# West Volusia Hospital Authority WVHA BOARD OF COMMISSIONERS REGULAR MEETING July 15, 2021, Commencing upon the Conclusion of the Budget Workshop

#### DeLand Police Department Community Room 219 W. Howry Avenue 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. Joint Meeting Minutes with the CAC June 17, 2021
- 5. Citizens Comments
- 6. Reporting Agenda
  - A. EBMS June Report Written Submission
  - B. WVHA miCare Clinic DeLand/Deltona June Report Written Submission
  - C. The House Next Door (THND) June HealthCard Report Written Submission
- 7. Contractual Utilization Reports to the WVHA Board of Commissioners
  - A. Gail Hallmon, Operations Director, The House Next Door (THND)-Therapeutic Services
  - B. John Guthrie, ED, Healthy Communities
- 8. Discussion Items
  - A. Proposed Millage Rate
  - B. Site Visits 2020-2021 DRT Engagement Letter attached
    - 1. Rising Against All Odds HIV/Aids/Outreach Services
    - 2. SMA Residential Treatment Beds
    - 3. SMA Baker Act Services
    - 4. Healthy Start Coalition of Flagler and Volusia (HSCFV) WIS/NOS Outreach Services
    - 5. HSCFV Family Services Coordinator
  - C. County's Proposed Medicaid Reimbursement Expense
  - D. WVHA miCare DeLand Clinic Building Maintenance/Repairs
    - 1. Aaron Pest Control Letter/Agreement dated June 11, 2021 attached
  - E. WVHA Tentatively Scheduled Meetings 2021 attached
    - 1. CAC Sub-Committee 4 dates reserved
  - F. Reconsideration of Whether WVHA Should Provide Some Limited Reimbursement for Durable Medical Equipment (DME) Commissioner Accardi
  - G. WVHA Manager/Advisor Commissioner Soukup
  - H. Follow-Up Items
- 9. Finance Report
  - A. June Financials
- 10. Legal Update
- 11. Adjournment

#### WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS JOINT MEETING WITH THE CITIZENS ADVISORY COMMITTEE AND REGULAR **MEETING**

DeLand City Hall 120 S. Florida Avenue, DeLand, FL 5:00 P.M. June 17, 2021 DeLand, Florida

#### Those in Attendance:

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

#### Absent:

Commissioner Roger Accardi

**CAC Present:** Elmer Holt Donna Pepin Jacquie Lewis Linda White Jennifer Pulapaka **Brandy White** Patrick Rogers (Unexcused) David Williams (Excused) Dolores Guzman (Excused) Althea Whittaker (Unexcused)

#### **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., 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

Motion 062 – 2021 Commissioner Coen motioned to approve the proposed agenda. Commissioner Craig seconded the motion. The motion passed a 4-0-1 vote.

#### Consent Agenda

Approval of Minutes - Regular May 20, 2021 - Errata Sheet Changes (attached)

Motion 063 – 2021 Commissioner Craig motioned to approve the Consent Agenda. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

#### **Citizens Comments**

There were three.

Citizen Advisory Committee – CAC Chair Donna Pepin
CAC Minutes Ranking Meeting May 25, 2021
CAC Ranking Results and Comments May 25, 2021 (spreadsheets attached)

Motion 064 – 2021 CAC Member Elmer Holt motioned to approve the CAC Minutes of the Ranking Meeting of May 25, 2021. CAC Member Jenneffer Pulapaka seconded the motion. The motion passed by a 6-0-4 vote.

#### Reporting Agenda

EBMS May Report – Written Submission

WVHA miCare Clinic DeLand/Deltona May Report – Written Submission

The House Next Door May Report – Written Submission

THND Annual Verbal Report WVHA HealthCard Eligibility – Gail
Hallmon, Operations Director

#### **Discussion Items**

#### Minutes CAC Ranking Meeting May 25, 2021

Chair Manning explained that the CAC put two motions before the WVHA Board of Commissioners to consider, discuss and make a ruling.

CAC 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 065 – 2021 Commissioner Soukup motioned to add an additional CAC Meeting called the Preliminary Ranking Meeting in advance of the Final Ranking Meeting. Commissioner Craig seconded the motion. The motion carried by a 4-0-1 vote.

CAC 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.

Motion 066 – 2021 Commissioner Coen motioned to allow the CAC to create recommendations towards producing an orientation process. Commissioner Craig seconded the motion.

Mr. Small, in order to simplify, suggested that if the Board is inclined to allow for all of these topics to be addressed by a Sub-Committee of the CAC, the Board could entertain a motion to establish that a CAC Sub-Committee and allow that Sub-Committee to produce a recommended syllabus for each of the proposed topics of orientation or training as well as detailed proposal on what type of funded agency data trending information is desired and how it would be collected and utilized, and then have that Sub-Committee present its

2 of 5 pages
June 17, 2021 Joint Meeting/Regular Meeting

detailed recommendations to the WVHA Board of Commissioners for review and potential adoption.

Commissioner Coen pulled her motion 066 – 2021 above.

Motion 067 – 2021 Commissioner Coen motioned to establish a CAC Sub-Committee and allow that Sub-Committee to produce a recommended syllabus for each of the proposed topics of orientation or training as well as detailed proposal on what type of funded agency data trending information is desired and how it would be collected and utilized, and then have that Sub-Committee present its detailed recommendations to the WVHA Board of Commissioners for review and potential adoption. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

Mr. Small suggested that, while still during this public meeting, to Board could decide who would make up the CAC Sub-Committee.

The CAC Members present suggested that any and all CAC Members could choose to participate with the Sub-Committee.

Mr. Small reminded the CAC Members that they will have to identify/define what makes up a quorum.

The 6 CAC Members present volunteered to form the CAC Sub-Committee, making the required quorum of 4 Members to be present, but also any of the 4 CAC Members who were absent tonight could decide to contribute to the process.

# Halifax Proposal Hospital Lien Ordinance (Hospital Lien Ordinance and Power Point Presentation attached)

Mr. Small addressed this matter with the Board stating that it does not appear that this proposed law will directly impact WVHA. Unless the Board disagrees and would like to voice some objection, counsel would like to recommend that the WVHA takes no position on this proposed new ordinance in its current form.

The Board expressed no objections.

Mr. Small closed by stating he would send that communication over to Halifax Legal Counsel.

#### Annual Filing Requirement Statement of Interest Form I (attached)

Ms. Long believed that all current WVHA Commissioners have already filed their Form 1 for 2020 and that this agenda item is a "place holder".

# Andrew Murray, CMO, EBMS (email dated 6/8/2021 attached) Andrew Murray, CMO, EBMS via Teleconference call 1-339-209-4657

Dr. Andrew Murray, CMO, EBMS explained the difficulties in projecting this first year's primary care and pharmacy services for the WVHA due to difficulties and lack of transparency from the former primary care provider, NEFHS, along with the hardships encountered during the Covid-19 pandemic. He presented the EBMS proposal as outlined in his email dated Tuesday, June 8, 2021 (attached).

Motion 068 – 2021 Commissioner Coen motioned to trim back capacity in the WVHA Deltona miCare Clinic from 40 hours per week down to 30 hours per week. Commissioner Soukup seconded the motion. The motion passed by a 4-0-1 vote.

Motion 069 – 2021 Commissioner Coen motioned to transfer \$700,000.00 out of Other Healthcare and into the Primary Care/Pharmacy budget for fiscal year 2020-2021. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

# Efforts to Obtain More Data Regarding County Medicaid by Taxing Districts - Volusia County

Mr. Small updated the Board regarding the discussions being held regarding County Medicaid. He closed by recommending that all Board members should consider attending the County Council Meeting, as a taxpayer and concerned citizen, where this matter will be placed on their upcoming Meeting Agenda.

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

This matter will be brought back before the Board during the July 15, 2021, Regular Meeting.

#### WVHA Manager/Advisor - Commissioner Soukup

Commissioner Soukup asked to table this matter until Commissioner Accardi can be present to engage in the discussion.

#### Zoom Proposal for WVHA Board and CAC Meetings - Commissioner Coen

After Board discussion, no further action was taken.

# WVHA Certificate of Recognition for Providing Outstanding or Heroic Health Care or Access to Health Care in the WVHA Tax District (Nominees attached)

Motion 070 – 2021 Commissioner Coen motioned to award the WVHA Certificate of Recognition to Amanda Logan, Clinical Director, SMA DeLand Men's Residential Treatment Program for Providing Outstanding or Heroic Health Care or Access to Health Care in the WVHA Tax District. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

Chair Manning requested that Ms. Logan be present during the July 15, 2021, Regular WVHA Board Meeting so that she can be presented with her certificate.

#### WVHA Manager – Commissioner Soukup

Commissioner Soukup asked that this item be brought back for discussion on the July 15, 2021, Agenda.

#### **Follow Up Items**

#### Eligibility Guidelines (EG) Revision Recommendations (redline copy attached)

Mr. Small stated that, as to form, the Board make a motion to approve the WVHA Eligibility Guidelines as presented in the packet and revised June 17, 2021, and to be implemented within 30 days.

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June 17, 2021 Joint Meeting/Regular Meeting

Motion 071 – 2021 Commissioner Craig motioned to approve the WVHA Eligibility Guidelines as presented in the packet and revised June 17, 2021, and to be implemented within 30 days. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

AdventHealth, Halifax and EMPros update regarding long-term Solution to WVHA Reimbursements-updated by Dr. Andrew Murray, EBMS via Teleconference call 1-339-209-4657

Dr. Andrew Murray, EBMS updated the WVHA Board that EBMS has finalized the written provider agreements with AdventHealth, Halifax Health and EMPros (see email dated June 10, 2021, attached).

#### **Finance Report**

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

June 1, 2021, pre-preliminary Tax Roll Values per F.S. 200.065(8) (attached)

Motion 072 - 2021 Commissioner Craig motioned to pay the bills totaling \$169,212.30, to transfer \$1,000,000.00 from the Mainstreet Bank Money Market Account (MMA) into the Surety Bank Money Market Account, to transfer \$560,196.32 from the Intracoastal MMA into the Intracoastal Operating Account, and an anticipated amount of \$1,787,450.00 to cover payables between 6/17/2021 and 7/15/2021, for a total to approve of \$3,516,858.62. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

#### Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated June 8, 2021.

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

Adjournment

Voloria Manning, Chair



# **EBMS**

July 15, 2021

**Submission Report for** 

**WVHA Board Members** 

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Client: Paid Dates: Location: West Volusia Hospital Authority 6/1/2021 to 6/30/2021

Plan Experie	ence Summa	iry	Cash Flow Sur	nmary	Disallowed Charges by Category			
Claim Counts 3546 Claim Type	Total Paid	Per EE/Mo	Charges less Disallowed	\$4,068,508	Disallowed Category Addl Info Not Provided	\$355,822	% of Gross 7.90%	
Medical Professional Facility PBM	\$424,614 \$254,745 \$169,868 \$0	\$237 \$142 \$95 \$0	Allowed less Member less Adjustments Paid Benefit	\$9,590 \$3,295 \$424,614	Duplicate Charges Plan Limitations Cost Savings UCR Reductions	\$86,920 \$2,209,248 \$3,402 \$257	1.93% 49.03% 0.08% 0.01%	
Total Plan Paid:	\$424,614	\$237	plus Admin Costs Total Plan Paid:	\$111,375 \$535,989	Other Total:	\$1,412,859 \$4,068,508	31.36% 90.29%	

	Census									
Census Date: 6/30/2021	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	13	26	39	0	0	0	0	39	0	0
20 to 25	43	46	89	0	0	0	0	89	0	0
26 to 29	51	46	97	0	0	0	0	97	0	0
30 to 39	157	122	279	0	0	0	0	279	0	0
40 to 49	175	213	388	0	0	0	0	388	0	0
50 to 59	239	318	557	0	0	0	0	557	0	0
60 to 64	95	155	250	0	0	0	0	250	0	0
65 and Older	27	67	94	0	0	0	0	94	0	0
Totals	800	993	1793	0	0	0	0	1793	0	0
Average Age	45.78	48.58	47.33	0.00	0.00	0.00	0.00	47.33	0.00	0.00

То	p Paid		Plan Payment by Age & Claimant Type					
Name	Claim Count	Paid	Census Date: 6/30/2021	Employee	Spouse	Dependent		
Medical Center Of Deltona	40	\$83,643	0 to 19	\$333	\$0	\$0		
Florida Cancer Specialists	111	\$40,657	20 to 25	\$3,776	\$0	\$0		
Halifax Hospital Medical	27	\$36,068	26 to 29	\$6,643	\$0	\$0		
Quest Diagnostics Tampa	525	\$33,064	30 to 39	\$54,430	\$0	\$0		
Adventhealth Fish	47	\$24.382	40 to 49	\$82,013	\$0	\$0		
Orange City Surgery	28		50 to 59	\$141,019	\$0	\$0		
Adventhealth Deland	54		60 to 64	\$96,238	\$0	\$0		
UF Health Medical Center	8		65 and Older	\$40,162	\$0	\$0		
6 Radiology Associates	100	\$12,467		\$424,614	\$0	\$0		
Family Psychiatry Services	105	\$9,711						

Claims Paid by	Month	Ave	rage Lag & Average S	Spend (rolling 12 n	nonths)
January 21	\$195,932 Pr		Avg Paid per Day	Avg Lag Days	Lag Dollars
February 21	\$461,274 Me	edical	\$15,695	46	\$721,970
March 21	\$432,415 Vis	sion	\$0	28	\$0
April 21	\$662,120 RX	(	\$0	71	\$0
May 21 June 21	\$391,136 \$424,614			otal:	\$721,970
Total:	\$2,567,490				





Client: Paid Dates: Location: West Volusia Hospital Authority 6/1/2021 to 6/30/2021

			Benefit A	nalysis				
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$243	\$145	\$98	\$0	\$0	\$98	0.02%
ANESTHESIA	41	\$54,658	\$48,241	\$6,416	\$0	\$0	\$6,416	1.51%
CHIROPRACTIC	30	\$1,090	\$470	\$620	\$80	\$0	\$540	0.13%
COVID-19	123	\$9,205	\$8,655	\$549	\$0	\$0	\$549	0.13%
DIALYSIS	38	\$258,105	\$257,075	\$1,030	\$0	\$0	\$1,030	0.24%
DME/APPLIANCE	3	\$3,812	\$3,812	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	628	\$1,174,547	\$1,174,547	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	188	\$28,375	\$28,375	\$0	\$0	\$0	\$0	0.00%
INJECTION	4	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	152	\$35,491	\$30,832	\$4,660	\$0	\$0	\$4,660	1.10%
IP HOSP CHARGES	52	\$920,011	\$888,672	\$31,339	\$200	\$0	\$31,139	7.33%
LAB OP	2	\$2,820	\$2,791	\$29	\$10	\$0	\$19	0.00%
MATERNITY	3	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	44	\$8,436	\$6,230	\$2,205	\$92	\$0	\$2,114	0.50%
OFFICE VISIT	1139	\$174,924	\$121,599	\$53,325	\$4,375	\$0	\$48,950	11.53%
OP PHYSICIAN	263	\$97,888	\$82,327	\$15,561	\$128	\$0	\$15,433	3.63%
OTHER	295	\$671	\$671	\$0	\$0	\$3,295	-\$3,295	-0.78%
OUTPAT HOSP	3	\$621	\$596	\$25	\$25	\$0	\$0	0.00%
PSYCHIATRIC	177	\$8,715	-\$4,617	\$13,332	\$705	\$0	\$12,627	2.97%
RADIATION /CHEMO	98	\$183,517	\$138,283	\$45,234	\$9	\$0	\$45,225	10.65%
SLEEP DISORDER	34	\$2,668	\$2,668	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	2	\$291	\$281	\$10	\$10	\$0	\$0	0.00%
SURG FACILITY	45	\$696,289	\$586,706	\$109.583	\$800	\$0	\$108,783	25.62%
SURGERY	238	\$42,173	\$33,781	\$8,392	\$0	\$0	\$8,392	1.98%
SURGERY IP	26	\$61,991	\$58,935	\$3,056	\$0	\$0	\$3,056	0.72%
SURGERY OP	107	\$229,095	\$178,242	\$50,853	\$0	\$0	\$50,853	11.98%
THERAPY	254	\$28,085	\$15,706	\$12,380	\$990	\$0	\$11,390	2.68%
VISION	10	\$105	\$105	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1433	\$56,600	\$45,345	\$11,255	\$0	\$0	\$11,255	2.65%
XRAY/ LAB	4189	\$425,580	\$358,034	\$67.546	\$2,166	\$0	\$65,380	15.40%
Totals		\$4,506,007	\$4,068,508	\$437,499	\$9,590	\$3,295	\$424,614	





Client: Paid Dates: Location: West Volusia Hospital Authority 1/1/2021 to 6/30/2021

Plan Experi	ence Summa	iry	Cash Flow Su	mmary	Disallowed Charges by Category			
Claim Counts 21834 Claim Type	Total Paid	Per EE/Mo		\$19,461,858	Disallowed Category Addl Info Not Provided	\$1,857,145	% of Gross 8.41%	
Medical Professional Facility PBM	\$2,567,490 \$1,514,136 \$1,053,355 \$0	\$239 \$141 \$98 \$0	Allowed less Member less Adjustments Paid Benefit plus Admin Costs	\$55,998 -\$9 \$2,567,490		\$253,529 \$9,075,589 \$3,402 \$4,027	1.15% 41.09% 0.02% 0.02%	
Vision Total Plan Paid:	\$0 \$2,567,490	\$0 \$0 \$239	Total Plan Paid:	\$944,750 \$3,512,240	Other Total:	\$8,268,167 \$19,461,858	37.44% 88.12%	

	Census									
Census Date: 6/30/2021	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	13	26	39	0	0	0	0	39	0	0
20 to 25	43	46	89	0	0	0	0	89	0	0
26 to 29	51	46	97	0	0	0	0	97	0	0
30 to 39	157	122	279	0	0	0	0	279	0	0
40 to 49	175	213	388	0	0	0	0	388	0	0
50 to 59	239	318	557	0	0	0	0	557	0	0
60 to 64	95	155	250	0	0	0	0	250	0	0
65 and Older	27	67	94	0	0	0	0	94	0	0
Totals	800	993	1793	0	0	0	0	1793	0	0
Average Age	45.78	48.58	47.33	0.00	0.00	0.00	0.00	47.33	0.00	0.00

То	p Paid		Plan Payment by Age & Claimant Type						
Name	Claim Count	Paid	Census Date: 6/30/2021	Employee	Spouse	Dependent			
Medical Center Of Deltona	292	\$391,419	0 to 19	\$4,064	\$0	\$0			
Halifax Hospital Medical	127	\$367,783	20 to 25	\$29,842	\$0	\$0			
Florida Cancer Specialists	644	\$297,077	26 to 29	\$65,421	\$0	\$0			
Adventhealth Fish	251	\$174,059	30 to 39	\$372,457	\$0	\$0			
Quest Diagnostics Tampa	2950	\$159,069	40 to 49	\$413,187	\$0	\$0			
Orange City Surgery	117	\$71,313	50 to 59	\$910,711	\$0	\$0			
6 Radiology Associates	767	\$69,169	60 to 64	\$523,668	\$0	\$0			
Orange City Surgery	162	\$58,882	65 and Older	\$248,140	\$0	\$0			
Family Psychiatry Services	607	\$54,326	Totals	\$2,567,490	\$0	\$0			
Gastroenterology Of	364	\$46,633		The second secon					

Claims Paid by Month			Ave	rage Lag & Average S	Spend (rolling 12	2 months)
January 21		\$195,932	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
February 21		\$461,274	Medical	\$15,695	46	\$721,970
March 21		\$432,415	Vision	\$0	28	\$0
April 21		\$662,120	RX	\$0	71	\$0
May 21 June 21		\$391,136 \$424,614			otal:	\$721,970
	Total:	\$2,567,490				





Client: Paid Dates: Location: West Volusia Hospital Authority 1/1/2021 to 6/30/2021 All

			Benefit A	nalysis				
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	15	\$3,771	\$2,433	\$1,338	\$30	\$0	\$1,308	0.05%
AMBULANCE	6	\$5,671	\$5,671	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	274	\$432,975	\$381,109	\$51,866	\$0	\$0	\$51,866	2.02%
CHIROPRACTIC	84	\$1,994	\$935	\$1,059	\$100	\$0	\$959	0.04%
COVID-19	401	-\$270,418	-\$273,971	\$3,553	\$0	\$0	\$3,553	0.14%
DIALYSIS	186	\$524,249	\$511,663	\$12,587	\$0	\$0	\$12,587	0.49%
DME/APPLIANCE	21	\$18,350	\$18,350	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	2946	\$6,678,412	\$6,677,266	\$1,146	\$0	\$0	\$1,146	0.04%
HOME HEALTH CARE	8	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	995	\$206,261	\$206,119	\$141	\$0	\$0	\$141	0.01%
INJECTION	13	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	1247	\$252,493	\$210,156	\$42,337	\$0	\$0	\$42,337	1.65%
IP HOSP CHARGES	296	\$4,282,230	\$3,974,927	\$307,303	\$1,675	\$0	\$305,628	11.90%
LAB OP	2	\$2,820	\$2,791	\$29	\$10	\$0	\$19	0.00%
MATERNITY	40	\$19,215	\$17,977	\$1,238	\$0	\$0	\$1,238	0.05%
MEDICAL MISC	685	\$56,133	\$43,014	\$13,120	\$415	\$0	\$12,704	0.49%
OFFICE VISIT	6812	\$1,045,900	\$727,962	\$317,938	\$21,965	\$0	\$295,973	11.53%
OP PHYSICIAN	1321	\$320,488	\$228,336	\$92,153	\$747	\$0	\$91,405	3.56%
OTHER	1790	\$9,311	\$9,293	\$18	\$0	-\$9	\$27	0.00%
OUTPAT HOSP	11	\$55,888	\$42,574	\$13,313	\$1,100	\$0	\$12,213	0.48%
PSYCHIATRIC	1085	\$188,053	\$104,556	\$83,497	\$3,930	\$0	\$79,567	3.10%
RADIATION /CHEMO	729	\$1,233,279	\$894,831	\$338,448	\$57	\$0	\$338,391	13.18%
SLEEP DISORDER	93	\$8,156	\$8,156	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	9	\$27,394	\$27,111	\$283	\$20	\$0	\$263	0.01%
SURG FACILITY	278	\$2,716,194	\$2,210,807	\$505,387	\$4,030	\$0	\$501,357	19.53%
SURGERY	1444	\$109,552	\$89,709	\$19.844	\$0	\$0	\$19,844	0.77%
SURGERY IP	170	\$292,084	\$252,590	\$39,494	\$0	\$0	\$39,494	1.54%
SURGERY OP	696	\$872,827	\$667,842	\$204,986	\$0	\$0	\$204,986	7.98%
THERAPY	2140	\$207,353	\$113,367	\$93,987	\$7,860	\$0	\$86,127	3.35%
URGENT CARE	7	\$1,662	\$1,662	\$0	\$0	\$0	\$0	0.00%
VISION	31	\$1,165	\$1,165	\$0	\$0	\$0	\$0	0.00%
WELLNESS	6843	\$291,690	\$230,417	\$61,273	\$3	\$0	\$61,270	2.39%
XRAY/ LAB	27572	\$2,490,184	\$2,073,042	\$417,142	\$14,055	\$0	\$403,087	15.70%
Totals	s: 58250	\$22,085,338	\$19,461,858	\$2,623,479	\$55,998	-\$9	\$2,567,490	





# **PCORI** Membership Count

Block of Business ID: Client ID:

**EBMSI** 00532

Eligibility Date: : 1/1/2021 to 6/30/2021

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusi	ia Hospital Au	uthority	
1/1/2021	2233	0	2233
2/1/2021	2241	0	2241
3/1/2021	2254	0	2254
4/1/2021	2255	0	2255
5/1/2021	2101	0	2101
6/1/2021	2008	0	2008

**Total Member** Days

2,182.00





# **Enrollment Counts by Postal Code**

Block of Business ID: Client ID: EBMSI 00532

As Of Date: 6/30/2021

Postal Code	Employee Count	Dependent Count	Total Count	
32102	3	0	3	
32105	1	0	1	
32130	60	0	60	
32180	98	0	98	
32190	26	0	26	
32713	63	0	63	
32720	492	0	492	
32724	295	0	295	
32725	329	0	329	
32738	275	0	275	
32744	27	0	27	
32763	113	0	113	
32764	10	0	10	
99502	1	0	1	
Total	1793	0	1793	





# Tier Census by Product 6/1/2021

Block of Business ID: Client ID: EBMSI 00532

Status:

A,C,NC,R,V

Products: MM,DE,VI

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1943	862	1081	0	C	0	0	1943
		Subtotal for Active:	1943	862	1081	0	C	0	0	1943
		Total for Medical:	1943	862	1081	0	C	0	0	1943



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# miBenefits F

# Tier Census by Product 6/15/2021

Products: MM,DE,VI

Block of Business ID: Client ID:

Status:

EBMSI 00532 A,C,NC,R,V

Total Enrolled	1849	1849	1849
Female T	0	0	0
Male Dependents Do	0	0	0
Female Spouses D	0	0	0
Male Spouses	0	0	0
Female Members	1030	1030	1030
Male Members	819	819	819
Total Members	1849	1849	1849
Coverage Level	Employee Only	Subtotal for Active:	Total for Medical:
Status	Active		
dical			



# Tier Census by Product 6/30/2021

Block of Business ID: Client ID:

EBMSI 00532

Status:

A,C,NC,R,V

Products: MM,DE,VI

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1793	800	993	0	0	0	0	1793
		Subtotal for Active:	1793	800	993	0	0	0	0	1793
		Total for Medical:	1793	800	993	0	0	0	0	1793





# Tier Census by Product 7/1/2021

Block of Business ID: Client ID: EBMSI

Status:

00532 A,C,NC,R,V Products: MM,DE,VI

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1785	795	990	0	0	0	0	1785
		Subtotal for Active:	1785	795	990	0	0	0	0	1785
		Total for Medical:	1785	795	990	0	0	0	0	1785





# **Benefit Analysis Summary**

Block of Business ID: Client ID:

EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia H	The second second second	uthority							
ALLERGY CARE	1	243.00	0.00	144.77	98.23	0.00	0.00	98.23	0.02%
ANESTHESIA	41	54,657.64	3,438.34	44,802.93	6,416.37	0.00	0.00	6,416.37	1.51%
CHIROPRACTIC	30	1,090.00	32.00	438.19	619.81	80.00	0.00	539.81	0.13%
COVID-19	123	9,204.70	6,911.70	1,743.75	549.25	0.00	0.00	549.25	0.13%
DIALYSIS	38	258,105.15	255,653.15	1,422.32	1,029.68	0.00	0.00	1,029.68	0.24%
DME/APPLIANCE	3	3,812.00	3,812.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM	628	1,174,547.07	1,174,547.07	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	188	28,374.83	28,374.83	0.00	0.00	0.00	0.00	0.00	0.00%
INJECTION	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	152	35,491.44	26,404.00	4,427.53	4,659.91	0.00	0.00	4,659.91	1.10%
IP HOSP CHARGES	52	920,011.12	774,904.19	113,767.44	31,339.49	200.00	0.00	31,139.49	7.33%
LAB OP	2	2,820.21	2,505.21	286.15	28.85	10.00	0.00	18.85	0.00%
MATERNITY	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	44	8,435.67	-39.97	6,270.40	2,205.24	91.55	0.00	2,113.69	0.50%
OFFICE VISIT	1139	174,923.99	25,483.89	96,115.27	53,324.83	4,375.00	0.00	48,949.83	11.53%
OP PHYSICIAN	263	97,888.19	53,747.87	28,578.88	15,561.44	128.44	0.00	15,433.00	3.63%
OTHER	325	671.00	671.00	0.00	0.00	0.00	3,294.80	-3,294.80	-0.78%
OUTPAT HOSP	3	621.05	306.30	289.75	25.00	25.00	0.00	0.00	0.00%
PSYCHIATRIC	177	8,714.96	-12,565.00	7,948.38	13,331.58	705.00	0.00	12,626.58	2.97%
RADIATION /CHEMO	98	183,517.00	0.00	138,283.15	45,233.85	9.22	0.00	45,224.63	10.65%
SLEEP DISORDER	34	2,668.21	2,668.21	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	2	291.44	0.00	281.44	10.00	10.00	0.00	0.00	0.00%
SURG FACILITY	45	696,289.25	142,181.93	444,524.14	109,583.18	800.00	0.00	108,783.18	25.62%
SURGERY	238	42,172.87	1,976.00	31,804.69	8,392.18	0.00	0.00	8,392.18	1.98%
SURGERY IP	26	61,991.12	48,707.00	10,228.31	3,055.81	0.00	0.00	3,055.81	0.72%
SURGERY OP	107	229,095.41	4,513.60	173,728.33	50,853.48	0.00	0.00	50,853.48	11.98%
THERAPY	254	28,085.30	0.00	15,705.58	12,379.72	990.00	0.00	11,389.72	2.68%
VISION	10	105.00	105.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1433	56,599.62	2,904.77	42,439.77	11,255.08	0.00	0.00	11,255.08	2.65%
XRAY/ LAB	4189	425,579.68	83,992.24	274,041.85	67,545.59	2,166.02	0.00	65,379.57	15.40%
Totals for 00532	9652	4,506,006.92	2,631,235.33	1,437,273.02	437,498.57	9,590.23	3,294.80	424,613.54	





# **Benefit Analysis Summary**

Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 6/30/2021

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid	
00532-West Volusia H	ospital A	uthority		NAME OF TAXABLE PARTY.		Anna Anna Anna Anna Anna Anna Anna Anna		the contract of the contract of the	all all the same because	
ALLERGY CARE	15	3,771.00	243.00	2,190.09	1,337.91	30.00	0.00	1,307.91	0.05%	
AMBULANCE	6	5,670.82	5,670.82	0.00	0.00	0.00	0.00	0.00	0.00%	
ANESTHESIA	274	432,974.91	67,628.58	313,480.01	51,866.32	0.00	0.00	51,866.32	2.02%	
CHIROPRACTIC	84	1,994.00	302.00	632.80	1,059.20	100.00	0.00	959.20	0.04%	
COVID-19	401	-270,418.47	-280,930.97	6,959.82	3,552.68	0.00	0.00	3,552.68	0.14%	
DIALYSIS	186	524,249.20	304,093.70	207,568.83	12,586.67	0.00	0.00	12,586.67	0.49%	
DME/APPLIANCE	21	18,350.00	18,350.00	0.00	0.00	0.00	0.00	0.00	0.00%	
EMERG ROOM	2946	6,678,411.71	6,673,963.31	3,302.58	1,145.82	0.00	0.00	1,145.82	0.04%	
HOME HEALTH CARE	8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
NELIGIBLE	995	206,260.83	205,974.39	145.02	141.42	0.00	0.00	141.42	0.01%	
NJECTION	13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
INPATIENT PHYS	1247	252,493.36	169,860.93	40,295.06	42,337.37	0.00	0.00	42,337.37	1.65%	
P HOSP CHARGES	296	4,282,229.71	2,530,447.04	1,444,479.86	307,302.81	1,675.00	0.00	305,627.81	11.90%	
_AB OP	2	2,820.21	2,505.21	286.15	28.85	10.00	0.00	18.85	0.00%	
MATERNITY	40	19,214.75	15,251.00	2,726.10	1,237.65	0.00	0.00	1,237.65	0.05%	
MEDICAL MISC	685	56,133.33	6,202.05	36,811.59	13,119.69	415.37	0.00	12,704.32	0.49%	
OFFICE VISIT	6812	1,045,900.26	117,814.52	610,147.61	317,938.13	21,965.00	0.00	295,973.13	11.53%	
OP PHYSICIAN	1321	320,488.36	60,585.27	167,750.40	92,152.69	747.47	0.00	91,405.22	3.56%	
OTHER	2408	9,311.00	9,251.36	41.63	18.01	0.00	-9.04	27.05	0.00%	
OUTPAT HOSP	11	55,887.50	6,535.40	36,039.06	13,313.04	1,100.00	0.00	12,213.04	0.48%	
PSYCHIATRIC	1085	188,053.20	25,932.82	78,623.17	83,497.21	3,930.00	0.00	79,567.21	3.10%	
RADIATION /CHEMO	729	1,233,279.41	58,815.92	836,015.03	338,448.46	57.42	0.00	338,391.04	13.18%	
SLEEP DISORDER	93	8,156.24	8,156.24	0.00	0.00	0.00	0.00	0.00	0.00%	
SUBS ABUSE	9	27,393.60	26,402.16	708.78	282.66	20.00	0.00	262.66	0.01%	
SURG FACILITY	278	2,716,193.62	388,211.72	1,822,594.90	505,387.00	4,030.00	0.00	501,357.00	19.53%	
SURGERY	1444	109,552.49	11,750.86	77,957.92	19,843.71	0.00	0.00	19,843.71	0.77%	
SURGERY IP	170	292,084.14	104,283.42	148,306.61	39,494.11	0.00	0.00	39,494.11	1.54%	
SURGERY OP	696	872,827.48	36,181.40	631,660.48	204,985.60	0.00	0.00	204,985.60	7.98%	
THERAPY	2140	207,353.37	2,452.00	110,914.51	93,986.86	7,860.00	0.00	86,126.86	3.35%	
URGENT CARE	7	1,662.00	1,662.00	0.00	0.00	0.00	0.00	0.00	0.00%	
VISION	31	1,165.00	1,165.00	0.00	0.00	0.00	0.00	0.00	0.00%	
WELLNESS	6843	291,690.24	21,665.83	208,751.17	61,273.24	2.82	0.00	61,270.42	2.39%	
XRAY/ LAB	27572	2,490,184.49	517,669.71	1,555,372.49	417,142.29	14,055.27	0.00	403,087.02	15.70%	



# miBenefits F

**Benefit Analysis Summary** 

Block of Business ID: Client ID: Paid Date:

s ID: EBMSI 00532 1/1/2021 to 6/30/2021

	Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	Paid % Paid
Totals for 00532	58868	22,085,337.76	11,118,096.69	8,343,761.67	2,623,479.40	55,998.35	-9.04	2,567,490.09	



# **Cost of Major**

Block of Business ID: Client ID: EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount I	Percent of Total
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	117	233	69,687.08	16.41%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	76	131	68,449.85	16.12%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	159	198	53,873.15	12.69%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	93	130	43,372.21	10.21%
00532	West Volusia Hospital Authority	02	Neoplasms	49	83	43,256.38	10.19%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere	124	184	36,225.94	8.53%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	154	199	22,717.78	5.35%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	78	96	20,312.28	4.78%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the	30	60	17,626.75	4.15%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	97	141	12,872.95	3.03%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	25	49	11,798.75	2.78%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	26	30	7,543.99	1.78%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	11	15	4,811.19	1.13%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	27	36	4,607.80	1.09%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	24	25	4,195.65	0.99%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	12	14	1,772.09	0.42%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	5	6	585.46	0.14%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	2	4	396.13	0.09%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	2	3	351.73	0.08%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	1	1	156.38	0.04%
				1112	1638	424,613.54	100.00%





# **Cost of Major**

Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	348	1491	366,455.15	14.27%
00532	West Volusia Hospital Authority	02	Neoplasms	141	643	350,703.26	13.66%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	203	708	269,400.44	10.49%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	533	1044	260,678.64	10.15%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere	451	1154	234,254.46	9.12%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	247	609	197,764.53	7.70%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	264	638	174,717.77	6.81%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	444	903	119,678.49	4.66%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the	72	319	103,443.44	4.03%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	199	827	95,960.97	3.74%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	105	320	79,638.79	3.10%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	12	34	71,869.25	2.80%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	106	202	55,185.87	2.15%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	56	175	51,403.92	2.00%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	99	199	38,339.38	1.49%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	64	156	36,400.46	1.42%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	82	146	30,016.06	1.17%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	20	200	18,127.50	0.71%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	15	46	9,927.46	0.39%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	7	15	3,524.25	0.14%
				3468	9829	2,567,490.09	100.00%





Block of Business ID: Client ID: EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Po	ercent of Total
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	17	22	35,563.98	8.38%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	133	146	29,685.36	6.99%
00532	West Volusia Hospital Authority	11.04	Hernia	8	13	25,057.85	5.90%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	39	63	21,050.65	4.96%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	5	5	18,128.37	4.27%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	23	25	14,505.83	3.42%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	21	26	14,499.93	3.41%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	8	10	13,724.08	3.23%
00532	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	5	13	12,922.68	3.04%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	41	58	12,234.95	2.88%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	8	15	12,131.87	2.86%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	87	108	11,595.95	2.73%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	15	19	11,462.79	2.70%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	17	27	11,452.64	2.70%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	6	13	10,838.87	2.55%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	72	106	9,402.75	2.21%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	43	56	7,846.42	1.85%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	11	14	7,792.81	1.84%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	32	62	7,435.08	1.75%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	5	12	7,287.25	1.72%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	16	20	6,819.87	1.61%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	31	60	6,655.62	1.57%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	1	1	6,483.88	1.53%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	10	19	5,545.83	1.31%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history	22	33	5,374.83	1.27%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	18	35	5,155.54	1.21%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	3	12	4,914.45	1.16%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	4	10	4,712.44	1.11%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	30	40	4,615.61	1.09%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	47	51	4,595.73	1.08%
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Block of Business ID: Client ID: EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Pe	rcent of Total
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	27	29	4,170.66	0.98%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without	14	15	3,560.83	0.84%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	16	17	3,079.44	0.73%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	14	29	2,973.66	0.70%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	23	26	2,617.91	0.62%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	12	12	2,500.86	0.59%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	2	4	2,350.37	0.55%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic	16	23	2,330.54	0.55%
00532	West Volusia Hospital Authority	07.02	Disorders of conjunctiva	2	2	2,243.21	0.53%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	12	19	2,242.75	0.53%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	2	8	2,121.32	0.50%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	10	16	2,118.24	0.50%
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	4	6	1,949.40	0.46%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	6	7	1,848.09	0.44%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	10	11	1,771.34	0.42%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	8	12	1,666.45	0.39%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	7	9	1,650.23	0.39%
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	6	8	1,582.63	0.37%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	6	8	1,222.30	0.29%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	7	7	1,162.14	0.27%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	8	8	1,148.10	0.27%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	3	4	1,125.99	0.27%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	1	1	1,112.15	0.26%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	3	9	992.87	0.23%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	3	3	960.75	0.23%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	4	7	935.44	0.22%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	3	5	928.89	0.22%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	17	19	904.49	0.21%
00532	West Volusia Hospital Authority	07.06	Glaucoma	5	7	867.61	0.20%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	7	9	836.12	0.20%





Block of Business ID: Client ID: EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Pe	rcent of Total
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	6	6	811.90	0.19%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	4	4	810.68	0.19%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	5	9	801.69	0.19%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	4	5	799.55	0.19%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	2	3	799.55	0.19%
00532	West Volusia Hospital Authority	02.20		6	6	744.24	0.18%
00532	West Volusia Hospital Authority	07.01	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic	3	3	719.16	0.17%
	Manager Manager (MAN) (MAN) (MAN) (MAN) (MAN) (MAN) (MAN)		Disorders of eyelid, lacrimal system and orbit				
00532	West Valueia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	4	9	673.13	0.16%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	4	5	573.97	0.14%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	1	1	553.85	0.13%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	4	6	525.20	0.12%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	3	8	496.63	0.12%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	2	2	491.39	0.12%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	4	7	490.59	0.12%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	5	5	483.44	0.11%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	5	9	458.04	0.11%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	4	5	426.65	0.10%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	2	3	411.81	0.10%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	5	6	406.67	0.10%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	4	406.08	0.10%
00532	West Volusia Hospital Authority	17.03	Congenital malformations of the circulatory system	2	4	396.13	0.09%
00532	West Volusia Hospital Authority	13.16	Chondropathies	1	3	348.11	0.08%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	3	4	345.12	0.08%
00532	West Volusia Hospital Authority	08.02	Diseases of middle ear and mastoid	2	2	315.45	0.07%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	6	6	285.08	0.07%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	3	3	280.99	0.07%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	2	2	276.67	0.07%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	2	3	261.03	0.06%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	2	3	248.63	0.06%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	1	1	242.95	0.06%





Block of Business ID: Client ID:

EBMSI 00532

Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Percent To	
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	5	5	226.55 0.05	5%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	2	2	219.13 0.05	5%
00532	West Volusia Hospital Authority	01.16	Mycoses	2	2	218.65 0.05	5%
00532	West Volusia Hospital Authority	07.03	Disorders of sclera, cornea, iris and ciliary body	2	2	218.35 0.05	5%
00532	West Volusia Hospital Authority	12.04	Papulosquamous disorders	1	1	210.07 0.05	5%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	2	2	209.90 0.05	5%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	3	3	205.08 0.05	5%
00532	West Volusia Hospital Authority	01.21	Bacterial and viral infectious agents	1	2	199.28 0.05	5%
00532	West Volusia Hospital Authority	01.01	Intestinal infectious diseases	2	2	198.36 0.05	5%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	2	2	178.17 0.04	4%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	1	1	174,59 0.04	4%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	2	2	173.13 0.04	4%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	2	2	161.31 0.04	4%
00532	West Volusia Hospital Authority	07.09	Disorders of ocular muscles, binocular movement, accommodation and	1	1	157.15 0.04	4%
00532	West Volusia Hospital Authority	11.10	Other diseases of the digestive system	1	1	156.38 0.11	1%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	2	3	142.74 0.03	3%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	1	1	141.42 0.03	3%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	1	1	138.71 0.03	3%
00532	West Volusia Hospital Authority	06.04	Other degenerative diseases of the nervous system	1	1	131.42 0.03	3%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	1	1	121.89 0.03	3%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	1	1	119.01 0.03	3%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	5	6	110.74 0.03	3%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	2	2	106.65 0.03	3%
00532	West Volusia Hospital Authority	15.06	Complications of labor and delivery	1	1	106.24 0.03	3%
00532	West Volusia Hospital Authority	06.10	Cerebral palsy and other paralytic syndromes	1	1	101.24 0.02	2%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and	2	2	99.41 0.02	2%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	1	4	97.51 0.02	2%
00532	West Volusia Hospital Authority	04.08	Overweight, obesity and other hyperalimentation	1	1	95.75 0.02	2%
00532	West Volusia Hospital Authority	07.08	Disorders of optic nerve and visual pathways	1	1	88.26 0.02	2%
00532	West Volusia Hospital Authority	05.10	Behavioral and emotional disorders with onset usually occurring in childhood	1	1	87.80 0.02	2%
			Described by Described by Company of the IDDA				





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Paid Date:

6/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount I	Percent of Total
00532	West Volusia Hospital Authority	06.03	Extrapyramidal and movement disorders	1	1	82.80	0.02%
00532	West Volusia Hospital Authority	12.05	Urticaria and erythema	1	1	65.23	0.02%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	1	1	63.95	0.03%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	1	1	36.28	0.01%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	1	1	35.53	0.01%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and	1	1	18.68	0.00%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	1	1	10.00	0.00%
				1196	1638	424,613.54	100.00%





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Paid Date:

1/1/2021 to 6/30/2021

Products: MM, DE, RX, VI

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Percent of Total	
0532	West Valuein Heavital Authority	02.00	Malianataraphara filanat			400 545 04	
	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	13	151	160,545.81	6.25%
0532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	31	108	131,068.93	5.10%
0532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	109	346	106,377.78	4.14%
0532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	473	688	102,360.33	3.99%
0532	West Volusia Hospital Authority	13.04	Osteoarthritis	64	146	93,505.65	3.64%
0532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	171	394	88,600.22	3.45%
0532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	96	248	84,596.29	3.29%
0532	West Volusia Hospital Authority	13.09	Spondylopathies	65	194	83,744.30	3.26%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	230	503	76,872.89	2.99%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoVacute respiratory disease	12	34	71,869.25	2.80%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	20	83	66,886.83	2.61%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	80	141	66,497.54	2.59%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	32	66	64,421.85	2.51%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	89	207	64,093.54	2.50%
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	128	603	63,445.53	2.47%
00532	West Volusia Hospital Authority	11.04	Hernia	22	54	59,720.97	2.33%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	6	43	56,431.68	2.20%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	121	249	54,117.19	2.11%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	65	132	53,729.77	2.09%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	128	431	53,457.33	2.08%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	53	137	47,828.34	1.86%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	110	338	38,069.03	1.48%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	23	49	32,354.19	1.26%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	36	81	29,462.12	1.15%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without	81	106	28,244.77	1.10%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	160	252	25,719.84	1.00%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	51	103	25,106.96	0.98%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	30	65	24,826.48	0.97%
00532	West Volusia Hospital Authority	10.10	Intraoperative and postprocedural complications and disorders of respiratory	1	1	23,384.51	0.91%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	157	225	23,228.07	0.90%
00332	vvest volusia Hospital Authority	09.03	nyperiensive diseases	157	225	23,220.07	0.90



Requested by: ReportScheduler from p316 data [P316]
Generated at: 00:46:38 on 01 July 2021



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Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Perc	cent of Total
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	9	21	21,496.64	0.84%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	54	142	21,134.80	0.82%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	62	103	21,113.83	0.82%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	9	61	20,748.81	0.81%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history	70	146	19,886.41	0.77%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	8	35	19,222.81	0.75%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	34	134	19,017.97	0.74%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	17	38	18,095.83	0.70%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	7	87	16,617.67	0.65%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	38	72	16,119.25	0.63%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	20	37	16,019.71	0.62%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	54	154	15,809.13	0.62%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	50	68	14,999.47	0.58%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	27	48	13,763.95	0.54%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	60	90	13,511.87	0.53%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	8	32	13,346.17	0.52%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	13	22	13,258.67	0.52%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	27	51	12,466.86	0.49%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic	39	125	12,189.17	0.47%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	71	95	11,788.30	0.46%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	15	48	11,498.72	0.45%
00532	West Volusia Hospital Authority	05.09	Pervasive and specific developmental disorders	2	3	11,250.81	0.44%
00532	West Volusia Hospital Authority	02.17	Malignant neoplasms of lymphoid, hematopoietic and related tissue	5	20	10,885.55	0.42%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	3	36	10,581.29	0.41%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	39	67	10,480.94	0.41%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	12	30	10,436.69	0.41%
00532	West Volusia Hospital Authority	07.06	Glaucoma	26	43	10,081.48	0.39%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	5	53	9,838.53	0.38%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	10	32	9,608.15	0.37%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	11	128	9,229.71	0.36%





Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Pe	ercent of Total
00532	West Volusia Hospital Authority	13.15	Other osteopathies	6	9	8,949.68	0.35%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	19	33	8,802.47	0.34%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	1	3	8,401.43	0.33%
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	18	40	7,930.20	0.31%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	28	50	7,345.25	0.29%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	33	60	7,182.25	0.28%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	14	56	6,585.40	0.26%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	11	26	6,513.47	0.25%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	26	85	6,439.50	0.25%
00532	West Volusia Hospital Authority	08.02	Diseases of middle ear and mastoid	5	11	6,052.05	0.24%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	1	21	6,024.85	0.23%
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	5	33	5,390.33	0.21%
00532	West Volusia Hospital Authority	15.06	Complications of labor and delivery	2	2	5,347.12	0.21%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic	24	42	5,259.57	0.20%
00532	West Volusia Hospital Authority	01.01	Intestinal infectious diseases	7	8	5,247.31	0.20%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	10	51	5,071.78	0.20%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and	16	51	4,589.94	0.18%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	9	21	4,515.42	0.18%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	24	45	4,491.15	0.17%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	12	45	4,409.58	0.17%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	24	33	4,404.59	0.17%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	13	37	4,102.08	0.16%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	16	23	3,935.39	0.15%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	20	35	3,855.94	0.15%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	4	21	3,527.03	0.14%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	11	35	3,297.27	0.13%
00532	West Volusia Hospital Authority	07.03	Disorders of sclera, cornea, iris and ciliary body	6	8	3,276.88	0.13%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	19	30	3,258.24	0.13%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	4	12	3,124.67	0.12%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	14	21	2,992.45	0.12%





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Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Pe	rcent of Total
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	6	26	2,949.97	0.11%
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	9	13	2,947.78	0.11%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and	17	27	2,871.63	0.11%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	13	20	2,833.27	0.11%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	30	35	2,661.24	0.10%
00532	West Volusia Hospital Authority	07.02	Disorders of conjunctiva	4	5	2,659.79	0.10%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	10	13	2,452.77	0.10%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	19	30	2,377.42	0.09%
00532	West Volusia Hospital Authority	17.08	Congenital malformations of the urinary system	2	2	2,372.79	0.09%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	26	39	2,329.20	0.09%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	15	21	2,243.12	0.09%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	13	22	2,204.73	0.09%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	11	15	2,118.56	0.08%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	11	25	2,053.37	0.08%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	10	14	1,989.80	0.08%
00532	West Volusia Hospital Authority	11.10	Other diseases of the digestive system	5	11	1,953.49	0.08%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	9	34	1,634.42	0.06%
00532	West Volusia Hospital Authority	08.03	Diseases of inner ear	1	12	1,497.54	0.06%
00532	West Volusia Hospital Authority	11.07	Diseases of peritoneum and retroperitoneum	1	18	1,368.83	0.05%
00532	West Volusia Hospital Authority	01.16	Mycoses	11	15	1,270.41	0.05%
00532	West Volusia Hospital Authority	18.07	Symptoms and signs involving speech and voice	3	9	1,206.21	0.05%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	7	8	1,163.92	0.05%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	5	10	1,159.19	0.05%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	5	7	1,134.12	0.04%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	10	1,031.29	0.04%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	5	6	992.69	0.04%
00532	West Volusia Hospital Authority	01.11	Viral infections characterized by skin and mucous membrane lesions	7	7	971.20	0.04%
00532	West Volusia Hospital Authority	17.03	Congenital malformations of the circulatory system	3	11	906.73	0.04%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery	6	10	888.87	0.03%
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	12	16	884.00	0.03%





Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount Pe	
00533	Mast Value in Hereitel Authority	05.00					Total
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and	6	7	862.44	0.03%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	6	7	835.03	0.03%
00532	West Volusia Hospital Authority	12.05	Urticaria and erythema	5	6	758.50	0.03%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	8	10	757.23	0.03%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	7	14	711.39	0.03%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	5	8	703.00	0.03%
00532	West Volusia Hospital Authority	13.01	Infectious arthropathies	2	3	689.69	0.03%
00532	West Volusia Hospital Authority	06.03	Extrapyramidal and movement disorders	5	6	663.40	0.03%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	3	598.03	0.02%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	7	7	594.61	0.02%
00532	West Volusia Hospital Authority	13.16	Chondropathies	1	4	528.34	0.02%
00532	West Volusia Hospital Authority	06.04	Other degenerative diseases of the nervous system	4	5	514.27	0.02%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	2	5	509.45	0.02%
00532	West Volusia Hospital Authority	07.08	Disorders of optic nerve and visual pathways	3	4	500.39	0.02%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	5	6	486.97	0.02%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	4	7	483.00	0.02%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	7	10	473.10	0.02%
00532	West Volusia Hospital Authority	01.21	Bacterial and viral infectious agents	4	5	443.63	0.02%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	5	7	440.10	0.02%
00532	West Volusia Hospital Authority	09.10	Other and unspecified disorders of the circulatory system	3	4	363.01	0.01%
00532	West Volusia Hospital Authority	04.06	Malnutrition	1	1	351.39	0.01%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	3	4	345.38	0.01%
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	01.22	Other infectious diseases	1	1	268.38	0.01%
00532	West Volusia Hospital Authority	12.04	Papulosquamous disorders	2	3	267.70	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	10.06	Lung diseases due to external agents	ĺ	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	05.10	Behavioral and emotional disorders with onset usually occurring in childhood.	. 1	2	219.13	0.01%





Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 6/30/2021

ClientId	Client Name	Categoryld	Category Description	Unique Patients	Claim Count	Paid Amount F	Percent of Total
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	06.10	Cerebral palsy and other paralytic syndromes	1	2	194.37	0.01%
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	07.09	Disorders of ocular muscles, binocular movement, accommodation and	1	1	157.15	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	04.08	Overweight, obesity and other hyperalimentation	1	1	95.75	0.00%
00532	West Volusia Hospital Authority	06.09	Diseases of myoneural junction and muscle	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	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%
				4271	9829	2,567,490.09	100.00%





# **Summary of Claims Paid By Location**

Block of Business ID: Client ID: EBMSI 00532 Paid Date: 6/1/2021 to 6/30/2021

Description	C	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority								
DeLand		65	1,796.45	0.00	0.00	0.00	0.00	1,796.45
Deltona		33	546.47	0.00	0.00	0.00	0.00	546.47
miCareDeLand		1729	201,380.33	0.00	0.00	0.00	0.00	201,380.33
miCareDelton		1551	211,873.64	0.00	0.00	0.00	0.00	211,873.64
miCarePierso		159	9,016.65	0.00	0.00	0.00	0.00	9,016.65
Pierson		7	0.00	0.00	0.00	0.00	0.00	0.00
	00532 Totals:	3544	424,613.54	0.00	0.00	0.00	0.00	424,613.54





# **Summary of Claims Paid By Location**

Block of Business ID: Client ID: EBMSI 00532 Paid Date: 1/1/2021 to 6/30/2021

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	337	12,813.17	0.00	0.00	0.00	0.00	12,813.17
Deltona	363	92,872.23	0.00	0.00	0.00	0.00	92,872.23
miCareDeLand	9819	1,087,059.92	0.00	0.00	0.00	0.00	1,087,059.92
miCareDelton	10139	1,215,980.91	0.00	0.00	0.00	0.00	1,215,980.91
miCarePierso	1043	146,390.97	0.00	0.00	0.00	0.00	146,390.97
Pierson	60	12,372.89	0.00	0.00	0.00	0.00	12,372.89
00532 Totals:	21761	2,567,490.09	0.00	0.00	0.00	0.00	2,567,490.09



# miBenefits

# Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: Client ID:

EBMSI 00532

Paid Date: 6/1/2021 to 6/30/2021

atient Resp	0.00	
Plan Paid Patient Res	0.00	
Allowed	0.00	
PPO Discount	0.00	
Over UCR	0.00	
Billed Charges	0.00	
Count Count	827	
Specialty	Clinic	
State	M	
City	Billings	
Provider	Micare LLC	
Idn	1942540356 Micare LLC	
Ę	20-4552956	

# miBenefits

# Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: Client ID:

EBMSI 00532

Paid Date: 1/1/2021 to 6/30/2021

atient Resp	0.00
Allowed Plan Paid Patient Re	0.00
Allowed	0.00
PPO Discount	0.00
Over UCR	0.00
Billed Charges	0.00
Claim Count	5140
Specialty	Clinic
State	M
City	Billings
Provider	are LLC
Pre	356 Mic
IdN	1942540356 Micare LLC
ŢĬņ	20-4552956

# miBenefits F

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

Paid Date: 6/1/2021 to 6/30/2021

Block of Business ID: Client ID:

EBMSI 00532

Ġ.	l o	0	0
atient Res	25.0	0.00	0.0
Plan Paid Patient Res	579.22	0.00	0.00
Allowed	604.22	80.00	436.10
PPO Discount	131.96	0.00	0.00
Over UCR	0.00	0.00	0.00
Billed Charges	736.18	80.00	436.10
Claim Count	5	-	က
· Specialty	Hospital	Hospital	Hospital
State	7	F	긥
City	Deltona	Deland	Deland
Provider	1750546313 NEFHS Deltona 2160	1467907626 NEFHS Deland 1205	1407026016 NEFHS Deland DO Not Use
IAN	1750546313		1407026016
	55-0799729	55-0799729	55-0799729





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

Block of Business ID: Client ID: EBMSI 00532

Paid Date: 1/1/2021 to 6/30/2021

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid Pa	tient Resp
55-0799729	1750546313	NEFHS Deltona 2160	Deltona	FL	Hospital	14	214.90	0.00	131.96	82.94	579.22	25.00
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	24	3,009.32	0.00	0.00	3,009.32	0.00	0.00
55-0799729	1407026016	NEFHS Deland DO Not Use	Deland	FL	Hospital	3	436.10	0.00	0.00	436.10	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





miCareDelton

miCareDelton

10-2020

11-2020

\$2,136.18

\$0.00

\$13.09

\$1,353,82

\$115.43

\$0.00

\$10,961.95

\$71,393,73

CLAIMS PAID BY MONTH Paid Date: 1/1/20 to 6/30/21 Total Facility **Total Paid** Total Fixed Employee PEPM Cost/ Hospital Speciality Facility PEPM Lab PEPM PCP PEPM PCP Claims Location Name Month Hospital Laboratory Speciality PEPM Physician Claims Costs Count Employee Count 00532 - West Volusia Hospital Authority 01-2020 \$1,351.75 \$11,978.43 \$4,935.94 \$771.70 157 \$20,699.97 \$0.00 911 DeLand \$1,662.15 \$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 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 DeLand \$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 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 DeLand \$5.39 1038 DeLand 08-2020 \$127,780.96 \$4,715.31 \$15,863.91 \$63,849.65 \$10,325,98 \$222,535.81 \$0.00 1002 \$222.09 \$127.53 \$4.71 \$15.83 \$63.72 \$10.31 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 DeLand \$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 \$14,530.99 Deltona 01-2020 \$5,961.94 \$108.23 \$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 11774 8030 Subtotal: \$1,253,038.35 \$62,550.11 \$218,381.70 \$949,790.92 \$93,137.63 \$2,576,898.71 \$0.00 \$320.91 \$156.04 \$7.79 \$27.20 \$118.28 \$11.60 04-2020 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 miCareDeL and \$0.00 0 \$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 06-2020 miCareDeLand \$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 miCareDel and 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 08-2020 \$0.00 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 1 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 miCareDeLand \$0.00 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 miCareDeLand \$0.00 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 \$3.69 miCareDeLand \$0.11 \$0.00 423 1126 miCareDeLand 11-2020 \$0.00 \$491.76 \$0.00 \$70,353,69 \$74.75 \$70,920,20 \$0.00 \$62.98 \$0.00 \$0.44 \$0.00 \$62.48 \$0.07 \$11.58 1157 12-2020 \$0.00 \$0.00 \$78,962.79 \$0.00 538 \$78,974.37 \$0.00 \$68.26 \$0.00 \$0.01 \$68.25 miCareDeLand \$0.00 \$0.00 429 1172 01-2021 \$0.00 \$3,019.53 \$0.00 \$49,132.91 \$0.00 \$0.00 \$44.50 \$0.00 \$2.58 miCareDeLand \$52,152.44 \$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 1185 \$79.93 \$0.00 \$9.82 \$0.00 \$70.10 \$0.00 804 \$0.00 1203 \$68.04 \$0.33 \$16.08 miCareDeLand 03-2021 \$399.64 \$19,342.96 \$0.00 \$62,106.24 \$0.00 \$81,848.84 \$0.00 \$51.63 \$0.00 04-2021 \$11,384.91 \$18,064.94 \$0.00 \$155,406.21 \$2,382.30 1124 \$187,238.36 \$0.00 1211 \$154.61 \$9.40 \$14.92 \$0.00 \$128.33 miCareDeLand \$1.97 \$9,068.04 \$0.00 \$433.53 742 \$0.00 1138 \$11.31 miCareDeLand 05-2021 \$12,871.90 \$63,751,88 \$86,125.35 \$75.68 \$7.97 \$0.00 \$56.02 \$0.38 miCareDeLand 06-202 \$13,900.10 \$15,700,50 \$0.00 \$75.243.14 \$83.26 826 \$104.927.00 \$0.00 1069 \$98.15 \$13.00 \$14.69 \$0.00 \$70.39 \$0.08 Subtotal: \$38,627.57 \$77,606.05 \$115.43 \$642,064,62 \$2.973.84 5665 \$761,387.51 \$0.00 10361 \$73.49 \$3.73 \$7.49 \$0.01 \$61.97 \$0.29 miCareDelton 01-2020 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 miCareDelton 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 miCareDelton 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 miCareDelton 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 miCareDelton 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 06-2020 0 \$0.00 \$0.00 miCareDelton \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 1 \$0.00 \$0.00 \$0.00 \$0.00 miCareDelton 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 2 2 09-2020 \$0.00 \$0.00 \$0.00 \$82.80 \$0.00 \$82.80 \$0.00 \$41.40 \$0.00 \$0.00 miCareDelton \$0.00 \$41,40 \$0.00

122

531

\$13,226,65

\$72,747.55

\$0.00

\$0.00

928

923

\$14.25

\$78.82

\$2.30

\$0.00

\$0.01

\$1.47

\$0.12

\$0.00

\$11.81

\$77.35

\$0.00

\$0.00

\$0.00

\$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	928	\$99.49	\$0.00	\$13.69	\$0.00	\$85.80	\$0.00
miCareDelton	03-2021	\$0.00	\$22,739.61	\$0.00	\$91,183.73	\$0.00	1054	\$113,923.34	\$0.00	922	\$123.56	\$0.00	\$24.66	\$0.00	\$98.90	\$0.00
miCareDelton	04-2021	\$44,699.87	\$19,260.88	\$0.00	\$177,755.94	\$669.76	1288	\$242,386.45	\$0.00	914	\$265.19	\$48.91	\$21.07	\$0.00	\$194.48	\$0.73
miCareDelton	05-2021	\$7,459.40	\$8,118.85	\$0.00	\$81,102.95	\$406.72	734	\$97,087.92	\$0.00	840	\$115.58	\$8.88	\$9.67	\$0.00	\$96.55	\$0.48
miCareDelton	06-2021	\$23,994.39	\$14,062.15	\$0.00	\$97,861.77	\$205.07	854	\$136,123.38	\$0.00	820	\$166.00	\$29.26	\$17.15	\$0.00	\$119.34	\$0.25
	Subtotal:	\$78,289.84	\$83,343.06	\$115.43	\$755,206.13	\$1,281.55	6540	\$918,236.01	\$0.00	8137	\$112.85	\$9.62	\$10.24	\$0.01	\$92.81	\$0.16
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	06-2021	\$108.37	\$1,959.75	\$0.00	\$5,208.06	\$350.60	78	\$7,626.78	\$0.00	118	\$64.63	\$0.92	\$16.61	\$0.00	\$44.14	\$2.97
	Subtotal:	\$9,466.22	\$8,557.89	\$0.00	\$48,414.41	\$350.60	651	\$66,789.12	\$0.00	1150	\$58.08	\$8.23	\$7.44	\$0.00	\$42.10	\$0.30
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 04-2021	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	0	\$0.00 \$0.00	\$272,312.50 \$172,375.00	0	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00
N/A							0	\$0.00		0		\$0.00			\$0.00	\$0.00
N/A N/A	05-2021 06-2021	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	0	\$0.00	\$119,875.00 \$111,375.00	0	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00
N/A	255 THE R. P. LEWIS CO., LANSING, MICH.	THE SECOND PROPERTY OF THE PARTY OF THE PART			SECTION CONTRACTOR			NAME AND ADDRESS OF THE PARTY O	Charles and Associated States and Associated	THE STREET STREET		TO THE REAL PROPERTY.	NAMES OF TAXABLE PARTY.	ETELLY STREET, MICH.	\$0.00	\$0.00
-	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0		\$1,696,961.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pierson	01-2020	\$8,473.91	\$0.00	\$1,796.72	\$199.11	\$198.19	21	\$10,667.93	\$0.00	117	\$91.18	\$72.43	\$0.00	\$15.36	\$1.70	\$1.69
Pierson	02-2020	\$12,249.24	\$154.19	\$2,800.78	\$3,550.40	\$206.86	103	\$18,961.47	\$0.00	120	\$158.01	\$102.08	\$1.28	\$23.34	\$29.59	\$1.72
Pierson	03-2020	\$20,235.41	\$461.64	\$4,858.06	\$37,117.20	\$328.25	134	\$63,000.56	\$0.00	120	\$525.00	\$168.63	\$3.85	\$40.48	\$309.31	\$2.74
Pierson	04-2020	\$33,710.68	\$394.29	\$4,246.01	\$15,361.38	\$3,510.65	147	\$57,223.01	\$0.00	118	\$484.94	\$285.68	\$3.34	\$35.98	\$130.18	\$29.75
Pierson	05-2020	\$17,105.25	\$289.31	\$1,851.88	\$16,778.42	\$3,084.19	111	\$39,109.05	\$0.00	123	\$317.96	\$139.07	\$2.35	\$15.06	\$136.41	\$25.07
Pierson	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
Pierson	07-2020	\$11,765.40	\$1,118.76		\$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
Pierson	08-2020	\$21,984.82	\$659.37	\$2,408.62	\$9,860.53	\$2,123.22	144	\$37,036.56		131		\$167.82	\$5.03	\$18.39	\$75.27	\$16.21
Pierson	09-2020	\$27,223.13	\$1,107.53	\$4,080.05	\$14,580.88	\$2,520.43	218	\$49,512.02		132	\$375.09	\$206.24	\$8.39	\$30.91	\$110.46	\$19.09
	Subtotal:	\$160,138.37	\$4,743.10		\$106,927.59	\$18,799.65	1223	\$321,523.38	\$0.00	1113		\$143.88	\$4.26	\$27.78	\$96.07	\$16.89
	Total:	\$2,482,628.05	\$277,545.34	\$447,895.52	\$3,077,674.68	\$198,074.57	34354	\$6,483,818.16	\$1,696,961.00	37348	\$173.61	\$66.47	\$7.43	\$11.99	\$82.41	\$5.30

### **Parameters**

Beginning Location:

Ending Location:

Paid Date: 1/1/2020-6/30/2021

Client ID: 00532 Location: 000-zzzzz



# WVHA miCare Clinic Deland and Deltona June 2021 Report

### miCare Utilization and Capacity

### miCare Utilization and Capacity

	Capacity	Total Capacity	% of Total	Total Capacity	% of Total
	Available for	Used for	Capacity	Available for	Capacity
Deland	Scheduled	Scheduled	Scheduled for	Unscheduled	Available for
June	Appointments	Appointments	Appointments	Appointments	Appointments
2021	227 hrs	160 hrs	71%	67 hrs	29%

	Deltona	Capacity Available for Scheduled	Total Capacity Used for Scheduled	% of Total Capacity Scheduled for	Total Capacity Available for Unscheduled	% of Total Capacity Available for
_	June	Appointments	Appointments	Appointments	Appointments	Appointments
	2021	186 hrs	125 hrs	67%	61 hrs	33%

	Capacity	Total Capacity	% of Total	Total Capacity	% of Total
	Available for	Used for	Capacity	Available for	Capacity
<b>Deland and Deltona</b>	Scheduled	Scheduled	Scheduled for	Unscheduled	Available for
June	Appointments	Appointments	Appointments	Appointments	Appointments
2021	413 hrs	285 hrs	69%	128 hrs	31%

<u>Total Hours Available</u>: Total hours available for members to schedule, minus scheduled Admin Time

<u>% Total Utilized Hours</u>: 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

<b>Deland</b> June	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2021	73%	70%	71%	70%	70%	64%

<b>Deltona</b> June	Monday	Tuesday	Wednesday	Thursday	Friday
2021	73%	60%	71%	62%	71%

### **Key Insights:**

- Monday and Wednesday are the most popular days in Deland. Deltona has the highest utilization on Monday.
- Between the two clinics 69% of the available capacity was used for scheduled appointments; 31% 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 11% of all cases in Deland and 17% of all cases in Deltona; such no shows create systematic "waste" since this scheduled appointment slot was not available to other members
- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.)

### miCare Member Migration

### May 2021

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Patients	683	1,798	38%
Total 2021	683	1,798	38%

<sup>\*</sup>The data above represents unique members, several of who had multiple clinic visits on month



### miCare Visit Type Frequency

Deland June 2021

Visits	Percentage
31	2.71%
9	0.79%
56	4.90%
4	0.35%
167	14.62%
187	16.37%
610	53.42%
42	3.68%
17	1.49%
12	1.05%
1	0.09%
2	0.18%
4	0.35%
1142	
	31 9 56 4 167 187 610 42 17 12 1 2

Deland June 2021

Location	Visit Count	% of Total	
Onsite	1083	95%	
Telephone	59	5%	
Video	0	0%	
Overall - Total	1142		



Deltona June 2021

Visit Type	Visits	Percentage
New Patient	26	7.72%
Sick/Urgent/Walk In	32	9.50%
Regular Visit, 1-2 Issues/Medications	45	13.35%
Regular Visit, 3+ Issues/Medications	5	1.48%
Recheck/Follow-Up	115	34.12%
Lab Draw	72	21.36%
Medication Pick Up	1	0.30%
Med Pick Up Pt Assist Program	11	3.26%
Hospital F/U	11	3.26%
Physical/Well Exams	11	3.26%
Chronic Disease Mgmt	1	0.30%
Immunization	6	1.78%
Nurse Visit	1	0.30%
Total Visits	337	

Deltona June 2021

Location	Visit Count	% of Total
Onsite	302	90%
Telephone	35	10%
Video	0	0%
Overall - Total	337	

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



Nurturing Families Building Communities

## The House Next Door Serving Volusia and Flagler Counties

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

DeLand 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)







July 1, 2021

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of June there were 250 appointments to assist with new applications and 23 appointments to assist with pended applications from April-May. For a total of 273 Interviews with clients.

244 applications were submitted for verification and enrollment. Of these, 244 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 July 2021 for approval.

Of the 244 that were processed, 204 were approved and 17 were denied. There were 23 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



### The House Next Door

Serving Volusia and Flagler Counties

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

DeLand 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)







July 7, 2020

West Volusia Hospital Authority Commissioners Service Report for Mental Health Services

This contract year has held unique challenges for the delivery of mental health services. With the continuing numbers of COVID-19 cases in Volusia and Flagler Counties The House Next Door continued utilizing telehealth services. In February of this year we began transitioning back into the agency offices, allowing limited number of person to receive in person services. By the end of May we had fully transitioned back into the office while continuing to offer telehealth services to those who preferred them and who were appropriate. COVID has continued to impact our ability to pull down our funds as staff have left to address family needs. We currently have three therapist positions that we are have difficulty filling.

Through May we have utilized \$15,875 leaving a balance of \$84,125 for the remaining four months. We do not expect to be able to earn the entire balance.

Year to Date number of clients served: 59 85% of clients were successful completions. Satisfaction surveys report 98% satisfaction with services

### **Healthy Communitires Annual Utilization Report 2020-2021**

MONTH / YEAR	Post Cards	Brochures	Social Media & Other Information	Promo Items	Total Participants	Online Application	Total Docs
October-20	274	54	96	198	228	1	0
November-20	655	36	195	483	782	3	0
December-20	415	46	24	203	651	0	1
January-21	468	37	59	405	655	0	1
February-21	456	97	214	399	254	0	0
March-21	948	83	179	424	238	0	0
Apr-21	1159	104	164	106	542	2	0
May-21	386	103	229	219	219	1	0
Jun-21	375	44	151	202	497	2	0
totals YTD	5136	604	1311	2639	4066	9	2

### **Title XXI Enrollment- Volusia County**

(July 2007- Present)

Title XXI, also known as Children's Health Insurance Program (CHIP), is a state and federally funded program (31/69) that provides insurance for children who do not qualify for Medicaid but whose families cannot afford private insurance.

### (Non Medicaid Enrollment Plus Full Pay)

Month	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
January	7,232	6,838	6,748	6,590	5,388	4,705	4,971	5,323	5,844	5,950	4,712
February	7,145	6,873	6,814	6,576	5,341	4,686	4,956	5,392	5,911	6,115	4,608
March	7,125	6,982	6,836	6,664	5,471	4,804	5,043	5,410	5,962	6,213	4,481
April	7,001	6,977	6,837	6,725	5,529	4,862	5,070	5,525	6,035	6,247	4,510
May	6,937	6,924	6,999	6,549	5,589	4,913	5,162	5,627	6,078	5,961	4,326
June	6,904	7,030	7,037	6,437	5,586	5,028	5,213	5,677	6,099	5,651	
July	6,861	6,924	6,948	6,401	5,527	5,053	5,256	5,621	6,022	5,537	
August	6,748	6,974	6,925	6,293	5,330	5,067	5,263	5,757	6,071	5,402	
September	6,775	6,948	6,888	6,117	5,251	5,087	5,311	5,822	6,110	5,235	
October	6,888	6,861	6,440	5,962	4,817	5,110	5,369	5,842	6,111	5,119	
November	6,798	6,896	6,801	5,757	4,767	5,091	5,408	5,902	6,111	4,954	
December	6,838	6,873	6,440	5,458	4,773	5,070	5,389	5,854	5,964	4,832	

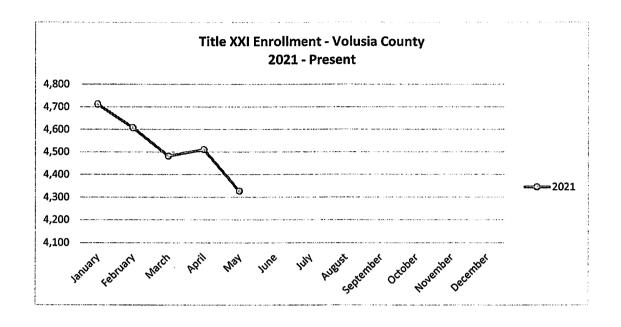
### **Title XIX Enrollment- Volusia County**

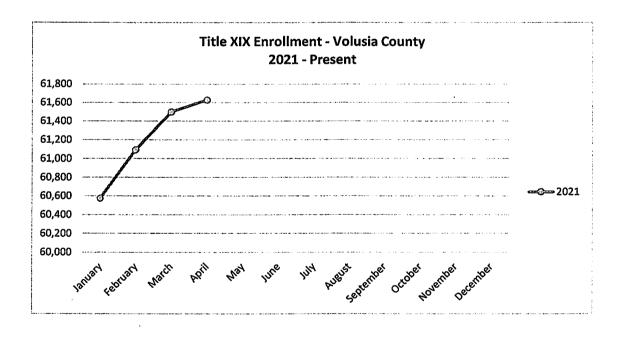
(January 2007-present)

Title XIX, also known as Medicaid, is a state and federally funded entitlement program (50/50).

### (Medicaid Enrollment including 0-1)

Month	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
January	41,472	43,588	44,639	45,918	51,020	54,580	56,246	54,879	53,986	53,161	60,573
February	41,525	44,021	44,740	46,781	51,601	54,868	56,438	54,927	53,704	53,215	61,093
March	41,602	44,224	44,976	48,259	52,184	54,905	56,474	54,795	53,619	53,195	61,498
April	41,740	44,066	44,924	49,074	52,263	55,159	56,516	54,805	53,594	54,718	61,627
May	41,993	43,951	44,778	49,729	52,406	55,103	56,516	54,679	53,455	55,770	
June	41,873	43,965	44,920	49,485	52,610	54,953	55,534	54,599	53,515	56,501	
July	42,558	44,205	45,159	49,535	53,092	55,461	55,495	54,560	53,565	57,048	
August	42,866	44,382	45,355	49,709	53,826	55,792	56,318	54,654	53,490	57,760	
September	42,926	44,491	45,462	49,835	54,074	55,794	55,381	54,557	53,341	58,443	121
October	43,067	45,012	45,454	50,115	54,430	55,877	54,993	54,439	53,351	59,037	
November	43,435	44,826	45,091	50,333	54,347	55,976	54,634	54,295	53,491	59,476	
December	43,296	44,755	45,802	50,527	54,344	56,318	54,967	54,172	53,379	59,937	





### **Title XXI Enrollment- Flagler County**

(July 2007- Present)

Title XXI, also known as Children's Health Insurance Program (CHIP), is a state and federally funded program (31/69) that provides insurance for children who do not qualify for Medicaid but whose families cannot afford private insurance.

(Non Medicaid Enrollment Plus Full Pay)

Month	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
January	1,498	1,568	1,608	1,541	1,235	1,121	1,117	1,106	1,285	1,315	1,050
February	1,549	1,612	1,586	1,530	1,181	1,134	1,109	1,129	1,275	1,354	1,052
March	1,567	1,603	1,618	1,527	1,233	1,151	1,100	1,139	1,289	1,361	1,014
April	1,550	1,604	1,608	1,559	1,285	1,148	1,117	1,161	1,319	1,340	1,004
May	1,576	1,580	1,623	1,525	1,319	1,141	1,103	1,170	1,319	1,291	975
June	1,569	1,617	1,604	1,517	1,313	1,168	1,120	1,197	1,352	1,243	
July	1,550	1,603	1,596	1,511	1,331	1,177	1,126	1,206	1,339	1,223	
August	1,565	1,583	1,618	1,498	1,288	1,161	1,155	1,235	1,364	1,177	
September	1,583	1,606	1,595	1,472	1,262	1,169	1,140	1,254	1,330	1,134	
October	1,572	1,585	1,468	1,368	1,171	1,176	1,134	1,247	1,336	1,113	
November	1,618	1,604	1,570	1,290	1,174	1,126	1,128	1,269	1,334	1,111	
December	1,624	1,616	1,468	1,256	1,152	1,144	1,113	1,271	1,303	1,099	

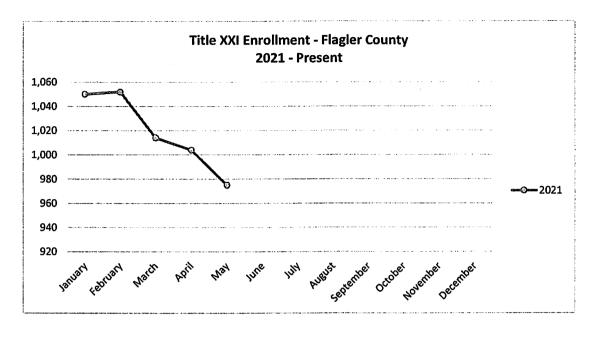
### **Title XIX Enrollment- Flagler County**

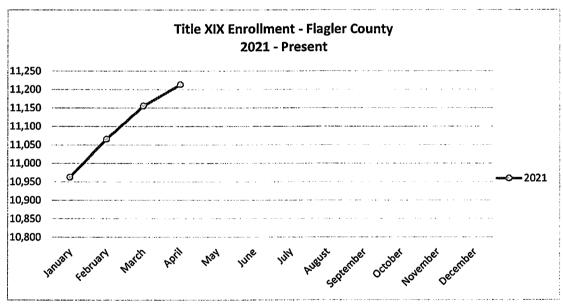
(January 2007-present)

Title XIX, also known as Medicaid, is a state and federally funded entitlement program (50/50).

### (Medicaid Enrollment including 0-1)

(IVIEUICAIU LI	Homment	including	0-1/								
Month	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
January	7,686	8,002	8,163	8,287	9,218	9,746	9,939	9,618	9,429	9,340	10,962
February	7,735	8,104	8,200	8,476	9,275	9,762	9,968	9,605	9,369	9,375	11,065
March	7,774	8,097	8,159	8,726	9,334	9,764	10,024	9,575	9,379	9,335	11,155
April	7,794	8,000	8,139	8,885	9,370	9,808	10,047	9,526	9,438	9,633	11,213
May	7,816	7,983	8,124	8,958	9,374	9,708	10,047	9,464	9,391	9,883	
June	7,793	8,032	8,180	8,914	9,389	9,691	9,851	9,470	9,370	9,997	
July	7,925	8,071	8,214	8,819	9,511	9,765	9,827	9,409	9,385	10,142	
August	7,961	8,109	8,231	8,863	9,657	9,820	9,897	9,416	9,382	10,348	
September	7,929	8,148	8,230	8,903	9,735	9,809	9,853	9,421	9,383	10,466	
October	7,907	8,248	8,193	9,009	9,781	9,797	9,704	9,455	9,372	10,627	
November	8,031	8,203	8,180	9,073	9,751	9,861	9,587	9,413	9,413	10,738	
December	7,931	8,158	8,265	9,098	9,703	9,897	9,588	9,457	9,389	10,843	





### West Volusia Hospital Authority Initial Budget 2021-2022

	Budget 2020-2021	Anticipated 2020-2021	Initial Budget 2021-2022
Initial Millage Rate			1.4073
Paris			
Revenue Ad Valorem Taxes	40 404 450	47.040.000	17.040.000
Investment Income	16,431,158	17,040,000	17,040,000
Use of Reserves	135,000 2,000,000	45,000 0	45,000 4 707 048
Total Revenue	18,566,158	17,085,000	1,707,048 18,792,048
	10,000,100	11,000,000	10,732,040
Healthcare Expenditures			
Hospitals	3,000,000	1,575,000	3,000,000
Advent Physicians-Empros	0	0	1,000,000
Primary Care	4,000,000	4,000,000	2,500,000
Pharmacy	0	0	900,000
Specialty Care and Lab Testing	3,300,000	3,130,000	3,000,000
County Medicaid Reimbursement	2,512,229	2,512,000	2,850,000
The House Next Door	100,000	23,000	100,000
The Neighborhood Center	100,000	95,000	100,000
Rising Against All Odds	164,985	164,985	116,925
Community Legal Services	95,958	52,000	100,756
Hispanic Health Initiatives	75,000	0	75,000
Florida Dept of Health Dental Svcs	225,000	176,500	150,000
Stewart Marchman - Baker Act	300,000	300,000	300,000
Stewart Marchman - Treatment	550,000	510,000	550,000
Stewart Marchman - Homeless	95,880	42,000	78,336
Health Start Coalition - Outreach	73,500	63,000	81,560
Health Start Coalition - Family Services	68,859	42,750	76,331
TNC Healthcare Navigation Program	50,000	50,000	50,000
New Hope Human Services Homeless Certification	0	0	50,000
HSCFV Community Health Nurse	0	0	112,348
H C R A -In County	400,000	150,000	400,000
H C R A -Out of County	419,162	10,000	400,000
Other Healthcare Costs	849,920	85,000	500,000
Total Healthcare Expenditures	16,380,493	12,981,235	16,491,256
Other Expenditures			
Advertising	7,000	4,750	7,000
Annual Independent Audit	16,700	16,700	17,000
Building & Office Costs	15,533	15,000	16,000
General Accounting	68,100	54,000	68,100
General Administrative	65,100	60,000	65,100
Legal Counsel	70,000	69,000	70,000
City of DeLand Tax Increment District	100,000	90,200	90,000
Tax Collector & Appraiser Fee	610,000	610,000	630,000
TPA Services	540,000	618,000	620,000
Healthy Communities	75,397	70,000	72,202
Application Screening - THND	402,835	355,000	417,590
Application Screening - RAAO	40,000	34,000	52,800
Workers Compensation Claims	25,000	0	25,000
Other Operating Expenditures	150,000	11,000	150,000
Total Other Expenditures	2,185,665	2,007,650	2,300,792
Total Expenditures	18,566,158	14,988,885	18,792,048
Excess (Deficit)	0	2,096,115	

1006 N. Woodland Boulevard ■ DeLand, FL 32720 (386) 734-9441 🚮 www.drtcpa.com

Ronald J. Cantlay, CPA/CFP® James H. Dreggors, CPA Victoria A. Kizma, CPA Robin C. Lennon, CPA John A. Powers, CPA Ann J. Rigsby, CPA/CFP® Melissa J. Trickey, CPA

July 15, 2021

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

This letter documents our agreement, as administrators for the West Volusia Hospital Authority, to perform these agreed-upon procedures related to grantee site visits for the fiscal year of 2020-2021. The procedures are enumerated below. We will meet with you as needed to discuss the agreed-upon procedures, results, and other issues that may arise.

- Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
- Select a sample of transaction and test compliance with contract provisions.
- Prepare a written report summarizing the results with recommendations to the Board of Commissioners.

Our engagement to apply agreed-upon procedures will be conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described above either for the purpose for which this report has been requested or for any other purpose. If, for any reason, we are unable to complete the procedures, we will describe any restrictions on the performance of the procedures in our report or will not issue a report as a result of this engagement.

Because the agreed-upon procedures listed above do not constitute an examination, we will not express an opinion on financial statements. In addition, we have no obligation to perform any procedures beyond those listed above.

**MEMBERS** 

We will submit a report listing the procedures performed and our findings. This report is intended solely for the use of West Volusia Hospital Authority and should not be used by anyone other than this specified party. Our report will contain a paragraph indicating that had we performed additional procedures, other matters might have come to our attention that would have been reported to you. The documentation for this engagement is the property of Dreggors, Rigsby & Teal, P.A. and constitutes confidential information. If requested, access to such attest documentation will be provided under the supervision of Dreggors, Rigsby & Teal, P.A. personnel. Furthermore, upon request, we may provide copies of selected documentation to West Volusia Hospital Authority. West Volusia Hospital Authority may intend, or decide, to distribute the copies or information contained therein to others at their own discretion.

Our fee for these services will be based upon our prevailing standard hourly rates for the particular staff employed.

We appreciate the opportunity to assist you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us. If the need for additional procedures arises, our agreement with you will need to be revised. It is customary for us to enumerate these revisions in an addendum to this letter.

Acknowledged:		
Red a Comb		
Dreggors, Rigsby & Teal, P.A.	West Volusia Hospital Authority	Date



Professional Service with a Hometown Touch Since 1963

3200 N. Woodland Boulevard • DeLand, Florida 32720-1111

June 11, 2021

WEST VOLUSIA HOSPITAL AUTH. C/O DREGGORS, RIGSBY 1006 N WOODLAND BLVD DELAND, FL 32720-2769

Dear Valued Customer,

The office of Aaron Pest Control, Inc. needs to meet with you, the owner, so that we can discuss some important issues regarding the termite policy on your property. Your structure was treated and placed under warranty with Aaron Pest Control, Inc. for the prevention of subterranean termites. After the initial treatment date, the warranty was renewable on a year to year basis at the mutual consent of both parties.

At the time of the initial treatment, the termiticide used was the best available in terms of efficiency and longevity. However, we knew it would not last forever. Based on the information and experience learned in the past several years we have found that the products used to prevent termites might be nearing, or may have reached the end of their effectiveness. Due to this reason, it will be necessary for Aaron to retreat your structure in order to continue to provide you with the best termite protection available.

In order to do this we must arrange a date and time to meet with you to inspect your structure and review the current status of your structure with you. Once the inspection is complete, we will use "Termidor" a non-repellent termiticide to booster treat your structure. This treatment is offered at a reduced rate from our current pricing, so please call our office to make arrangements for your inspection and pricing.

After reviewing this letter we would appreciate a call from you to arrange a date and time to meet with you at your convenience. Changes in product treatment technologies, Federal, State and Local regulations make provisions like this necessary. We apologize for any inconvenience this may cause.

Sincerely,

Steve Smith

Termite Supervisor

### SUBTERRANEAN TERMITE TREATMENT AGREEMENT

3200 N. Woodland Blvd. DeLand, Florida 32720-1111

(386) 734-6911

1676 Providence Boulevard Deltona, Florida 32725 (386) 789-3399

2821 S. Bay Street Eustis, Florida 32726 (352) 357-9899

Palm Coast (386) 446-9780 Davtona (386) 252-3030



☐ Pre-Construction Treatment

### **Booster**

Preventive Treatment (No Infestation Signs)

Presumptive Treatment	$\Box$	Control Treatment
(Infesting Signs, e.g. Wings or Tunnels, But No Live Termites)		(Affected Wood and Live Termites)

THIS DOES NOT COVER DRYWOOD TERMITES, POWDER POST BEETLES, WOOD BORERS, FUNGUS, OR FORMOSAN TERMITES AS EACH REQUIRES A DIFFERENT TREATMENT THAN PROVIDED UNDER THIS AGREEMENT.

EFFECTIVE DATE:				ACCOUNT #:	
LOCATION OF TREATED PROPER	TY: 842 & 844 W Plymo	uth Ave.	Deland	FL	32720
	SIREEI		CITY	20 147 10040	STATE ZIP
DESCRIPTION OF PROPERTY:	Single story multi uni	it doctors	office on cor	ncrete foundation.	
OWNER/AGENT:	Vest Volusia Hosp	oital Auth	ority	PHONE: (	386) 956-6753
FIRST		1	LAST	THORE	
BILLING: On file.					
STREE	:Т	CITY		STATE	ZIP
	A NOTICE OF	TREATMENT HA	AS BEEN AFFIXED T	O THE STRUCTURE	
EMAIL: On file.		LOCATI	ON OF NOTICE(S)		
THE PARTIES AGREE AS FOLI					4 000 00
1. Aaron is hereby authorized t	o render chemical soil treatment	to the above des	cribed real property	for subterranean termites for	the sum of \$ 1,280.00
rayment to be made as follo	ows (subject to credit approval) et, a service fee of 1 1/2% interest				
				Statuturus (Statuturus Statuturus Stat	
					it become necessary to collect on this er with accrued interest from the date of
completion.	nonagoni norooy agrood to pay an	00010 01 00011 00	moodon, moldang re	abonable atterney rees togeth	or with addition microst from the date of
3. SUBTERRANEAN TERMITE F	RETREATMENT ONLY WARRANTY	y	OWNER/AGENT INI	TIAI S	
					nent only warranty by which <b>Aaron</b> agrees to at no extra cost, to apply any necessary
additional treatment to the de	escribed property if an active infe	station of subter	ranean termites is f	ound during the effective peri	od of this agreement. It is understood by
	s obligation under this subterranea				
					include the repair or replacement of any lity under this agreement is limited and in no
	Aaron responsible for any damage				
GENERAL TERMS AND CONDITION	NS: OWNER/AGEN	T INITIALS			
					sensitivity to chemical odor or chemicals, wes the owner/agent to enter into this agree-
ment. Neither you nor anyone	who will live in or visit the struct	ure are registered	with any governme	ntal regulatory agencies or he	alth organizations as a chemically sensitive
person. Owner/agent hereby e	expressly releases and agrees to h	old <b>Aaron</b> harmle	ess from any claims	of injury to persons or proper	ty as a result of the termite treatment.
5. HOLD HARMLESS:	OWNER/AGENT INITIALS				
Aaron will use reasonable car	e in its treatment procedures to a	void property dan	nage but will not be	responsible for any property d	damage to any part of the structure, its

contents or surroundings unless caused by the gross negligence on its part (for example, Aaron is not responsible for damaged plants, floor coverings, wall surfaces, pipes,



### Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

### **CONSUMER NOTICE FORM**

Bureau of Inspection and Incident Response 3125 Conner Blvd, Suite N, Tallahassee, FL 32399-1650 biircomplaints@freshfromflorida.com

Rule 5E-14.105, F.A.C. Telephone: (850) 617-7996; Fax: (850) 617-7968

A pest control company must give you a written contract prior to any treatment of each wood-destroying organism. It is very important that you read and understand the contract you are signing. The pest control company is only obligated to follow the terms of the contract you have signed, regardless of other statements by the company or salesperson. (Note: Contracts for treatment for new construction can be issued to the builder and provided to you at closing).

### **BASIC REQUIREMENTS FOR CONTRACTS**

- The contract must state the common name of the wood-destroying organism to be controlled by the company (e.g. subterranean termite, powder post beetle). If the contract is for termite control, the contract must clearly state whether Formosan termites are covered or not.
- Some contracts do not include a treatment at the time the contract is issued, and that should be clearly stated. If a treatment is performed as part of the contract, the cost for the treatment must be stated. If the treatment is only for certain areas, the contract should clearly state that it is for "spot treatment" only.
- The contract must state if it is a retreatment only or a retreatment and repair contract. If it is a retreatment and repair contract, carefully read the sections of the contract that state when repairs will or will not be covered by the contract.

### REQUIREMENTS FOR STATING WHEN TREATMENT OR REPAIR WILL NOT BE COVERED BY THE CONTRACT

- Repair contracts will not cover repairs from termite damage under every condition. The contract must state when retreatment or repair will be done, and conditions under which the company can refuse to retreat or repair.
- These conditions have to be stated and be under headings in the contract that are in bold print. Companies typically refuse repair or retreatment if the condition of the house is such that moisture or leaks result in termite infestation, or where siding makes it hard to see termite infestation

Examples of this are:

- Cracks in concrete slabs
- · Wood or wall siding in contact with ground
- Plumbing leaks

- · Leaks in the roof
- Water accumulating against side of house

The law does require that companies notify you if they see conditions which would void the repair promise and they have to give you a chance to correct the condition before voiding the contract or denying repair coverage.

- Contracts may have a condition that does not cover Formosan termite damage until a specific time period has passed.
   This means that if damage occurs during this period the company will not pay for repair.
- You have the right to compare contracts from other companies before signing a contract with a company. Choose the company that gives you the best contract options.
- If you have any questions about the terms of the contract, or concerns about the compliance history of the company with regard to pest control laws or regulations, contact the Department of Agriculture and Consumer Services at phone number: 850-617-7996 or email: biircomplaints@freshfromflorida.com.

I understand that I am entering into a contract with	Aaron Pest Control	(fill in company name) to
provide wood-destroying organism(s) treatment, and I	have read and understood the terms of	of the contract.
	Date:	
Print Name of Consumer		
	Title: Property	Owner or authorized agent
Signature of Consumer		
Randy Allen	01-05-202 Date:	21
Print Name of Pest Control Representative		
FSAllow #079	Company: A	aron Pest Control

### WEST VOLUSIA HOSPITAL AUTHORITY

DeLand City Hall

120 S. Florida Avenue, DeLand, FL

### TENTATIVELY SCHEDULED MEETINGS - 2021

**Citizens Advisory Committee Meetings** 

**Board of Commissioners Meetings** 

Tuesdays at 5:15pm

**Joint Meetings** 

Thursdays at 5:00pm

January 21 - Organizational/Regular

February 2 - CAC Organizational/Orientation

February 18 (HSCFV)

\*Judy Craig/Voloria Manning Cancelled due to lack of a quorum

March 2 – Organizational/Applicant Workshop

March 18 (4 p.m.)

\*Roger Accardi

**Future of Hospital Funding Workshop** (duration 1 ½ hours) (TNC/FDOH)

(TPA to Attend)

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

May 4 - Discussion/Q&A Meeting

May 20 (SMA/RAAO)

\*Jennifer Coen

May 25 - Ranking Meeting \*Brian Soukup

### June 17 – 5:00 p.m. Joint meeting of WVHA Board and CAC-Funding Recommendations

July (CAC Hiatus) July15 (4:00 p.m.) Budget

Workshop Followed by Regular

(THND/Healthy Comm)

**August 3 Sub-Committee** (TPA to Attend)

August 17 Sub-Committee August 19 (HHI/CLSMF)

August 31 Sub-Committee September 9 – Initial Budget Hearing

September 14 Sub-Committee September 23 - Final Budget Hearing/Regular

Meeting

October (CAC Hiatus) October 21

November (CAC Hiatus) November 18

\*WVHA Commissioner to attend CAC Meeting

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

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

Meeting to be held at Sanborn Activity Center, 815 S. Alabama Avenue, DeLand, FL

### West Volusia Hospital Authority Financial Statements June 30, 2021

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720 (386) 734-9441 ■ www.drtcpa.com

Ronald J. Cantlay, CPA/CFP® James H. Dreggors, CPA Victoria A. Kizma, CPA Robin C. Lennon, CPA John A. Powers, CPA Ann J. Rigsby, CPA/PFS/CFP® Melissa J. Trickey, CPA

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

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of June 30, 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.

Dreggers, Rijoly + Teal, P.A.

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

July 07, 2021

MEMBERS

# West Volusia Hospital Authority Balance Sheet Modified Cash Basis June 30, 2021

### **Assets**

Current Assets	
Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	1,705,836.49
Intracoastal Bank - Operating	835,697.33
Mainstreet Community Bank (MCB) - MM	14,204,351.78
MCB Escrow Account	200,000.00
Surety Bank - MM	7,002,049.65
Taxes Receivable	 121,920.00
Total Current Assets	 24,069,955.25
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	1,006,323.23
Less Accum. Depreciation	 (409,309.80)
Total Net Fixed Assets	 597,013.43
Other Assets	
Deposits	 2,000.00
Total Other Assets	 2,000.00
Total Assets	 24,668,968.68

### **Liabilities and Net Assets**

<b>Current Liabilities</b>	
Deferred Revenue	 116,506.00
Total Current Liabilities	116,506.00
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)	6,599,646.04
Total Net Assets	24,552,462.68
<b>Total Liabilities and Net Assets</b>	\$ 24,668,968.68

# West Volusia Hospital Authority Statement of Revenue and Expenditures Modified Cash Basis Budget and Actual

### For the 1 Month and 9 Months Ended June 30, 2021

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Revenue			7.000	
Ad Valorem Taxes	16,431,158	469,356	17,038,886	(607,728)
Investment Income	135,000	1,546	35,196	99,804
Other Income	0	650	71,745	(71,745)
Use of Prior Year Reserves	2,000,000	0	0	2,000,000
Total Revenue	18,566,158	471,552	17,145,827	1,420,331
Healthcare Expenditures				
Hospital Services	3,000,000	157,919	972,140	2,027,860
Primary Care and Pharmacy	4,000,000	282,944	2,902,356	1,097,644
Specialty Care	3,300,000	266,864	2,071,026	1,228,974
County Medicaid Reimbursement	2,512,229	209,352	1,674,819	837,410
The House Next Door	100,000	1,206	15,875	84,125
The Neighborhood Center	100,000	6,950	65,750	34,250
TNC Healthcare Navigation Program	50,000	6,250	36,505	13,495
Rising Against All Odds	164,985	17,485	164,985	0
Community Legal Services	95,958	3,722	35,921	60,037
Hispanic Health Initiatives	75,000	0	0	75,000
Florida Dept of Health Dental Svcs	225,000	15,017	116,465	108,535
Stewart Marchman - ACT	945,880	54,701	659,976	285,904
Health Start Coalition of Flagler & Volusia	142,359	6,345	77,160	65,199
HCRA	819,162	22,382	71,467	747,695
Other Healthcare Costs	849,920	0	71,868	778,052
Total Healthcare Expenditures	16,380,493	1,051,137	8,936,313	7,444,180
Other Expenditures				
Advertising	7,000	340	2,430	4,570
Annual Independent Audit	16,700	0	16,700	0
Building & Office Costs	15,533	0	14,933	600
General Accounting	68,100	3,971	37,979	30,121
General Administrative	65,100	7,228	40,936	24,164
Legal Counsel	70,000	5,100	46,640	23,360
City of DeLand Tax Increment District	100,000	0	90,172	9,828
Tax Collector & Appraiser Fee	610,000	82,719	561,404	48,596
TPA Services	540,000	39,345	458,058	81,942
Healthy Communities	75,397	5,346	46,249	29,148
Application Screening		22.22	004.040	444.400
Application Screening - THND	402,835	32,295	261,642	141,193
Application Screening - RAAO	40,000	2,880	24,576	15,424
Workers Compensation Claims	25,000	0	0	25,000
Other Operating Expenditures	150,000	468	8,149	141,851
Total Other Expenditures	2,185,665	179,692	1,609,868	575,797
Total Expenditures	18,566,158	1,230,829	10,546,181	8,019,977
Excess ( Deficit)	0	(759,277)	6,599,646	(6,599,646)

### West Volusia Hospital Authority Schedule I - Healthcare Expenditures Modified Cash Basis Budget and Actual

### For the 1 Month and 9 Months Ended June 30, 2021

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures	· ······ac·· bacget			244901 2414110
Halifax Hospital	1,500,000	119,711	770,062	729,938
AdventHealth	1,500,000	38,208	202,078	1,297,922
Primary Care and Pharmacy	4,000,000	282,944	2,902,356	1,097,644
Specialty Care	3,300,000	266,864	2,071,026	1,228,974
County Medicaid Reimbursement	2,512,229	209,352	1,674,819	837,410
Florida Dept of Health Dental Svcs	225,000	15,017	116,465	108,535
Good Samaritan				
The House Next Door	100,000	1,206	15,875	84,125
The Neighborhood Center	100,000	6,950	65,750	34,250
TNC Healthcare Navigation Program	50,000	6,250	36,505	13,495
Rising Against All Odds	164,985	17,485	164,985	0
Community Legal Services	95,958	3,722	35,921	60,037
Hispanic Health Initiatives	75,000	0	0	75,000
Stewart Marchman - ACT				
SMA - Homeless Program	95,880	3,740	26,808	69,072
SMA - Residential Treatment	550,000	43,627	337,146	212,854
SMA - Baker Act - Match	300,000	7,333	296,021	3,979
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	5,937	48,628	24,872
HSCFV - Fam Services	68,859	408	28,532	40,327
HCRA				
H C R A - In County	400,000	22,382	67,970	332,030
H C R A - Outside County	419,162	0	3,497	415,665
Other Healthcare Costs	849,920	0	71,868	778,052
Total Healthcare Expenditures	16,380,493	1,051,136	8,936,312	7,444,181

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

### For the 1 Month and 9 Months Ended June 30, 2021 and June 30, 2020

	1 Month Ended June 30, 2021	1 Month Ended June 30, 2020	9 MonthsEnded June 30, 2021	9 Months Ended June 30, 2020
Revenue				
Ad Valorem Taxes	469,356	695,685	17,038,886	19,466,930
Investment Income	1,546	9,193	35,196	109,955
Rental Income	0	2,627	0	50,067
Other Income	650	0	71,745	15,889
Total Revenue	471,552	707,505	17,145,827	19,642,841
Healthcare Expenditures				
Hospital Services	157,919	330,120	972,140	2,774,967
Primary Care and Pharmacy	282,944	126,063	2,902,356	1,013,062
Specialty Care	266,864	282,117	2,071,026	2,066,700
County Medicaid Reimbursement	209,352	204,380	1,674,819	1,839,421
The House Next Door	1,206	2,909	15,875	51,164
The Neighborhood Center	6,950	8,225	65,750	53,475
TNC Healthcare Navigation Program	6,250	0	36,505	20,845
Rising Against All Odds	17,485	8,625	164,985	126,075
	3,722	1,392	35,921	42,018
Community Legal Services	0	0	00,021	26,525
Hispanic Health Initiatives				
Florida Dept of Health Dental Svcs	15,017	1,166	116,465	105,939
Stewart Marchman - ACT	54,701	(14,200)	659,976	867,729
Health Start Coalition of Flagler & Volusia	6,345	12,459	77,160	111,398
HCRA	22,382	10,387	71,467	249,870
Other Healthcare Costs	0	0	71,868	0
Total Healthcare Expenditures	1,051,137	973,643	8,936,313	9,349,188
Other Expenditures				
Advertising	340	1,776	2,430	2,499
Annual Independent Audit	0	0	16,700	16,400
Building & Office Costs	0	237	14,933	3,112
General Accounting	3,971	3,241	37,979	32,667
General Administrative	7,228	4,739	40,936	34,667
Legal Counsel	5,100	7,950	46,640	45,477
City of DeLand Tax Increment District	0	0	90,172	90,813
Tax Collector & Appraiser Fee	82,719	13,914	561,404	609,680
Legislative Consulting	0	0	0	30,090
TPA Services	39,345	0	458,058	404,687
Healthy Communities	5,346	0	46,249	35,094
Application Screening				
Application Screening - THND	32,295	29,853	261,642	260,744
Application Screening - RAAO	2,880	384	24,576	27,072
Application Screening - SMA	0	0	0	0
Workers Compensation Claims	0	0	0	7,627
Other Operating Expenditures	468	1,806	8,149	7,655
Total Other Expenditures	179,692	63,900	1,609,868	1,578,194
Total Expenditures	1,230,829	1,037,543	10,546,181	10,927,382

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

For the 1 Month and 9 Months Ended June 30, 2021 and June 30, 2020

	June 30, 2021	June 30, 2020	June 30, 2021	June 30, 2020
Excess ( Deficit)	(759,277)	(330,038)	6,599,646	8,715,459

### 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 C ard. Once deemed eligible, THND transmits a listing to the Third Party Administrator, currently EBMS, and EBMS mails the eligible beneficiary a Health C ard (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

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 Hinfra), 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 a10.37 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 4<sup>th</sup>, 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 9<sup>th</sup> and 23<sup>rd</sup> 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 Form420MM-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".