

West Volusia Hospital Authority
Joint Meeting of the
WVHA BOARD OF COMMISSIONERS and the CITIZENS
ADVISORY COMMITTEE (CAC)
June 17, 2021 5:00 p.m.
DeLand, FL

AGENDA

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes – Regular May 20 ,2021 – Errata Sheet Changes (attached)
5. Citizens Comments
6. Citizens Advisory Committee (CAC), Elmer Holt, Chair
 - A. Minutes Ranking Meeting May 25, 2021
 - B. CAC Ranking Results and Comments May 25, 2021 (spreadsheets attached)
7. CAC meeting adjournment (CAC members may exit if desired)
8. Reporting Agenda
 - A. EBMS May Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona May Report–Written Submission
 - C. The House Next Door May Application Processing Report
 1. Gail Hallmon, Operations Director, THND Annual Verbal Report WVHA HealthCard Eligibility
9. Discussion Items
 - A. Minutes Ranking Meeting May 25, 2021
 1. **Motion** CAC Member Jenneffer Pulapaka motioned to add an additional CAC Meeting called the Preliminary Ranking Meeting, in advance of the Final Ranking Meeting. CAC Member David Williams seconded the motion. The motion passed by a 9-0-1 vote.
 2. **Motion** CAC Member Elmer Holt motioned that CAC Chair Pepin request from the WVHA Board of Commissioners permission to establish a CAC sub-committee to hold several workshops to develop for new CAC Members and/or new WVHA Board Members an orientation process, provide sensitivity training for CAC and Board Members, implement a process for collection of data trending information to be provided by the WVHA funded agencies and allow for the release of HIPAA data by WVHA funded agencies. Member Linda White seconded the motion. The motion passed by a 9-0-1 vote.

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ADVISORY COMMITTEE (CAC)
June 17, 2021 5:00 p.m.
DeLand, FL**

- B. Halifax Proposed Hospital Lien Ordinance (Hospital Lien Ordinance and Power Point Presentation attached)
 - C. Annual Filing Requirement Statement of Interest Form 1 (attached)
 - D. WVHA miCare DeLand/Deltona Clinics 2020-2021 Budget Update- Andrew Murray, CMO, EBMS (email dated 6/8/2021 attached) Andrew Murray, CMO, EBMS Via Teleconference call 1-339-209-4657
 - 1. Potential Budget Transfer from Other Healthcare \$\$700,000.00
 - E. Efforts to Obtain More Data Regarding County Medicaid Eligibility by Taxing Districts – Volusia County
 - F. Reconsideration of Whether WVHA Should Provide Some Limited Reimbursement for Durable Medical Equipment (DME) Written Proposal - Commissioner Accardi-verbal update
 - G. WVHA Manager/Advisor – Commissioner Soukup
 - H. Zoom Proposal for WVHA Board and CAC Meetings–Commissioner Coen
 - I. WVHA Certificate of Recognition for Providing Outstanding or Heroic Health Care or Access to Health Care in the WVHA Tax District (Nominees attached)
 - J. Follow Up Items
 - 1. WVHA Eligibility Guidelines Revision Recommendations
 - a) Redline Copy attached
 - 2. AdventHealth, Halifax update regarding long-term Solution to WVHA Reimbursement-updated by Dr. Andrew Murray, EBMS via Teleconference call 1-339-209-4657 – Verbal Update
10. Finance Report
- A. May Financials
 - B. June 1, 2021 pre-preliminary Tax Roll Values per F.S. 200.065(8)
11. Legal Update
12. Adjournment

Errata Sheet Changes WVHA May 20, 2021

Deleted from page 7 of 7:

Commissioner Soukup asked if there was a way for the WVHA to get out of this County Medicaid obligation?

Mr. Small said there was, but it would require quite a bit of litigation.

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

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
5:00 P.M.
Or Via Conference Call 1-339-209-4657
May 20, 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
Donna Pepin
Jacquie Lewis
Linda White
Patrick Rogers (via conference call)
David Williams (via conference call)

Others Present:

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
Accountant for the Authority: Al Powers, Dreggors, Rigsby & Teal, (DRT) P.A.
Administrative Support: Eileen Long, DRT
Andrew Murray, CMO, EBMS (via conference call)

Call to Order

Chair Manning called the 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.

Approval of Proposed Agenda

5:03 p.m. Commissioner Coen was assisting with unlocking the City Hall Doors that automatically lock at 5:00 p.m.

Motion 050 – 2021 Commissioner Accardi motioned to approve the agenda as amended. Commissioner Craig seconded the motion. The motion passed a 4-0-1 vote.

5:05 p.m. Commissioner Coen joined the meeting already in progress.

Consent Agenda

**Approval of Minutes – Joint Meeting of the Board and CAC April 15, 2021
(With Errata Changes attached)**

Motion 051 – 2021 Commissioner Coen motioned to approve the Consent Agenda. Commissioner Craig seconded the motion. The motion passed by a unanimous vote.

Citizens Comments

There were five.

Reporting Agenda

EBMS April Report – Written Submission

WVHA miCare Clinic DeLand/Deltona April Report – Written Submission

The House Next Door April Report – Written Submission

Citizen Advisory Committee – CAC Chair Donna Pepin – Verbal Update May 4, 2021 Discussion/Q&A

Contractual Utilization Reports to the WVHA Board of Commissioners

Nicole Sharbono, SMA Healthcare

Brenda Flowers/Shannon Sargent, Rising Against All Odds (RAAO)

Ms. Nicole Sharbono reviewed the SMA Power Point Presentation (attached).

Mr. Shannon Sargent reviewed the RAAO Power Point Presentation.

Discussion Items

Chair Manning asked her fellow Commissioners to consider a motion to keep discussion items to a limit of 15 minutes?

Motion 052 – 2021 Commissioner Craig motioned to limit discussion items to 15 minutes of discussion. Commissioner Coen seconded the motion. The motion passed by a 4-1 vote, Commissioner Soukup opposing.

West Volusia Professional Center Owners Update 5/5/2021 (attached)

There was Board discussion questioning why insurance claims weren't submitted for the tornado damage, tree removal, sign removal, and other property repairs that resulted from the tornado damage. Mr. Tyler Spore sent Ms. Long a text message response that the common area has liability insurance coverage, not comprehensive coverage.

Amendment #3 and #4 to WVHA HealthCard Program Eligibility Guidelines and Summary Plan Description for WVHA (attached)

Motion 053 – 2021 Commissioner Craig motioned to authorize the Chair to sign the Amendments #3 and #4, with changes to page 2 of Amendment #4 under the subrogation text, "West Volusia Hospital Authority claims the right to subrogate for reimbursement of the benefits paid should the Plan Participant recovers" to correct the grammatical error and to state "recover", removing the s. Commissioner Coen seconded the motion. The motion passed unanimously.

Reconsideration of Whether WVHA Should Provide Some Limited Reimbursement for Durable Medical Equipment (DME)

There was Board discussion regarding DME and the financial exposure that the WVHA could incur.

Ms. Long reminded the Board that, in the past, former WVHA Board Commissioner Ray Long proposed a \$100,000.00 budget in consideration of paying specialty care providers. That budget item is now \$3,300,000.00. Mr. Al Powers stated that specialty care has reached \$5,000,000.00 in prior years.

Commissioner Accardi felt that some DME criteria should be made available and stated that he would draw something up for the board to consider in time for the June 17, 2021 Board Meeting.

Agenda Items Placed by Commissioners – Identified

Motion 054 – 2021 Commissioner Coen motioned to identify the Commissioner who places any future agenda item on the agenda. Commissioner Craig seconded the motion. The motion passed unanimously.

WVHA Manager – Commissioner Soukup

There was much Board discussion but no resolution. The Board directed that this item be brought back for discussion on the June 17, 2021 Agenda.

Proposal that WVHA No Longer Require CAC Review of Funding Applications Submitted by Agencies that have Received WVHA Funding for 5 or More consecutive Years and Apply for Same or Less Amount of Funding As It Received Last Year

There was Board discussion, and the majority of the Board was opposed to implementing less accountability, rather they wanted more accountability.

Motion 055 -2021 Commissioner Soukup motioned that the CAC continue with the WVHA Funding Application review process, as is. Commissioner Craig seconded the motion. The motion passed unanimously.

Proposal to start awarding WVHA Certificates of Recognition for Providing Outstanding or Heroic Health Care or Access to Health Care in the WVHA Tax District

If so, what nomination and selection process?

There was Board discussion and majority consent that each agency submit a nominee, condensed to a one-page submittal, from the WVHA funded agencies, hospitals, and miCare clinics, for the Board to vote upon, in time for the June 8th, 2021 meeting inclusion deadline. And to test this process for one year to see how this proceeds, publish all nominees and announcing the ultimate winner in the Daytona Beach News-Journal and the DeLand Beacon.

Motion 056 – 2021 Commissioner Coen motioned that WVHA award a certificate of recognition for providing outstanding or heroic healthcare or access to healthcare in WVHA Tax District to be determined by the Board at its June 17, 2021 Meeting based on nominations submitted by currently WVHA Funded Agencies, providers, or hospitals that is submitted by the Tuesday, June 8, 2021 noon deadline. Commissioner Accardi seconded the motion. The motion passed unanimously.

WVHA Annual Scholarship of \$ _____ to an individual Who Has Applied for and has Financial Need to Obtain Health Care Education/Training That Will Improve Health Care or Access to Health Care for Underserved Communities Within the Tax District

If so, what nomination and selection process?

There was Board discussion that the WVHA was not the appropriate agency to provide this type of scholarship program, rather this should fall to the local hospitals.

To Be or Not To Be Going Forward, Dial-in Phone Access to Board and CAC Meetings?

Commissioner Coen believed that the dial in number was clearly not working, but believed it needed to remain in place until the Board can implement something better. She stated that she had researched Zoom technology and that this technology was available at \$150.00 per year for up to 30 hours of meeting time. Additional equipment would be required in the form of a laptop and a microphone. The WVHA could purchase two Zoom licenses, one for the Board and one for the CAC for a total of 60 hours of meeting time.

There was Board discussion agreeing that Zoom seemed like an affordable alternative. There was consent that if Zoom was pursued, it would only be for folks to watch and not participate. Further consent that if a citizen wanted to participate, they would be required to be physically present.

Motion 057 – 2021 Commissioner Soukup motioned that call in access only be allowed for anyone needed to speak on specific agenda items. Commissioner Accardi seconded the motion.

The motion passed by a 4-1 vote, Commissioner Coen opposing.

The Board discussed the matter of pursuing Zoom technology and this would be brought back before the Board during the June 17, 2021 meeting with Commissioner Coen bringing that proposal back.

2019-2020 WVHA Strategic Plan/Citizen Comment

Mr. John Simmons, Sihle Insurance Agent, addressed the Board explaining his involvement in aiding the WVHA in securing their relationship with Veracity and EBMS. He credited former Commissioner Dolores Guzman and current Commissioner Judy Craig in achieving this relationship.

Follow Up Items

4 of 7 pages

May 20, 2021 Regular Meeting

EBMS Waiver of Subrogation Rights (update)

Mr. Small addressed this agenda item and explained Dr. Andrew Murray's email response below:

Excerpt from Dr. Andrew Murray's email dated May 20, 2021: "As you state below, our joint assessment is that the maximum potential future financial impact related to the operational misunderstanding could be no more than \$2,800 and that this represents a relatively small amount in the context of our broader relationship. That said, we appreciate the WVHA's need to demonstrate good financial stewardship and EBMS would therefore be willing to make this financial investment in our ongoing partnership as a good faith gesture to offset any potential future adverse financial impact to the WVHA. With your agreement we will apply the \$3,000 credit to the next monthly invoice and will thereby consider this matter resolved definitively".

Based upon EBMS' representation and DRT's accounting Mr. Small believed this was fair and reasonable and recommended that the Board accept this proposed resolution in the amount of \$3,000.00 in Administrative credits.

Motion 058 – 2021 Commissioner Craig motioned to accept the EBMS proposed subrogation resolution in the amount of \$3,000.00 towards an Administrative credit. Commissioner Coen seconded the motion. The motion passed unanimously.

Eligibility Guidelines (EG) Revision Recommendations

January 15, 2021 Federal Poverty Guidelines (pages 21 & 34)

Page 25 Delete Northeast Florida Health Systems (NEFHS) replace with WVHA miCare Clinic

Homeless Certification Options for Deltona

Email dated 4/19/2021 – Dorcas Sanabria, HealthCard Supervisor THND re: ACA and Special Enrollment Period/Open Enrollment

Explanation in person by someone from THND

Excerpt #1. From Joint Meeting of WVHA Board and CAC (attached)

Excerpt #2. From Joint Meeting of WVHA Board and CAC (attached)

Mr. Small requested that Ms. Gail Hallmon, THND speak on item 4. Above. Further, THND will put together a red lined version of the above EG's revisions.

Ms. Hallmon explained that during the pandemic the ACA rules have changed temporarily, before when someone would previously not qualify for ACA coverage, now they will. The problem with this, e.g. someone who is homeless and takes odd jobs, here and there, and qualifies for a plan for as little as \$10.00 per month. The EG's as they are currently written states that if the monthly premium is less than 8% of their gross income, then they would not qualify for the WVHA HC and would have to purchase the plan through the exchange. This problem is compounded because they must first pay a hefty, hundreds of dollars, down payment that these individuals can't afford. THND did not believe that the WVHA intended for people to become disqualified for the HC Program because they can't afford the several hundred dollars in a down payment. THND wants to know how the Board wants THND to proceed with this dilemma. These individuals

meet all of the other WVHA EG criteria, it is just this low premium and large down payment that is kicking these individuals off the WVHA HC rolls.

The 15-minute Discussion Item time limit ended this discussion. No Commissioner motioned to extend the time limit.

AdventHealth, Halifax and EMPros update regarding long-term Solution to WVHA Reimbursements-updated by Dr. Andrew Murray, EBMS

Dr. Andrew Murray, EBMS updated the WVHA Board that EMPros has signed with EBMS and he believed that both AdventHealth and Halifax Medical would have signed contracts turned into EBMS by the end of this month.

**Board Preliminary Review of WVHA Funding Applications Received (list attached)
Rebecca Herrera
Creative Living**

Motion 059 – 2021 Commissioner Coen motioned to remove the WVHA Funding Application submitted by Rebecca Herrera from the funding review process. Commissioner Soukup seconded the motion. The motion passed unanimously.

Motion 060 – 2021 Commissioner Soukup motioned to remove the WVHA Funding Application submitted by Creative Living from the funding review process. Commissioner Accardi seconded the motion. The motion passed unanimously.

Board Review Administrative Applications (list attached)

**Halifax Healthy Communities
THND HealthCard Program
RAAO Prescreening**

Commissioner Soukup wanted to know what RAAO Prescreening represents?

Mr. Small stated that he did not want to place himself in a position of talking for the organization, but from a contracting standpoint, this contract began way back when there was a different qualifying agency and a prior Board had asked RAAO to develop something consistent with what Northeast Family Health Source (NEFHS) had developed for prescreening. RAAO picked up those prescreening requirements to affectively make sure that before an application was charged to the WVHA at the full price of full screening, to make sure they had all of the required documents to make sure WVHA did not get charged a full screening fee if they would not become eligible.

Commissioner Soukup stated that every client that RAAO serves the WVHA is charged for prescreening. Once the client is sent over to THND, the entire process has to begin all over again. He believed that this was a duplication of services.

Mr. Small stated for the record his business telephone number 386-740-0787 and advised Commissioner Soukup that he could address all of his concerns in a phone conversation. He explained that there was a provision in RAAO's WVHA Contact that does not allow

RAAO to get paid unless what they submit to THND is actually approved and a HC is issued.

Commissioner Craig addressed Commissioner Soukup and explained that RAAO is only being paid by the WVHA for those HC applications that are approved. She wanted to place on the public record that RAAO is not getting paid for those applications that are not approved for a HC.

Finance Report

Mr. Al Powers, before reviewing the April Financials, wanted to bring the recent developments that DRT and Attorney Small only received from the County of Volusia a few days ago, an update on the County Medicaid and the calculations applied between the Halifax District, the SE Volusia District, WVHA District and the County of Volusia's Medicaid costs. A methodology of utilizing historical data was used for 7 or 8 years. We just received information that zip codes are available to utilize for calculating Medicaid costs. This new information just received would indicate that the WVHA share has increased from what it has been. The meeting, which is held annually between all parties involved, is scheduled for this Monday, May 24th, 2021. He wanted to bring this to the Board's attention as it appears that the WVHA's share appears to be increasing.

Mr. Al Powers, DRT reviewed for the Board the April financial statements.

Motion 061 - 2021 Commissioner Coen motioned to pay the bills totaling \$420,582.40, to transfer \$1,000,000.00 from the Mainstreet Bank Money Market Account (MMA) into the Surety Bank Money Market Account, to transfer \$895,784.95 from the Intracoastal MMA into the Intracoastal Operating Account for a total to approve of \$4,103,817.35. Commissioner Accardi seconded the motion. The motion passed by a unanimous vote.

Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA provided verbal legal input during the meeting.

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

Adjournment

Voloria Manning, Chair

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
DELAND CITY HALL
120 S. FLORIDA AVENUE
DELAND FL
MAY 25, 2021
5:15PM
MINUTES**

CAC Members/Attendance:

Elmer Holt
Althea Whittaker
David Williams
Patrick Rogers
Jenneffer Pulapaka
Linda White
Donna Pepin
Linda White
Jacquie Lewis

Absent:

Brandy White (Excused)

Others Present:

Commissioner Jennifer Coen
Eileen Long, Dreggors, Rigsby & Teal, P.A.

Call to Order

CAC Chair Donna Pepin opened the meeting with The Pledge of Allegiance followed by a moment of silence.

Approval of Agenda

Member Linda White motioned to approve the agenda. Member Jenneffer Pulapaka seconded the motion. The motion passed by a 9-0-1.

Approval CAC Minutes May 4, 2021 Discussion/Q&A

Member Dolores Guzman motioned to approve the minutes of the May 4, 2021 Discussion/Q&A. Member Jenneffer Pulapaka seconded the motion. The motion passed by a 9-0-1 vote.

Citizens Comments

There was one.

Ranking for current funding applicants

- a. The Neighborhood Center (TNC) Healthcare Navigator Program
- b. The Neighborhood Center (TNC) Outreach Program
- c. Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator
- d. HSCFV WIS/NOS Program
- e. Rising Against All Odds (RAAO) HIV/Aids Outreach
- f. The House Next Door Therapeutic Services
- g. SMA Residential Beds
- h. SMA Baker Act Program
- i. SMA Homeless/Psychiatric Services
- j. Community Legal Services of Mid-Florida MLP Services
- k. Hispanic Health Initiative Outreach
- l. Florida Department of Health Dental Services

Ranking for New funding applicants

- a. New Hope Human Services Homeless Certification
- b. HSCFV Community Health Nursing Services

The Committee read their rankings for the public record (attached).

Motion CAC Member Jenneffer Pulapaka motioned to add an additional CAC Meeting called the Preliminary Ranking Meeting, in advance of the Final Ranking Meeting. CAC Member David Williams seconded the motion. The motion passed by a 9-0-1 vote.

Motion CAC Member Elmer Holt motioned that CAC Chair Pepin request from the WVHA Board of Commissioners permission to establish a CAC sub-committee to hold several workshops to develop for new CAC Members and/or new WVHA Board Members an orientation process, provide sensitivity training for CAC and Board Members, implement a process for collection of data trending information to be provided by the WVHA funded agencies, and allow for the release of HIPAA data by WVHA funded agencies. Member Linda White seconded the motion. The motion passed by a 9-0-1 vote.

CAC Comments**Adjournment**

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

Donna Pepin, CAC Chair

WVHA Funding Applicants 2021-2022

[illegible]

WVHA/CAC Ranking Sheet

CAC Member:

Dolores Guzman

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)		
	A) Fund this applicant at 100% of the requested amount, why: The program is working and homelessness in our SW oart of the county is a big problem. Thank you for the program success last funding year,		
2	TNC Outreach Program \$100,000.00 Requested (same as last year)		
	A) Fund this applicant at 100% of the requested amount, why: The Neighborhood Center has been a long partner of the WVHA and a great resource for our community to access programs for the homeless population.		
3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)		
	C) Fund at last years funding amount. The agency needs to be able to find funding for salary increases from other funding sources.		
4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)		
	C) Fund at last years funding amount. The agency needs to be able to find funding for salary increases from other funding sources.		
5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)		
	A) Fund this application at 100% of amount requested, why: We need organization like The House Next Door that takes care of our members that need Therapeutic Services.		
6	Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)		
	A) Fund this application at 100% of the amount requested, why: Our SW part of the County in the past was on the top 5 counties with HIV infectiotious disease, I want to congratulate this agency for your hard work and dedication to our community and members and for accessing other sources of income other than the WVHA to continue with your program and lowering your funding amount.		

7	SMA Residential Services Requested \$550,000.00 (same as last year)	
	A) Fund this application at 100% of the amount requested, why: Mental Health is a problem in our county and around the country. WVHA needs to continue to support mental health and access to good services.	
8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	
	A) Fund this application at 100% of the amount requested, why: This funding is required by the state I would like to see this application for baker Act moved to the Board and not be required to apply unless is a new agency.	
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	
	A) Fund this application at 100% of the amount requested, why: Thank you for requesting less funds for this program. It is much appreciated your agency working directly with MiCare Clinic to service this population.	
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)	
	A) Fund this application at 100% of the amount requested, why: I am excited to see how Community legal has been able to help our members move on to medicaid and achieve better financial situations.	
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)	
	A) Fund this application at 100% of the amount requested, why: Thank you for being considerate of SW Volusia Tax payers by lowering the funding request. I know that all communities will be well served with the services this agency provides and the hispanic community will communicate and benefit from these services being that they are underserved here in volusia county and around the country.	
12	Florida Department of Health Dental Services Requestd \$150,000.00 (decrease of \$75,000.00 from last year)	
	A) Fund this application at 100% of the amount requested, why: Good oral hygiene is very important for an individuals overall health.	
	NEW AGENCY APPLICANTS FOR 2021-2022	
1	New Hope Human Services Homeless Certification Requesting \$50,000.00	
	B) Not Funding: I know that we need some services for the homeless in Deltona but we need a compromise from the agency to make sure they will work with WVHA to service people towards health care access. Certification of homelessness is not healthcare access.	
2	HSCFV Community Health Nursing Services Requesting \$112,348.00	
	B) Not Funding: I do not see how we paying for Nurses will increase the services and healthcare access That is why we have MiCare Clinics.	

WVHA/CAC Ranking Sheet

CAC Member: Jenneffer Pulapaka

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

- | | Applicant Name and Requested Amount | Ranking |
|---|--|---------|
| 1 | The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year) | |
| | A) | |
| | B) | |
| | C) Decrease by 10% =\$45,000 : I would like better assistance for our WV client, not just the client within their Program. Twice services were declined when requesting assistance for a WVHA patient that was not within their program. | C |
| 2 | TNC Outreach Program \$100,000.00 Requested (same as last year) | |
| | A) Approved: I would like better out-reach when clients call asking for assistance. Three calls placed, 3 voicemails and no returned calls. | A |
| | B) | |
| | C) | |
| 3 | Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year) | |
| | A) | |
| | B) | |
| | C) decreased to \$50,000, I would like a stronger percentage of charitable commitment from Healthy Start to WV | C |
| 4 | HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year) | |
| | A) | |
| | B) | |
| | C) decreased to \$53,000, I would like a stronger percentage of charitable commitment from Healthy Start to WV | C |
| 5 | The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year) | |
| | A) Approved - They had one of the best responses to a request for community assistance. They screen for qualifiers and direct patients/clients to the appropriate agency. | A |
| | B) | |
| | C) | |
| 6 | Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year) | |
| | A) Approved, despite the negative experience I received on 4/7/2021, during a phone call inquiry about your services. They do a great job of fundraising within our community and enabling community awareness about of homeless HIV population that needs assistance. | A |
| | B) | |
| | C) | |
| 7 | SMA Residential Services Requested \$550,000.00 (same as last year) | |

	A)	
	B)	
	C) less \$150,000 = \$400,000. In general, SMA is a healthy & profitable organization. According to their financials, they have lost some funding, which is echoed in their ability receive CARES money. The process of Administrative expenses is difficult to evaluate when the information is not included. Currently, after querying, I determined the Administrative expenses and salaries to be the highest among all the program I have recommended.	C
8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	
	A)	
	B)	
	C) less \$ 84,000 = \$216,000	C
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	
	A)	
	B)	
	C) less \$21,000 = \$57,336	C
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)	
	A)	
	B) service available from other agencies without a cost to WVHA. Hence, the client after being award services, would pay a small % fee.	B
	C)	
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)	
	A)	
	B) While they may participate in community donations and screening, they have been unable to provide adequate services to WVHA clients for the past two years	B
	C)	
12	Florida Department of Health Dental Services Requested \$150,000.00 (decrease of \$75,000.00 from last year)	
	A)	
	B) These services are not provided under Medicare, and there I recommend following the Medicare guidelines	B
	C)	
	NEW AGENCY APPLICANTS FOR 2021-2022	
1	New Hope Human Services Homeless Certification Requesting \$50,000.00	
	A)	
	B) The payroll is unable to be evaluated properly, therefor unable to support funding.	B
	C)	
2	HSCFV Community Health Nursing Services Requesting \$112,348.00	

A) Approved, they have the best charitable commitment to our community of all the Healthy Start programs	A
B)	
C)	
Over all I like to see more tangible services and less administrative expenses. Fundraising is lacking in almost all of the programs -- it is almost impossible to determine a fundraising efficiency. Allocation of adjustment or WHAT OUR DONATION IS USED FOR has become murky. Finally, some of the programs have an unhealthy dependence on the money received from the WVHA, making donor dependency high and the organization dependent on the WVHA.	

WVHA/CAC Ranking Sheet

CAC Member: Elmer Holt

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)	A
	A) Fund the requested amount of \$50,000 . The Navigator program represents a cost effective and dignified system of identifying the needs of the targeted community. Poverty is growing in West Volusia County and will continue to grow without a professional team that has the training and resources to guide them through the challenges of housing, addiction and healthcare.	
2	TNC Outreach Program \$100,000.00 Requested (same as last year)	A
	A) Fund the requested amount of \$100,000 . For the same explanation given in the Navigator Program, I support the continued funding of TNC whose staff has been successful in reducing homelessness and poverty in our community. A discontinuation of this program would have a deleterious effect on the work to eliminate poverty in our community.	
3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)	A
	A) Fund the requested increase to \$76,331 . I support the increase requested in light of the fact that not only has the Healthy Start Coalition continued to provide services to our members after funding has been exhausted, but additionally their work saves the community resources and funds when interventional care is given to their clientele.	
4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)	A
	A) Fund the requested increase to \$81,560 . I support the increase requested in light of the fact that not only has the Healthy Start Coalition continued to provide services to our members after funding has been exhausted, but additionally their work saves the community resources and funds when interventional care is given to their clientele.	
5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)	A
	A) Fund the decreased amount of \$100,000 . The client therapy hours are critical in order to assist members of our community to achieve stability in order to participate in our economy and society while doing so with a decrease in funding.	
6	Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)	A
	A) Fund the decreased amount of \$116,925 . RAAO is an example of an organization that works to find additional funding in order to reduce their reliance on the WVHA. I stand by my assertion that redundancy does not exist if the clientele cannot access services from the County, leaving RAAO as their only source. Their work saves the community funds and resources accessing clients	

	on the extreme margins of society. To abandon the most vulnerable should not be an option.	
7	SMA Residential Services Requested \$550,000.00 (same as last year) A) Fund the requested amount of \$550,000. The SMA Residential Services program has been providing substance abuse programs for eligible members of our community. These services are providing a pathway for individual self reliance and to become a contributing member of society. The fact that there is a waiting list for these service underscores the legitimacy and need for continued funding.	A
8	SMA Baker Act Services Requested \$300,000.00 (same as last year) A) Fund the requested amount of \$300,000. As the only public receiving facility in Volusia County for Baker Act Services SMA has the expertise and facilities to receive our members in times of crisis. I encourage the facility to continue their research policies to determine if the patient is a WVHA card member or is eligible.	A
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year) A) Fund the decreased requested amount of \$78,336. Mental health care must be an element of care in order for the member to gain employment and self sustainability. I congratulate SMA for the decrease in funding and their partnership with the MiCare Clinics.	A
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year) C) Fund the request at the FY 2020 award of \$95,958. In lieu of the diminished demand this past year I support a maintenance level of funding. Both hospital systems have indicated they will not balance bill, if that should change then funding and contracting for those circumstances should be at the Board level.	C
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year) C) I support funding the agency \$40,000. Although I do believe that their contact with recipients of their services will increase, I do believe that it will take time to reach levels seen in 2019. In addition, I encourage the WVHA Board to ascertain if the HHI has a current Certificate of Licensure prior to granting funds.	C
12	Florida Department of Health Dental Services Requested \$150,000.00 (decrease of \$75,000.00 from last year) A) Fund the applicant the requested \$150,000. The dental program is one of the most impactful preventative care systems, in addition they have requested a reduction in funding to carry out that mission.	A
	NEW AGENCY APPLICANTS FOR 2021-2022	
1	New Hope Human Services Homeless Certification Requesting \$50,000.00 C) I support funding the request at an adjusted level of \$25,000. The certification of homelessness process not being available in Volusia County's largest city is difficult to fathom. If New Hope can fill that gap they have my support. My determination of an adjusted level is based on the inception of a local government agency initiating these services and for New Hope to provide feedback from the first year to decide on future funding.	C
2	HSCFV Community Health Nursing Services Requesting \$112,348.00 C) As I see the need for this program in West Volusia County I hesitate to support a complete buy-in for the amount requested until HSCFV demonstrates throughout the first year of the program the success and probability of future continued placement of the Nurse in the community. I support providing a reduced amount of \$56,174	C

WVHA/CAC Ranking Sheet

CAC Member: Linda White

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

1 The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)

B

A)

E.) not fund this program (Caveat that Authority relieve stress by adding a case manager to MiCare Clinic)

C)

Recommend funding a case manager at MiCare Clinics for card holders. This should lessen the burden on Neighborhood Center and allow them to focus on the new Shelter programs.

Program seems not well defined . Also recommend the MiCare clinic develop key indicator for how many card holders utilize Emergency Dept along with housing status of each ED visit .

2 TNC Outreach Program \$100,000.00 Requested (same as last year)

A

A) Fund 100% of requested amount

B)

C)

Provides an entry to WVHA services . Would like to see identifiable data indicating how many were referred to House Next Door and how many received the card .

3 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)

A

A) Fund 100% requested Amount

C)

This position serves to identify and place pre and post natal individuals into a system of care , lessening the burden on the WVHA and creating better healthcare outcomes for women and children.

No other programs available . Community trends require intervention

4 HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)

A

A) Fund entire request

B)

C)

Program identifies and provides early intervention for addicted pre and post natal individuals and children . These individuals would most likely be eli

Eligible for the WVHA card , thereby decreasing the costs to the WVHA . Community trends require intervention.

5 The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)

A) Fund 100% Requested Amount

A

B)

C)

Direct service to cardholders . Clear programming and linkage to MiCare Clinics . No other services available.

6 Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)

C

A)

B)

C) Fund \$100,000.00

	Will serve 2 new clients weekly for testing , counseling and screening at 100.00 per hour . Applicant Data shows that 3% of screenings will result in a positive test which if 104 new clients are screened will result in 30 new cases annually . Medicaid billing usually includes admin cost . this would allow a mix of services for the 100.00 per hour cost . Supplies funded by another source . Additionally , these services can be accessed at no cost from the Health dept in orange city .	
	Program screens and diverts to other service funding . Recommend reporting data which includes number of screenings and number of positives each month along with referrals to House next door for card and how many received WVHA card .	
7	SMA Residential Services Requested \$550,000.00 (same as last year)	A
	A) Fund 100% of requested amount	
	B)	
	C)	
	Direct residential treatment services for cardholders . Recommend medical records be forwarded to MiCare for	
8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	
	A) Fund at Requested amount	A
	B)	
	C)	
	Refer to House next door by identifiable data to track : whether referred individuals obtained a card and how many times individual cardholders received Baker Act .	
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	A
	A) Fund at 100% requested amount	
	B)	
	C)	
	Direct services to cardholders for mental health , substance abuse . No other treatment available	
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)	A
	A) Fund at requested amount ..	
	E)	
	C)	
	These services are now in MiCare clinics .. projected to increase utilization and ability to move cardholders to other	
	No other sources available	
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)	C
	A)	
	B)	
	C) Fund at 25,000.00 . Recommend working with MiCare Clinics to host one or more health events . Recommend Transitioning reimbursement to directs cost related to the event .	
	Program does not appear to be active in funding area . Model May need to be revamped with direct link to Health care system . Consider working with Advent, Halifax or Health Source to ramp up again .	
	No licensed medical professional staff or over-site noted .	
12	Florida Department of Health Dental Services Requestd \$150,000.00 (decrease of \$75,000.00 from last year)	A
	A) Fund at requested amount	
	B)	
	C)	
	This is direct service to card holders. No other sources available	
NEW AGENCY APPLICANTS FOR 2021-2022		
1	Creative Living Requesting \$50,000.00	NA
	A)	
	B)	
	C)	
	Pulled	
2	New Hope Human Services Homeless Certification Requesting \$50,000.00	C
	A)	

	B)	
	C) Fund at 25,000.00	
	A much needed service, identified by MiCare as a service gap .Discussion at Authority Meeting as a preference . Recommend half funding and notify the Volusia Flagler Homeless Coalition and City of Deltona of WVHA funding.	
	Relieves stress on Neighborhood Center and convenience for southwest Volusia population base .	
3	HSCFV Community Health Nursing Services Requesting \$112,348.00	B
	A)	
	B)	
	C) Recommend not funding by WVHA . Instead seek program funding by Volusia Department of Health and another	
4	Rebecca Herrera Medical Equipment & Supplies Requesting \$225,000.00	NA
	A)	
	B)	
	C)	
	Pulled	

	A	B	C	D
1		WVHA/CAC Ranking Sheet		
2		CAC Member: David S. Williams		
3				
4		Please write your answers below for questions A), B), or C) if it were up to you would you:		
5		A) Fund this applicant at 100% of the requested amount, why:		
6		B) Not fund this applicant, why:		
7		C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:		
8		Please provide detailed explanations for your rankings in the spaces below each Agency Name		
9		CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022	A, B or C	
10	1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested		
11				
12		A) Fund this applicant at 100% of the requested amount, why:	A	
13		I am willing to continue to fund this project for this year. I will be asking that next year		
14		complete release of patient information demographics with documented outcomes be		
15		presented to the board if funding is requested next year.		
16				
17	2	TNC Outreach Program \$100,000.00 Requested (same as last year)		
18				
19		A) Fund this application at 100% of the requested amount, why:	A	
20		B) Same as above.		
21		C)		
22				
23				
24	3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services		
25				
26		B) Do not fund the applicant. I feel My Clinics can be used for this services. I would r	B	
27		spend the same amount of money if not additional to see a centralized health care facility		
28		serving the DeLand and Deltona area's. I feel that the patient will receive a more unified		
29		healthcare experience. Patient healthcare records including medication and other information		
30		can be at one location aas well		
31				
32	4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)		
33				
34		B). See above	B	
35				
36	5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00		
37				
38		B). See above	B	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48	6	Rising Against All Odds (RAAO) Requested \$116,925.00		
49				
50		B. Do not fund the applicant	B	
51				
52		I feel this is a duplication of services already provided by the Volusia County Health Dept.		

	A	B	C	D
53		In addition the Director of My clinic in an email stated that they could take on additional testing		
54		He also stated in house conciling services could take place as well as other ongoing care.		
55		The supplies used by the applicant is supplies provided by the Health Department and has		
56		already been paid for as well as the testing by existing county tax dollars. In addition when		
57		patients are positive for HIV and otyher diseases there are State and Federal funding available		
58		to take of the cost of the patient.		
59				
60	7	SMA Residential Services Requested \$550,000.00 (same as last year)		
61				
62		C) Fund the applicant at 50% of request. \$ 225,000	C	
63				
64		The rerason I am stating a 50% reduction is I feel that the money that is being		
65		exceeds more that the services provided to WVHA card patients. I do not believe that the		
66		requested amount represents the cost associated in treating WVHA patients. No other		
67		hospital authorities in this county are providing funding. I think the demographics given are		
68		accurate for the cost to the hosipat authority.		
69				
70	8	SMA Baker Act Services Requested \$300,000.00 (same as last year)		
71		C). Fund the applicant at 50% \$ 175,000	C	
72				
73		Same reason as stated above		
74				
75	9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)		
76				
77		C). Fund the applicant at 50% \$ 39,170.00	C	
78				
79		Same reason as stated above		
80				
81	10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00		
82				
83		C) Fund the applicant at 50% \$50,378.00. I feel more Pro Bono work should be giver C		
84		I also take issue that after the applications were reviewed additional funding was disclosed		
85		after other board members questioned various agencies over COVID funds and SBA (Small		
86		Business Administration Loans etc. Additional money that was not initially shown in the application		
87		was addressed.		
88				
89	11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease		
90				
91		B) I do not wish to fund the applicant. I feel this is a duplication in services already be B		
92		provided by the Voulusia County Health Department and My Care Clinics. I am confused that		
93		funds were not used over COVID concerns but they gave out 25,000 masks, gloves and other		
94		PPE to individuals while facing the same concerns of contracting COVID vs not meeting with		
95		patients and their clients		
96				
97				
98				
99				
100	12	Florida Department of Health Dental Services Requestd \$150,000.00 (decrease		
101				
102		A) Fund 100%	A	
103				
104				
105		NEW AGENCY APPLICANTS FOR 2021-2022		
106	1	Creative Living Requesting \$50,000.00		
107				
108		C). Not fund applicant. I wish to see services like this be provided in the My Care Cli B		

	A	B	C	D
109		setting.		
110				
111				
112	2	New Hope Human Services Homeless Certification Requesting \$50,000.00		
113				
114		C). Same reasons as stated above.	B	
115				
116	3	HSCFV Community Health Nursing Services Requesting \$112,348.00		
117				
118		C). Same as above	B	
119				
120	4	Rebecca Herrera Medical Equipment & Supplies Requesting \$225,000.00		
121				
122		C). Same as above	B	
123				
124				
125				
126				

	A	B	C
1	WVHA/CAC Ranking Sheet		
2	CAC Member: David S. Williams		
3			
4	Please write your answers below for questions A), B), or C) if it were up to you would you:		
5	A) Fund this applicant at 100% of the requested amount, why:		
6	B) Not fund this applicant, why:		
7	C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:		
8	Please provide detailed explanations for your rankings in the spaces below each Agency Name		
9	CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022		
10	1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00	A, B or C
11			
12		A) Fund this applicant at 100% of the requested amount, why:	A
13		I am willing to continue to fund this project for this year. I will be asking that next year	
14		complete release of patient information demographics with documented outcomes be	
15		presented to the board if funding is requested next year.	
16			
17	2	TNC Outreach Program \$100,000.00 Requested (same as last year)	
18			
19		A) Fund this application at 100% of the requested amount, why:	A
20		B) Same as above.	
21		C)	
22			
23			
24	3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
25			
26		B) Do not fund the applicant. I feel My Clinics can be used for this services. I would rather	B
27		spend the same amount of money if not additional to see a centralized health care facility	C) 50%
28		serving the DeLand and Deltona area's. I feel that the patient will receive a more unified	
29		healthcare experience. Patient healthcare records including medication and other information	\$38,165.00
30		can be at one location as well	
31			
32	4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)	A)
33			\$81,560.00
34		B). See above	B
35			
36	5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of	
37			
38		B). See above	B
39			C) 75%
40			\$75,000.00
41			
42			
43			
44			
45			
46			
47			
48	6	Rising Against All Odds (RAAO) Requested \$116,925.00	
49			
50		B. Do not fund the applicant	B
51			C) 50%
52		I feel this is a duplication of services already provided by the Volusia County Health Dept.	\$58,462.50
53		In addition the Director of My clinic in an email stated that they could take on additional testing	
54		He also stated in house conciling services could take place as well as other ongoing care.	

	A	B	C
55		The supplies used by the applicant is supplies provided by the Health Department and has	
56		already been paid for as well as the testing by existing county tax dollars. In addition when	
57		patients are positive for HIV and other diseases there are State and Federal funding available	
58		to take of the cost of the patient.	
59			
60	7	SMA Residential Services Requested \$550,000.00 (same as last year)	
61			
62		C) Fund the applicant at 50% of request. \$ 225,000	C
63			
64		The reason I am stating a 50% reduction is I feel that the money that is being funded	
65		exceeds more than the services provided to WVHA card patients. I do not believe that the	
66		requested amount represents the cost associated in treating WVHA patients. No other	
67		hospital authorities in this county are providing funding. I think the demographics given are	
68		accurate for the cost to the hospital authority.	
69			
70	8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	
71		C). Fund the applicant at 50% \$ 175,000	C
72			
73		Same reason as stated above	
74			
75	9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	
76			
77		C). Fund the applicant at 50% \$ 39,170.00	C
78			
79		Same reason as stated above	
80			
81	10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of	
82			
83		C) Fund the applicant at 50% \$50,378.00. I feel more Pro Bono work should be given.	C
84		I also take issue that after the applications were reviewed additional funding was disclosed	
85		after other board members questioned various agencies over COVID funds and SBA (Small	
86		Business Administration Loans etc. Additional money that was not initially shown in the application	
87		was addressed.	
88			
89	11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00	
90			
91		B) I do not wish to fund the applicant. I feel this is a duplication in services already being	B
92		provided by the Volusia County Health Department and My Care Clinics. I am confused that	
93		funds were not used over COVID concerns but they gave out 25,000 masks, gloves and other	
94		PPE to individuals while facing the same concerns of contracting COVID vs not meeting with	
95		patients and their clients	
96			
97			
98			
99			
100	12	Florida Department of Health Dental Services Requested \$150,000.00 (decrease of	
101			
102		A) Fund 100%	A
103			
104			
105		NEW AGENCY APPLICANTS FOR 2021-2022	
106	1	Creative Living Requesting \$50,000.00	
107			
108		C). Not fund applicant. I wish to see services like this be provided in the My Care Clinical	C
109		setting.	13
110			
111			

	A	B	C
112	2	New Hope Human Services Homeless Certification Requesting \$50,000.00	
113			
114		C). Same reasons as stated above.	C B
115			
116	3	HSCFV Community Health Nursing Services Requesting \$112,348.00	
117			
118		C). Same as above	C B
119			
120	4	Rebecca Herrera Medical Equipment & Supplies Requesting \$225,000.00	
121			
122		C). Same as above	C B
123			
124			

WVHA/CAC Ranking Sheet

CAC Member:

Jacquelyn Lewis

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

1 The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)

A) 50,000 (Attachment #1)
B)
C)

2 TNC Outreach Program \$100,000.00 Requested (same as last year)

A) 100,000 (Attachment #2)
B)
C)

3 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)

A) 76,331.00 (Attachment #3)
B)
C)

4 HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)

A) 81,560.00 (Attachment #4)
B)
C)

5 The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)

A) 100,000.00 (Attachment #5)
B)
C)

6 Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)

A) 116,925.00
B)
C)

7 SMA Residential Services Requested \$550,000.00 (same as last year)

A) 550,000.00
B)
C)

WYHACAC Ranking Sheet

Please provide detailed explanations for your rankings in the spaces below

each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

Please provide detailed explanations for your rankings in the spaces below

C) Fund this applicant but not at the requested amount and fund the amount of \$

B) Fund this applicant, why

A) Fund this applicant at 100% of the requested amount, why

Please write your answers below for questions A), B), or C) if it were up to you

0	00,000.00 (Attachment #1)
0	00,000.00 (Attachment #2)
0	00,000.00 (Attachment #3)
0	00,000.00 (Attachment #4)
0	00,000.00 (Attachment #5)
0	00,000.00 (Attachment #6)
0	00,000.00 (Attachment #7)
0	00,000.00 (Attachment #8)
0	00,000.00 (Attachment #9)
0	00,000.00 (Attachment #10)

C)

8 SMA Baker Act Services Requested \$300,000.00 (same as last year)

A) \$300,000

B)

C)

9 SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)

A) \$78,336.00

B)

C)

10 Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)

A) \$100,756.00

B)

C)

11 Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)

A) \$75,000

B)

C)

12 Florida Department of Health Dental Services Requestd \$150,000.00 (decrease of \$75,000.00 from last year)

A) \$150,000

B)

C)

NEW AGENCY APPLICANTS FOR 2021-2022

1 New Hope Human Services Homeless Certification Requesting \$50,000.00

A) \$50,000.00

B)

C)

2 HSCFV Community Health Nursing Services Requesting \$112,348.00

A) \$112,348.00

B)

C)

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Jacquie Lewis
5/25/2021

1/The Neighborhood Center/Health Care Navigation Program
A/\$50,000

Research from multiple Healthcare Associations and Health Education Studies conclude that housing insecurity and homelessness is a critical social detriment of health. Access to housing itself can be considered a form of healthcare in both the prevention of development of new conditions and helps existing conditions from worsening.

It is my belief that this new position and program will serve to not only address and stabilize health care needs swiftly, but aid in the reduction of health care costs and is critical to the physical and mental well-being of our community's most vulnerable population.

Based on that information and for those reasons, I recommend option "A", funding this applicant at 100% of the requested amount of \$50,000

Jacquie Lewis
5/25/2021

2/The Neighborhood Center/Outreach/Access to Care Program
A/\$100,000

In 2020, The Neighborhood Center of West Volusia provided services to approximately 45,000 people. Direct care staff served an average of 150 clients daily, 600 weekly and approximately 14,000 annually.

On average and on any given day, The Neighborhood Center provides housing for 200 individuals and families, in addition to the non-residents they serve - all of which need access to healthcare services via the Access to Care Program.

Collaborative relationships and referrals to our partners in care organizations not only helps to ensure medical needs are met, but serves to save taxpayers money by eliminating the need to divert patients to our hospitals emergency rooms for non-acute and non-emergent care. This service line represents significant savings, helps to diminish wait times in our already overburdened Emergency rooms and ensures better patient outcomes.

Based on the information provided and for those reasons, I recommend option "A", funding this applicant at 100% of the requested amount of \$100,000

Jacquie Lewis
5/25/2021

3/Healthy Start Coalition/Family Services Coordinator
A/\$76,331.00

Comprehensive Community Health Studies indicate a demonstrated need for this subset of our community as Volusia has one of the highest infant mortality rates in the State.

This position, "Family Services Coordinator" would enable pregnant women and families with limited income and health literacy to identify direct, and refer them to resources that support healthy pregnancies, pediatric and developmental needs for their children, and establish a foundation for long term self-sufficiency and success.

After careful review, visits to their facilities and personal knowledge of their long history of service and the many successes Healthy Start Coalition brings to our community, I recommend option "A", funding this agency and this position at 100% of the requested amount of \$76,331.00

Jacquie Lewis
5/25/2021

4/Healthy Start Coalition/Women's Intervention Specialist/Neonatal
Outreach Specialist
A/\$81,560.00

This Neonatal Outreach Specialist position will provide a significant service to our most vulnerable high members in need of prenatal, post-partum, inter-conception care and pediatric follow-up.

Volusia County leads the state with a 1900% increase in diagnosable Neonatal Abstinence Syndrome due to Opioids and other substance abuse disorders.

This position is pivotal to coordinating relationships, pairing clients with Hospitals, Behavioral Health Centers, Homeless Services, Prenatal Providers that render expedited medical care. The specialist connects these clients to these critical safety nets with an anticipated outreach to 180 unique individuals per year, ensuring better outcomes our high-risk mommies and babies.

Healthy Start Coalition and their dedicated team of providers have long been an organization that fills the gaps in our medical system, and with that being said, I recommend option "A", funding this agency and this position at 100% of the requested amount of \$81,560.00

Jacquie Lewis
5/25/2021

5/The House Next Door/Trauma Informed Community Based Mental
Health Services
A/\$100,000.00

House Next Door has long been the backbone of Mental Healthcare Delivery to members of our community for decades. Their community based mental health services have reduced utilization of high cost, tax payer funded emergency services for a multitude of issues.

My recommendation is for "A" and 100% funding in the amount of \$100,000.

Jacquie Lewis
5/25/2021

6/RAAO/Rising Against All Odds
A/\$116,925.00

Volusia County again leads the state in HIV/AIDS and is at what is considered epidemic levels.

RAAO exceeds all expectations for outreach, testing, treatment and education and saves taxpayers approximately \$400,000 for each and every client/patient they serve.

Additionally, countless lives are spared as a result of their mission driven initiatives.

My recommendation is for "A" and 100% funding in the amount of \$116,925.00

Jacque Lewis
5/25/2021

6/8/9 Stewart Marchman

My recommendation is for "A" and 100% funding on all 3 of their Grant Applications.

Jacquie Lewis
5/25/2021

10/Community Legal Services

No brainer.

This service saves us hundreds of thousands of dollars each and every year – year after year.

My recommendation is for "A" and 100% funding in the amount of \$100,756.00

WVHA/CAC Ranking Sheet

CAC Member: Patrick Rogers

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)	A
	(A) Entry into system, good outcomes multiple funding streams.	
	(B)	
	(C)	
2	TNC Outreach Program \$100,000.00 Requested (same as last year)	A
	(A) Cost effective, good organizational capacity.	
	(B)	
	(C)	
3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (Increase of \$7,472.00 from last year)	A
	(A) provided services beyond available funding / very early ^{-life} support.	
	(B)	
	(C)	
4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)	A
	(A) addresses social determinants in complicated pregnancies - outreach	
	(B)	
	(C)	
5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)	A
	(A) deals w/ trauma related mental health / resources to working poor	
	(B)	
	(C)	
6	Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)	A
	(A) addressed barrier to reach, help avoid long term cost	
	(B)	
	(C)	

7	SMA Residential Services Requested \$550,000.00 (same as last year)	A
	(A) offer consultation for multiple WVAH funded agencies.	
	(B)	
	(C)	
	very good organizational capacities (same in 8 & 9 below)	
8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	A
	(A) provide Emergency crisis services / 24hr helpline	
	(B)	
	(C)	
	WVAH small % overall program budget for service	
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	A
	(A) Highly skilled professionals / helps avoid admissions	
	(B)	
	(C)	
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)	A.
	(A) Legal access to understand & help navigate system	
	(B)	
	(C)	
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)	C
	rec - \$37,500 -	
	(A)	
	(B)	
	(C) Did not adapt to changing environment, need to IT organization adapt for capacity	50%
	gave client data for multiple year - not sure annual service	
12	Florida Department of Health Dental Services Requested \$150,000.00 (decrease of \$75,000.00 from last year)	A
	(A) Dental care vital to overall health - recommend potential increase in budget.	
	(B)	
	(C)	
	NEW AGENCY APPLICANTS FOR 2021-2022	
1	New Hope Human Services Homeless Certification Requesting \$50,000.00	A
	(A) Certification required, make available in Dallas	
	(B)	
	(C)	
	recommend assessing after one year	
2	HSCFV Community Health Nursing Services Requesting \$112,348.00	A
	(A) Need to address high mortality / very early care for long term impact	
	(B)	
	(C)	

Updated AK

WVHA/CAC Ranking Sheet

CAC Member: Althea King Vth: Hester

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

A, B or C

1	The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)	
	<u>A) Need to see Program Progress</u>	
	<u>B)</u>	
	<u>C)</u>	
		<u>A</u>
2	TNC Outreach Program \$100,000.00 Requested (same as last year)	
	<u>A) Need to see Program Progress</u>	
	<u>B)</u>	
	<u>C)</u>	
		<u>A</u>
3	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)	<u>79,000</u>
	<u>A)</u>	
	<u>B)</u>	
	<u>C) Need to see proactive measures reflected by numbers</u>	
		<u>C</u>
4	HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)	<u>75,000</u>
	<u>A) Need to see Program Progress</u>	
	<u>B)</u>	
	<u>C)</u>	
		<u>C</u>
		<u>A</u> <u>(AK)</u>
5	The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)	
	<u>A) Utilized funds and closely monitors population (targeted) - Great job</u>	
	<u>B)</u>	
	<u>C)</u>	
		<u>A</u>
6	Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)	
	<u>A) Great job gaining funding to decrease amt.</u>	
	<u>B)</u>	
	<u>C)</u>	
		<u>A</u>

7	SMA Residential Services Requested \$550,000.00 (same as last year)	
	A) 22% of Total Rev.	C 22500
	B)	A
	C) 22%	
8	SMA Baker Act Services Requested \$300,000.00 (same as last year)	
	A) 34% of Total Rev	C 17500
	B)	A
	C) 34%	
9	SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)	
	A) Need to see program progress	C 39,17
	B)	A
	C) Need to see program progress	
10	Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (increase of \$4,798.00 from last year)	75,000
	A)	
	B)	
	C) Fund at 50% of Total Rev.	C
	N	
11	Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)	
	A) Need to see program progress + justification	A
	B)	
	C)	
12	Florida Department of Health Dental Services Requestd \$150,000.00 (decrease of \$75,000.00 from last year)	
	A) 15% of Total Rev	A
	B)	
	C)	
NEW AGENCY APPLICANTS FOR 2021-2022		
1	Creative Living Requesting \$50,000.00	
	A)	
	B) Incomplete application	B
	C)	
2	New Hope Human Services Homeless Certification Requesting \$50,000.00	
	A - Service Needed in Deltona Area	A
3.	HSCFV Community Health Nursing Services	
	C - Fund 50% of request \$56,174	C

WVHA/CAC Ranking Sheet

CAC Member: Donna Pepin

5/25/21

Please write your answers below for questions A), B), or C) if it were up to you 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 but fund the amount of \$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2021-2022

1 The Neighborhood Center (TNC) Healthcare Navigator Program Requested \$50,000.00 (same as last year)

A) People served has increased but financial request has not

B)

C)

2 TNC Outreach Program \$100,000.00 Requested (same as last year)

A) Need has increased because of The Bridge request same

B)

C)

3 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator Requested \$76,331.00 (increase of \$7,472.00 from last year)

A) Increased need and cost of living has increased

B)

C)

4 HSCFV WIS/NOS Requested \$81,560.00 (increase of \$8,060.00 from last year)

A) No increase since 2015, expenses have increased

B)

C)

5 The House Next Door (THND) Therapeutic Services Requested \$100,000.00 (decrease of \$10,000.00 from last year)

A) Decrease in request increase in need due to Covid

B)

C)

6 Rising Against All Odds (RAAO) Requested \$116,925.00 (decrease of \$48,060.00 from last year)

A) Excellent presentation of all that they do / Decrease appreciated

B)

C)

7 SMA Residential Services Requested \$550,000.00 (same as last year)

A) Substance abuse needs to be funded more asking the ex mo.

Donna Pepin

5/25/21

Corrected

C)

8 SMA Baker Act Services Requested \$300,000.00 (same as last year)

A) Needed service for law enforcement and safety of citizens

B)

C)

9 SMA Homeless Services Requested \$78,336.00 (decrease of \$17,544.00 from last year)

A) Decreased request

B)

C)

10 Community Legal Services of Mid-Florida (CLSMF) Requested \$100,756.00 (Increase of \$4,798.00 from last year)

A) Needed for ER work

B)

C)

11 Hispanic Health Initiative Outreach Services Requested \$75,000.00 (decrease of \$20,000.00 from last year)

A) We don't know when they will open up again. Year before

B) last they did not use all funding

C) NO testimonials since 2014 on web

12 Florida Department of Health Dental Services Requested \$150,000.00 (decrease of \$75,000.00 from last year)

A) without good dental care there can not be good health

B)

C)

NEW AGENCY APPLICANTS FOR 2021-2022

1 New Hope Human Services Homeless Certification Requesting \$50,000.00

A) Need to certify homeless in Deltona, largest population city

B)

C)

2 HSCFV Community Health Nursing Services Requesting \$112,348.00

A) Reaching out to at risk pregnant patients is needed

B)

C)



EBMS

June 17, 2021

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 5/1/2021 to 5/31/2021
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	4036		Charges	\$3,873,754	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$3,478,503	Addl Info Not Provided	\$514,495	13.28%
Medical	\$391,136	\$200	Allowed	\$395,252	Duplicate Charges	\$6,992	0.18%
Professional	\$184,590	\$94	less Member	\$7,420	Plan Limitations	\$1,504,722	38.84%
Facility	\$206,546	\$106	less Adjustments	-\$3,304	UCR Reductions	\$736	0.02%
PBM	\$0	\$0	Paid Benefit	\$391,136	Other	\$1,451,557	37.47%
Total Plan Paid:	\$391,136	\$200	plus Admin Costs	\$119,875	Total:	\$3,478,503	89.80%
			Total Plan Paid:	\$511,011			

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
5/31/2021										
0 to 19	16	26	42	0	0	0	0	42	0	0
20 to 25	49	60	109	0	0	0	0	109	0	0
26 to 29	54	47	101	0	0	0	0	101	0	0
30 to 39	175	146	321	0	0	0	0	321	0	0
40 to 49	187	223	410	0	0	0	0	410	0	0
50 to 59	258	350	608	0	0	0	0	608	0	0
60 to 64	98	166	264	0	0	0	0	264	0	0
65 and Older	29	72	101	0	0	0	0	101	0	0
Totals	866	1090	1956	0	0	0	0	1956	0	0
Average Age	45.57	48.32	47.10	0.00	0.00	0.00	0.00	47.10	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2021	Employee	Spouse	Dependent
Halifax Hospital Medical	19	\$86,455	0 to 19	\$179	\$0	\$0
Medical Center Of Deltona	38	\$68,670	20 to 25	\$3,125	\$0	\$0
Florida Cancer Specialists	87	\$34,238	26 to 29	\$7,102	\$0	\$0
Adventhealth Fish	95	\$21,620	30 to 39	\$53,353	\$0	\$0
Quest Diagnostics Tampa	465	\$13,955	40 to 49	\$58,332	\$0	\$0
Orange City Surgery	26	\$13,745	50 to 59	\$155,619	\$0	\$0
6 Radiology Associates	110	\$13,523	60 to 64	\$79,820	\$0	\$0
Orange City Surgery	17	\$12,487	65 and Older	\$33,607	\$0	\$0
Gastroenterology Of	53	\$8,426	Totals	\$391,136	\$0	\$0
Blue Springs Surgery	8	\$8,417				

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
February 21	\$461,274	Medical	\$16,382	45	\$737,190
March 21	\$432,498	Vision	\$0	28	\$0
April 21	\$662,120	RX	\$0	71	\$0
May 21	\$391,136	Total:			\$737,190
Total:	\$2,142,959				

Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 5/1/2021 to 5/31/2021
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$243	\$145	\$98	\$0	\$0	\$98	0.03%
AMBULANCE	4	\$4,941	\$4,941	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	50	\$94,035	\$83,194	\$10,840	\$0	\$0	\$10,840	2.77%
CHIROPRACTIC	6	\$218	\$19	\$199	\$20	\$0	\$179	0.05%
COVID-19	54	\$6,415	\$6,250	\$164	\$0	\$0	\$164	0.04%
DIALYSIS	18	\$19,034	\$18,119	\$915	\$0	\$0	\$915	0.23%
DME/APPLIANCE	1	\$2,875	\$2,875	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	544	\$1,437,061	\$1,437,061	\$0	\$0	\$0	\$0	0.00%
HOME HEALTH CARE	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	163	\$35,939	\$35,939	\$0	\$0	\$0	\$0	0.00%
INJECTION	3	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	144	\$22,337	\$18,145	\$4,192	\$0	\$0	\$4,192	1.07%
IP HOSP CHARGES	46	\$630,404	\$570,582	\$59,822	\$275	\$0	\$59,547	15.22%
MATERNITY	1	\$4,091	\$4,091	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	17	-\$70	-\$329	\$259	\$30	\$0	\$229	0.06%
OFFICE VISIT	1448	\$103,572	\$72,190	\$31,382	\$2,860	\$0	\$28,522	7.29%
OP PHYSICIAN	145	\$31,018	\$26,204	\$4,814	\$152	\$0	\$4,662	1.19%
OTHER	524	\$70	\$70	\$0	\$0	-\$3,304	\$3,304	0.84%
PSYCHIATRIC	170	\$19,628	\$8,108	\$11,521	\$525	\$0	\$10,996	2.81%
RADIATION /CHEMO	70	\$125,239	\$90,472	\$34,767	\$6	\$0	\$34,761	8.89%
SLEEP DISORDER	6	\$640	\$640	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	3	\$11,686	\$11,686	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	51	\$781,481	\$656,068	\$125,413	\$850	\$0	\$124,563	31.85%
SURGERY	441	\$20,957	\$15,431	\$5,526	\$0	\$0	\$5,526	1.41%
SURGERY IP	26	\$52,494	\$46,252	\$6,242	\$0	\$0	\$6,242	1.60%
SURGERY OP	75	\$78,864	\$54,294	\$24,570	\$0	\$0	\$24,570	6.28%
THERAPY	256	\$24,785	\$14,626	\$10,159	\$830	\$0	\$9,329	2.39%
VISION	4	\$245	\$245	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1772	\$49,777	\$40,238	\$9,539	\$0	\$0	\$9,539	2.44%
XRAY/ LAB	5024	\$315,775	\$260,947	\$54,828	\$1,871	\$0	\$52,957	13.54%
Totals:	11069	\$3,873,754	\$3,478,503	\$395,252	\$7,420	-\$3,304	\$391,136	

Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 1/1/2021 to 5/31/2021
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	18290		Charges	\$17,579,516	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$15,393,442	Addl Info Not Provided	\$1,501,322	8.54%
Medical	\$2,142,959	\$219	Allowed	\$2,186,074	Duplicate Charges	\$166,609	0.95%
Professional	\$1,259,473	\$129	less Member	\$46,418	Plan Limitations	\$6,866,341	39.06%
Facility	\$883,486	\$90	less Adjustments	-\$3,304	UCR Reductions	\$3,770	0.02%
PBM	\$0	\$0	Paid Benefit	\$2,142,959	Other	\$6,855,400	39.00%
Vision	\$0	\$0	plus Admin Costs	\$833,375	Total:	\$15,393,442	87.56%
Total Plan Paid:	\$2,142,959	\$219	Total Plan Paid:	\$2,976,334			

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
5/31/2021										
0 to 19	16	26	42	0	0	0	0	42	0	0
20 to 25	49	60	109	0	0	0	0	109	0	0
26 to 29	54	47	101	0	0	0	0	101	0	0
30 to 39	175	146	321	0	0	0	0	321	0	0
40 to 49	187	223	410	0	0	0	0	410	0	0
50 to 59	258	350	608	0	0	0	0	608	0	0
60 to 64	98	166	264	0	0	0	0	264	0	0
65 and Older	29	72	101	0	0	0	0	101	0	0
Totals	866	1090	1956	0	0	0	0	1956	0	0
Average Age	45.57	48.32	47.10	0.00	0.00	0.00	0.00	47.10	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2021	Employee	Spouse	Dependent
Halifax Hospital Medical	100	\$331,715	0 to 19	\$3,730	\$0	\$0
Medical Center Of Deltona	252	\$307,776	20 to 25	\$26,590	\$0	\$0
Florida Cancer Specialists	533	\$256,420	26 to 29	\$58,254	\$0	\$0
Adventhealth Fish	204	\$149,677	30 to 39	\$319,947	\$0	\$0
Quest Diagnostics Tampa	2425	\$126,005	40 to 49	\$331,062	\$0	\$0
6 Radiology Associates	667	\$56,702	50 to 59	\$769,555	\$0	\$0
Orange City Surgery	89	\$54,964	60 to 64	\$428,537	\$0	\$0
Orange City Surgery	146	\$51,392	65 and Older	\$205,285	\$0	\$0
Family Psychiatry Services	502	\$44,616	Totals	\$2,142,959	\$0	\$0
Interventional Pain REHAB	409	\$41,129				

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
February 21	\$461,274	Medical	\$16,382	45	\$737,190
March 21	\$432,498	Vision	\$0	28	\$0
April 21	\$662,120	RX	\$0	71	\$0
May 21	\$391,136	Total:			\$737,190
Total:	\$2,142,959				



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 1/1/2021 to 5/31/2021
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	14	\$3,528	\$2,288	\$1,240	\$30	\$0	\$1,210	0.06%
AMBULANCE	6	\$5,671	\$5,671	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	233	\$378,317	\$332,867	\$45,450	\$0	\$0	\$45,450	2.12%
CHIROPRACTIC	54	\$904	\$465	\$439	\$20	\$0	\$419	0.02%
COVID-19	278	-\$279,623	-\$282,627	\$3,003	\$0	\$0	\$3,003	0.14%
DIALYSIS	148	\$266,144	\$254,587	\$11,557	\$0	\$0	\$11,557	0.54%
DME/APPLIANCE	18	\$14,538	\$14,538	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	2318	\$5,503,865	\$5,502,719	\$1,146	\$0	\$0	\$1,146	0.05%
HOME HEALTH CARE	8	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	807	\$177,886	\$177,745	\$141	\$0	\$0	\$141	0.01%
INJECTION	9	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	1095	\$217,002	\$179,324	\$37,677	\$0	\$0	\$37,677	1.76%
IP HOSP CHARGES	244	\$3,362,219	\$3,086,255	\$275,963	\$1,475	\$0	\$274,488	12.81%
MATERNITY	37	\$19,215	\$17,977	\$1,238	\$0	\$0	\$1,238	0.06%
MEDICAL MISC	641	\$47,698	\$36,783	\$10,914	\$324	\$0	\$10,591	0.49%
OFFICE VISIT	5674	\$871,161	\$606,455	\$264,706	\$17,600	\$0	\$247,106	11.53%
OP PHYSICIAN	1058	\$222,600	\$146,009	\$76,591	\$619	\$0	\$75,972	3.55%
OTHER	1496	\$8,640	\$8,622	\$18	\$0	-\$3,304	\$3,322	0.16%
OUTPAT HOSP	8	\$55,266	\$41,978	\$13,288	\$1,075	\$0	\$12,213	0.57%
PSYCHIATRIC	908	\$179,338	\$109,173	\$70,166	\$3,225	\$0	\$66,941	3.12%
RADIATION /CHEMO	631	\$1,049,762	\$756,548	\$293,215	\$48	\$0	\$293,166	13.68%
SLEEP DISORDER	59	\$5,488	\$5,488	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	7	\$27,102	\$26,830	\$273	\$10	\$0	\$263	0.01%
SURG FACILITY	233	\$2,019,904	\$1,624,101	\$395,804	\$3,230	\$0	\$392,574	18.32%
SURGERY	1206	\$67,380	\$55,928	\$11,452	\$0	\$0	\$11,452	0.53%
SURGERY IP	144	\$230,093	\$193,655	\$36,438	\$0	\$0	\$36,438	1.70%
SURGERY OP	589	\$643,732	\$489,600	\$154,132	\$0	\$0	\$154,132	7.19%
THERAPY	1886	\$179,268	\$97,661	\$81,607	\$6,870	\$0	\$74,737	3.49%
URGENT CARE	7	\$1,662	\$1,662	\$0	\$0	\$0	\$0	0.00%
VISION	21	\$1,060	\$1,060	\$0	\$0	\$0	\$0	0.00%
WELLNESS	5410	\$235,091	\$185,072	\$50,018	\$3	\$0	\$50,015	2.33%
XRAY/ LAB	23383	\$2,064,605	\$1,715,008	\$349,597	\$11,889	\$0	\$337,707	15.76%
Totals:	48630	\$17,579,516	\$15,393,442	\$2,186,074	\$46,418	-\$3,304	\$2,142,959	



PCORI Membership Count

Block of Business ID:
Client ID:

EBMSI
00532

Eligibility Date: : 1/1/2021 to 5/31/2021

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2021	2233	0	2233
2/1/2021	2244	0	2244
3/1/2021	2257	0	2257
4/1/2021	2258	0	2258
5/1/2021	2095	0	2095
Total Member Days			2,217.40



Enrollment Counts by Postal Code

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 5/31/2021

Postal Code	Employee Count	Dependent Count	Total Count
32102	2	0	2
32105	1	0	1
32130	70	0	70
32180	105	0	105
32190	32	0	32
32713	63	0	63
32720	533	0	533
32724	332	0	332
32725	358	0	358
32738	298	0	298
32744	25	0	25
32763	126	0	126
32764	11	0	11
Total	1956	0	1956



Tier Census by Product 5/1/2021

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	2046	900	1146	0	0	0	0	2046
		Subtotal for Active:	2046	900	1146	0	0	0	0	2046
		Total for Medical:	2046	900	1146	0	0	0	0	2046



Tier Census by Product 5/15/2021

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	2001	883	1118	0	0	0	0	2001
		Subtotal for Active:	2001	883	1118	0	0	0	0	2001
		Total for Medical:	2001	883	1118	0	0	0	0	2001



Tier Census by Product 5/31/2021

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1956	866	1090	0	0	0	0	1956
		Subtotal for Active:	1956	866	1090	0	0	0	0	1956
		Total for Medical:	1956	866	1090	0	0	0	0	1956



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2021 to 5/31/2021

		Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	243.00	0.00	144.77	98.23	0.00	0.00	98.23	0.03%
AMBULANCE	4	4,940.82	4,940.82	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	50	94,034.64	12,943.30	70,251.05	10,840.29	0.00	0.00	10,840.29	2.77%
CHIROPRACTIC	6	218.00	0.00	18.89	199.11	20.00	0.00	179.11	0.05%
COVID-19	54	6,414.67	4,418.94	1,831.48	164.25	0.00	0.00	164.25	0.04%
DIALYSIS	18	19,033.85	22,106.45	-3,987.24	914.64	0.00	0.00	914.64	0.23%
DME/APPLIANCE	1	2,875.00	2,875.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	544	1,437,060.69	1,437,060.69	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	163	35,938.97	35,938.97	0.00	0.00	0.00	0.00	0.00	0.00%
INJECTION	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	144	22,336.95	12,901.52	5,243.71	4,191.72	0.00	0.00	4,191.72	1.07%
IP HOSP CHARGES	46	630,404.22	176,594.95	393,987.13	59,822.14	275.00	0.00	59,547.14	15.22%
MATERNITY	1	4,091.00	4,091.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	17	-69.98	-931.98	602.74	259.26	30.00	0.00	229.26	0.06%
OFFICE VISIT	1448	103,572.46	6,067.82	66,122.33	31,382.31	2,860.00	0.00	28,522.31	7.29%
OP PHYSICIAN	145	31,018.11	3,007.40	23,196.54	4,814.17	152.44	0.00	4,661.73	1.19%
OTHER	551	70.00	70.00	0.00	0.00	0.00	-3,303.84	3,303.84	0.84%
PSYCHIATRIC	170	19,628.48	1,217.24	6,890.40	11,520.84	525.00	0.00	10,995.84	2.81%
RADIATION /CHEMO	70	125,239.00	26,897.00	63,574.70	34,767.30	6.11	0.00	34,761.19	8.89%
SLEEP DISORDER	6	639.83	639.83	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	3	11,686.28	11,486.28	200.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	51	781,481.28	178,858.77	477,209.48	125,413.03	850.00	0.00	124,563.03	31.85%
SURGERY	441	20,957.36	4,144.00	11,287.29	5,526.07	0.00	0.00	5,526.07	1.41%
SURGERY IP	26	52,493.87	12,626.00	33,626.33	6,241.54	0.00	0.00	6,241.54	1.60%
SURGERY OP	75	78,863.81	9,905.60	44,388.12	24,570.09	0.00	0.00	24,570.09	6.28%
THERAPY	256	24,785.12	1,550.00	13,075.78	10,159.34	830.00	0.00	9,329.34	2.39%
VISION	4	245.00	245.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1772	49,777.22	-1,751.37	41,989.22	9,539.37	0.00	0.00	9,539.37	2.44%
XRAY/ LAB	5024	315,774.67	59,042.60	201,903.98	54,828.09	1,871.20	0.00	52,956.89	13.54%
Totals for 00532	11096	3,873,754.32	2,026,945.83	1,451,556.70	395,251.79	7,419.75	-3,303.84	391,135.88	

Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

		Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	
00532-West Volusia Hospital Authority									
ALLERGY CARE	14	3,528.00	243.00	2,045.32	1,239.68	30.00	0.00	1,209.68	0.06%
AMBULANCE	6	5,670.82	5,670.82	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	233	378,317.27	64,190.24	268,677.08	45,449.95	0.00	0.00	45,449.95	2.12%
CHIROPRACTIC	54	904.00	270.00	194.61	439.39	20.00	0.00	419.39	0.02%
COVID-19	278	-279,623.17	-287,842.67	5,216.07	3,003.43	0.00	0.00	3,003.43	0.14%
DIALYSIS	148	266,144.05	48,440.55	206,146.51	11,556.99	0.00	0.00	11,556.99	0.54%
DME/APPLIANCE	18	14,538.00	14,538.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	2318	5,503,864.64	5,499,416.24	3,302.58	1,145.82	0.00	0.00	1,145.82	0.05%
HOME HEALTH CARE	8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	807	177,886.00	177,599.56	145.02	141.42	0.00	0.00	141.42	0.01%
INJECTION	9	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	1095	217,001.92	143,456.93	35,867.53	37,677.46	0.00	0.00	37,677.46	1.76%
IP HOSP CHARGES	244	3,362,218.59	1,755,542.85	1,330,712.42	275,963.32	1,475.00	0.00	274,488.32	12.81%
MATERNITY	37	19,214.75	15,251.00	2,726.10	1,237.65	0.00	0.00	1,237.65	0.06%
MEDICAL MISC	641	47,697.66	6,242.02	30,541.19	10,914.45	323.82	0.00	10,590.63	0.49%
OFFICE VISIT	5674	871,161.27	92,330.63	514,124.66	264,705.98	17,600.00	0.00	247,105.98	11.53%
OP PHYSICIAN	1058	222,600.17	6,837.40	139,171.52	76,591.25	619.03	0.00	75,972.22	3.55%
OTHER	2083	8,640.00	8,580.36	41.63	18.01	0.00	-3,303.84	3,321.85	0.16%
OUTPAT HOSP	8	55,266.45	6,229.10	35,749.31	13,288.04	1,075.00	0.00	12,213.04	0.57%
PSYCHIATRIC	908	179,338.24	38,497.82	70,674.79	70,165.63	3,225.00	0.00	66,940.63	3.12%
RADIATION /CHEMO	631	1,049,762.41	58,815.92	697,731.88	293,214.61	48.20	0.00	293,166.41	13.68%
SLEEP DISORDER	59	5,488.03	5,488.03	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	7	27,102.16	26,402.16	427.34	272.66	10.00	0.00	262.66	0.01%
SURG FACILITY	233	2,019,904.37	246,029.79	1,378,070.76	395,803.82	3,230.00	0.00	392,573.82	18.32%
SURGERY	1206	67,379.62	9,774.86	46,153.23	11,451.53	0.00	0.00	11,451.53	0.53%
SURGERY IP	144	230,093.02	55,576.42	138,078.30	36,438.30	0.00	0.00	36,438.30	1.70%
SURGERY OP	589	643,732.07	31,667.80	457,932.15	154,132.12	0.00	0.00	154,132.12	7.19%
THERAPY	1886	179,268.07	2,452.00	95,208.93	81,607.14	6,870.00	0.00	74,737.14	3.49%
URGENT CARE	7	1,662.00	1,662.00	0.00	0.00	0.00	0.00	0.00	0.00%
VISION	21	1,060.00	1,060.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	5410	235,090.62	18,761.06	166,311.40	50,018.16	2.82	0.00	50,015.34	2.33%
XRAY/ LAB	23383	2,064,604.81	433,677.47	1,281,330.64	349,596.70	11,889.25	0.00	337,707.45	15.76%
Totals for 00532	49217	17,579,515.84	8,486,861.36	6,906,580.97	2,186,073.51	46,418.12	-3,303.84	2,142,959.23	

Cost of Major

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	122	195	82,174.98	21.01%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	55	116	53,760.04	13.74%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	39	59	47,298.79	12.09%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	43	59	33,098.88	8.46%
00532	West Volusia Hospital Authority	02	Neoplasms	32	67	32,199.37	8.23%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	130	158	28,659.56	7.33%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	101	152	27,821.21	7.11%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	21	34	13,858.49	3.54%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	25	39	13,460.22	3.44%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	73	107	11,583.30	2.96%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	76	89	10,030.48	2.56%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	21	25	9,313.30	2.38%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	17	21	8,976.96	2.30%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	16	16	7,898.71	2.02%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	16	19	6,200.42	1.59%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	2	3	2,425.68	0.62%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	12	15	1,646.61	0.42%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	3	8	609.80	0.16%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	1	2	119.08	0.03%
				805	1184	391,135.88	100.00%

Cost of Major

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	120	560	307,446.88	14.35%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	314	1258	296,768.07	13.85%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	449	846	206,805.49	9.65%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	169	577	200,950.59	9.38%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	406	970	198,028.52	9.24%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	208	480	154,475.00	7.21%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	236	542	154,405.49	7.21%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	388	704	96,960.71	4.52%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	65	259	85,816.69	4.00%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	191	686	83,088.02	3.88%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	12	33	71,712.87	3.35%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	94	271	67,840.04	3.17%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	93	172	47,641.88	2.22%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	49	160	46,592.73	2.17%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	57	142	34,628.37	1.62%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	89	174	34,143.73	1.59%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	66	110	25,408.26	1.19%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	16	194	17,542.04	0.82%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	14	43	9,575.73	0.45%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	6	11	3,128.12	0.15%
				3042	8192	2,142,959.23	100.00%

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	20	29	36,058.63	9.22%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	5	10	29,205.82	7.47%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	14	20	26,883.84	6.87%
00532	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	4	10	20,220.81	5.17%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	113	125	18,520.55	4.74%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	25	48	15,753.93	4.03%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	12	15	14,286.36	3.65%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	4	4	12,676.63	3.24%
00532	West Volusia Hospital Authority	11.04	Hernia	6	8	12,491.44	3.19%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	7	8	11,393.33	2.91%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	7	11	11,113.10	2.84%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	45	56	10,561.49	2.70%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	10	17	10,098.12	2.58%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	15	21	9,187.69	2.35%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	53	78	8,900.48	2.28%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	35	57	8,289.49	2.12%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	9	10	7,667.63	1.96%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	51	58	7,662.61	1.96%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	1	1	7,578.12	1.94%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	3	4	7,275.66	1.86%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	5	10	6,670.29	1.71%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	5	8	6,597.17	1.69%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	2	4	6,315.06	1.61%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	10	13	5,435.01	1.39%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	27	44	5,361.55	1.37%
00532	West Volusia Hospital Authority	01.01	Intestinal infectious diseases	2	2	4,714.36	1.21%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	21	27	3,948.48	1.01%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	3	5	3,851.43	0.98%
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	7	14	3,678.30	0.94%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	13	19	3,191.51	0.82%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 03:52:17 on 01 June 2021

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	20	30	3,107.46	0.79%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	12	15	2,969.77	0.76%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	11	17	2,564.58	0.66%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	4	9	2,300.62	0.59%
00532	West Volusia Hospital Authority	17.08	Congenital malformations of the urinary system	1	1	2,288.80	0.59%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	12	22	2,114.71	0.54%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	1	14	1,910.21	0.49%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	15	15	1,855.22	0.47%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	10	18	1,743.59	0.45%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	9	10	1,668.78	0.43%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	2	2	1,643.43	0.42%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	9	12	1,433.36	0.37%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	2	6	1,174.89	0.30%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	10	12	1,152.53	0.29%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	13	14	1,105.15	0.28%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	2	6	1,095.87	0.28%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	7	10	1,054.71	0.27%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	18	21	963.15	0.25%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	8	8	929.93	0.24%
00532	West Volusia Hospital Authority	11.07	Diseases of peritoneum and retroperitoneum	1	11	929.58	0.24%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	2	3	914.64	0.23%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	6	6	842.67	0.22%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	3	4	839.37	0.21%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	3	8	791.17	0.20%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	5	7	727.14	0.19%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	1	3	667.26	0.17%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	6	6	651.74	0.17%
00532	West Volusia Hospital Authority	01.11	Viral infections characterized by skin and mucous membrane lesions	3	3	640.07	0.16%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	5	5	639.92	0.16%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	3	3	634.47	0.16%

Requested by: ReportScheduler from p316 data [P316]

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Cost of Minor

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Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	3	8	570.71	0.15%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	3	7	545.85	0.14%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	3	5	540.49	0.14%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	6	7	539.91	0.14%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	5	6	533.14	0.14%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	3	3	530.63	0.14%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	5	5	528.76	0.14%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	2	3	490.33	0.13%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	2	3	489.90	0.13%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	3	3	482.66	0.12%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	1	1	482.38	0.12%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	4	449.61	0.11%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	3	4	420.49	0.11%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	2	2	396.35	0.10%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	3	5	393.08	0.10%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	3	3	390.54	0.10%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	2	2	351.29	0.09%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	3	3	340.26	0.09%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	2	3	325.45	0.08%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	3	3	321.86	0.08%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	1	2	315.77	0.08%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	3	3	290.84	0.07%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	3	4	277.21	0.07%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	3	3	270.60	0.07%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	6	7	263.27	0.07%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	3	3	250.57	0.06%
00532	West Volusia Hospital Authority	18.07	Symptoms and signs involving speech and voice	1	1	239.57	0.06%
00532	West Volusia Hospital Authority	01.16	Mycoses	3	3	224.15	0.06%
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and...	2	2	219.13	0.06%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	2	2	217.13	0.06%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 03:52:17 on 01 June 2021

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	07.06	Glaucoma	1	1	200.19	0.05%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	2	2	188.99	0.05%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	2	2	165.60	0.04%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	3	3	144.82	0.04%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	1	1	138.71	0.04%
00532	West Volusia Hospital Authority	17.03	Congenital malformations of the circulatory system	1	2	136.88	0.03%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	1	1	131.42	0.03%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	2	3	131.11	0.03%
00532	West Volusia Hospital Authority	07.02	Disorders of conjunctiva	1	1	121.12	0.03%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	2	2	120.51	0.03%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	2	2	119.18	0.03%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	1	1	103.46	0.03%
00532	West Volusia Hospital Authority	06.10	Cerebral palsy and other paralytic syndromes	1	1	93.13	0.02%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	1	1	88.26	0.02%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	1	1	84.35	0.02%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	1	1	82.80	0.04%
00532	West Volusia Hospital Authority	01.21	Bacterial and viral infectious agents	1	1	74.84	0.02%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	1	1	65.23	0.02%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	1	1	63.95	0.02%
00532	West Volusia Hospital Authority	12.04	Papulosquamous disorders	1	2	57.63	0.01%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	1	1	36.28	0.01%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	1	1	18.99	0.00%
00532	West Volusia Hospital Authority	10.09	Other diseases of the pleura	1	1	17.34	0.01%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	1	1	8.63	0.00%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	1	1	6.71	0.00%
				858	1184	391,135.88	100.00%

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

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	12	138	147,623.13	6.89%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	29	103	112,940.56	5.27%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	93	283	85,327.13	3.98%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	87	219	80,425.63	3.75%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	154	336	76,365.27	3.56%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	391	542	72,674.97	3.39%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	61	167	72,291.66	3.37%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoV acute respiratory disease	12	33	71,712.87	3.35%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	200	395	65,276.94	3.05%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	78	172	58,938.00	2.75%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	54	124	57,941.67	2.70%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	17	68	54,754.96	2.56%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	123	497	54,042.78	2.52%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	66	116	51,991.71	2.43%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	28	57	50,780.45	2.37%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	5	42	49,947.80	2.33%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	107	209	49,501.58	2.31%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	117	371	46,801.71	2.18%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	47	117	41,008.47	1.91%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	51	106	39,229.84	1.83%
00532	West Volusia Hospital Authority	11.04	Hernia	17	41	34,663.12	1.62%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	93	276	30,633.95	1.43%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	33	74	28,299.98	1.32%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	69	91	24,683.94	1.15%
00532	West Volusia Hospital Authority	10.10	Intraoperative and postprocedural complications and disorders of respiratory...	1	1	23,384.51	1.09%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	49	92	23,335.62	1.09%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	29	56	23,176.25	1.08%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	21	36	21,515.32	1.00%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	9	61	20,748.81	0.97%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	8	20	20,384.49	0.95%

Cost of Minor

Block of Business ID: EBMSI
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Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	126	174	18,632.34	0.87%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	48	125	18,055.36	0.84%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	139	196	17,873.42	0.83%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	15	29	17,294.14	0.81%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	32	105	16,044.31	0.75%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	20	33	14,893.72	0.70%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	54	113	14,511.58	0.68%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	7	25	14,510.37	0.68%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	7	79	14,496.35	0.68%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	47	135	13,566.38	0.63%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	7	27	12,772.20	0.60%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	50	71	12,607.38	0.59%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	40	56	12,498.61	0.58%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	11	16	12,446.77	0.58%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	20	32	11,645.71	0.54%
00532	West Volusia Hospital Authority	05.09	Pervasive and specific developmental disorders	2	3	11,250.81	0.53%
00532	West Volusia Hospital Authority	02.17	Malignant neoplasms of lymphoid, hematopoietic and related tissue	5	20	10,885.55	0.51%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	23	44	10,618.77	0.50%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	10	27	10,024.88	0.47%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	38	102	9,858.63	0.46%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	52	84	9,651.04	0.45%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	34	58	9,644.82	0.45%
00532	West Volusia Hospital Authority	07.06	Glaucoma	23	36	9,213.87	0.43%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	56	69	9,170.39	0.43%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	10	127	9,088.29	0.42%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	5	8	8,706.73	0.41%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	9	25	8,672.71	0.40%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	32	58	8,326.44	0.39%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	3	32	8,230.92	0.38%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	1	2	7,847.58	0.37%

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	15	32	6,347.57	0.30%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	9	23	6,308.39	0.29%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	22	42	6,122.95	0.29%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	28	52	6,034.15	0.28%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	22	76	5,981.46	0.28%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	1	17	5,927.34	0.28%
00532	West Volusia Hospital Authority	08.02	Diseases of middle ear and mastoid	4	9	5,736.60	0.27%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	14	47	5,592.53	0.26%
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	5	33	5,390.33	0.25%
00532	West Volusia Hospital Authority	15.06	Complications of labor and delivery	1	1	5,240.88	0.24%
00532	West Volusia Hospital Authority	01.01	Intestinal infectious diseases	5	6	5,048.95	0.24%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	4	41	4,924.08	0.23%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	15	50	4,571.26	0.21%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	19	36	4,515.33	0.21%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	9	42	4,398.65	0.21%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	12	36	4,211.47	0.20%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	11	40	3,982.93	0.19%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	12	33	3,756.96	0.18%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	22	40	3,691.60	0.17%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	22	30	3,685.43	0.17%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	8	18	3,554.67	0.17%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	12	17	3,410.19	0.16%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	4	18	3,384.29	0.16%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	11	14	3,256.64	0.15%
00532	West Volusia Hospital Authority	07.03	Disorders of sclera, cornea, iris and ciliary body	5	6	3,058.53	0.14%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	4	11	2,950.08	0.14%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	5	25	2,830.96	0.13%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	10	27	2,800.64	0.13%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	17	25	2,772.22	0.13%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	18	23	2,767.65	0.13%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:42:57 on 01 June 2021

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	25	29	2,376.16	0.11%
00532	West Volusia Hospital Authority	17.08	Congenital malformations of the urinary system	2	2	2,372.79	0.11%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	22	33	2,218.46	0.10%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	15	23	2,189.49	0.10%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	12	21	2,168.45	0.10%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	18	28	2,158.29	0.10%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	11	16	2,063.56	0.10%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	10	16	2,022.59	0.09%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	13	15	1,836.45	0.09%
00532	West Volusia Hospital Authority	11.10	Other diseases of the digestive system	4	10	1,797.11	0.08%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	9	12	1,713.13	0.08%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	9	10	1,676.82	0.08%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	9	13	1,627.17	0.08%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	7	20	1,569.93	0.07%
00532	West Volusia Hospital Authority	08.03	Diseases of inner ear	1	12	1,497.54	0.07%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	8	32	1,424.52	0.07%
00532	West Volusia Hospital Authority	11.07	Diseases of peritoneum and retroperitoneum	1	18	1,368.83	0.06%
00532	West Volusia Hospital Authority	18.07	Symptoms and signs involving speech and voice	3	9	1,206.21	0.06%
00532	West Volusia Hospital Authority	01.16	Mycoses	10	13	1,051.76	0.05%
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	6	7	998.38	0.05%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	5	6	990.79	0.05%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	5	8	981.02	0.05%
00532	West Volusia Hospital Authority	01.11	Viral infections characterized by skin and mucous membrane lesions	7	7	971.20	0.05%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	3	4	885.49	0.04%
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and...	6	7	862.44	0.04%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	5	5	853.98	0.04%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery...	5	9	824.92	0.04%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	8	10	757.23	0.04%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	5	8	703.00	0.03%
00532	West Volusia Hospital Authority	12.05	Urticaria and erythema	4	5	693.27	0.03%

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	8	11	657.45	0.03%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	6	13	647.44	0.03%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	6	625.21	0.03%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	3	598.03	0.03%
00532	West Volusia Hospital Authority	06.03	Extrapyramidal and movement disorders	4	5	580.60	0.03%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	4	4	554.04	0.03%
00532	West Volusia Hospital Authority	13.01	Infectious arthropathies	1	2	533.31	0.02%
00532	West Volusia Hospital Authority	17.03	Congenital malformations of the circulatory system	2	7	510.60	0.02%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	5	5	487.96	0.02%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	4	7	483.00	0.02%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	2	4	473.92	0.02%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	5	6	430.10	0.02%
00532	West Volusia Hospital Authority	07.02	Disorders of conjunctiva	3	3	416.58	0.02%
00532	West Volusia Hospital Authority	07.08	Disorders of optic nerve and visual pathways	2	3	412.13	0.02%
00532	West Volusia Hospital Authority	06.04	Other degenerative diseases of the nervous system	3	4	382.85	0.02%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	4	5	365.08	0.02%
00532	West Volusia Hospital Authority	09.10	Other and unspecified disorders of the circulatory system	3	4	363.01	0.02%
00532	West Volusia Hospital Authority	04.06	Malnutrition	1	1	351.39	0.02%
00532	West Volusia Hospital Authority	15.01	Pregnancy with abortive outcome	1	12	315.99	0.01%
00532	West Volusia Hospital Authority	01.05	Infections with a predominantly sexual mode of transmission	1	1	314.92	0.01%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	5	8	311.79	0.01%
00532	West Volusia Hospital Authority	01.22	Other infectious diseases	1	1	268.38	0.01%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	5	5	250.20	0.01%
00532	West Volusia Hospital Authority	01.21	Bacterial and viral infectious agents	3	3	244.35	0.01%
00532	West Volusia Hospital Authority	10.06	Lung diseases due to external agents	1	2	240.94	0.01%
00532	West Volusia Hospital Authority	13.18	Intraoperative and postprocedural complications and disorders of...	1	3	219.55	0.01%
00532	West Volusia Hospital Authority	11.01	Diseases of oral cavity and salivary glands	1	2	214.22	0.01%
00532	West Volusia Hospital Authority	01.15	Other viral diseases	1	1	200.45	0.01%
00532	West Volusia Hospital Authority	04.10	Postprocedural endocrine and metabolic complications and disorders, not...	1	2	199.28	0.01%
00532	West Volusia Hospital Authority	13.16	Chondropathies	1	1	180.23	0.01%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:42:57 on 01 June 2021

Cost of Minor

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 1/1/2021 to 5/31/2021

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	05.01	Mental disorders due to known physiological conditions	1	2	175.60	0.01%
00532	West Volusia Hospital Authority	08.01	Diseases of external ear	1	1	173.14	0.01%
00532	West Volusia Hospital Authority	17.09	Congenital malformations and deformations of the musculoskeletal system	1	1	163.24	0.01%
00532	West Volusia Hospital Authority	19.12	Injury of unspecified body region	1	1	152.13	0.01%
00532	West Volusia Hospital Authority	05.10	Behavioral and emotional disorders with onset usually occurring in childhood...	1	1	131.33	0.01%
00532	West Volusia Hospital Authority	06.10	Cerebral palsy and other paralytic syndromes	1	1	93.13	0.00%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	1	1	84.35	0.00%
00532	West Volusia Hospital Authority	13.21	Chronic Gout	1	1	82.80	0.01%
00532	West Volusia Hospital Authority	17.10	Other congenital malformations	1	1	81.49	0.00%
00532	West Volusia Hospital Authority	06.08	Polyneuropathies and other disorders of the peripheral nervous system	1	1	79.91	0.00%
00532	West Volusia Hospital Authority	10.09	Other diseases of the pleura	5	8	77.43	0.00%
00532	West Volusia Hospital Authority	02.22	Neoplasms of unspecified behavior	1	2	75.54	0.00%
00532	West Volusia Hospital Authority	12.04	Papulosquamous disorders	1	2	57.63	0.00%
00532	West Volusia Hospital Authority	21.06	Hormone sensitivity malignancy status	1	1	39.47	0.00%
00532	West Volusia Hospital Authority	10.01	Acute upper respiratory infections	1	1	17.34	0.00%
				3683	8192	2,142,959.23	100.00%



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2021 to 5/31/2021

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	23	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	24	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	1961	202,427.81	0.00	0.00	0.00	0.00	202,427.81
miCareDeltona	1833	172,434.03	0.00	0.00	0.00	0.00	172,434.03
miCarePierse	185	16,274.04	0.00	0.00	0.00	0.00	16,274.04
Pierse	1	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	4027	391,135.88	0.00	0.00	0.00	0.00	391,135.88



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 1/1/2021 to 5/31/2021

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	272	11,016.72	0.00	0.00	0.00	0.00	11,016.72
Deltona	331	92,408.44	0.00	0.00	0.00	0.00	92,408.44
miCareDeLand	8090	885,679.59	0.00	0.00	0.00	0.00	885,679.59
miCareDeltona	8588	1,004,107.27	0.00	0.00	0.00	0.00	1,004,107.27
miCarePierse	884	137,374.32	0.00	0.00	0.00	0.00	137,374.32
Pierse	53	12,372.89	0.00	0.00	0.00	0.00	12,372.89
00532 Totals:	18218	2,142,959.23	0.00	0.00	0.00	0.00	2,142,959.23



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2021 to 5/31/2021

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
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20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	1712	0.00	0.00	0.00	0.00	0.00	0.00
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Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 1/1/2021 to 5/31/2021

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	4313	0.00	0.00	0.00	0.00	0.00	0.00



Top Providers by Paid Amount for Tins: '550799729'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2021 to 5/31/2021

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
55-0799729	1467907626	NEFHS Deland 1205	Deland	FL	Hospital	1	182.00	0.00	0.00	182.00	0.00	0.00
55-0799729	1750546313	NEFHS Deltona 2160	Deltona	FL	Hospital	7	-736.18	0.00	0.00	-736.18	0.00	0.00
55-0799729	1992792311	Nefhs Pierson	Pierson	FL	Clinic	1	122.50	0.00	0.00	122.50	0.00	0.00

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:04:17 on 01 June 2021



Top Providers by Paid Amount for Tins: '550799729'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 1/1/2021 to 5/31/2021

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
55-0799729	1396282208	NEFHS Daytona	South Daytona	FL	Hospital	1	82.00	0.00	0.00	82.00	0.00	0.00
55-0799729	1407026016	NEFHS Deland	Deland	FL	Hospital	5	647.60	0.00	0.00	647.60	0.00	0.00
55-0799729	1467907626	NEFHS Deland 1205	Deland	FL	Hospital	23	2,929.32	0.00	0.00	2,929.32	0.00	0.00
55-0799729	1750546313	NEFHS Deltona 2160	Deltona	FL	Hospital	9	-521.28	0.00	0.00	-521.28	0.00	0.00
55-0799729	1992792311	Nefhs Pierson	Pierson	FL	Clinic	2	255.00	0.00	0.00	255.00	0.00	0.00

Claims Paid by Month

Paid Date: 1/1/2020 to 5/31/2021

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
DeLand	01-2020	\$1,662.15	\$1,351.75	\$11,978.43	\$4,935.94	\$771.70	157	\$20,699.97	\$0.00	911	\$22.72	\$1.82	\$1.48	\$13.15	\$5.42	\$0.85
DeLand	02-2020	\$56,936.50	\$2,034.04	\$18,612.16	\$24,899.44	\$463.17	720	\$102,945.31	\$0.00	914	\$112.63	\$62.29	\$2.23	\$20.36	\$27.24	\$0.51
DeLand	03-2020	\$116,924.69	\$4,260.29	\$28,415.35	\$56,474.23	\$5,305.68	894	\$211,380.24	\$0.00	911	\$232.03	\$128.35	\$4.68	\$31.19	\$61.99	\$5.82
DeLand	04-2020	\$130,682.48	\$3,708.19	\$22,082.23	\$61,487.68	\$12,514.69	941	\$230,475.27	\$0.00	895	\$257.51	\$146.01	\$4.14	\$24.67	\$68.70	\$13.98
DeLand	05-2020	\$72,392.41	\$7,396.66	\$21,026.74	\$64,381.74	\$12,882.65	1038	\$178,080.20	\$0.00	925	\$192.52	\$78.26	\$8.00	\$22.73	\$69.60	\$13.93
DeLand	06-2020	\$103,852.30	\$5,426.75	\$27,141.03	\$63,313.93	\$17,329.84	1212	\$217,063.85	\$0.00	966	\$224.70	\$107.51	\$5.62	\$28.10	\$65.54	\$17.94
DeLand	07-2020	\$169,421.26	\$5,632.20	\$25,012.02	\$119,360.28	\$5,332.78	1086	\$324,758.54	\$0.00	989	\$328.37	\$171.31	\$5.69	\$25.29	\$120.69	\$5.39
DeLand	08-2020	\$127,780.96	\$4,715.31	\$15,863.91	\$63,849.65	\$10,325.98	1038	\$222,535.81	\$0.00	1002	\$222.09	\$127.53	\$4.71	\$15.83	\$63.72	\$10.31
DeLand	09-2020	\$163,414.95	\$6,219.94	\$28,236.42	\$116,568.12	\$16,604.81	1415	\$331,044.24	\$0.00	1044	\$317.09	\$156.53	\$5.96	\$27.05	\$111.66	\$15.90
	Subtotal:	\$943,067.70	\$40,745.13	\$198,368.29	\$575,271.01	\$81,531.30	8501	\$1,838,983.43	\$0.00	8557	\$214.91	\$110.21	\$4.76	\$23.18	\$67.23	\$9.53
Deltona	01-2020	\$5,961.94	\$108.23	\$14,530.99	\$10,834.92	\$2,400.65	217	\$33,836.73	\$0.00	885	\$38.23	\$6.74	\$0.12	\$16.42	\$12.24	\$2.71
Deltona	02-2020	\$87,197.30	\$3,813.18	\$20,840.89	\$72,158.81	\$2,899.50	1051	\$186,909.68	\$0.00	879	\$212.64	\$99.20	\$4.34	\$23.71	\$82.09	\$3.30
Deltona	03-2020	\$120,132.34	\$7,589.40	\$23,723.15	\$156,019.28	\$6,404.35	1138	\$313,868.52	\$0.00	875	\$358.71	\$137.29	\$8.67	\$27.11	\$178.31	\$7.32
Deltona	04-2020	\$193,127.90	\$9,143.88	\$24,140.23	\$112,931.88	\$11,280.46	1331	\$350,624.35	\$0.00	840	\$417.41	\$229.91	\$10.89	\$28.74	\$134.44	\$13.43
Deltona	05-2020	\$154,830.88	\$5,663.17	\$24,787.02	\$82,563.57	\$19,047.95	1375	\$286,892.59	\$0.00	874	\$328.25	\$177.15	\$6.48	\$28.36	\$94.47	\$21.79
Deltona	06-2020	\$219,137.65	\$10,562.99	\$33,236.45	\$151,769.57	\$18,904.30	1819	\$433,610.96	\$0.00	895	\$484.48	\$244.85	\$11.80	\$37.14	\$169.57	\$21.12
Deltona	07-2020	\$153,982.88	\$11,402.50	\$35,067.25	\$139,878.57	\$7,044.81	1735	\$347,376.01	\$0.00	920	\$377.58	\$167.37	\$12.39	\$38.12	\$152.04	\$7.66
Deltona	08-2020	\$177,080.57	\$6,463.46	\$18,061.26	\$80,101.54	\$8,249.17	1441	\$289,956.00	\$0.00	929	\$312.12	\$190.61	\$6.96	\$19.44	\$86.22	\$8.88
Deltona	09-2020	\$141,586.89	\$7,803.30	\$23,994.46	\$143,532.78	\$16,906.44	1667	\$333,823.87	\$0.00	933	\$357.80	\$151.75	\$8.36	\$25.72	\$153.84	\$18.12
	Subtotal:	\$1,253,038.35	\$62,550.11	\$218,381.70	\$949,790.92	\$93,137.63	11774	\$2,576,898.71	\$0.00	8030	\$320.91	\$156.04	\$7.79	\$27.20	\$118.28	\$11.60
miCareDeLand	04-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	05-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	06-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	07-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	08-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	09-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2020	\$71.02	\$266.97	\$115.43	\$4,034.16	\$0.00	87	\$4,487.58	\$0.00	1092	\$4.11	\$0.07	\$0.24	\$0.11	\$3.69	\$0.00
miCareDeLand	11-2020	\$0.00	\$491.76	\$0.00	\$70,353.69	\$74.75	423	\$70,920.20	\$0.00	1126	\$62.98	\$0.00	\$0.44	\$0.00	\$62.48	\$0.07
miCareDeLand	12-2020	\$0.00	\$11.58	\$0.00	\$78,962.79	\$0.00	538	\$78,974.37	\$0.00	1157	\$68.26	\$0.00	\$0.01	\$0.00	\$68.25	\$0.00
miCareDeLand	01-2021	\$0.00	\$3,019.53	\$0.00	\$49,132.91	\$0.00	429	\$52,152.44	\$0.00	1172	\$44.50	\$0.00	\$2.58	\$0.00	\$41.92	\$0.00
miCareDeLand	02-2021	\$0.00	\$11,639.77	\$0.00	\$83,073.60	\$0.00	692	\$94,713.37	\$0.00	1186	\$79.86	\$0.00	\$9.81	\$0.00	\$70.05	\$0.00
miCareDeLand	03-2021	\$399.64	\$19,342.96	\$0.00	\$62,106.24	\$0.00	804	\$81,848.84	\$0.00	1204	\$67.98	\$0.33	\$16.07	\$0.00	\$51.58	\$0.00
miCareDeLand	04-2021	\$11,384.91	\$18,064.94	\$0.00	\$155,406.21	\$2,382.30	1124	\$187,238.36	\$0.00	1212	\$154.49	\$9.39	\$14.91	\$0.00	\$128.22	\$1.97
miCareDeLand	05-2021	\$12,871.90	\$9,068.04	\$0.00	\$63,751.88	\$433.53	742	\$86,125.35	\$0.00	1133	\$76.02	\$11.36	\$8.00	\$0.00	\$56.27	\$0.38
	Subtotal:	\$24,727.47	\$61,905.55	\$115.43	\$566,821.48	\$2,890.58	4839	\$656,460.51	\$0.00	9290	\$70.66	\$2.66	\$6.66	\$0.01	\$61.01	\$0.31
miCareDeltona	01-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	02-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	03-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	04-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	05-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	06-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	07-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeltona	09-2020	\$0.00	\$0.00	\$0.00	\$82.80	\$0.00	2	\$82.80	\$0.00	2	\$41.40	\$0.00	\$0.00	\$0.00	\$41.40	\$0.00
miCareDeltona	10-2020	\$2,136.18	\$13.09	\$115.43	\$10,961.95	\$0.00	122	\$13,226.65	\$0.00	928	\$14.25	\$2.30	\$0.01	\$0.12	\$11.81	\$0.00

miCareDelton	11-2020	\$0.00	\$1,353.82	\$0.00	\$71,393.73	\$0.00	531	\$72,747.55	\$0.00	923	\$78.82	\$0.00	\$1.47	\$0.00	\$77.35	\$0.00
miCareDelton	12-2020	\$0.00	\$86.74	\$0.00	\$94,734.30	\$0.00	693	\$94,821.04	\$0.00	921	\$102.95	\$0.00	\$0.09	\$0.00	\$102.86	\$0.00
miCareDelton	01-2021	\$0.00	\$5,002.12	\$0.00	\$50,507.76	\$0.00	475	\$55,509.88	\$0.00	932	\$59.56	\$0.00	\$5.37	\$0.00	\$54.19	\$0.00
miCareDelton	02-2021	\$0.00	\$12,705.80	\$0.00	\$79,621.20	\$0.00	787	\$92,327.00	\$0.00	930	\$99.28	\$0.00	\$13.66	\$0.00	\$85.61	\$0.00
miCareDelton	03-2021	\$0.00	\$22,739.61	\$0.00	\$91,183.73	\$0.00	1054	\$113,923.34	\$0.00	924	\$123.29	\$0.00	\$24.61	\$0.00	\$98.68	\$0.00
miCareDelton	04-2021	\$44,699.87	\$19,260.88	\$0.00	\$177,755.94	\$669.76	1288	\$242,386.45	\$0.00	916	\$264.61	\$48.80	\$21.03	\$0.00	\$194.06	\$0.73
miCareDelton	05-2021	\$7,459.40	\$8,118.85	\$0.00	\$81,102.95	\$406.72	734	\$97,087.92	\$0.00	838	\$115.86	\$8.90	\$9.69	\$0.00	\$96.78	\$0.49
Subtotal:		\$54,295.45	\$69,280.91	\$115.43	\$657,344.36	\$1,076.48	5686	\$782,112.63	\$0.00	7321	\$106.83	\$7.42	\$9.46	\$0.02	\$89.79	\$0.15
miCarePierse	09-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCarePierse	10-2020	\$839.16	\$126.10	\$0.00	\$763.22	\$0.00	16	\$1,728.48	\$0.00	131	\$13.19	\$6.41	\$0.96	\$0.00	\$5.83	\$0.00
miCarePierse	11-2020	\$0.00	\$113.54	\$0.00	\$8,232.09	\$0.00	62	\$8,345.63	\$0.00	130	\$64.20	\$0.00	\$0.87	\$0.00	\$63.32	\$0.00
miCarePierse	12-2020	\$0.00	\$0.00	\$0.00	\$5,066.07	\$0.00	58	\$5,066.07	\$0.00	129	\$39.27	\$0.00	\$0.00	\$0.00	\$39.27	\$0.00
miCarePierse	01-2021	\$0.00	\$388.73	\$0.00	\$2,732.55	\$0.00	48	\$3,121.28	\$0.00	129	\$24.20	\$0.00	\$3.01	\$0.00	\$21.18	\$0.00
miCarePierse	02-2021	\$0.00	\$634.66	\$0.00	\$3,668.53	\$0.00	57	\$4,303.19	\$0.00	128	\$33.62	\$0.00	\$4.96	\$0.00	\$28.66	\$0.00
miCarePierse	03-2021	\$0.00	\$1,998.05	\$0.00	\$4,171.58	\$0.00	106	\$6,169.63	\$0.00	130	\$47.46	\$0.00	\$15.37	\$0.00	\$32.09	\$0.00
miCarePierse	04-2021	\$220.22	\$2,982.07	\$0.00	\$11,722.15	\$0.00	160	\$14,924.44	\$0.00	130	\$114.80	\$1.69	\$22.94	\$0.00	\$90.17	\$0.00
miCarePierse	05-2021	\$8,298.47	\$354.99	\$0.00	\$6,850.16	\$0.00	65	\$15,503.62	\$0.00	123	\$126.05	\$67.47	\$2.89	\$0.00	\$55.69	\$0.00
Subtotal:		\$9,357.85	\$6,598.14	\$0.00	\$43,206.35	\$0.00	573	\$59,162.34	\$0.00	1032	\$57.33	\$9.07	\$6.39	\$0.00	\$41.87	\$0.00
N/A	01-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$35,217.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$76,970.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$43,215.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$88,601.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	07-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$79,636.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	08-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	09-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$48,203.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	10-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$266,722.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$113,646.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$268,812.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	03-2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$272,312.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$172,375.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$119,875.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$1,585,586.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pierse	01-2020	\$8,473.91	\$0.00	\$1,796.72	\$199.11	\$198.19	21	\$10,667.93	\$0.00	117	\$91.18	\$72.43	\$0.00	\$15.36	\$1.70	\$1.69
Pierse	02-2020	\$12,249.24	\$154.19	\$2,800.78	\$3,550.40	\$206.86	103	\$18,961.47	\$0.00	120	\$158.01	\$102.08	\$1.28	\$23.34	\$29.59	\$1.72
Pierse	03-2020	\$20,235.41	\$461.64	\$4,858.06	\$37,117.20	\$328.25	134	\$63,000.56	\$0.00	120	\$525.00	\$168.63	\$3.85	\$40.48	\$309.31	\$2.74
Pierse	04-2020	\$33,710.68	\$394.29	\$4,246.01	\$15,361.38	\$3,510.65	147	\$57,223.01	\$0.00	118	\$484.94	\$285.68	\$3.34	\$35.98	\$130.18	\$29.75
Pierse	05-2020	\$17,105.25	\$289.31	\$1,851.88	\$16,778.42	\$3,084.19	111	\$39,109.05	\$0.00	123	\$317.96	\$139.07	\$2.35	\$15.06	\$136.41	\$25.07
Pierse	06-2020	\$7,390.53	\$558.01	\$2,995.77	\$4,734.25	\$2,894.45	145	\$18,573.01	\$0.00	126	\$147.40	\$58.66	\$4.43	\$23.78	\$37.57	\$22.97
Pierse	07-2020	\$11,765.40	\$1,118.76	\$5,876.78	\$4,745.42	\$3,933.41	200	\$27,439.77	\$0.00	126	\$217.78	\$93.38	\$8.88	\$46.64	\$37.66	\$31.22
Pierse	08-2020	\$21,984.82	\$659.37	\$2,408.62	\$9,860.53	\$2,123.22	144	\$37,036.56	\$0.00	131	\$282.72	\$167.82	\$5.03	\$18.39	\$75.27	\$16.21
Pierse	09-2020	\$27,223.13	\$1,107.53	\$4,080.05	\$14,580.88	\$2,520.43	218	\$49,512.02	\$0.00	132	\$375.09	\$206.24	\$8.39	\$30.91	\$110.46	\$19.09
Subtotal:		\$160,138.37	\$4,743.10	\$30,914.67	\$106,927.59	\$18,799.65	1223	\$321,523.38	\$0.00	1113	\$288.88	\$143.88	\$4.26	\$27.78	\$96.07	\$16.89
Total:		\$2,444,625.19	\$245,822.94	\$447,895.52	\$2,899,361.71	\$197,435.64	32596	\$6,235,141.00	\$1,585,586.00	35343	\$176.42	\$69.17	\$6.96	\$12.67	\$82.03	\$5.59

Parameters

Beginning Location:

Ending Location:

Paid Date: 1/1/2020-5/31/2021

Client ID: 00532

Location: 000-zzzzz



WVHA miCare Clinic Deland and Deltona

May 2021 Report

miCare Utilization and Capacity

miCare Utilization and Capacity

Deland May	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	195 hrs	150 hrs	77%	45 hrs	23%

Deltona May	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	183 hrs	124 hrs	68%	59 hrs	32%

Deland and Deltona May	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	378 hrs	274 hrs	72%	104 hrs	28%

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 May 2021	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	77%	81%	73%	70%	77%	91%

Deltona May 2021	Monday	Tuesday	Wednesday	Thursday	Friday
	67%	66%	82%	63%	63%

Key Insights:

- Tuesday and Saturday are the most popular days in Deland. Deltona has the highest utilization on Monday and Wednesday.
- Between the two clinics 72% of the available capacity was used for scheduled appointments; 28% 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 15% of all cases in Deland and 20% 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%-5% of total capacity and is in line with industry standard for this type of patient care model

miCare Member Migration

May 2021

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Patients	695	1,966	35%
Total 2021	695	1,966	35%

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



miCare Visit Type Frequency

**Deland
May
2021**

Visit Type	Visits	Percentage
New Patient	28	2.61%
Sick/Urgent/Walk In	17	1.59%
Regular Visit, 1-2 Issues/Medications	38	3.55%
Recheck/Follow-Up	136	12.70%
Lab Draw	179	16.71%
Med Pick Up Pt Assist Program	29	2.71%
Hospital F/U	17	1.59%
Physical/Well Exams	7	0.65%
Chronic Disease Mgmt	5	0.47%
Medication Pick Up	604	56.40%
Nurse Visit	11	1.03%
Total Visits	1071	

**Deland
May
2021**

Location	Visit Count	% of Total
Onsite	1004	94%
Telephone	67	6%
Video	0	0%
Overall - Total	1071	

**Deltona
May
2021**

Visit Type	Visits	Percentage
New Patient	25	7.55%
Sick/Urgent/Walk In	21	6.34%
Regular Visit, 1-2 Issues/Medications	69	20.85%
Regular Visit, 3+ Issues/Medications	6	1.81%
Recheck/Follow-Up	109	32.93%
Lab Draw	75	22.66%
Immunization	4	1.21%
Med Pick Up Pt Assist Program	3	0.91%
Hospital F/U	9	2.72%
Physical/Well Exams	7	2.11%
Chronic Disease Mgmt	1	0.30%
Nurse Visit	2	0.60%
Total Visits	331	



**Deltona
May
2021**

Location	Visit Count	% of Total
Onsite	278	84%
Telephone	53	16%
Video	0	0%
Overall - Total	331	

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



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Building Communities**

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

DeLand Counseling Center
121 W. Pennsylvania Ave.
DeLand, FL 32720
Counseling: 386-738-9169
Programs: 386-734-2236
386-943-8823 (fax)

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

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

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



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June 1, 2021

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of April there were 212 appointments to assist with new applications and 7 appointments to assist with pended applications from April-May. For a total of 219 Phone Interviews with clients.

165 applications were submitted for verification and enrollment. Of these, 165 were processed by the end of the month (includes the April roll overs -0- from previous month) leaving the balance of 0 to roll over into June 2021 for approval.

Of the 165 that were processed, 147 were approved and 11 were denied. There were 7 pended remaining.

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

Respectfully submitted by Gail Hallmon



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

DeLand Counseling Center
114 South Alabama Avenue
DeLand, FL 32724
Counseling: 386-738-9169
Programs: 386-734-2236
386-943-8823 (fax)

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

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

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



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June 8, 2021

Health Card Enrollment Annual Report

The Health Card enrollment process involves several steps. The initial phase is with the client to complete the application and collect proof of identity, residency and income, as defined in the WVHA Guidelines. The client is then assisted in applying for Medicaid and insurance through HealthCare.gov (the MarketPlace).

Once the application is completed and the documents collected, the application is processed through Quality Control to verify all information is complete and correct and meets the WVHA qualifications. Electronic checks are done on residency address, workplace and vehicles owned. Once the verification is done, the client is enrolled in the WVHA Health Card program.

To assist with this process, offices are located in DeLand and Deltona. In Deltona, the Health Card office is co-located in Justin Square with Mi Care Clinic. In DeLand, one Enrollment Specialist is based in the Mi Care Clinic.

The past year has been a challenging year with the COVID 19 epidemic. The majority of the clients applying for the Health Card are struggling with serious, chronic illnesses and are exceptionally vulnerable. For the protection of the client and the staff, and with the approval of the WVHA Board, services have been offered telephonically with outside drop off boxes for documents. While this has complicated the process and required much more additional follow up for missing documents and clarification, it has kept everyone safe. We are currently moving toward seeing clients in the office again.

Year to date we have enrolled/re-enrolled 1250 applicants. We participated in a programmatic monitoring with no significant findings and no required corrective action steps. Client satisfaction is high and we have had no one file a grievance.

Submitted by Gail Hallmon

West Volusia Hospital Authority

[illegible]

Hospital Lien Ordinance

CHAPTER ____ - LIENS IN FAVOR OF CHARITABLE HOSPITALS AND SPECIAL TAXING DISTRICTS FOR COLLECTION OF CHARGES

Sec. 1 - Title, applicability.

- (1) This chapter shall be known as the "Volusia County Hospital Lien Ordinance."
- (2) The provisions of this chapter shall apply to any nonprofit entity operating a hospital that has qualified pursuant to s. 501(c)(3) of the Internal Revenue Code as a charitable hospital and any special taxing district operating as a hospital and their wholly owned affiliates and subsidiaries, located in Volusia County.
- (3) The provisions of this chapter shall not apply to the reasonable charges for hospital care, treatment, and maintenance of ill or injured County Inmates or County Employees injured by a third-party tortfeasor, as those terms are defined under, and such payment obligations otherwise governed by, a contract between Volusia County and a qualifying hospital described under Sec. 1(2).

Sec. 2 – Entitlement to liens for charges.

Any nonprofit entity operating a hospital that has qualified pursuant to s. 501(c)(3) of the Internal Revenue Code as a charitable hospital and any special taxing district operating a hospital and their wholly owned affiliates and subsidiaries, located in Volusia County, treating a person injured by a third party tortfeasor, shall be entitled to a lien for all outstanding reasonable charges for hospital care, treatment, and maintenance of ill or injured persons upon any and all causes of action, suits, claims, counterclaims, and demands accruing to the persons to whom such care, treatment, or maintenance are furnished, or accruing to the legal representatives of such persons, and upon all judgments, settlements, and settlement agreements rendered or entered into by virtue thereof, on account of illness or injuries giving rise to such causes of action, suits, claims, counterclaims, demands, judgment, settlement, or settlement agreement and which necessitate or shall have necessitated such hospital care, treatment, and maintenance.

Sec. 3 - Perfecting Lien.

(1) In order to perfect such lien, the executive officer or agent of a hospital, before, or within six (6) months after, any such person shall have been discharged from such hospital, shall file in the office of the clerk of the Circuit Court of Volusia County, Florida, a verified claim of lien in writing, setting forth the following:

- a. the name and address of such patient as it shall appear on the records of such hospital, and if the patient is a minor, then the name of the parent(s) or guardian of such minor;
- b. the name and location of such hospital;
- c. the name and address of the executive officer or agent of such hospital;
- d. the dates of admission to and discharge of such patient therefrom;
- e. the amount claimed to be due for such hospital care, treatment and maintenance; and

- f. to the best knowledge of the person signing such claim, the names and addresses of all persons, firms or corporations claimed by such ill or injured person or by the legal representative of such person, to be liable on account of such illness or injuries.

(2) Before or within ten (10) business days after the filing of such Claim or Lien, the claimant shall mail a copy thereof by registered mail, postage prepaid, to:

- a. the patient, their guardian, or personal representative at the address given at the time of admission,
- b. each person, firm or corporation, known to claimant at the time the lien is filed, and that claimant identifies in the claim of lien to be liable on account of such illness or injuries, and
- c. if known, to the patient's attorney.

Failure to mail the Claim of Lien in the manner provided above shall render the Claim of Lien voidable to the extent that the failure or delay is shown to have been prejudicial to any person entitled to rely on such mailing.

(3) The filing of such claim shall be notice thereof to all persons, firms or corporations who may be liable on account of such illness or injuries, whether or not they are named in such claim or lien, and whether or not a copy of such claim shall have been received by them.

(4) Any claim of lien recorded in accordance with the above provision may be amended as necessary and/or any defect may be corrected by amendment of the claim of lien and such amendment(s) does not affect the validity or enforcement of such claim of lien. Any amendment relates back to the time of the filing of the original claim of lien. The lienholder is not required to amend its claim of lien each time the balance which is subject to the lien changes due to additional charges incurred or payments received on behalf of the patient. However, the lienholder shall reconcile any such amounts prior to settlement of its lien.

Sec. 4 – Filing and recording of claim; fee.

The clerk of the circuit court of Volusia County shall endorse on such claim of lien the date and hour of filing, shall record such claim of lien in the official records book of Volusia County, Florida. The clerk shall be paid by the claimant as it's fee for such filing and recording of each claim the same fee as provided for filing and recording other instruments under the recording laws.

Sec. 5 - Release or satisfaction of lien; jurisdiction; recovery of fees.

- (1) No release or satisfaction of any action, suit, claim, counterclaim, demand, judgment, settlement, or settlement agreement, or of any of them, shall be valid or effectual as against such lien unless such lienholder shall join therein or execute a release of such lien.

- (2) Any acceptance of a release or satisfaction of any such cause of action, suit, claim, counterclaim, demand, or judgment and any settlement of any of the foregoing in the absence of a release or satisfaction of the lien referred to in this article shall prima facie constitute an impairment of such lien, and the lienholder shall be entitled to an action at law for damages on account of such impairment, and in such action may recover from the one accepting such release or satisfaction or making such settlement the reasonable cost of such hospital care, treatment, and maintenance. Satisfaction of any judgment rendered in favor of the lienholder in any such action shall operate as a satisfaction of the lien. Any action by the lienholder shall be brought in the court having jurisdiction of the amount of the lienholder's claim and may be brought and maintained in the county wherein the lienholder's, residence or place of business is located. If the lienholder shall prevail in such action, the lienholder shall be entitled to recover from the defendant, in addition to costs otherwise allowed by law, all reasonable attorney's fees and expenses incident to the matter, including attorney's fees.

Section 6 - Persons Entitled to Recover.

No person shall be entitled to recover or receive damages on account of hospital care, treatment and maintenance unless he shall affirmatively show that he has paid the cost thereof. It is specifically provided, however, that in any action, suit or counterclaim brought on account of illness or injury, the plaintiff or counterclaimant may include as an item of damages the cost of such hospital care, treatment and maintenance, if prior to the trial of the action he shall have notified the lienholder referred to in this article of the pendency of such action or counterclaim; whereupon such lienholder shall have the right, without leave of court, to intervene in the case and prove the reasonable cost of such hospital care, treatment and maintenance. Any verdict that may be rendered in favor of the plaintiff or counterclaimant shall set forth the amount the jury finds to be due the lienholder for such hospital care, treatment and maintenance and the name of such lienholder. Any judgment rendered in the case in favor of the plaintiff or a counterclaimant shall also be in favor of the lienholder in the amount set forth by the jury's verdict or, if non-jury, determined by the court.

Section 7 – Application to workers' compensation laws.

The provisions of this article shall not be applicable to accidents or injuries within the purview of the workers' compensation act of this state.

Section 8 – Severability.

If any section, paragraph, word, phrase, sentence, subsection, clause, or other part of this ordinance should be declared unconstitutional, illegal, void, or unenforceable, or if this ordinance should be declared inapplicable in any case, then that section, paragraph, word, phrase, sentence, subsection, clause, such declaration shall not affect the remainder of this ordinance nor the applicability thereof in any other case, and all other sections, paragraphs, words, phrases, sentences, subsections, and clauses shall remain in full force and effect.

Section 9 – Incorporation.

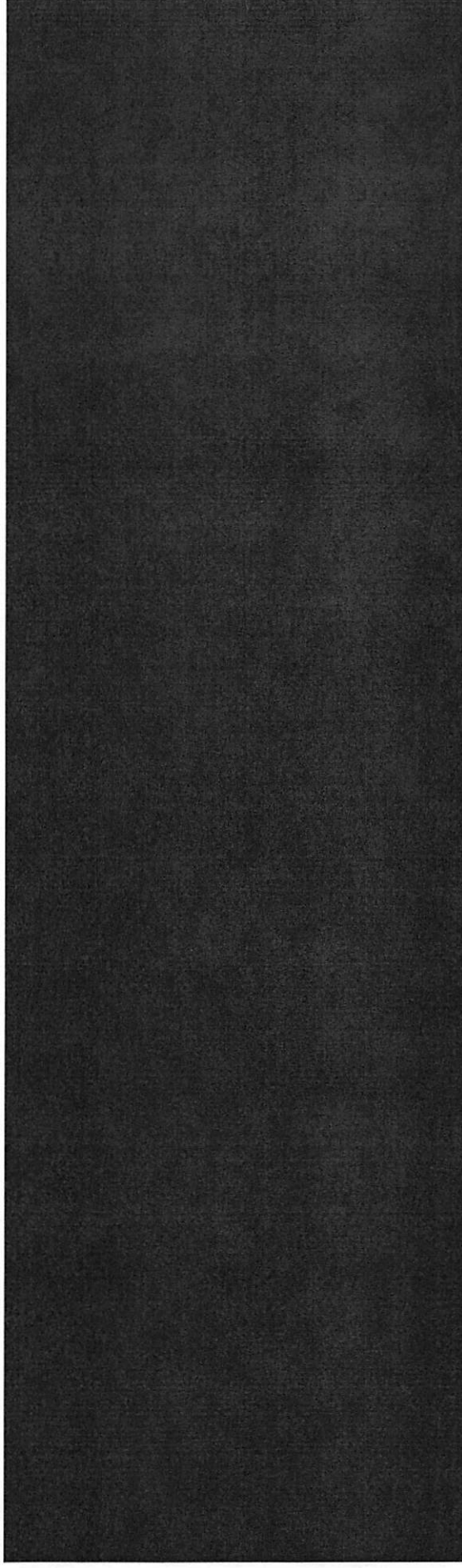
The provisions of this ordinance shall be included and incorporated into the Code of Ordinances of the County of Volusia, as additions or amendments thereto, and, if necessary, shall be appropriately renumbered to conform to the uniform numbering system of the Code.

Section 10 – Effective Date.

A certified copy of this ordinance shall be filed with the Department of State by the County Manager within ten (10) days after enactment by the County Council. This Ordinance shall take effect _____, 2021.

VOLUSIA COUNTY LOCAL LIEN ORDINANCE

HALIFAX HEALTH PROPOSAL



HISTORY

- Florida hospital liens have been created by Special Acts of the Florida Legislature and by ordinances.
- Hospital liens do not attach to a person or their property, as liens only attach to any future payments or settlements related to the incident requiring their hospital treatment.
- In *Shands Teaching Hospital and Clinics Inc. v Mercury Ins. Co.*, 97 So. 3d 204 (Fla. 2012), the Florida Supreme Court held that lien rights, enacted pursuant to lien laws, are unconstitutional under the prohibition on “special law[s]” pertaining to “liens based on private contracts” contained in Article III, Section 11(a)(9) of the Florida Constitution, but that the subject ordinance, which also creates enforceable hospital liens, was *valid and enforceable*.
- While Volusia’s lien law has not been challenged as unconstitutional, in 2014, based on the holdings in the *Shands* case above, Halifax Health requested that Volusia County pass an ordinance similar to the one that had been upheld in Alachua County for protection.
- Halifax Health was unsuccessful but continued to file liens since Volusia’s lien law had not been challenged.
- However, Halifax Health stopped the practice of filing liens after Denis Twomey and Richard Geiger filed a class action lawsuit against Halifax Health and Florida Hospital (now Advent Health) in 2016 for purportedly violating the Fair Debt Collection Practices Act (“FDCPA”) and attempting to collect a debt under a statute that we allegedly should have known, based on the *Shands* case, was likely unconstitutional. The FDCPA claim was ultimately dismissed, and the court declined to exercise jurisdiction over the remaining state law claims.

WHY DO WE NEED ONE?

- Liens allow hospitals a source of payment for the medical care they provide to nonpaying or indigent accident victims.
- When a plaintiff receives settlement proceeds or damages, it is with the understanding that the settlement proceeds or damages are, in part, to be used to pay for the plaintiff's medical bills. Unfortunately, there are times when Halifax Health's bill still does not get paid, despite that amount being factored into any settlement proceeds or damages received by the plaintiff.
- By passing a local ordinance, Halifax Health, Advent Health, and other covered providers will be able to recover those costs, reducing our uncompensated care deficit and allowing us to continue to provide high quality, affordable care to our patients and residents within our district.

HIGHLIGHTS OF THE PROPOSED ORDINANCE

- The proposed lien ordinance includes all nonprofit entities operating a hospital that have qualified under 501(c)(3) of the IRS as a charitable hospital and any special taxing districts operating a hospital.
- The proposed lien ordinance would cover reasonable charges for hospital care, treatment, and maintenance of ill or injured persons, including emergency services.
- The proposed lien ordinance will be perfected by filing with the clerk of the Circuit Court of Volusia County.
- The proposed lien ordinance excludes injuries or accidents covered as workers' compensation claims.
- The proposed lien ordinance allows for liens to be amended, and any changes due to additional charges incurred or payments received will be reconciled by the lienholder prior to settlement of the lien.

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2020**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS****PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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

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

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.**FILING INSTRUCTIONS** for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

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

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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Date Signed:

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

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

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

WHO MUST FILE FORM 1:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS FOR COMPLETING FORM 1:

INTRODUCTORY INFORMATION (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: www.ethics.state.fl.us.

NAME OF AGENCY: The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

DISCLOSURE PERIOD: The "disclosure period" for your report is the calendar year ending December 31, 2020.

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

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

MANNER OF CALCULATING REPORTABLE INTEREST

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

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

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

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

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

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

Examples:

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

PART B — SECONDARY SOURCES OF INCOME

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

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

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital

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

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

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

Examples:

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

PART C — REAL PROPERTY

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

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

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

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

PART D — INTANGIBLE PERSONAL PROPERTY

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

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

PART E — LIABILITIES

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

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

PART F — INTERESTS IN SPECIFIED BUSINESSES

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

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

Disclose in this part the fact that you owned during the disclosure

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

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

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

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

PART A — PRIMARY SOURCES OF INCOME

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

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

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

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

Examples:

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

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

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

— If you received income from investments in stocks and bonds, list each individual company from which you derived

more than 5% of your gross income. Do not aggregate all of your investment income.

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

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

PART B — SECONDARY SOURCES OF INCOME

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

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

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

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

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

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

Examples:

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

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

PART C — REAL PROPERTY

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

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

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

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

PART D — INTANGIBLE PERSONAL PROPERTY

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

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

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

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

PART E — LIABILITIES

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

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

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

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

PART F — INTERESTS IN SPECIFIED BUSINESSES

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

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

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

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

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

Eileen Long

From: Andrew G. Murray <amurray@ebms.com>
Sent: Tuesday, June 08, 2021 3:01 PM
To: Eileen Long
Cc: James Vertino; Darik J. Croft; Michael Espenlaub; Pepper Schafer; Rose Alberts
Subject: WVHA Primary Care & Rx budget analysis and recommendation
Attachments: WVHA primary care Rx forecast - May2021v1.4.pdf

Eileen and WVHA team,

As requested we have completed an analysis around utilization and reforecast of financials for the WVHA's Primary Care & Rx program. As you pointed out in your original note, we anticipate the need for additional budget/funding to maintain current services and capacity for the remainder of the program year. Our full analysis and resulting recommendations follow below.

Background

Early in 2020 WVHA requested that EBMS develop a new care delivery model and network for the HealthCard program to replace the legacy NEFHS-Advent partnership model from prior years. Based on the available information at the time, EBMS submitted in April 2020 the Phase 2 proposal that suggested that more comprehensive investment in Primary Care and Health Management could be effective in decreasing system-wide costs while expanding access and quality of care delivered to HealthCard members. This proposal was developed based on a number of key assumptions:

- Capacity was needed for approx. 1,700 patients
- All primary care providers would be located in the DeLand location; additional locations (i.e. Deltona) would be supported on a part-time, satellite basis to offer "remote consultations".
- Other than the specific "Implementation Costs" associated with the buildout of the two clinic locations, WVHA would directly manage all activities related to providing the premises used for the clinics.
- No Rx data was available from NEFHS other than the negotiated annual Rx budget of \$752,281 and an average number of items dispensed of ~2,200/mo.

EBMS implemented this new model – with critical enhancements: e.g. the Deltona location was upgraded to be a full-service, stand-alone clinic (vs. functioning as a satellite location with only telemedicine capabilities) – during Q3/Q4 of 2020 amid the uncertainty created by the COVID-19 pandemic.

Financial forecast for remainder of 2020/21 program year

With the benefit of more information, including approx. 6 months of utilization data following the opening of our second clinic location in Deltona, we're now able to refine our original estimates (presented below as an 8+4 forecast) to provide higher confidence guidance around estimated utilization and associated funding needs for the remainder of the 2020/21 program budget year. We anticipate that maintaining current services and capacity for the remainder of the program year may cost \$600k – \$700k more than currently budgeted for.

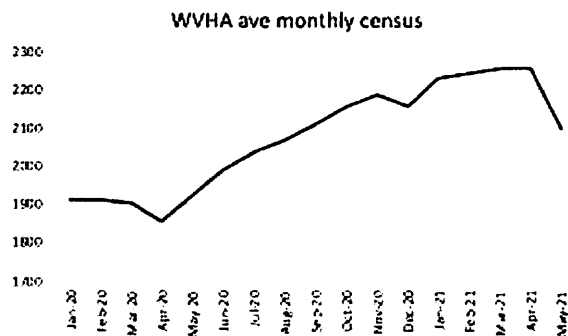
Financials in \$000 (Oct 20 through Sep 21)

	<u>Impact of HealthCard membership</u>			Budgeted	Projected	Est. Budget
	Phase 2 Proforma @1,650	Adj. 2,100	Adj. factor			
Administration Fees	\$ 800	\$ 950	119%		\$ 950	119%
Clinic operating expenses	\$ 1,500	\$ 1,909	127%		\$ 1,698	113%
Pharmacy program costs	\$ 600	\$ 764	127%		\$ 1,098	183%
Implementation & One time maintenance costs					\$ 154	
	\$ 2,900	\$ 3,623	125%	\$ 3,300	\$ 3,899	

We discuss key drivers and recommendations below.

Driver #1 – Impact of increased membership

Current membership of the healthcare program is significantly higher than in prior reference periods, recently exceeding an average monthly membership of 2,200. We expect a decrease in this number as some members fail to complete the re-eligibility process through The House Next Door and resultingly anticipate an average census of approx. 2,100 members for the program year – this will be 27% higher than our original proposal anticipated.



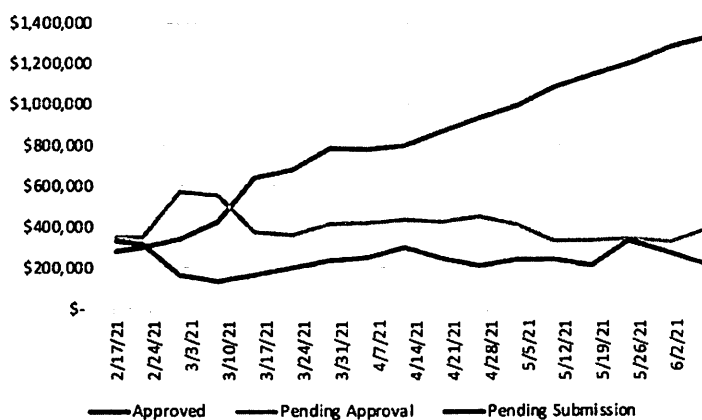
Increased membership drives increased utilization and associated higher funding requirements across the board:

- **Increased monthly administrative fees** – based on current census trends we anticipate these fees to cap out per the contract at \$950k for the program year (\$150k more than our program proposal anticipated).
- **Higher Clinical Operating Expenses** – the actual costs of operating the clinics and in-house services are billed to WVHA on a pass-through basis. In order to maintain current services, service levels and capacity we anticipate that annual operating expenditure for this first year of operations will be approx. \$200k (or 13%) higher than planned.
- **Increased Rx costs** – a larger patient population should drive an increase in Rx needs and associated costs. Interestingly, while the Rx costs are much higher than anticipated for the reasons discussed below, we are pleased with the fact that, as was intended, the WVHA miCare team is dispensing significantly fewer medications compared to the experience with NEFHS (85 items vs. 133 items/100 members).

Driver #2 – Higher than expected Rx costs

Based on current utilization trends and continued progress with the Rx Patient Assistance Program (Rx PAP – the program to secure industry subsidies to offset the cost of providing branded medication to our members) we anticipate that the Rx program will cost \$500k more than anticipated for the 2020/21 program year. Key drivers of this are:

- **No visibility in Rx needs** – No line-level Rx dispensing information was available to EBMS to develop the Rx program budget, simply the overall negotiated annual Rx budget of \$752,281 and an average number of items dispensed of ~2,200/mo. We don't believe that this negotiated budget ever accurately reflected the actual cost of the medications provided.
- **Improved quality of care** – We are systematically focusing on optimizing care for key disease state populations, most notable diabetes. Our current clinical focus is systematic adoption of the American Diabetes Association's 2020 guidelines that favors increased use of novel insulin alternatives that are only available as Brand medications but are accessible to our patients through Rx PAP programs once approved.
- **Slow approvals of Rx PAP applications** – the chart below demonstrates our success in securing subsidized Brand medication for our members; the current annualized value of free medications received by Health Card members is around \$1.3M! However, this chart also demonstrates that the WVHA is burdened by some costs for these medications for that period while the WVHA miCare team works with (a) patients to complete their applications and (b) with the pharmaceutical manufacturers to get these applications processed and approved, a process that frequently take 8 – 10 weeks.



Annualized run rate of Rx cost associated with each Rx PAP status

We remain confident that there remains significant opportunity to further optimize the Rx costs, most notably by continuing our efforts to decrease the cost of branded medication needed by our members.

Driver #3 – Carry-over Implementation Costs and ongoing building maintenance expenses

The phase 2 proposal anticipated that WVHA would directly manage all activities related to providing and maintaining the premises housing the clinics. However, building maintenance is now coordinated by the WVHA miCare team resulting in unanticipated maintenance expenditure tied to the clinic buildings resulting in a budget variance:

- Approx. \$125k of Implementation Costs were approved during the prior budget year but actual costs only incurred in the current budget year.
- Approx. \$28k in unanticipated building maintenance costs were incurred from January through May 2021.
- We are aware of future plans/requirements to repair woodwork to the exterior of the WVHA clinic building at DeLand that will result in additional unplanned maintenance expenditure.

Continuous improvement program

We continue pursuing several improvement initiatives to optimize the financial performance of the WVHA HealthCard program. We believe the below three opportunities offer the most significant potential during the next few months:

1. **Right size capacity** – given current utilization trends in each of our clinic locations we believe there exists an opportunity to trim back capacity in Deltona from ~40hrs/wk to ~30hrs/wk.
2. **Continued operational improvements** – the WVHA miCare team’s productivity continue improving as operations mature and the need for one-off “transition campaigns” taper off; examples of such “campaign” style initiatives include establishing new patients with a clinic provider; securing subsidized funding for patients on Brand medication through Rx PAP programs; optimizing diabetes management; development of our ER diversion program with our hospital partners at AdventHealth and Halifax.
3. **Securing further subsidies for Brand medication through our Rx PAP initiative.**

Conclusion & Recommendation

Based on our analysis and resulting forecast, we recommend that the Board take the following actions:

- The prior WVHA Board wisely increased the “Other Healthcare Costs” budget line item to provide additional financial reserves during the COVID-19 pandemic (uncertain membership growth; uncertain utilization) and to cover any unanticipated costs while we’re standing up a brand-new care model. We recommend re-allocating

\$700k from the "Other Healthcare Costs" budget line to fund the anticipated costs of the Primary Care & Rx program at the current levels through September 2021.

- Consider decreasing operational capacity for the Deltona location from 40 hours/week to approx. 30 hours/week.

In conclusion, the EBMS team and I appreciate the opportunity to serve the WVHA and all HealthCard members. We are very proud of the work we've done to establish and implement the Board's vision of creating a different care model and superior patient experience. We look forward to our continued work together in service of the residents and tax payers in western Volusia County.

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.



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Lives - Planning
Lives - Actual (miCare client report)

[illegible]

Gross Medicaid Hospital Revenue

Taxing District	Hospital	2015		2016		2017		2018		2,019	
Hospital Name	Number										
AdventHealth Daytona Beach	100169							148,302,232	24.65%	155,175,865	23.46%
Halifax Health Medical Center	100017	193,186,390	38.09%	200,866,873	34.51%	226,968,501	38.95%	227,004,068	37.74%	262,221,260	39.64%
Florida Hospital Oceanside	100068	110,174,275	21.72%	122,192,775	20.99%	135,898,815	23.32%				
Select Specialty Hospital - DB	23960120					900,123	0.15%	732,918	0.12%	1,716,236	0.26%
Halifax		303,360,665	59.81%	323,059,648	55.50%	363,767,439	62.43%	376,039,218	62.51%	419,113,361	63.36%
AdventHealth New Smyrna	100014	21,053,637	4.15%	28,035,191	4.82%	26,254,654	4.51%	29,947,731	4.98%	30,192,111	4.56%
SE Volusia		21,053,637	4.15%	28,035,191	4.82%	26,254,654	4.51%	29,947,731	4.98%	30,192,111	4.56%
AdventHealth DeLand	100045	94,187,620	18.57%	120,506,292	20.70%	105,941,129	18.18%	112,817,023	18.75%	116,267,475	17.58%
AdventHHealth Fish Memorial	100072	88,565,529	17.46%	110,487,417	18.98%	86,721,873	14.88%	82,753,226	13.76%	95,894,364	14.50%
West Volusia		182,753,149	36.03%	230,993,709	39.68%	192,663,002	33.06%	195,570,249	32.51%	212,161,839	32.07%
		507,167,451		582,088,548		582,685,095		601,557,198		661,467,311	

https://bi.ahca.myflorida.com/t/ABICC/views/FinancialDataDashboard/FinancialDataDashboard?:embed=y&:showShareOptions=true&:display_count=no&:showVizHome=no

Eileen Long

From: Christopher Kennedy <chris@keneticdata.com>
Sent: Wednesday, June 09, 2021 12:44 PM
To: Jennifer Coen
Subject: Re: Fwd: Zoom Technology - June 17 Mtg
Attachments: West Volusia Hospital Authority 6092021 proposal.pdf

Enclosed is a proposal in PDF format/

On 5/28/2021 3:14 PM, Jennifer Coen wrote:

Hi, Eileen (Chris),

Just wanted to touch base with you, I have an upcoming trip out of town June 8 through June 15 to Maryland. I will be back in time for the June 17th meeting, but it will be close. I will be here next week to sign checks.

I asked Kenetic Data to prepare a written proposal for setting up Zoom acct that will include cost of equipment & cost of his time to assist us on setup to ensure a smooth transition.

Chris, in proposal, I suggest we add a note to other Commissioners to facilitate accurate transcription of minutes, you make a recommendation that whomever is speaking will need to state their name for the record prior to speaking to be included in transcription.

Chris, we will also need proposal by June 9th to be included in the board material to be presented to other Commissioners for a vote.

Thank you.

Jen

--

Jennifer Coen

Commissioner

West Volusia Hospital Authority Board of Commissioners

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Kenetic Data
P.O. Box 955
DeLand, FL 32721-0955
(386) 738-5003

Proposal 6092021

06/09/21

To: West Volusia Hospital Authority

Subject: Recording meetings

Objective: Open to the public meetings with ability listen or read hours.

Scope: Without current known/unknown procedures, Kenetic Data cannot predict the labor or equipment involved.

Scenario 1: All members of West Volusia Hospital Authority will use their personal computers to log into Zoom. This grants real time participation of the meeting while the hours are recorded. Zoom offers a transcript conversion to upload to West Volusia Hospital Authority website by administration. Kenetic Data can provide support for all members in order to ensure a smooth operation.

Scenario 2: Administrative assistant will use a single computer using a webcam and distance microphone to record the public meeting. All equipment can be setup and supported by Kenetic Data. Instruction and support for operation can be provided.

<https://support.zoom.us/hc/en-us/articles/115004794983-Using-audio-transcription-for-cloud-recordings->

**<https://zoom.us/pricing>
Small & Med Businesses**

\$199.90 /year/license

Host up to 300 participants

- Increase participants up to 1,000 with Large Meetings add-on
- Recording Transcripts, etc

*****Equipment can be provided by quote.**

*****Kenetic Data support is \$90.00 per hour.**

Payment of hardware in full is required. All Hardware comes with manufacturer's parts warranty, labor is not included. Labor charges for setup involving software, network configuration, etc... is extra and billed by \$90 per hour.



150 Magnolia Ave
Daytona Beach, FL 32114
P 300-539-4228 | smahealthcare.org
access@smahealthcare.org

June 1, 2021

Dear WVHA Commissioners,

On behalf of SMA Healthcare, I would like to nominate Amanda Logan, Clinical Director of the Deland Men's Residential Treatment (DMRT) program for a WVHA Certificate of Recognition. Ms. Logan has provided outstanding and heroic health care in the WVHA Tax District.

As you are aware, in May and June 2020, DMRT experienced an outbreak of COVID-19 in our facility, where 14 out of 22 clients tested positive. During this time, Ms. Logan spearheaded an effort to continue services in spite of having to quarantine infected clients and restrict movement of other clients. Ms. Logan was quick to don PPE and she led her clinical team in providing groups and counseling to clients from the hallway of the quarantine wing. She set an example for the entire DMRT team to follow and although she was operating in stressful and difficult conditions she continued to provide services during this uncertain time.

A short time later, she lost nearly half of her clinical staff as they opted to seek employment elsewhere or retire. Ms. Logan once again dove into the clinical schedule and she was able to reallocate her resources and reassign clients to new caseloads to ensure coverage. She also took it upon herself to lead groups and meet clients individually to ensure they received the services they need. While Ms. Logan was covering groups and caseloads, she was also able to recruit interns and qualified applicants to fill her vacant positions. She quickly filled the positions and she took it upon herself to personally train each new staff member and intern. Ms. Logan continued to provide supervision to her team and assisted in promoting the concept of the therapeutic community with our clients.

Ms. Logan consistently goes above and beyond when it comes to her position as Clinical Director. Whether it involves stepping in to help her counselors or assisting with the daily operations of the program, she is selfless and quick to respond. She has also been instrumental in promoting and establishing relationships with other West Volusia agencies such as, Rising Against All Odds and The Neighborhood Center.

The above examples are only a few of the reasons how Ms. Logan has provided outstanding or heroic health care or access to health care in the WVHA Tax District.

Thank you,

A handwritten signature in black ink, appearing to read "Ivan Cosimi", with a stylized flourish at the end.

Ivan Cosimi

Chief Executive Officer

SMA Healthcare

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised - June 17, 2021~~February 18, 2021~~

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WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

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

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

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

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

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

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

1. Residency (Article VIII).

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

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

2. Identification (Article VIII).

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

3. Income (Article IX).

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

4. Medical Coverage.

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

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

5. WVHA Affordable Care Act (ACA) Requirements

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

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

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

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

WVHA Eligibility Determination Process

Section 2.03 Purpose

To summarize the eligibility process.

Section 2.04 Policy

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

Procedures

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

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

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

h. Available ACA Plans

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

2. Evaluation and Determination:

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

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

Article III. WVHA Application Time Standards

Section 3.01 Purpose

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

Section 3.02 Policy

Time Standards – Applications:

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

Article IV. WVHA Family Size

Section 4.01 Purpose

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

Section 4.02 Policy

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

Section 4.03 Definitions

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

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

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

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

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

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

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

Eligibility is based on the entire family unit.

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

Article V. WVHA Qualifying Levels

Section 5.01 Purpose

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

Section 5.02 Policy

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

Section 5.03 Guideline

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

<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

Article VI. WVHA Termination

Section 6.01 Purpose

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

Section 6.02 Policy

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

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

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

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

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

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

Article VII. WVHA Residency

Section 7.01 Purpose

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

Section 7.02 Policy

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

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

Section 7.03 Procedures

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

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

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

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

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

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

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

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

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

Section 7.04 Definitions

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

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

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

Article VIII. WVHA Identification

Section 8.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 8.02 Policy

Every applicant must provide copies of two (2) acceptable documents (one must be a photo I.D.) to prove his/her identity. Identification must be current.

Section 8.03 Procedures

The following define acceptable documentation for proving identification.

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

Article IX. WVHA Income

Section 9.01 Purpose

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

Section 9.02 Policy

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

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

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

Section 9.03 Definitions

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

Section 9.04 Procedures

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

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

25. WVHA Verification of Support Form (Section 12.07) (unemployed applicants)

26. Most Recent Tax Return, 1040

27. Other income from any other source

(a) Verification of Income

1. Income verification is accomplished by submitting copies of the

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

(b) Calculation of Income

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

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

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

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

Article X. WVHA Assets

Section 10.01 Purpose

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

Section 10.02 Policy

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

Section 10.03 Procedures

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

1. Assets Excluded

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

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

2. Assets to be considered

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

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
 - e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
 - f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
 - g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.
-
- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in Section 12.03.
 - If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
 - If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

Article XI. Appendices

Section 11.01 Appendix A – Current Federal Poverty Guidelines

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

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Persons in family/household	Poverty guideline	150%
1	\$12,880	\$19,320
2	\$17,420	\$26,130
3	\$21,960	\$32,940
4	\$26,500	\$39,750
5	\$31,040	\$46,560
6	\$35,580	\$53,370
7	\$40,120	\$60,180
8	\$44,660	\$66,990
For families/households with more than 8 persons, add \$4,540 for each additional person.		

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

Section 11.02 Appendix B - Asset Limits

WVHA Health Card Program

ASSET LIMITS

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

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

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

Each Additional Person \$500

http://ahca.myflorida.com/MCHO/Central_Services/Financial_Ana_Unit/HCRA/docs/AssetLimits_2013.pdf

These limits follow limits set forth in the Medicaid Medically Needy guidelines and may be updated accordingly.


West Volusia Hospital Authority Taxing District

Zip Codes

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

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

Section 11.04 Appendix D – WVHA Health Card Application Form

 <h2 style="margin: 0; display: inline;">WVHA HEALTH CARD APPLICATION</h2>			
Application Date: 			
Section 1: Applicant Information. All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.			
Last	First	Middle	Maiden or Other Name
Physical Address (where you reside)			
City		County	State Zip
Mailing Address			
City			State Zip
How long have you lived at residence?	Temp/Perm	Rent/Own/Other	Daytime Telephone Evening Telephone
Date of Birth	Sex (circle one) Male Female	Social Security Number	
Previous address if less than 3 months			
City		State Zip	
Section 2: Members of the Household. List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.			
Name	Applying for Health Card	DOB	Relationship SS#
1.	Yes No (circle one)		
2.	Yes No (circle one)		
3.	Yes No (circle one)		
4.	Yes No (circle one)		
5.	Yes No (circle one)		
6.	Yes No (circle one)		
7.	Yes No (circle one)		
8.	Yes No (circle one)		
Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI). All Applicants over 18 must sign below or application will be <u>pending</u> .			

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

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

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

I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.

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

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

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative


Date

Signature of Applicant or Legal Representative

Date



Section 11.05 Appendix E – WVHA Health Card Assessment Form

	<h2 style="margin: 0;">WVHA HEALTH CARD ASSESSMENT FORM</h2>		
Screened by (THND Representative): _____			
Instructions: Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. <i>Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.</i>			
Section 1: General Information.			
Date	Applicant Name	Date of Birth	Clinic
How did you hear about the WVHA Health Card Program? Check one box:			
<input type="checkbox"/> WVHA Webpage <input type="checkbox"/> Printed advertisement or flyer <input type="checkbox"/> Public meeting <input type="checkbox"/> Florida Hospital <input type="checkbox"/> The House Next Door <input type="checkbox"/> Rising Against All Odds <input type="checkbox"/> The Neighborhood Center <input type="checkbox"/> Healthy Start <input type="checkbox"/> Hispanic Health <input type="checkbox"/> Other			
Section 2: Insurance Information.			
2.1 Do you have any Medical Insurance?		<input type="checkbox"/> Yes If Yes, please indicate Carrier and ID #: _____	<input type="checkbox"/> No
2.2 Are you eligible for COBRA Benefits from a current/prior employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Do you have Medicare A or B?		<input type="checkbox"/> Yes If Yes, please indicate which coverage you are enrolled in & effective date _____	<input type="checkbox"/> No
2.4 Do receive healthcare assistance or aid other than WVHA?		<input type="checkbox"/> Yes If Yes, please indicate the assistance and/or aid you receive & effective date _____	<input type="checkbox"/> No
2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident?		<input type="checkbox"/> Yes If Yes, please describe _____	<input type="checkbox"/> No
2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission			
Section 3: Family Size.			
3.1 Marital Status (Circle One): Married Separated Divorced Single Widow			
3.2 Do you have any dependent children living in the household?		<input type="checkbox"/> Yes If Yes, how many? _____	<input type="checkbox"/> No
Section 4: Identification.			
4.1 Do you have a Driver License or other Government ID?		<input type="checkbox"/> Yes If Yes, please provide a copy of ID _____	<input type="checkbox"/> No

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

Non-Picture ID:

-Social Security Card

-Birth Certificate

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

Picture ID:

-Passport

-Green Card

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?	<input type="checkbox"/> Yes <i>If Yes, please provide Property Tax Bill of current or prior year</i>	<input type="checkbox"/> No
5.2 Do you rent?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of current Lease Contract or Verification of Rent Form</i>	<input type="checkbox"/> No
5.3 Do you live in someone else's house?	<input type="checkbox"/> Yes <i>If Yes, please provide Verification of Support Form</i>	<input type="checkbox"/> No
5.4 Do you consider yourself homeless?	<input type="checkbox"/> Yes <i>If Yes, please provide Homeless Verification Form</i>	<input type="checkbox"/> No

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

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)
- Mail received for three (3) month period
- Vehicle Registration in the applicant/spouse's name
- Mortgage Payment
- Proof of children registered in West Volusia School

Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?	<input type="checkbox"/> Yes <i>If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form</i>	<input type="checkbox"/> No
Employer Name	Pay Rate (circle one) Hourly Daily Weekly Biweekly Monthly	
Employer Address		
City	State	Zip

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


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

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


Section 8: Assets		
8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Section 12.06 Appendix F – WVHA Homeless Verification Form

 WVHA Homeless Verification Form			
Agency Instructions: <i>To be printed on Agency letterhead. Please complete this form in its entirety. Failure to provide all information on Homeless Verification Form will result in a <u>Pended</u> application.</i>			
Section 1: General Information.			
Date	Client Name	Date of Birth	Photo ID Number
Section 2: Mailing Address.			
Mailing Address (where your WVHA Health Card correspondences should be mailed)			
City	County	State	Zip
Length of time in Volusia County			
Section 3: Agency Assessment.			
I, _____, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.			
Agency Signature:		Date:	
Client Signature:		Date:	


Section 12.07 Appendix G - WVHA Verification of Support Form

 WVHA Verification of Support			
Instructions: Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a <u>Pended</u> application.			
Section 1: General Information.			
Date	Applicant Name	Date of Birth	Last Four Digits of SSN
Section 2: I am presently residing at.			
Physical Address			
City	County	State	Zip
I have been residing at the above address since: _____			
Section 3: My previous address was.			
Address			
City	County	State	Zip
I lived at this previous address for: _____			
Section 4: My food and/or living expenses are provided by.			
Provider Name			
Applicant Signature		Date	
Section 5: To be completed by Provider.			
5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Does the applicant reside with you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
- INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 - <ul style="list-style-type: none"> The amount listed below should be the household expenses for where the applicant resides. If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting. If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4 			
5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ _____			
5.4 Total number of people residing in household (including the applicant) _____			
5.5 In addition to the monthly household expenses, I provide \$ _____ per month to the applicant.			
Provider Name		Relationship to Applicant	
Provider Address		City	
State	Zip	Provider Phone No.	
Section 6: Provider Signature & Notary.			
I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.			
Provider Signature:		Date:	

Notary Public

Notary Public Seal:

Section 12.08 Appendix H – WVHA Verification of Rent Form

 <b style="font-size: 1.2em;">WVHA Verification of Rent			
Instructions: Please complete this form in its entirety. Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.			
Section 1: General Information.			
Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
Section 2: I am presently residing at.			
Physical Address			
City	County	State	Zip
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
Section 3: Rentor/Lessor Information. Must be completed by the Rentor/Lessor			
Rentor/Lessor Name		Rentor/Lessor Phone Number	
Rentor/Lessor Address			
City		State	Zip
Relationship to Tenant			
Tenant Name			
3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).			
3.2 The current monthly rental rate is \$_____.			
3.3 The monthly rent does / does not (circle one) include utilities.		3.4 If yes, list utilities included.	
Section 4: Rentor/Lessor Signature			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Rentor/Lessor Signature		Date	

Section 12.09 Appendix I - ACA Pre-Qualifying Form

Affordable Care Act Enrollment Prequalifying Intake Interview 2017-18

Person Assisting _____ DATE: _____
 Last Name _____ First Name _____ MI _____
 Phone # _____ Zip Code _____ County _____

The below set of questions will help us determine if you are eligible for the Affordable Care Marketplace. Upon qualification the Person Assisting will help you enroll in HealthCare.Gov.

In the event you're not eligible at this time, you will be given this supporting document which will serve as proof you attempted to apply for the marketplace. At such time you will be given options for health care and instructions on how to apply for alternative coverage.

Those that are not covered by the marketplace due to ineligibility are protected from the:

- 2% yearly household income penalty or
- \$325 per person for the year (\$162 per child under 18. The maximum penalty per family using this method is \$925 per family.

If you don't have coverage in 2018, you'll pay the higher of these two amounts.

1. A Veteran? Yes ___ No ___ If yes, will they be willing to drop all of their coverage through VA? (If both Yes, proceed with enrollment)
2. A Native American? Yes ___ No ___ (If yes, will not qualify for subsidy.)
3. Parent of children already on Healthy Kids plan? Yes ___ No ___
4. Under age 64? Yes ___ No ___ If older, they are or soon will be covered by Medicare
5. Currently Covered by Medicaid? Yes ___ No ___
6. Do you or anyone in your household have employer coverage or been offered employer coverage? Yes ___ No ___ (If Yes, will not qualify for subsidy but may still shop the marketplace)
7. Do you have verifiable income? Yes ___ No ___ Threshold is \$11,770 for 1 person or \$15,930 for a couple.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$12,880	\$19,320
2	\$17,420	\$26,130
3	\$21,960	\$32,940
4	\$26,500	\$39,750
5	\$31,040	\$46,560
6	\$35,580	\$53,370
7	\$40,120	\$60,180
8	\$44,660	\$66,990
For families/households with more than 8 people, add \$4,540 for each additional person.		


I attest that the Person Assisting has discussed the qualifications to enroll and that I understand my eligibility and options for healthcare. (Check circle that applies)

- I qualify for the Marketplace and I'm enrolling today
- I don't qualify for the Marketplace because my income falls below the poverty guideline
- I qualify for the Marketplace but the cost of the premiums (net of any tax credits/subsidies) is more than 8% of my gross annual income.

Signature of Consumer

Signature of Person Assisting

Section 12.10 Appendix J – WVHA Self-Employment Quarterly Statement

 WVHA Health Card: Self Employment Quarterly Statement				
Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. Failure to provide all information on the form will result in a <u>Pended</u> application.				
1. APPLICANT'S NAME: (First) (M.I.) (Last)				
2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____ %				
3. BUSINESS OWNER NAME(S) (First) (M.I.) (Last)				
4. BUSINESS NAME:				
5. BUSINESS ADDRESS:			6. BUSINESS PHONE #	
Section 1: Total Gross Income- Add total monthly income and sales from your business each of the past 3 months	MONTH 1 / (MM) (YY)	MONTH 2 / (MM) (YY)	MONTH 3 / (MM) (YY)	
	1A: \$	2A: \$	3A: \$	
Section 2: Business Expenses	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS	
	Supplies	\$	\$	\$
	Heat/Utilities/Phone			
	Business property rent			
	Business Equipment Rent			
	Business Vehicle Expenses			
	Business Taxes			
	Advertising			
	Insurance			
	Bank Charges			
	Other (specify)			
	TOTAL Business Expenses	1B: \$	2B: \$	3B: \$
	NET INCOME: Subtract A FROM B = C (1A minus 1B)	1C: \$ (2A minus 2B)	2C: \$ (3A minus 3C)	3C: \$ (3A minus 3C)
Section 3: Calculate average monthly income				
TOTAL 3 MONTHS: \$ (ADD 1C, 2C, 3C)		AVERAGE 3 MONTHS: \$ (DIVIDE TOTAL 3 MONTHS BY 3)		
APPLICANT SIGNATURE: Applicants must read and sign the below				
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.				
Signature		Date		

Eileen Long

From: Andrew G. Murray <amurray@ebms.com>
Sent: Thursday, June 10, 2021 9:25 AM
To: elong@westvolusiahospitalauthority.org; Attorney Ted Small
Cc: Ted Small; Eileen Long; James Vertino; Darik J. Croft; Pepper Schafer; Rose Alberts; Michael Espenlaub
Subject: WVHA hospital network contracts finalized

Ms. Long and Attorney Small,

I am excited to confirm that we have now finalized the written provider agreements with AdventHealth, Halifax Health and EM Pros per the Board's request in the April 2021 public meeting. Each of these providers have accepted the key terms that collectively provide certainty to both the Authority and our HealthCard members:

- Multi-year agreements spanning 6/1/2021 through 9/30/2024
- Acceptance of our referrals for all non-emergency services; agreement to collaborate around operational processes and ongoing process improvements
- Payment at 85% of Medicare for emergency and non-emergency care, subject to annual funding caps
- Agreement to continue providing care even if budgeted funding runs out in a particular year – such care will effectively constitute charity care
- Agreement to seek payment only from WVHA and not to balance bill members

I am very excited that we now have reached this important milestone in our journey to ensure that each HealthCard member gets the right care, at the right time, in the right setting. We look forward to working with the Board, the CAC and our provider partners in the coming months as we shift our focus to planning for the next program year commencing October 1st, 2021.

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.

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



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant | Registered Investment Advisor

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

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of May 31, 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

June 01, 2021

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West Volusia Hospital Authority

Balance Sheet

Modified Cash Basis

May 31, 2021

Assets

Current Assets

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	2,683,523.13
Intracoastal Bank - Operating	618,443.73
Mainstreet Community Bank (MCB) - MM	15,203,765.31
MCB Escrow Account	200,000.00
Surety Bank - MM	6,001,479.64
Taxes Receivable	121,920.00
Total Current Assets	<u>24,829,231.81</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>25,428,245.24</u></u>

Liabilities and Net Assets

Current Liabilities

Deferred Revenue	<u>116,506.00</u>
Total Current Liabilities	<u>116,506.00</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>7,358,922.60</u>
Total Net Assets	<u>25,311,739.24</u>
Total Liabilities and Net Assets	<u><u>\$ 25,428,245.24</u></u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 8 Months Ended May 31, 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	126,603	16,569,530	(138,372)
Investment Income	135,000	1,685	33,651	101,349
Other Income	0	26,431	71,095	(71,095)
Use of Prior Year Reserves	<u>2,000,000</u>	<u>0</u>	<u>0</u>	<u>2,000,000</u>
Total Revenue	<u>18,566,158</u>	<u>154,719</u>	<u>16,674,276</u>	<u>1,891,882</u>
Healthcare Expenditures				
Hospital Services	3,000,000	184,491	814,221	2,185,779
Primary Care and Pharmacy	3,300,000	326,114	2,619,412	680,588
Specialty Care	3,300,000	206,645	1,804,162	1,495,838
County Medicaid Reimbursement	2,512,229	0	1,465,467	1,046,762
The House Next Door	100,000	2,490	14,669	85,331
The Neighborhood Center	100,000	7,700	58,800	41,200
TNC Healthcare Navigation Program	50,000	6,825	30,255	19,745
Rising Against All Odds	164,985	13,250	147,500	17,485
Community Legal Services	95,958	6,660	32,199	63,759
Hispanic Health Initiatives	75,000	0	0	75,000
Florida Dept of Health Dental Svcs	225,000	13,420	101,448	123,552
Stewart Marchman - ACT	945,880	52,644	605,275	340,605
Health Start Coalition of Flagler & Volusia	142,359	7,035	70,815	71,544
H C R A	819,162	0	49,085	770,077
Other Healthcare Costs	<u>1,549,920</u>	<u>0</u>	<u>71,868</u>	<u>1,478,052</u>
Total Healthcare Expenditures	<u>16,380,493</u>	<u>827,274</u>	<u>7,885,176</u>	<u>8,495,317</u>
Other Expenditures				
Advertising	7,000	299	2,090	4,910
Annual Independent Audit	16,700	0	16,700	0
Building & Office Costs	15,533	7,027	14,933	600
General Accounting	68,100	4,225	34,009	34,091
General Administrative	65,100	5,376	33,709	31,391
Legal Counsel	70,000	6,700	41,540	28,460
City of DeLand Tax Increment District	100,000	0	90,172	9,828
Tax Collector & Appraiser Fee	610,000	2,528	478,685	131,315
TPA Services	540,000	41,237	418,713	121,287
Healthy Communities	75,397	7,651	40,903	34,494
Application Screening				
Application Screening - THND	402,835	32,310	229,347	173,488
Application Screening - RAAO	40,000	2,688	21,696	18,304
Workers Compensation Claims	25,000	0	0	25,000
Other Operating Expenditures	<u>150,000</u>	<u>606</u>	<u>7,681</u>	<u>142,319</u>
Total Other Expenditures	<u>2,185,665</u>	<u>110,647</u>	<u>1,430,178</u>	<u>755,487</u>
Total Expenditures	<u>18,566,158</u>	<u>937,921</u>	<u>9,315,354</u>	<u>9,250,804</u>
Excess (Deficit)	<u>0</u>	<u>(783,202)</u>	<u>7,358,922</u>	<u>(7,358,922)</u>

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 8 Months Ended May 31, 2021

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Halifax Hospital	1,500,000	155,125	650,351	849,649
AdventHealth	1,500,000	29,366	163,870	1,336,130
Primary Care and Pharmacy	3,300,000	326,114	2,619,412	680,588
Specialty Care	3,300,000	206,645	1,804,162	1,495,838
County Medicaid Reimbursement	2,512,229	0	1,465,467	1,046,762
Florida Dept of Health Dental Svcs	225,000	13,420	101,448	123,552
Good Samaritan				
The House Next Door	100,000	2,490	14,669	85,331
The Neighborhood Center	100,000	7,700	58,800	41,200
TNC Healthcare Navigation Program	50,000	6,825	30,255	19,745
Rising Against All Odds	164,985	13,250	147,500	17,485
Community Legal Services	95,958	6,660	32,199	63,759
Hispanic Health Initiatives	75,000	0	0	75,000
Stewart Marchman - ACT				
SMA - Homeless Program	95,880	4,663	23,068	72,812
SMA - Residential Treatment	550,000	34,105	293,519	256,481
SMA - Baker Act - Match	300,000	13,876	288,688	11,312
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,220	42,691	30,809
HSCFV - Fam Services	68,859	815	28,124	40,735
HCRA				
H C R A - In County	400,000	0	45,588	354,412
H C R A - Outside County	419,162	0	3,497	415,665
Other Healthcare Costs	1,549,920	0	71,868	1,478,052
Total Healthcare Expenditures	16,380,493	827,274	7,885,176	8,495,317

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 8 Months Ended May 31, 2021 and May 31, 2020

	1 Month Ended May 31, 2021	1 Month Ended May 31, 2020	8 Months Ended May 31, 2021	8 Months Ended May 31, 2020
Revenue				
Ad Valorem Taxes	126,603	837,905	16,569,530	18,771,245
Investment Income	1,685	9,341	33,651	100,762
Rental Income	0	5,447	0	47,440
Other Income	26,431	1,162	71,095	15,889
Total Revenue	<u>154,719</u>	<u>853,855</u>	<u>16,674,276</u>	<u>18,935,336</u>
Healthcare Expenditures				
Hospital Services	184,491	107,255	814,221	2,444,846
Primary Care and Pharmacy	326,114	92,178	2,619,412	886,999
Specialty Care	206,645	128,167	1,804,162	1,784,584
County Medicaid Reimbursement	0	204,380	1,465,467	1,635,041
The House Next Door	2,490	3,622	14,669	48,254
The Neighborhood Center	7,700	0	58,800	45,250
TNC Healthcare Navigation Program	6,825	0	30,255	20,845
Rising Against All Odds	13,250	3,800	147,500	117,450
Community Legal Services	6,660	2,379	32,199	40,626
Hispanic Health Initiatives	0	0	0	26,525
Florida Dept of Health Dental Svcs	13,420	666	101,448	104,773
Stewart Marchman - ACT	52,644	3,781	605,275	881,929
Health Start Coalition of Flagler & Volusia	7,035	13,149	70,815	98,940
H C R A	0	0	49,085	239,482
Other Healthcare Costs	0	0	71,868	0
Total Healthcare Expenditures	<u>827,274</u>	<u>559,377</u>	<u>7,885,176</u>	<u>8,375,544</u>
Other Expenditures				
Advertising	299	0	2,090	723
Annual Independent Audit	0	0	16,700	16,400
Building & Office Costs	7,027	102	14,933	2,875
General Accounting	4,225	3,721	34,009	29,426
General Administrative	5,376	4,138	33,709	29,928
Legal Counsel	6,700	3,960	41,540	37,527
City of DeLand Tax Increment District	0	0	90,172	90,813
Tax Collector & Appraiser Fee	2,528	16,747	478,685	595,766
Legislative Consulting	0	0	0	30,090
TPA Services	41,237	93,826	418,713	404,687
Healthy Communities	7,651	0	40,903	35,094
Application Screening				
Application Screening - THND	32,310	31,941	229,347	230,892
Application Screening - RAAO	2,688	384	21,696	26,688
Application Screening - SMA	0	0	0	0
Workers Compensation Claims	0	0	0	7,627
Other Operating Expenditures	606	956	7,681	5,849
Total Other Expenditures	<u>110,647</u>	<u>155,775</u>	<u>1,430,178</u>	<u>1,514,295</u>
Total Expenditures	<u>937,921</u>	<u>715,152</u>	<u>9,315,354</u>	<u>9,889,839</u>

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 8 Months Ended May 31, 2021 and May 31, 2020

	1 Month Ended May 31, 2021	1 Month Ended May 31, 2020	8 Months Ended May 31, 2021	8 Months Ended May 31, 2020
Excess (Deficit)	<u><u>(783,202)</u></u>	<u><u>138,703</u></u>	<u><u>7,358,922</u></u>	<u><u>9,045,497</u></u>



May 25, 2021

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

Re: June 1 Estimate of 2021 Tax Roll Values per F.S. 200.065(8)
Taxing Authority Number(s): 0070

Dear Ms. Long,

Our office has compiled the following estimates of the 2021 taxable value within your jurisdiction. The official Preliminary Tax Roll will be certified to you by the DR420 on or before July 1, 2021.

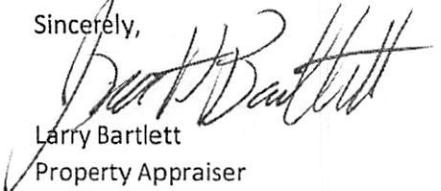
Estimated 2021 Values

Just Value	\$23,058,700,138
Taxable Value	\$12,894,895,787
New Construction	\$419,669,370
Annexations	\$ 0

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

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

Sincerely,


Larry Bartlett
Property Appraiser

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: June 8, 2021

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for June 17, 2021 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the May 20, 2021 Meeting Minutes.

I. **WVHA Health Card Program Eligibility Guidelines.** [*See new info. in italics and bold*]
[Refer back to Legal Update Memorandum dated 4/9/14, 7/19/14, 9/17/14, 11/12/14, 2/11/15, 6/10/2015, 10/7/15, 11/11/15, 3/9/16, 4/12/16, 5/9/17 and 4/6/21 for additional background details.]

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

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

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

Board members should begin anticipating the annual EG review process that the Board approved at the upcoming May Regular Meeting. That process will start with a presentation

by THND of a compilation of proposed changes in March and then after Board review, deliberation and voting by May, and new amendments, if any would take effect in June, 2021; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by EBMS and/or other proposers that such exceptional action is necessary to fulfill the public purposes of WVHA.

Counsel has reviewed and agrees with DRT and THND that the redlined version tracking proposed changes includes all of the changes on which the Board considered and reached consensus during past Board meetings.

II. New Methodology for Calculating the Medicaid Contribution Required from Counties and/or Hospital Districts Who “Benefit” from the Medicaid Program—SB 1520/HB 5301 (2013 Florida Legislature) [*See new info. in italics and bold*]

As some Board members may recall, in 2012 the Florida Legislature passed HB-5301 which required counties and/or hospital districts who “benefit” from the Medicaid program to catch up on disputed Medicaid bills dating back to 2001. After much research, discussion and legal and political wrangling, WVHA ultimately resolved to continue its longstanding commitment to reimburse the County of Volusia (the “County”) for the County’s required contribution to the State of Florida Medicaid Program for hospital bill payments on behalf of indigent residents of the West Volusia Tax District. For both the unpaid Medicaid bills dating back to 2001 and future Medicaid bills, the County and WVHA agreed to set aside their disagreement about whether WVHA actually “benefits” from the Medicaid program as do the other hospital districts (Halifax and Southeast Volusia) which receive direct Medicaid payments for services rendered at hospitals which they own and operate. Instead, the ultimate resolution to this dispute was WVHA’s agreement to continue reimbursing the County for a portion of its required contribution to the Medicaid Program as long as the County certified that it had verified that hospital bills apportioned to WVHA concerned healthcare services for persons who were indigent residents of the West Volusia Tax District at the time of service. This agreed-upon Medicaid billing procedure was fully implemented and was the basis for the Board’s approval of all Medicaid payments during the 2012-13 fiscal year.

However, with the passage of SB 1520 by the 2013 Florida Legislature, the State of Florida Medicaid Program will no longer bill the County based on the actual amount of services rendered to individual Medicaid recipients within the County. Instead, the State of Florida is now allowed to assess counties based on statutory formulas with the stated goals of 1. relieving counties of having to devote administrative time to check and verify recipient addresses and 2 making the process compatible with AHCA’s new Diagnosis Related Group (DRG) reimbursement system, whereby hospitals are reimbursed a flat rate per diagnosis code regardless of the number of hospitalization days. (Although not acknowledged in the FAC materials I reviewed, it is counsel’s understanding that AHCA pushed hard for passage of the new law in order to relieve itself of many administrative burdens associated with the prior reimbursements procedures)

The formula that applied for the first two years under the new regime was based solely on the

“percentage share of payments”, which represents the County’s percentage share of total Medicaid payments for all counties, based on six months of resolved payments during SFY 2012-13. Because the County has three independent hospital districts which had traditionally split responsibilities for the County’s assessment based on the residency of the hospital inpatient at the time of service, the County divided responsibility for the new formula assessments based solely on the percentage of Medicaid enrollees within each of the hospital taxing districts, as determined by their zip codes as of March 2013: 45.97% in West Volusia Taxing District (39,802 enrollees); 44.42% in Halifax Taxing District (38,461 enrollees); and 9.61% in Southeast Volusia Taxing District (8,318 enrollees).

However, beginning in SFY 15-16 and through SFY 19-20, the formula that will apply is based on a five year transitional period where two formulas are utilized, the percentage share of payments formula and a new “enrollment percentage”. The new “enrollment percentage” formula represents the total Florida Medicaid enrollees living in the County as of March of that year divided by the total number of Medicaid enrollees in Florida. During the transition period, the proportionate weight of the “percentage share of payments” formula decreases each year and the proportionate weight of a new enrollment percentage is increased each year. For example, in SFY 15-16, the percentage share of payments formula will count for 80% and the enrollment percentage will count for only 20% of the County’s total assessment. However, by SFY 18-19, the percentage share of payments formula will only count for 20% and the enrollment percentage will count for 80% of the County’s total assessment. In SFY 2019-20, the enrollment percentage will count for 100% of the County’s total Medicaid assessment.

Under the new law, the Department of Revenue (DOR) is required to notify each county by June 1 of its total SFY Medicaid contribution. Each county is then required to begin paying its assessed contribution in equal monthly installments by the 5th day of each month. If a county fails to make these monthly payments, the DOR is required to reduce the county’s half-cent sales tax distribution. Therefore, the County will be unforgiving of any resistance by WVHA or the other hospital districts to pay whatever is decided as “our proportionate share” of the assessed contribution.

Counsel will defer to the CPAs at DRT to provide the Board with an analysis of the detailed numbers and how the change in the proportionate weight of the two formulas during the transitional period which starts this year. From a broad analytical perspective and based on preliminary discussions with representatives of other hospital districts, it appears that WVHA could be assessed an increasingly larger amount for Medicaid each year because the total assessment to each county is no longer based upon data on actual hospital stays/services provided and is no longer going to distinguish hospitals versus nursing homes stays/services. (Under the prior formula, the County paid all of the Medicaid contribution attributed to nursing home stays). Apparently, the data on actual usage is no longer being collected and maintained by AHCA. Instead, by the end of the transitional period DOR will simply assess the County one lump sum assessment based entirely on per capita enrollment in zip codes associated with Volusia County, without any consideration of the actual Medicaid usage by these enrollees and without any division as between hospital stays and nursing home stays. Further, counsel has confirmed that DOR is not making any distinction based on actual physical addresses of the Medicaid enrollees. Therefore, those with zip codes that DOR associates with Volusia County will be included in the County’s assessment even if those

enrollees actually live in Lake or Flagler County.

Counsel, DRT and other representatives from Halifax and Southeast have scheduled a conference call in order to discuss a potential mutual strategy for negotiating with the County about how to deal with those features of the new “enrollment percentage” formula that will result in WVHA and the other districts becoming responsible for both hospital staysand nursing home care of Medicaid enrollees. Counsel is not expecting that the other districts will be as concerned about the lack of perfect correlation between the States use of inexact zip coding as the sole means to determine “residency”, because they have other revenue other than ad valorem taxes and could pay for nonresidents without a per se violation of their Enabling Legislation. But at some point if this zip code methodology is not addressed, WVHA may be faced with a choice between violating its Enabling Legislation and reneging on its traditional willingness to pay its proportionate share of the County’s Medicaid assessment. It would help counsel to advise the Board on this choice if the Board would authorize “special accounting” by DRT or HSI, or both working collaboratively, to come up with a reasonable estimate of how many actual Lake County residents with a 32720 zip code are Medicaid enrollees. If that number is not significant, then it would allow counsel to articulate for the Board a justification for considering this cost as “incidental” to the larger cost of providing healthcare to actual residents of the Tax District. The converse is also true.

Consistent with the methodology tentatively agreed in a conference call last month between representatives of all three hospital districts in Volusia County, Mr. Powers has prepared a preliminary spreadsheet indicating how utilizing the average of four years of WVHA’s percentage of the overall Volusia County’s required contribution to the Medicaid Program will actually decrease WVHA’s contribution percentage to 31.02%, as compared to 31.84% for 2014-15. Mr. Powers received notice that the County has agreed to the joint proposal from all three hospital districts. Apparently County Council approval was not required and WVHA should receive a formal letter confirming the County’s approval. Counsel has requested that this matter be placed on the Board’s Discussion Agenda for the September 17th meeting and recommends that the Board formally approve the jointly proposed methodology until, hopefully, some legislative fix occurs to replace the statutory “enrollment percentage” formula that would be applicable if this joint proposal were not agreed by all parties.

For the past several years, counsel has agreed with DRT that WVHA should agree with Halifax and Southeast to continue the same contribution percentages for Medicaid Match payments as were jointly agreed for the 2015-16 transitional year. However, counsel has repeatedly cautioned that the Board review the above summarized background to what was agreed only as a temporary fix and give due consideration that the transitional phase in period will end with State Fiscal Year 2019-20. At that time, all unresolved legal issues will likely need to be resolved between WVHA, the County and all interested parties. If a jointly agreed upon new methodology for a fair and equitable division of Medicaid costs cannot be agreed, WVHA may need to pursue an appeal to the Department of Financial Services, as provided under Chapter 409.915(6), Florida Statutes, to obtain a definitive ruling on whether WVHA actually “benefits” from the Medicaid program to allow the County to allocate it any portion of the Medicaid costs; whether WVHA can legally reimburse for Lake County non-residents who have a West Volusia zip code in spite of the restriction in its Enabling Legislation to only funds costs for “residents” of the Tax District; as well as whether the County is dealing with WVHA fairly in

dividing percentages between hospital and nursing home stays by Medicaid enrollees.

To update the Board on the status of current negotiations between the County and the other hospital districts about the proposal developed by Halifax to shift nearly a half million of these Medicaid costs from Halifax to WVHA, counsel is pasting the below recent emails and will update the Board on any further developments as needed. Please call, 386-740-0787, with any specific questions.

From: Ted Small [mailto:tsmall@businessemploymentlawyer.com]
Sent: Monday, June 7, 2021 12:54 PM
To: 'Dona DeMarsh Butler' <ddbutler@volusia.org>; 'Powers Al' <apowers@drtcpa.com>; 'eric.peburn@halifax.org' <eric.peburn@halifax.org>; 'Joni Hunt' <Joni.Hunt@halifax.org>; 'Kelly.Kwiatek@halifax.org' <Kelly.Kwiatek@halifax.org>; 'jeff.davidson@sevhd.com' <jeff.davidson@sevhd.com>; 'Diana Phillips' <DPhillips@volusia.org>
Cc: 'Long Eileen' <elong@drtcpa.com>; 'RonCantlay' <rcantlay@drtcpa.com>; 'Carmen Hall' <CHall@volusia.org>; 'Laura Coleman' <LColeman@volusia.org>; 'Coen Jennifer' <jcoen@westvolusiahospitalauthority.org>
Subject: RE: [EX] RE: Medicaid Negotiations

Hi Dona and all, I'm catching up on this email string and I am starting to get questions from WVHA Board members about exactly what is the sourcing and legitimacy of the data that appears to shift nearly a half million of Medicaid sharing costs from Halifax to WVHA for this and future years. If the County intends to depart from using what has been our longstanding and jointly agreed upon data-based way dividing the Medicaid sharing costs amongst the three hospital districts, it is the County's responsibility to gather verifiable data and justify its basis for doing so under Chapter 409.915(6). Hopefully I am misreading the email string, but what I am understanding from the below exchange is that the County intends to reallocate a half million dollars of Medicaid sharing costs from the Halifax taxing district to the WVHA taxing district (with some minor adjustments to Southeast and ZERO adjustments to the County's share) solely based on one month of zip code data which Halifax's own consultants and staff obtained from some unknown source at AHCA. Is that a correct reading?

Please help me to understand what I am missing about how the County would justify such a dramatic shift of how we have been cooperatively handling this very complex matter. I need to be able to explain it more clearly to three new Board members who are completely unfamiliar with the negotiations that Dan Eckert, Tura Schnebly and all counsel involved in negotiation the currently used basis for division once HB-5301 (2013) upended the prior specific user-based method for dividing these costs. Indeed, I have some Board members who aren't even persuaded that WVHA should share any of these costs since it no longer owns or operates a hospital that seeks Medicaid reimbursements. This will come up for WVHA Board discussion next week and I suspect (but don't know) that a majority of the Board would be willing to continue with the longstanding method of sharing these costs. But I need much more information about the sourcing and legitimacy of this proposed new methodology in order to avoid

this becoming a basis for an appeal.

Thanks in advance for your help, ts

From: Dona DeMarsh Butler [<mailto:ddbutter@volusia.org>]
Sent: Wednesday, May 26, 2021 3:34 PM
To: tsmall@businessemploymentlawyer.com; Powers Al
<apowers@drtcpa.com>; eric.peburn@halifax.org; Joni Hunt
<Joni.Hunt@halifax.org>; Kelly.Kwiatek@halifax.org;
jeff.davidson@sevhd.com; Diana Phillips <DPhillips@volusia.org>
Cc: Long Eileen <elong@drtcpa.com>; RonCantlay <rcantlay@drtcpa.com>;
Carmen Hall <CHall@volusia.org>; Laura Coleman <L.Coleman@volusia.org>;
Coen Jennifer <jcoen@westvolusiahospitalauthority.org>
Subject: Re: [EX] RE: Medicaid Negotiations

Hi Al,

Thank you for your email. As we have discussed for many years, ACHA was unwilling to share any data with the County. I spoke with Joni Hunt, their Government and Community Affairs director, sometime last year, and she worked with Halifax staff to look for ways to request data. Thankfully, they were able to request and receive the data by zip code as presented. If you wish to look for further data, you may also be able to request from ACHA, different data that answers your questions. This is far more data than we have had for the past eight years, during which time we were using a three year average of historical costs.

In this new system, each county is being charged based on the number of Medicaid enrollees. We will need to settle on a date in time that we use going forward. That date and the data associated with it, will be used to determine our annual percentage rates. The data provided is for the month of March. I am assuming it was presented to Halifax in April after ACHA completed the data collection for March. We are happy to use this month as it helps us to move forward with our agreements with each of the districts in a timely manner.

I do not know the contact with ACHA that provided the data, as Halifax was the entity that made the request.

If you have any further questions, please do not hesitate to ask.

Best,

Dona

*Dona DeMarsh Butler
Director of Community Services
123 W. Indiana Ave., Room 100
DeLand, FL 32720*

386-943-7029

III. Proposed Hospital Lien Law.

The General Counsel from Halifax contacted counsel to make WVHA aware of Halifax's ongoing efforts to obtain passage of a Volusia County ordinance to specifically authorize hospitals to place liens on for unpaid medical bills on patients who receive care because of injuries caused by a third party. As summarized in the below pasted exchanges between counsel, DRT and EBMS, it does not appear that this proposed law will directly impact WVHA. The most recent draft of the proposed ordinance and the power point that Ms. Kwiatek references is included in the Board Meeting packet. Unless the Board disagrees and would like to voice some objection, counsel would like to respond that WVHA takes no position on this proposed new ordinance in its current form.

From: Andrew G. Murray [mailto:amurray@ebms.com]
Sent: Thursday, June 3, 2021 12:34 PM
To: tsmall@westvolusiahospitalauthority.org;
rcantlay@westvolusiahospitalauthority.org; Al Powers <APowers@drtcpa.com>;
elong@westvolusiahospitalauthority.org
Subject: Re: Proposed Hospital Lien Ordinance

Ted – as you state, the provider agreements we're finalizing with Advent and Halifax would consider the bill fully paid and not subject to further balance billing (including attempts to balance bill) by hospitals of our members.

It is certainly theoretically possible that hospitals may hypothetically choose to not present bills to WVHA for payment and choose to place a lien on a Health Card member but this is no different a risk than them choosing to not seek reimbursement for a commercially insured member on the same basis. However, I would argue that such behavior would be in conflict with sections 2.4 and 2.11 (see below) that clearly articulates that Covered Services are provided on a FFS basis and that WVHA is the only payment source they'd look to for reimbursement of Covered Services.

So ... I don't see this as a significant "loophole" being created by Halifax at least as it relates to Covered Services provided to WVHA Health Card members. I believe this is more focused on their creating a mechanism for their own eastern side of Volusia County taxing district to recover some funds for unreimbursed for care.

AM

2.4 Fee for Service

PROVIDER agrees to provide or arrange for Covered Services on a fee-for-service basis. PROVIDER acknowledges that sponsor of Benefit Plan is a social safety net program that operates within a strict annual budgeting process, and resultingly sponsor of Benefit Plan

annually sets the budget for various categories of Covered Services that are not to be exceeded ("Annual Budgeted Funding"). PROVIDER understands and acknowledges that claims for Covered Services may not be paid when Annual Budgeted Funding has been depleted.

In the event that Annual Budgeted Funding is exhausted, PROVIDER agrees to continue providing medically necessary Covered Services to Participants on the same basis as when Annual Budgeted Funding was available.

2.11 Claims Payment

PROVIDER shall look only to the Benefit Plan for payment of claims related to Covered Services. PROVIDER may not collect or attempt to collect from Participant money owed to PROVIDER by the Benefit Plan. For the avoidance of doubt, PROVIDER confirms that it will not collect or seek payment from any Participant once Annual Budgeted Funding had been exhausted.

2.12 Acceptance of Payment

PROVIDER shall accept payment as described in Schedule A as payment in full for Covered Services rendered, less Coinsurance, Copayments, Deductibles, and non-covered charges. PROVIDER further agrees not to balance bill Participant for Covered Services for the difference between the amounts set forth in Schedule A and PROVIDER's billed charges.

From: "tsmall@westvolusiahospitalauthority.org"

[<tsmall@westvolusiahospitalauthority.org>](mailto:tsmall@westvolusiahospitalauthority.org)

Date: Wednesday, June 2, 2021 at 4:13 PM

To: "Andrew G. Murray" [<amurray@ebms.com>](mailto:amurray@ebms.com),

["rcantlay@westvolusiahospitalauthority.org"](mailto:rcantlay@westvolusiahospitalauthority.org)

[<rcantlay@westvolusiahospitalauthority.org>](mailto:rcantlay@westvolusiahospitalauthority.org), Al Powers [<APowers@drtcpa.com>](mailto:APowers@drtcpa.com),

["elong@westvolusiahospitalauthority.org"](mailto:elong@westvolusiahospitalauthority.org) [<elong@westvolusiahospitalauthority.org>](mailto:elong@westvolusiahospitalauthority.org)

Subject: FW: Proposed Hospital Lien Ordinance

See below and attached. Based on my preliminary review, I can't think of why WVHA would want to object to this proposed ordinance because it would only appear to apply to hospital charges that remain unpaid pursuant to reimbursement agreements that we are hoping to finalize with both hospitals and which would deem the bill fully paid and thereby prohibit them from balance billing or pursuit of a hospital lien. Let me know, Andrew if the actual agreements leave any opening for a lien once WVHA reimburses them. Alternatively, is it possible under the terms of those agreements that the hospitals could elect not to seek reimbursement for these accident bills and choose instead to place a lien on Health Card members?

For those that invoiced and are reimbursed, WVHA will pursue its subrogation rights pursuant to Chapter 768.76(7) which rights won't be impacted by this Ordinance.

For perspective, Halifax pursued this type of statute in 2014 and I recall that it initially passed then with a favorable recommendation from the County Attorney. But it must have later died on second reading or something because some members of the public objected to giving hospitals this power over people...

Please let me know your thoughts, ts

From: Kwiatek, Kelly [<mailto:Kelly.Kwiatek@halifax.org>]
Sent: Tuesday, May 25, 2021 9:28 PM
To: tsmall@businessemploymentlawyer.com
Cc: Wheelock, Jillian <Jillian.Wheelock@halifax.org>
Subject: Proposed Hospital Lien Ordinance

Hi Ted,

It's been a while since we have talked – hope all has been going well! I am reaching out to you as legal counsel for West Volusia, and of course, if there is someone else I should be talking to, please steer me in the right direction.

Here's the backstory. For many months, Halifax Health has been working with the legal department at Volusia County on a proposed lien ordinance. Not sure if you've worked on these before, but the purpose of the lien ordinance is to increase collections when a patient/plaintiff receives settlement proceeds or damages in a lawsuit that should be used to pay medical bills. I've attached a very brief power point summary, which gives a little history of lien law in Florida and in Volusia County, why and to whom this lien is directed, and the highlights of the language of the lien ordinance.

Also attached is the draft of the proposed lien ordinance. It's loosely modeled on the Alachua County Hospital Lien Ordinance (based on caselaw) with some timing differences and additional provisions. Before we move to a final version, I wanted to reach out to you to see if something like this is helpful to you all, and if so, we can make sure you are able to file and perfect liens. If not, it would be nice to know that you will not object/are supportive.

Would love to hear your thoughts and am more than happy to discuss as your leisure.

Thanks,
Kelly

Kelly Parsons Kwiatek
Senior Vice President & General Counsel

IV. **Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting] [See new info. in italics and bold]**

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. The millage rate must be adopted first and then the budget must be adopted with a separate vote. Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph *Hinfrac*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007 including for the current tax year, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 for further historical summary of final millage votes.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which meant a tax decrease or tax increase in layman's terms:

Regarding the 2020-21 budget year, the TRIM Final Budget Hearing was held virtually on Thursday, September 24, 2020, and the Board voted unanimously to set its final millage at the rate of 1.5035 mills with a separate unanimous vote to adopt the Authority's 2020-21 tentative budget of \$18,566,158,000.00. Therefore, the 2020-21 tax year's millage of 1.5035 mills represents a 14.42% decrease below the 1.7569 mills rolled-back rate.

Regarding the 2019-20 budget year, the TRIM Final Budget Hearing was held on Thursday, September 26, 2019, and the Board voted 3-1-1 to set its final millage at 1.908 mills with a separate 3-1-1 to adopt the Authority's 2019-20 final budget of \$19,556,988. Therefore, the 2019-20 tax year's millage of 1.908 mills was a 5.563% decrease over the 2.0204 mills rolled-back rate.

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023,304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a 58%

increase over the 1.4966 mills rolled-back rate.

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a 10% decrease over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills was a 15% decrease over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of \$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a 1.5% decrease over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a 10.37 percent increase over the statutory rolled-back rate of 1.1433 mills.

On May 25, 2021, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$12,894,895,787, which represents a net change of approximately +10.34% from 2020 pre-preliminary estimated taxable value (11,686,105,072). Counsel defers to DRT to confirm or correct these calculations.

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months:

- A The process will begin with the Property Appraiser certifying the tax roll by July 1, 2021;
- B By a date to be set by the Board, the accountants must circulate a proposed budget to the Board;
- C At its July 15, 2021 Regular Meeting, the Authority will need to determine its proposed

millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18.

- D By August 4th, the Authority (via DRT) will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
- E By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;
- F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. DRT has confirmed the dates that the School Board and the County Council have scheduled their respective TRIM hearings which will allow WVHA to schedule on Thursdays, September 9th and 23rd within the relevant time periods.
- H *To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Thursday, September 9, 2021; Monday, September 20 as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a special meeting on Thursday, September 23, 2020 at 5:05p.m, followed immediately by a regular meeting scheduled for that same date.*
- I Within 3 days of the Final Budget Hearing, the Authority (via DRT) must forward the resolution adopting the final millage rate to the Property Appraiser.
- J Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

Regarding voting and advertising requirements, the following is a recap of how to distinguish between the "true rolled-back rate" and the "maximum millage rolled-back rate". WVHA will be able to approve the required millage resolutions with a majority vote unless its proposed increase in the millage rate exceeds the "maximum millage rolled-back rate" that will be calculated by DRT according to DOR Form 420MM-P. Counsel confirmed with the TRIM office that their regulatory forms define two separate and distinct rolled-back rates, one to trigger special voting requirements (DR 410MM-P which the TRIM office thinks of as the "maximum millage rolled-back rate") and another to trigger size of advertising and other requirements for advertising and other TRIM requirements (DR 420 which the TRIM office thinks of as the "true rolled-back rate"). Any millage rate above the true rolled-back rate will require a quarter page ad notifying the public of a "TAX INCREASE".

V. **WVHA as Plaintiff in Federal Multidistrict Litigation for National Prescription Opiate Litigation, James Vickaryous, Managing Partner of Vickaryous Law Firm.**
[See new info. in italics and bold]

Counsel talked preliminarily with Jim Vickaryous, the Managing Partner of the Vickaryous Law Firm about WVHA retaining his law firm to represent WVHA on a contingency basis and file a lawsuit on behalf of WVHA in the federal multidistrict litigation for national prescription opiate litigation. Attorney Vickaryous plans to present a formal proposal to explain the details, but in a nutshell the proposed representation would offer WVHA a seat at the table among many other governmental and private entities around the nation that are suing pharmaceutical companies. These lawsuits are seeking to recover damages related to the substantial health care and prescription costs that have been paid to treat residents who became addicted to opioids. As of this writing, counsel has not yet received a draft of the proposed retainer agreement or the presentation materials. Attorney Vickaryous has indicated in an introductory call that if desired, WVHA would become one of several Florida based local government clients which his firm would represent. The contingency basis of the representation would provide that the Vickaryous Law Firm would be paid 20% of any net recovery after costs and WVHA would keep the remaining 80%. Attorney Vickaryous believes that it would be important to get WVHA's lawsuit on file as soon as practicable before settlement talks begin and conclude concerning a Tier 1 lawsuit that is scheduled for trial in Ohio during October, 2019. Attorney Vickaryous believes that the defendants in that lawsuit may want to negotiate a global settlement of all pending lawsuits and it would be advantageous for WVHA to have a seat at that table, particularly in light of the substantial annual budget expenses being paid to SMA and for prescriptions that are directly related to the opioid epidemic. Counsel expects to receive and review the details prior to the March meeting and have a recommendation as to the form of the retainer agreement at that time. As an overall matter, the proposal sounds like a potential opportunity for WVHA to recoup substantial taxpayer dollars, but it may take some time before any recovery is obtained. Following the Board's authorization of Chair Craig to sign the proposed contingency agreement subject to a clarification that the net of any recovery to WVHA only be reduced to reimburse "reasonable" attorney's fees, Chair Craig has executed the revised agreement and it is being circulated for signatures by all the retained co-counsel. As previously emailed, WVHA's complaint in the national opioid litigation was initially filed in federal court in the Middle District of Florida on September 10, 2019. On September 26, 2019, that case was transferred to the Northern District of Ohio where it has been consolidated with the thousands of other pending cases in that multidistrict opioid litigation.

Counsel received the following update from class counsel in July/August, 2020:

A. **Purdue Bankruptcy**

As we have previously explained, in order to participate in the Purdue bankruptcy, a Proof of Claim form must be filed on behalf of your entity. We have already filed a Proof of Claim form [generously estimated at \$32,009,971.00] on your behalf.

Now, based on recent developments in this bankruptcy, we plan to amend these forms to include a minimum valuation for your claim. In other words, we will be setting forth a specific monetary amount for your claim within this bankruptcy. We, along with the members of the Plaintiff Executive Committee and the Bankruptcy Ad Hoc Committee,

believe that this is an important step to ensure that the claims of local governments are provided appropriate priority as creditors.

To estimate the minimum value for local government claims, the Ad Hoc Committee has worked with Ted Miller, an internationally recognized safety economist with Pacific Institute for Research and Evaluation (PIRE), who has developed a model that estimates monetary relief, including damages and abatement costs, which cities, counties, and municipalities across the United States (the "Municipality Claim Model") may assert against the Debtors.

To be sure, this "minimum valuation" is not the amount of money that you would receive from the Purdue Bankruptcy. The total valuation to all governmental entities is estimated to be in the area of \$2 trillion, and of course only a very small fraction of that amount could ever be available for distribution. Therefore, any amounts that are actually received by local governments will be significantly less than the "minimum valuation" we submit.

Counsel forwarded an update to all Board members via email on 11/25/2020, which Ms. Long forwarded again on 1/12/2021. Below is the latest brief update received on 4/5/2021 from class counsel:

From: Amie Goldberg [<mailto:Amie@romanolawgroup.com>]

Sent: Monday, April 5, 2021 6:03 PM

To: Ted Small <tsmall@businessemploymentlawyer.com>

Subject: RE: Regarding: Update Opioid Litigation - West Volusia Hospital Authority

Hi Ted,

Just received voice message, time does fly by fast. Briefly, Negotiations have been ongoing specifically with regard to municipality plaintiffs and the state. We expect an announcement regarding that agreement this week, which I will send as an FYI. In terms of your particular claims, at this point, it is unclear how non-municipality claims will proceed both in the litigation as well as the Purdue bankruptcy proposed settlement for which we have filed your Proof of Claim. I will check with the rest of the team for any information on this. We will let you know if anything changes and of course feel free to contact us with any questions. Thanks,

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

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

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

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation with another board

member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that the Sunshine Law DOES apply to “off-the record” chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

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

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

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