WVHA taxpayers.

Current Section VI (January 15th, 2019 version)

Article VI. WVHA Termination

Section 6.01 Purpose

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

Section 6.02 Policy

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

1. Providing false information by evidence of submission or omission.
2. Failure to keep appointments
3. Abusive or disruptive behavior
4. Inappropriate or excessive use of Emergency Room Services
5. Inappropriate or excessive use of other provided services, including altered RX Prescriptions
6. Illegal possession of firearms or weapons
7. Physical or verbal threats
8. Enrollment in a Health Insurance Plan
9. Eligible for Medicaid
10. Eligible to enroll in ACA Marketplace private insurance, net of premium tax credits, for cost that is less than 8% of gross income.

If terminated for reasons 1,4,5,6, or 7, individuals may be determined temporarily ineligible by any agency contracted

Recommendation

Add with immediate effect to the current Section 6.02 a new sub-paragraph 11 as follows:

"11. Repeated failure to cooperate with the recommendations of WVHA miCare team and/or other agencies to ensure that Members receive the right care at the right time and at best pricing for WVHA taxpayers."

This addition would establish a suitable mechanism to encourage cooperation at the time of membership renewal as well as serve as grounds for termination at any other time in the case of particularly egregious obstruction of efforts to

qualify Health Card members for PAPs and other similar charitable and/or indigent care programs that has potential to save taxpayer money.

Best regards,

Andrew

Dr. Andrew G. Murray

Chief Medical Officer | EBMS | www.ebms.com

President | miCare Health Centers | www.micarehealthcenter.com

President | miRx Pharmacy | www.mirxpharmacy.com

t: 800.777.3575 | p: 406.245.3575 | e-mail: amurray@ebms.com

2075 Overland Avenue | PO Box 21367 | Billings, MT 59104-1367

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.



HIPAA Confidentiality Notice - Protected Health Information

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Eileen Long

From: Andrew G. Murray <amurray@ebms.com>
Sent: Monday, February 08, 2021 4:54 PM
To: Eileen O'Reilly Long; Eileen Long
Cc: Gail Hallmon; Dorcas Sanabria; Darik J. Croft; Zackary S. McKittrick
Subject: WVHA Health Card renewal process recommendation

Dear Eileen and WVHA team,

The House Next Door (THND) and EBMS teams have been working since the January Board meeting to develop a sound strategy that will allow THND to commence systematic re-verification at the time of Health Card membership renewal. We've carefully considered various strategies, realizing that THND's ability to process new or renewal applications is limited to no more than 350/month. We also appreciate that any operational delay in processing applications may risk unintended lapses of membership with a resulting loss of access to medical and pharmacy care. We therefore recommend the below strategy to systematically re-verify Health Card members' information in the coming months:

- For all members who had been verified in the past 6 months (i.e. enrolled for the first time or successfully renewed from September 2020 through February 2021), extend membership by 6 months. For example, if a member enrolled in the Health Card program for the first time on 9/1/2020, then extend the renewal date through 9/1/2021.
- For all other members, extend membership for 12 months from the original renewal date prior to the series of automatic extensions due to Gov. Desantis' State of Emergency declaration pursuant to Executive Order 2020-52 dated March 9th, 2020. For example, if a Health Card member's original renewal date was 4/1/2020 then that member's new renewal date would be 4/1/2021; similarly if a member's original renewal date was 6/1/2020 then that member's new renewal date would be 6/1/2021.
- For all members issue correspondence and a new membership card with their new termination/renewal date based on approach above.

We believe this proposed strategy will best prioritize for re-verification those individuals who's eligibility had not recently been reviewed by THND without causing unnecessary risk of operational delays and potential interruption of access to medical and/or pharmacy care.

Best regards,

Dr. Andrew Murray and Gail Hallmon

Dr. Andrew G. Murray

Chief Medical Officer | EBMS | www.ebms.com
President | miCare Health Centers | www.micarehealthcenter.com
President | miRx Pharmacy | www.mirxpharmacy.com

t: 800.777.3575 | p: 406.245.3575 | e-mail: amurray@ebms.com
2075 Overland Avenue | PO Box 21367 | Billings, MT 59104-1367

The benefit of balance is greater wellbeing

Eileen Long

From: Andrew G. Murray <amurray@ebms.com>
Sent: Monday, February 08, 2021 2:42 PM
To: Eileen Long; Gail Hallmon; Dorcas Sanabria
Subject: WVHA Eligibility Guidelines review

Eileen and team,

The House Next Door (THND) and EBMS teams met recently to review the current Eligibility Guidelines. We wanted to highlight the following areas for further Board discussion:

- **Homeless verification** – The Neighborhood Center serves the DeLand market effectively but this location seems to pose challenges for residents in the south and north of the taxing district. Are there additional agencies located in the Deltona/Orange City and/or Pierson areas that can supplement?
- **Farmworkers Association** – This agencies' office located in the north of the taxing district is currently closed due to lack of staffing. A potential interim solution is to recognize the most recent documentation for upcoming renewals but there is concern about a sustainable longer term solution.
- **Eligibility Term** (section 3.02 #5) – consider moving to 12 month eligibility terms to align with other indigent programs (including Medicaid) to decrease administrative burden that results in few declined applications.

The teams at THND and EBMS look forward to supporting the Board's ongoing discussion on these topics in the upcoming Board discussions.

Best regards,

Dr. Andrew Murray & Gail Hallmon

Dr. Andrew G. Murray

Chief Medical Officer | EBMS | www.ebms.com
President | miCare Health Centers | www.micarehealthcenter.com
President | miRx Pharmacy | www.mirxpharmacy.com

t: 800.777.3575 | p: 406.245.3575 | e-mail: amurray@ebms.com
2075 Overland Avenue | PO Box 21367 | Billings, MT 59104-1367

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.



Eileen Long

From: Gail Hallmon <ghallmon@thehnd.com>
Sent: Monday, February 08, 2021 4:34 PM
To: Andrew G. Murray; Eileen Long; Dorcas Sanabria
Subject: Re: WVHA Eligibility Guidelines review

Eileen,
We just learned the Farm Worker's office will be open starting tomorrow.
Gail

Gail Hallmon
Chief Operating Officer
The House Next Door
804 N. Woodland Blvd.
DeLand, FL 32720

phone: 386.734.6691 Ext. 1108
fax: 386.734.0252



From: Andrew G. Murray <amurray@ebms.com>
Sent: Monday, February 8, 2021 2:41 PM
To: Eileen Long <elong@drtpa.com>; Gail Hallmon <ghallmon@thehnd.com>; Dorcas Sanabria <dsanabria@thehnd.com>
Subject: WVHA Eligibility Guidelines review

Eileen and team,

The House Next Door (THND) and EBMS teams met recently to review the current Eligibility Guidelines. We wanted to highlight the following areas for further Board discussion:

Tenatative schedule for bi- monthly accounts payables

SCHEDULE FOR 2021

MONTH	COMMISSIONERS	MONTH	COMMISSIONERS
JANUARY		AUGUST	
THURS 1/7	MANNING/CRAIG	THURS 8/12	MANNING/COEN
Board Meeting 1/21/2021		Board Meeting 8/19/2021	
THURS 1/28	MANNING/COEN		
FEBRUARY		SEPTEMBER	
THURS 2/11	COEN/SOUKUP	THURS 9/2	COEN/SOUKUP
Board meeting 2/18/2021		THURS 9/9	SOUKUP/MANNING
		THURS 9/23	MANNING/COEN
MARCH		OCTOBER	
THURS 3/4	SOUKUP/MANNING	THURS 10/7	COEN/SOUKUP
Board Meeting 3/18/2021		Board Meeting 10/21/2021	
APRIL		NOVEMBER	
THURS 4/1	MANNING/COEN	THURS 11/4	SOUKUP/MANNING
Board Meeting 4/15/2021		Board Meeting 11/18/2021	
THURS 4/29	COEN/SOUKUP	THANKSGIVING	
MAY		DECEMBER	
THURS 5/13	SOUKUP/MANNING	THURS 12/2	MANNING/COEN
Board Meeting 5/20/2021		THURS 12/16	COEN/SOUKUP
		THURS 12/30	SOUKUP/MANNING
JUNE		2020	
THURS 6/3	MANNING/COEN	JANUARY	
Board Meeting 6/17/2021		THURS 1/13	MANNING/COEN
JULY		Board Meeting 1/20/2022	
JULY 4TH HOLIDAY SCHEDULING			
THURS 7/8	COEN/SOUKUP		
Board Meeting 7/15/2021			
THURS 7/29	SOUKUP/MANNING		

NO PAYABLES UNTIL THURSDAY 1/13/2022

**WEST VOLUSIA HOSPITAL AUTHORITY
C/O DREGGORS, RIGSBY & TEAL, PA
1006 N. WOODLAND BLVD
DELAND, FLORIDA 32720
TEL: (386) 734-9441**

NON-PRIMARY CARE APPLICATION

(Reviewed Initially by Citizen Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, FRIDAY, APRIL 2, 2021**

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

ELIGIBLE APPLICANTS

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

ELIGIBLE SERVICES

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

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, April 2, 2021**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority
c/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd
DeLand, Florida 32720

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

APPLICATION REVIEW

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

REPORTING REQUIREMENTS/INVOICES

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

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

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

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

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

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

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

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

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

Mission of your Agency:

Revised 2-18-2021 Page 3 of 10

NAME: _____

SECTION I – PROPOSAL (See Appendix A)

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

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

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

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

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address

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

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

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

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

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

SECTION II - AGENCY ORGANIZATION

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

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

SECTION III – FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

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

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

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

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

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

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

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

BUDGET NARRATIVE

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

Personnel:

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

Contracted Services:

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

Administrative and Other Services:

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

Medical:

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

Pharmacy:

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

Other:

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

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2021-2022, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on April 2, 2021 with all other parts of the completed application:
 - a) Basic Financial Statements, Audit Reports and Management Letter from an independent audit for the previous fiscal year (if an audit was performed) or most current organizational financial statement if no audit was performed
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

a)	Yes	No	Has your agency ever had a contract canceled for cause?
b)	Yes	No	Does your organization owe any repayment of funds to any funding sources?
c)	Yes	No	Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

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

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

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

APPENDIX A
Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

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

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

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

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

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

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

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

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

WEST VOLUSIA HOSPITAL AUTHORITY
DeLand City Hall
120 S. Florida Avenue, DeLand, FL

TENTATIVELY SCHEDULED MEETINGS - 2021

Citizens Advisory Committee Meetings

Tuesdays at 5:15pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

January 21 - Organizational/Regular

February 2 - CAC Organizational/Orientation
*Judy Craig/Voloria Manning

February 18 (HSCFV)

March 2 – Applicant Workshop *Roger Accardi

March 18 (TNC/FDOH)
(TPA to Attend)

April 15 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding
Application Review

May 4 - Discussion/Q&A Meeting
*Jennifer Coen

May 20 (SMA/RAAO)

May 25 - Ranking Meeting *Brian Soukup

~~June 17—4 p.m. Primary Care Application Workshop (duration 1 ½ hours)~~
June 17 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations

July (CAC Hiatus)

July 15 (4:00 p.m.) Budget
Workshop Followed by Regular
(THND/Healthy Comm)
(TPA to Attend)

August (CAC Hiatus)

August 19 (HHI/CLSMF)

September (CAC Hiatus)

September 9 – Initial Budget Hearing

September 23 - Final Budget Hearing/Regular
Meeting

October (CAC Hiatus)

October 21

November (CAC Hiatus)

November 18

*WVHA Commissioner to attend CAC Meeting

Meetings to be held at DeLand City Hall Commission Chamber 120 S. Florida Avenue, DeLand FL

Meetings to be held at DRT, 1006 N. Woodland Blvd., DeLand, FL

Meetings to be Determined



December 31, 2020

Darren Elkind
Paul Elkind Branz Paul Attorney at Law
142 E. New York Avenue
DeLand, FL 32724

*** VIA FAX 386-734-3096 ***

RE: Your Client: Sandra Peart
Plan: West Volusia Hospital Authority (Plan)
Date of Loss: December 06, 2020

Dear Mr. Elkind:

Employee Benefit Management Services, LLC is a Third Party Administrator and provides claims administration services to the Plan.

This Plan does not assert any recovery rights in regards to the above mentioned matter and therefore will not be asserting a lien for recovery.

Thank you for your time and attention with regard to this matter and should you have any questions, please do not hesitate to call.

Sincerely,

Brenna Yarina
Law Department Supervisor
(406) 245-3575 ext. 1428

**West Volusia Hospital Authority
Financial Statements
January 31, 2021**



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

(386) 734-9441 ■ www.drtcpa.com

Ronald J. Cantlay, CPA/CFP®

James H. Dreggors, CPA

Victoria A. Kizma, CPA

Robin C. Lennon, CPA

John A. Powers, CPA

Ann J. Rigsby, CPA/PFS/CFP®

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 January 31, 2021 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 Schedule I 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

February 08, 2021

MEMBERS

American Institute of
Certified Public Accountants

the *CPAlliance* network

Florida Institute of
Certified Public Accountants

West Volusia Hospital Authority

Balance Sheet

Modified Cash Basis

January 31, 2021

Assets

Current Assets

Petty Cash	\$	100.00
Intracoastal Bank - Money Market		4,001,666.32
Intracoastal Bank - Operating		706,578.15
Mainstreet Community Bank (MCB) - MM		23,196,882.91
MCB Escrow Account		200,000.00
Taxes Receivable		121,920.00
Total Current Assets		<u>28,227,147.38</u>

Fixed Assets

Land		145,000.00
Buildings		422,024.71
Building Improvements		362,091.33
Equipment		53,974.56
Leasehold Improvements		23,232.63
Total Fixed Assets		<u>1,006,323.23</u>
Less Accum. Depreciation		<u>(409,309.80)</u>
Total Net Fixed Assets		<u>597,013.43</u>

Other Assets

Deposits		<u>2,000.00</u>
Total Other Assets		<u>2,000.00</u>
Total Assets		<u><u>28,826,160.81</u></u>

Liabilities and Net Assets

Current Liabilities

Accounts Payable		(10,474.75)
Deferred Revenue		<u>116,506.00</u>
Total Current Liabilities		<u>106,031.25</u>

Net Assets

Unassigned Fund Balance		15,147,803.21
Restricted Fund Balance		208,000.00
Assigned Fund Balance		2,000,000.00
Nonspendable Fund Balance		597,013.43
Net Income Excess (Deficit)		<u>10,767,312.92</u>
Total Net Assets		<u>28,720,129.56</u>
Total Liabilities and Net Assets	\$	<u><u>28,826,160.81</u></u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 4 Months Ended January 31, 2021

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Revenue				
Ad Valorem Taxes	16,431,158	892,784	15,048,306	1,382,852
Investment Income	135,000	4,579	21,623	113,377
Use of Prior Year Reserves	2,000,000	0	0	2,000,000
Total Revenue	<u>18,566,158</u>	<u>897,363</u>	<u>15,069,929</u>	<u>3,496,229</u>
Healthcare Expenditures				
Hospital Services	3,000,000	24,103	52,646	2,947,354
Primary Care and Pharmacy	3,300,000	652,390	1,237,735	2,062,265
Specialty Care	3,300,000	160,460	619,466	2,680,534
County Medicaid Reimbursement	2,512,229	209,352	837,410	1,674,819
The House Next Door	100,000	2,319	6,096	93,904
The Neighborhood Center	100,000	7,725	25,775	74,225
TNC Healthcare Navigation Program	50,000	2,050	11,830	38,170
Rising Against All Odds	164,985	27,825	68,250	96,735
Community Legal Services	95,958	3,395	10,756	85,202
Hispanic Health Initiatives	75,000	0	0	75,000
Florida Dept of Health Dental Svcs	225,000	13,899	43,614	181,386
Stewart Marchman - ACT	945,880	64,427	401,551	544,329
Health Start Coalition of Flagler & Volusia	142,359	9,073	28,974	113,385
H C R A	819,162	0	2,482	816,680
Other Healthcare Costs	1,549,920	0	70,858	1,479,062
Total Healthcare Expenditures	<u>16,380,493</u>	<u>1,177,018</u>	<u>3,417,443</u>	<u>12,963,050</u>
Other Expenditures				
Advertising	7,000	307	631	6,369
Annual Independent Audit	16,700	14,000	14,000	2,700
Building & Office Costs	15,533	229	6,928	8,605
General Accounting	68,100	8,282	16,528	51,572
General Administrative	65,100	3,093	11,416	53,684
Legal Counsel	70,000	2,620	16,580	53,420
City of DeLand Tax Increment District	100,000	0	90,172	9,828
Tax Collector & Appraiser Fee	610,000	17,850	374,963	235,037
TPA Services	540,000	36,120	224,503	315,497
Healthy Communities	75,397	4,699	17,094	58,303
Application Screening				
Application Screening - THND	402,835	33,570	98,309	304,526
Application Screening - RAAO	40,000	5,376	10,176	29,824
Workers Compensation Claims	25,000	0	0	25,000
Other Operating Expenditures	150,000	425	3,874	146,126
Total Other Expenditures	<u>2,185,665</u>	<u>126,571</u>	<u>885,174</u>	<u>1,300,491</u>
Total Expenditures	<u>18,566,158</u>	<u>1,303,589</u>	<u>4,302,617</u>	<u>14,263,541</u>
Excess (Deficit)	<u>0</u>	<u>(406,226)</u>	<u>10,767,312</u>	<u>(10,767,312)</u>

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 4 Months Ended January 31, 2021

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Hospital Services	3,000,000	24,103	52,646	2,947,354
Primary Care and Pharmacy	3,300,000	652,390	1,237,735	2,062,265
Specialty Care	3,300,000	160,460	619,466	3,300,000
County Medicaid Reimbursement	2,512,229	209,352	837,410	1,674,819
Florida Dept of Health Dental Svcs	225,000	13,899	43,614	181,386
Good Samaritan				
The House Next Door	100,000	2,319	6,096	93,904
The Neighborhood Center	100,000	7,725	25,775	74,225
TNC Healthcare Navigation Program	50,000	2,050	11,830	38,170
Rising Against All Odds	164,985	27,825	68,250	96,735
Community Legal Services	95,958	3,395	10,756	85,202
Hispanic Health Initiatives	75,000	0	0	75,000
Stewart Marchman - ACT				
SMA - Homeless Program	95,880	2,409	8,456	87,424
SMA - Residential Treatment	550,000	51,301	141,981	408,019
SMA - Baker Act - Match	300,000	10,717	251,115	48,885
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,220	18,377	55,123
HSCFV - Fam Services	68,859	2,853	10,598	58,261
HCRA				
H C R A - In County	400,000	0	2,482	397,518
H C R A - Outside County	419,162	0	0	419,162
Other Healthcare Costs	1,549,920	0	70,858	1,479,062
Total Healthcare Expenditures	16,380,493	1,177,018	3,417,445	12,963,048

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis

For the 1 Month and 4 Months Ended January 31, 2021 and January 31, 2020

	1 Month Ended January 31, 2021	1 Month Ended January 31, 2020	4 Months Ended January 31, 2021	4 Months Ended January 31, 2020
Revenue				
Ad Valorem Taxes	892,784	884,492	15,048,306	16,815,518
Investment Income	4,579	18,337	21,623	51,052
Rental Income	0	5,999	0	23,996
Other Income	0	5,502	0	5,926
Total Revenue	<u>897,363</u>	<u>914,330</u>	<u>15,069,929</u>	<u>16,896,492</u>
Healthcare Expenditures				
Hospital Services	24,103	556,141	52,646	845,494
Primary Care and Pharmacy	652,390	145,524	1,237,735	410,599
Specialty Care	160,460	357,532	619,466	893,967
County Medicaid Reimbursement	209,352	204,380	837,410	817,520
The House Next Door	2,319	0	6,096	17,653
The Neighborhood Center	7,725	8,450	25,775	24,575
TNC Healthcare Navigation Program	2,050	4,350	11,830	7,775
Rising Against All Odds	27,825	18,925	68,250	64,375
Community Legal Services	3,395	4,830	10,756	23,743
Hispanic Health Initiatives	0	5,500	0	17,900
Florida Dept of Health Dental Svcs	13,899	16,990	43,614	56,967
Stewart Marchman - ACT	64,427	362,542	401,551	562,486
Health Start Coalition of Flagler & Volusia	9,073	12,741	28,974	44,871
H C R A	0	69,367	2,482	69,485
Other Healthcare Costs	0	0	70,858	0
Total Healthcare Expenditures	<u>1,177,018</u>	<u>1,767,272</u>	<u>3,417,443</u>	<u>3,857,410</u>
Other Expenditures				
Advertising	307	150	631	109
Annual Independent Audit	14,000	13,000	14,000	13,000
Building & Office Costs	229	535	6,928	2,363
General Accounting	8,282	6,399	16,528	14,445
General Administrative	3,093	850	11,416	10,801
Legal Counsel	2,620	2,540	16,580	19,907
City of DeLand Tax Increment District	0	0	90,172	90,813
Tax Collector & Appraiser Fee	17,850	17,842	374,963	336,905
Legislative Consulting	0	5,000	0	20,000
TPA Services	36,120	110,466	224,503	225,866
Healthy Communities	4,699	5,320	17,094	18,296
Application Screening				
Application Screening - THND	33,570	0	98,309	66,473
Application Screening - RAAO	5,376	5,184	10,176	15,168
Application Screening - SMA	0	0	0	0
Workers Compensation Claims	0	7,627	0	7,627
Other Operating Expenditures	425	811	3,874	2,470
Total Other Expenditures	<u>126,571</u>	<u>175,724</u>	<u>885,174</u>	<u>824,243</u>
Total Expenditures	<u>1,303,589</u>	<u>1,942,996</u>	<u>4,302,617</u>	<u>4,681,653</u>

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 4 Months Ended January 31, 2021 and January 31, 2020

	1 Month Ended January 31, 2021	1 Month Ended January 31, 2020	4 Months Ended January 31, 2021	4 Months Ended January 31, 2020
Excess (Deficit)	<u><u>(406,226)</u></u>	<u><u>(1,028,666)</u></u>	<u><u>10,767,312</u></u>	<u><u>12,214,839</u></u>