# West Volusia Hospital Authority WVHA BOARD OF COMMISSIONERS REGULAR MEETING

August 19, 2021 5:00 p.m. DeLand City Hall 120 S. Florida 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. Approval of Minutes Budget Workshop Meeting July 15, 2021
  - B. Approval of Minutes Regular Meeting July 15, 2021
- 5. Citizens Comments
- 6. Citizens Advisory Committee (CAC), Jacquie Lewis, Sub-Committee Chair
  - A. Minutes August 3, 2021 (Draft)
    - 1. Chair Jacquie Lewis New Member Orientation
- 7. Reporting Agenda
  - A. EBMS July Report Written Submission
  - B. WVHA miCare Clinics DeLand/Deltona July Report Written Submission
    - 1. Pharmacy Dispensary Update Included
  - C. The House Next Door (THND) July HealthCard Report Written Submission
- 8. Contractual Utilization Reports to the WVHA Board of Commissioners
  - A. Hispanic Health Initiative, Josephine Mercado, Executive Director
  - B. Community Legal Services of Mid-Florida, Christina Russo Walters, Attorney
- 9. Discussion Items
  - A. Attorney Eric Romano Update Opioid Litigation
    - 1. Mallinckrodt PLC Bankruptcy Plan-Approve or Object
  - B. CAC Nominee, Christian Brown/Chair Manning (application attached)
  - C. SMA Baker Act AHCA LIP Match opportunity roughly \$257,000.00 (Eric Horst email dated 8/6/2021 attached)
  - D. Review Proposed Budget 2021-2022
    - 1. 2021-2022 CAC Ranking Recommendations
  - E. Site Visit Expanded Site Visit Write Ups
    - 1. The Neighborhood Center Healthcare Navigator Program
    - 2. SMA Homeless/Psychiatric Services Program
  - F. WVHA miCare DeLand Clinic Authorizing miCare to Manage Building and Maintenance Matters-Budget Line-Item Building & Office Costs
  - G. Termite Pest Control Proposals
    - 1. Aaron Pest Control (attached)
    - 2. Massey Services 2 Proposals (attached)
    - 3. Orkin 3 Proposals (attached)
  - H. County Medicaid Split
  - I. Follow Up Items
- 10. Finance Report
  - A. July Financials
- 11. Legal Update
- 12. Adjournment

# WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS BUDGET WORKSHOP 4:00 p.m.

DeLand Police Department Community Room 219 W. Howry Avenue, DeLand, FL July 15, 2021 DeLand, Florida

### Those in Attendance:

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

#### Absent:

Commissioner Brian Soukup

### **CAC Members in Attendance:**

Jacquie Lewis Linda White

## **Others Present:**

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

Administrative Support: Eileen Long, DRT

## Call to Order

Chair Manning called the meeting to order. The meeting took place at the DeLand Police Department Community Room, located at 219 W. Howry Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 4:00 p.m.

## Approval of Proposed Agenda

Motion 073 – 2021 Commissioner Craig motioned to approve the agenda as presented. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

## **Citizens Comments**

There were none.

## **Discussion Items**

## Millage Rate - Presentation Attached

## WVHA 2021-2022 Budget Forecast

Mr. Ron Cantlay reviewed the Millage Rate presentation along with the WVHA 2021-2022 Budget Forecast.

There was much Board discussion and consensus that the rolled-back millage rate would be adopted during the Regular Meeting commencing upon the conclusion of this Budget Workshop. There was some Board directives to Mr. Cantlay on shifting some budgeted amounts in several budgeted line items.

EBMS/Veracity Budget Projections 2021-2022 (email dated 7/7/2021 attached)

The House Next Door (THND) 2021-2022 Enrollment Forecast (email dated 7/7/2021 attached)

Funding Applications and amounts requested

## Adjournment

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

Adjournment

Voloria Manning, Chair

# WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS REGULAR MEETING

## COMMENCING UPON THE CONCLUSION OF THE BUDGET WORKSHOP 5:17 P.M.

DeLand Police Department Community Room 219 W. Howry Avenue, DeLand, FL July 15, 2021 DeLand, Florida

## Those in Attendance:

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

## Absent:

Commissioner Brian Soukup

## **CAC Members in Attendance:**

Jacquie Lewis Linda White

## **Others Present:**

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

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### Call to Order

Chair Manning called the meeting to order. The meeting took place at the DeLand Police Department Community Room, located at 219 W. Howry Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:17 p.m. The meeting was opened with a moment of silence followed by The Pledge of Allegiance.

## Approval of Proposed Agenda

Motion 074 – 2021 Commissioner Craig motioned to approve the agenda as presented. Commissioner Accardi seconded the motion. The motion passed by a 4-0-1 vote.

## Consent Agenda

Approval of Minutes Joint Meeting with the CAC June 17, 2021

**Motion 075 – 2021** Commissioner Coen motioned to approve the consent agenda. Commissioner Accardi seconded the motion. The motion passed by a 4-0-1 vote.

## **Citizens Comments**

There were none.

## Reporting Agenda

EBMS June Report – Written Submission
WVHA miCare Clinic DeLand/Deltona June Report – Written Submission
The House Next Door (THND) June HealthCard Report – Written Submission

# Contractual Utilization Reports to the WVHA Board of Commissioners Gail Hallmon, Operations Director, The House Next Door (THND) – Therapeutic Services

Ms. Gail Hallmon updated the Board regarding the difficulties THND has faced due to the COVID-19 pandemic and their difficulties in hiring three Therapist vacancies.

## John Guthrie, ED, Healthy Communities

Mr. John Guthrie addressed the Board and explained that children on Medicaid has increased by 13% since last year. Their Outreach Counselors are trusted throughout the community, and they are doing a great job. Healthy Communities has been equipping them and preparing them to be able to digitally meet with people.

## **Discussion Items**

## **Proposed Millage Rate**

Chair Manning asked the Board to entertain a motion for the Board to adopt Resolution 2021-002 as presented.

Attorney Small read Resolution 2021-002 into the public record.

**Motion 076 – 2021** Commissioner Craig Motioned to adopt Resolution 2021-002. Commissioner Accardi seconded the motion.

## Roll Call:

| Commissioner Accardi | Yes    |
|----------------------|--------|
| Commission Coen      | Yes    |
| Commissioner Craig   | Yes    |
| Chair Manning        | Yes    |
| Commissioner Soukup  | Absent |

The motion passed by a 4-0-1 vote.

Site Visits 2020-2021 – DRT Engagement Letter (attached)

Rising Against All Odds HIV/Aids/Outreach Services

**SMA Residential Treatment Beds** 

**SMA Baker Act Services** 

Healthy Start Coalition of Flagler and Volusia (HSCFV) WIS/NOS Outreach

**Services** 

**HSCFV Family Services Coordinator** 

Motion 077 – 2021 Commissioner Accardi motioned to approve the DRT Engagement Letter as presented. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

## County's Proposed Medicaid Reimbursement Expense

Commissioner Coen updated the Board with a spreadsheet she prepared (attached) reflecting the historical computations and the Halifax proposed allocations for calculating each taxing districts County Medicaid share of costs.

There was some Board discussion regarding authorizing Attorney Small to attend the County Council Meetings on behalf of the Board to make it clear to the County that this Board wants to calculate the County of Volusia Medicaid cost share utilizing the historical methodology that has been in place for many years.

Motion 078 – 2021 Commissioner Craig motioned to authorize Attorney Small to attend County Council Meetings, as needed, to represent the WVHA Board of Commissioners in discussion about the Medicaid distributions and shared County and taxing districts reimbursements. Commissioner Coen seconded the motion.

### Roll Call:

Commissioner Craig Yes
Commissioner Coen Yes
Commissioner Accardi Yes
Chair Manning Yes
The motion passed by a 4-0-1 vote.

Motion 079 – 2021 Commissioner Accardi nominated Commissioner Soukup to attend the County Council Meetings and represent the WVHA Board of Commissioners with Commissioner Coen as an alternate if Commissioner Soukup is not available. Commissioner Craig seconded the motion. The motion passed by a 4-0-1 vote.

Motion 080 – 2021 Commissioner Craig wanted to stress that the WVHA Board wants Attorney Small to represent to the Volusia County Council that the WVHA wishes to maintain that the County Medicaid reimbursements continue utilizing the historical calculations for shared Medicaid reimbursements based upon utilization and not based on enrollment. Further, she felt that Attorney Small was being too constricted in working on behalf of the WVHA Board's best interests and she specifically wanted to allow him to represent in between WVHA public

meetings giving him the latitude to do his job on behalf of the WVHA Board of Commissioners. Commissioner Accardi seconded the motion. The motion passed by a 4-0-1 vote.

# WVHA miCare DeLand Clinic Building Maintenance/Repairs Aaron Pest Control Letter/Agreement dated June 11, 2021 (attached)

Motion 081 – 2021 Commissioner Accardi motioned to give the WVHA miCare DeLand Clinics latitude for acute emergency building and maintenance repairs that need immediate relief. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

There was Board discussion and consensus that DRT would shop for some other pest control companies and obtain several comprehensive termite proposals and bring them back to the Board during the August Regular Meeting.

# WVHA Tentatively Scheduled Meetings 2021 (attached) CAC Sub-Committee – 4 dates reserved

There was Board discussion that the four meetings added would be utilized as placeholders and the CAC Sub-Committee members can determine how many meetings they will require.

Motion 082 – 2021 Commissioner Coen motioned to approve the 2021 Tentatively Scheduled Meetings as presented. Commissioner Accardi seconded the motion. The motion passed by a 4-0-1 vote.

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

Commissioner Accardi explained that this project was very voluminous and in places convoluted. He has been putting together a proposal of items that could be included and what wouldn't be included, but he needed more time.

There was Board consensus that Commissioner Accardi would attempt to have a DME proposal ready in time for the September Regular Meeting.

## WVHA Manager/Advisor Commissioner Soukup

**Motion 083 – 2021** Commissioner Craig motioned to remove this matter from future agendas. Commissioner Coen seconded the motion. The motion passed by a 4-0-1 vote.

Follow-Up Items

# Finance Report June Financials

Mr. Ron Cantlay, DRT reviewed for the Board the June financial statements.

Motion 084 – 2021 Commissioner Accardi motioned to pay the expenditures totaling \$1,894.929.37, a transfer from Intracoastal Money Market into the Intracoastal Operating Account of \$708,102.04, a transfer of \$1,500,000.00 from Mainstreet Community Bank into the Intracoastal Money Market Account for a total of \$4,103,031.41. Commissioner Coen seconded the motion.

## Legal Update

## Adjournment

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

Adjournment

Voloria Manning, Chair

# CITIZENS ADVISORY COMMITTEE MEETING Sub-Committee WEST VOLUSIA HOSPITAL AUTHORITY DELAND CITY HALL 120 S. FLORIDA AVENUE DELAND FL AUGUST 3, 2021 5:15PM MINUTES

## **CAC Members/Attendance:**

Patrick Rogers
Jenneffer Pulapaka
Linda White
Donna Pepin
Brandy White
Jacquie Lewis
Dolores Guzman

#### Absent:

David Williams Althea Whittaker

## **Others Present:**

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

## Call to Order

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

## Approval of Agenda

Member Linda White motioned to approve the agenda. Member Jacquie Lewis seconded the motion. The motion passed by a 6-1-2 vote, Member Dolores Guzman representing the dissenting vote.

# CAC Sub-Committee Election of Officers Chair

Member Linda White nominated member Jacquie Lewis as CAC Sub-Committee Chair. Member Dolores Guzman seconded the nomination. The nomination passed by a 7-0-2 vote.

1

## Vice-Chair

Member Dolores Guzman nominated Member Linda White as CAC Sub-Committee Vice-Chair. Member Jenneffer Pulapaka seconded the nomination. The nomination passed by a 7-0-2 vote.

### **Citizens Comments**

There were none.

# Development of Orientation Process for New CAC Members and/or New Board Members

Member Linda White motioned that the next CAC Sub-Committee focus the discussion of this group on the development of an orientation process and to cap the time limit of these meetings to an hour and a half. Member Dolores Guzman seconded the motion. The motion passed by a 7-0-2 vote.

CAC Sub-Committee Chair, Jacquie Lewis, provided an outline for WVHA/CAC New Member Orientation (see attached) and asked Ms. Long to distribute to her fellow CAC members for their input.

## **Sensitivity Training Options**

There was consensus, after much discussion, that the CAC and the Board of Commissioners would benefit from a 15-minute sensitivity training session.

# Identify Data Trending Information to be produced by WVHA Funded Agencies and process for capturing de-identified HIPAA data

There was much discussion and consent that the CAC Sub-Committee really wanted better outcomes versus output from each funded agency.

## **CAC Comments**

## Adjournment

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

Jacquie Lewis, CAC Sub-Committee Chair

## **WVHA**

# Community Advisory Board New Member Orientation Sub-Committee

Here is a sample outline of what might be covered in the orientation sub-committee:

WVHA's mission, history, scope, accountabilities and statement of values (video). (Review attached)

## Legal/Housekeeping:

Roberts Rules Review: Judy Craig/Parliamentarian

Legal/Tax District Applicable Ethics Laws

Social Media/Public Commenting: Ted Small, Esq.

## Review of Bios of current board members and key staff.

## Advisory Board Member Expectations/Executed Document:

## Samples:

Review of Procedures for Application process.

Follow the organization's bylaws, policies, and board resolution
Sign an annual conflict-of-interest disclosure and update it during the year if
necessary as well as disclose potential conflicts before meetings
Maintain confidentiality about all internal matters of WVHA
Monitoring Programs and Service Delivery
Compliance with All Governing Laws and Regulations
Overseeing the Organization's Finances and Protecting its Assets
Good stewardship of resources, including but not limited to time and money

## **Provider Presentation:**

Overview of partners in care/video/website sampling of non-profits facilities/programs/service lines. Recipient comments and reviews. (Can be done via video)

## WWHA's mission, history, scope, accountabilities and statement of values

Potential Speakers/Sampling of Topics (2-3 minute video clip per participant)

Eileen O'Reilly, Association: Welcome, Admin function, Process, Accountabilities, Meetings, Dissemination of information.

Larry Arrington, Past Volusia County Manager: Why/How WVHA evolved (1957 State Legislature) and legalities surrounding the separate organization/compliance.

Tanner Andrews, Esquire: Outside in overview of WVHA.

Charles Duva, MD, Retired Emergency Room Physician: Inside out overview of the past role of ED's and access to Primary Care as the workaround for more effective care/better outcomes for our community.



# EBMS August 19, 2021 Submission Report for

**WVHA Board Members** 

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Client: Paid Dates: Location: West Volusia Hospital Authority 7/1/2021 to 7/31/2021

Department: All Benefit Plan: All

TIN: All

| Plan Experie                               | ence Summa                                 | ıry                            | Cash Flow Sur  | nmary  | Disallowed Char                            | ges by Categ                                       | jory                               |
|--|--|--------------------------------|--|--|--|--|------------------------------------|
| Claim Counts 3961<br>Claim Type            | Total Paid                                 | Per EE/Mo                      | Charges<br>less Disallowed                                 | \$4,203,104  | Disallowed Category Addl Info Not Provided | Amount 9   | % of Gross                         |
| Medical<br>Professional<br>Facility<br>PBM | \$819,433<br>\$349,707<br>\$469,726<br>\$0 | \$505<br>\$215<br>\$289<br>\$0 | Allowed<br>less Member<br>less Adjustments<br>Paid Benefit | \$841,068<br>\$19,215<br>\$2,420<br>\$819,433<br>\$102,000 | UCR Reductions<br>Other                    | \$343,169<br>\$1,139,892<br>\$1,350<br>\$3,365,435 | 6.80%<br>22.60%<br>0.03%<br>66.72% |
| Total Plan Paid:                           | \$819,433                                  | \$505                          | Total Plan Poid  | \$102,000<br>\$004,400                                     | Total:                                     | \$4,203,104  | 83.33%                             |

|                        |             |               |       | Cens           | us               |             |               |                  |                 |                 |
|------------------------|-------------|---------------|-------|----------------|------------------|-------------|---------------|------------------|-----------------|-----------------|
| Census Date: 7/31/2021 | Male<br>Emp | Female<br>Emp |       | Male<br>Spouse | Female<br>Spouse | Male<br>Dep | Female<br>Dep | Total<br>Medical | Total<br>Dental | Total<br>Vision |
| 0 to 19                | 14          | 22            | 36    | 0              | 0                | 0           | 0             | 36               | 0               | 0               |
| 20 to 25               | 37          | 39            | 76    | 0              | 0                | 0           | 0             | 76               | 0               | 0               |
| 26 to 29               | 46          | 34            | 80    | 0              | 0                | 0           | 0             | 80               | 0               | 0               |
| 30 to 39               | 144         | 118           | 262   | 0              | 0                | 0           | 0             | 262              | 0               | 0               |
| 40 to 49               | 155         | 194           | 349   | 0              | 0                | 0           | 0             | 349              | 0               | 0               |
| 50 to 59               | 212         | 289           | 501   | 0              | 0                | 0           | 0             | 501              | 0               | 0               |
| 60 to 64               | 94          | 146           | 240   | 0              | 0                | 0           | 0             | 240              | 0               | 0               |
| 65 and Older           | 26          | 54            | 80    | 0              | 0                | 0           | 0             | 80               | 0               | 0               |
| Totals                 | 728         | 896           | 1624  | 0              | 0                | 0           | 0             | 1624             | 0               | 0               |
| Average Age            | 45.92       | 48.67         | 47.44 | 0.00           | 0.00             | 0.00        | 0.00          | 47.44            | 0.00            | 0.00            |
|                        | Тор         | Paid          |       |                | Plan F           | Payment     | by Age &      | Claimant         | Туре            |                 |
| Name                   |             | Claim Coun    |       |                | Date: 7/31/2021  |             | Employee      | Sp               | ouse            | Dependent       |
| Halifax Hospital Me    |             | 37            |       | 0 to 19        |                  |             | \$6,575       |                  | \$0             | \$0             |
| Medical Center Of      | Deltona     | 38            |       | 2 20 to 25     |                  |             | \$9,427       |                  | \$0             | \$0             |
| Adventhealth Fish      |             | 86            |       | 3 26 to 29     |                  |             | \$25,837      |                  | \$0             | \$0             |
| Florida Cancer Spe     |             | 135           |       | 30 to 39       |                  |             | \$74,977      |                  | \$0             | \$0             |
| Adventhealth Delar     |             | 67            |       | 40 to 49       |                  |             | \$183,669     |                  | \$0             | \$0             |

| Adventhealth Deland<br>Quest Diagnostics Tampa<br>Orange City Surgery<br>6 Radiology Associates | 67<br>464<br>69<br>165 |  | 50 to 59<br>60 to 64<br>65 and Older | \$183<br>\$302<br>\$108<br>\$108 | ,669<br>,233<br>,322<br>,394 | \$0<br>\$0<br>\$0<br>\$0 | \$0<br>\$0<br>\$0<br>\$0<br>\$0 |
|---|------------------------|--|--------------------------------------|----------------------------------|------------------------------|--------------------------|---------------------------------|
| Orange City Surgery<br>Daytona Heart Group  | 41<br>83               | \$18,636 T<br>\$14,515                           | Totals                               | \$819                            | ,433                         | \$0                      | \$0                             |
| Claims Paid   | by Month               |  | Averag                               | ge Lag & Average S               | Spend (rolling               | 12 mon                   | iths)                           |
| January 21  |                        | \$195,932  | Product                              | Avg Paid per Day                 | Avg Lag Days                 |                          | Lag Dollars                     |
| February 21<br>March 21<br>April 21<br>May 21   |                        | \$461,274<br>\$432,415<br>\$662,120<br>\$391,136 | linian                               | \$16,103<br>\$0<br>\$0           | 46<br>31<br>71               |                          | \$740,738<br>\$0<br>\$0         |
| June 21<br>July 21  |                        | \$424,614<br>\$819,433                           |                                      | The second second                | otal:                        |                          | \$740,738                       |

\$3,386,923

Total:



Client: Paid Dates: Location: West Volusia Hospital Authority 7/1/2021 to 7/31/2021

Department: All Benefit Plan: All

TIN: All

|                  |             |             | Benefit A   | nalysis   |          |             |           |            |
|------------------|-------------|-------------|-------------|-----------|----------|-------------|-----------|------------|
| Benefit Category | Line Counts | Charges     | Disallowed  | Allowed   | Member   | Adjustments | Plan Paid | % of Total |
| ALLERGY CARE     | 3           | \$1,077     | \$666       | \$411     | \$10     | \$0         | \$401     | 0.05%      |
| AMBULANCE        | 7           | \$2,225     | \$2,225     | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| ANESTHESIA       | 65          | \$99,022    | \$87,913    | \$11,109  | \$0      | \$0         | \$11,109  | 1.36%      |
| CHIROPRACTIC     | 20          | \$831       | \$332       | \$499     | \$50     | \$0         | \$449     | 0.05%      |
| COVID-19         | 32          | \$3,074     | \$2,332     | \$742     | \$0      | \$0         | \$742     | 0.09%      |
| DIALYSIS         | 86          | \$71,926    | \$70,031    | \$1,895   | \$0      | \$0         | \$1,895   | 0.23%      |
| DME/APPLIANCE    | 7           | \$6,687     | \$6,687     | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| EMERG ROOM CHRGS | 749         | \$1,487,930 | \$1,326,379 | \$161,551 | \$4,785  | \$0         | \$156,766 | 19.13%     |
| HOME HEALTH CARE | 3           | \$0         | \$0         | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| INELIGIBLE       | 245         | \$23,587    | \$23,587    | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| INPATIENT PHYS   | 178         | \$43,603    | \$33,561    | \$10,041  | \$0      | \$0         | \$10,041  | 1.23%      |
| IP HOSP CHARGES  | 80          | \$976,976   | \$860,846   | \$116,130 | \$1,150  | \$0         | \$114,980 | 14.03%     |
| MATERNITY        | 3           | \$0         | \$0         | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| MEDICAL MISC     | 83          | \$18,615    | \$12,831    | \$5,784   | \$308    | \$0         | \$5,476   | 0.67%      |
| OFFICE VISIT     | 1226        | \$183,902   | \$106,008   | \$77,894  | \$6,010  | \$0         | \$71,884  | 8.77%      |
| OP PHYSICIAN     | 309         | \$143,368   | \$116,394   | \$26,974  | \$168    | \$0         | \$26,806  | 3.27%      |
| OTHER            | 252         | \$400       | \$320       | \$80      | \$0      | \$2,420     | -\$2,340  | -0.29%     |
| OUTPAT HOSP      | 4           | -\$37,115   | -\$37,118   | \$2       | \$2      | \$0         | \$0       | 0.00%      |
| PSYCHIATRIC      | 259         | \$147,984   | \$107,763   | \$40,220  | \$1,010  | \$0         | \$39,210  | 4.79%      |
| RADIATION /CHEMO | 87          | \$291,844   | \$251,672   | \$40,172  | \$9      | \$0         | \$40,163  | 4.90%      |
| SLEEP DISORDER   | 7           | \$1,531     | \$1,531     | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| SUBS ABUSE       | 9           | \$4,168     | \$3,775     | \$393     | \$80     | \$0         | \$313     | 0.04%      |
| SURG FACILITY    | 106         | \$664,429   | \$524,425   | \$140,003 | \$1,115  | \$0         | \$138.888 | 16.95%     |
| SURGERY          | 229         | \$38,250    | \$29,523    | \$8,727   | \$0      | \$0         | \$8,727   | 1.06%      |
| SURGERY IP       | 23          | \$7,775     | \$3,636     | \$4,139   | \$0      | \$0         | \$4,139   | 0.51%      |
| SURGERY OP       | 166         | \$232,050   | \$173,558   | \$58,492  | \$10     | \$0         | \$58,482  | 7.14%      |
| THERAPY          | 356         | \$38,271    | \$21,483    | \$16,788  | \$1,330  | \$0         | \$15,458  | 1.89%      |
| URGENT CARE      | 3           | \$468       | \$468       | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| VISION           | 8           | \$320       | \$320       | \$0       | \$0      | \$0         | \$0       | 0.00%      |
| WELLNESS         | 1462        | \$74,302    | \$59,978    | \$14,324  | \$0      | \$0         | \$14.324  | 1.75%      |
| XRAY/ LAB        | 3646        | \$516,673   | \$411,978   | \$104,695 | \$3,179  | \$0         | \$101.516 | 12.39%     |
| Totals           | s: 9713     | \$5,044,172 | \$4,203,104 | \$841,068 | \$19,215 | \$2,420     | \$819,433 | 12.0070    |





Client: Paid Dates: Location: West Volusia Hospital Authority 1/1/2021 to 7/31/2021 All

Department: All Benefit Plan: All

TIN: All

| Plan Exper         | ience Summa | iry       | Cash Flow Su     | mmary        | Disallowed Cha         | rges by Cateo | jory       |
|--------------------|-------------|-----------|------------------|--------------|------------------------|---------------|------------|
| Claim Counts 25794 |             |           | Charges          |              | Disallowed Category    | Amount 6      | % of Gross |
| Claim Type         | Total Paid  | Per EE/Mo | less Disallowed  | \$23,664,963 | Addl Info Not Provided | \$1,210,402   | 4.46%      |
| Medical            | \$3,386,923 | \$298     | Allowed          | \$3,464,547  | Duplicate Charges      | \$596,698     | 2.20%      |
| Professional       | \$1,863,842 | \$164     | less Member      | \$75,214     | Plan Limitations       | \$10,215,481  | 37.65%     |
| Facility           | \$1,523,081 | \$134     | less Adjustments | \$2,411      | Cost Savings           | \$3,402       | 0.01%      |
| PBM                | \$0         | \$0       | Paid Benefit     | \$3,386,923  | UCR Reductions         | \$5,377       | 0.02%      |
| Vision             | \$0         | \$0       | plus Admin Costs | \$1,046,750  | Other                  | \$11,633,602  | 42.88%     |
| Total Plan Paid:   | \$3,386,923 | \$298     | Total Plan Paid: | \$4,433,673  | Total:                 | \$23,664,963  | 87.23%     |

|  |             |               |                    | Cens                        | us               |             |                      |                  |                 |                 |
|--|-------------|---------------|--------------------|-----------------------------|------------------|-------------|----------------------|------------------|-----------------|-----------------|
| Census Date:<br>7/31/2021                | Male<br>Emp | Female<br>Emp | Total<br>Employees | Male<br>Spouse              | Female<br>Spouse | Male<br>Dep | Female<br>Dep        | Total<br>Medical | Total<br>Dental | Total<br>Vision |
| 0 to 19                                  | 14          | 22            | 36                 | 0                           | 0                | 0           | 0                    | 36               | 0               | 0               |
| 20 to 25                                 | 37          | 39            | 76                 | 0                           | 0                | 0           | 0                    | 76               | 0               | 0               |
| 26 to 29                                 | 46          | 34            | 80                 | 0                           | 0                | 0           | 0                    | 80               | 0               | 0               |
| 30 to 39                                 | 144         | 118           | 262                | 0                           | 0                | 0           | 0                    | 262              | 0               | 0               |
| 40 to 49                                 | 155         | 194           | 349                | 0                           | 0                | 0           | 0                    | 349              | 0               | 0               |
| 50 to 59                                 | 212         | 289           | 501                | 0                           | 0                | 0           | 0                    | 501              | 0               | 0               |
| 60 to 64                                 | 94          | 146           | 240                | 0                           | 0                | 0           | 0                    | 240              | 0               | 0               |
| 65 and Older                             | 26          | 54            | 80                 | 0                           | 0                | 0           | 0                    | 80               | 0               | 0               |
| Totals                                   | 728         | 896           | 1624               | 0                           | 0                | 0           | 0                    | 1624             | 0               | 0               |
| Average Age                              | 45.92       | 48.67         | 47.44              | 0.00                        | 0.00             | 0.00        | 0.00                 | 47.44            | 0.00            | 0.00            |
|  | Тор         | Paid          |                    |                             | Plan I           | Payment     | by Age &             | Claimant         | Туре            |                 |
| Name                                     |             | Claim Coun    | t                  | Paid Census                 | Date: 7/31/202   | 1           | Employee             | Sp               | ouse            | Dependent       |
| Halifax Hospital Me<br>Medical Center Of | Deltona     | 164<br>330    | \$495,             | 092 0 to 19<br>912 20 to 25 |                  |             | \$10,638<br>\$38,701 |                  | \$0<br>\$0      | \$0<br>\$0      |
| Florida Cancer Spe                       | ecialists   | 779           |                    | 067 26 to 29                |                  |             | \$90,643             |                  | \$0             | \$0             |

|                            | Praid        |           | Plan Payn              | nent by Age & Cla                       | almant Type  |           |
|----------------------------|--------------|-----------|------------------------|---|--|-----------|
| Name                       | Claim Count  | Paid      | Census Date: 7/31/2021 | Employee                                | Spouse   | Dependent |
| Halifax Hospital Medical   | 164          | \$599,092 | 0 to 19                | \$10,638                                | \$0  | \$0       |
| Medical Center Of Deltona  | 330          | \$495,912 | 20 to 25               | \$38,701                                | \$0  | \$0       |
| Florida Cancer Specialists | 779          | \$348,067 | 26 to 29               | \$90.643                                | \$0  | \$0       |
| Adventhealth Fish          | 337          | \$228,758 | 30 to 39               | \$445,758                               | \$0  | \$0       |
| Quest Diagnostics Tampa    | 3414         | \$188,001 | 40 to 49               | \$594,310                               | \$0  | \$0       |
| Orange City Surgery        | 158          | \$89,949  | 50 to 59               | \$1,211,184                             | \$0  | \$0       |
| 6 Radiology Associates     | 932          | \$89,879  | 60 to 64               | \$615,636                               | \$0  | \$0       |
| Orange City Surgery        | 231          | \$82,265  | 65 and Older           | \$380,051                               | \$0  | \$0       |
| Adventhealth Deland        | 301          | \$73,067  | Totals                 | \$3,386,923                             | \$0  | \$0       |
| Gastroenterology Of        | 453          | \$58,924  |                        | , |  |           |
| Claime D                   | aid by Month |           |                        |   | The state of the s |           |

| Gastroenterology Of     | 400  | \$50,924               |         |                      |                   |             |
|-------------------------|--|------------------------|---------|----------------------|-------------------|-------------|
| C                       | laims Paid by Month  |                        | Ave     | rage Lag & Average S | Spend (rolling 12 | months)     |
| January 21              | and the second of the second o | \$195,932              | Product | Avg Paid per Day     | Avg Lag Days      | Lag Dollars |
| February 21<br>March 21 |  | \$461,274              | Medical | \$16,103             | 46                | \$740,738   |
| April 21                |  | \$432,415<br>\$662,120 | Vision  | \$0                  | 31                | \$0         |
| May 21                  |  | \$391,136              | RX      | \$0_                 | 71                | \$0         |
| June 21                 |  | \$424,614              |         |                      | otal:             | \$740,738   |
| July 21                 |  | \$819,433              |         |                      |                   |             |
|                         | Total:   | \$3,386,923            |         |                      |                   |             |





Client: Paid Dates: Location: West Volusia Hospital Authority 1/1/2021 to 7/31/2021 All

Department: All Benefit Plan: All

TIN: All

|                  |             |              | Benefit A    | nalysis     |          |             |             |           |
|------------------|-------------|--------------|--------------|-------------|----------|-------------|-------------|-----------|
| Benefit Category | Line Counts | Charges      | Disallowed   | Allowed     | Member   | Adjustments | Plan Paid   | % of Tota |
| ALLERGY CARE     | 18          | \$4,848      | \$3,099      | \$1,749     | \$40     | \$0         | \$1,709     | 0.05%     |
| AMBULANCE        | 13          | \$7,896      | \$7,896      | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| ANESTHESIA       | 339         | \$531,997    | \$469,021    | \$62,976    | \$0      | \$0         | \$62,976    | 1.869     |
| CHIROPRACTIC     | 104         | \$2,825      | \$1,267      | \$1,559     | \$150    | \$0         | \$1,409     | 0.049     |
| COVID-19         | 433         | -\$267,344   | -\$271,639   | \$4,295     | \$0      | \$0         | \$4,295     | 0.139     |
| DIALYSIS         | 272         | \$596,176    | \$581,693    | \$14,482    | \$0      | \$0         | \$14,482    | 0.439     |
| DME/APPLIANCE    | 28          | \$25,037     | \$25,037     | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| EMERG ROOM CHRGS | 3695        | \$8,166,342  | \$8,003,645  | \$162,696   | \$4,785  | \$0         | \$157,912   | 4.66%     |
| HOME HEALTH CARE | 11          | \$0          | \$0          | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| INELIGIBLE       | 1240        | \$229,848    | \$229,706    | \$141       | \$0      | \$0         | \$141       | 0.00%     |
| INJECTION        | 13          | \$0          | \$0          | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| INPATIENT PHYS   | 1425        | \$296,096    | \$243,717    | \$52,379    | \$0      | \$0         | \$52,379    | 1.55%     |
| IP HOSP CHARGES  | 376         | \$5,259,206  | \$4,835,773  | \$423,433   | \$2,825  | \$0         | \$420,608   | 12.42%    |
| LAB OP           | 2           | \$2,820      | \$2,791      | \$29        | \$10     | \$0         | \$19        | 0.00%     |
| MATERNITY        | 43          | \$19,215     | \$17,977     | \$1,238     | \$0      | \$0         | \$1,238     | 0.049     |
| MEDICAL MISC     | 768         | \$74,748     | \$55,845     | \$18,904    | \$723    | \$0         | \$18,181    | 0.549     |
| OFFICE VISIT     | 8038        | \$1,229,802  | \$833,970    | \$395,832   | \$27,975 | \$0         | \$367,857   | 10.869    |
| OP PHYSICIAN     | 1630        | \$463,856    | \$344,730    | \$119,126   | \$915    | \$0         | \$118,211   | 3.49%     |
| OTHER            | 2041        | \$9,711      | \$9,613      | \$98        | \$0      | \$2,411     | -\$2,313    | -0.07%    |
| OUTPAT HOSP      | 15          | \$18,772     | \$5,457      | \$13,315    | \$1,102  | \$0         | \$12,213    | 0.369     |
| PSYCHIATRIC      | 1344        | \$336,037    | \$212,319    | \$123,718   | \$4,940  | \$0         | \$118,778   | 3.519     |
| RADIATION /CHEMO | 816         | \$1,525,123  | \$1,146,503  | \$378,621   | \$67     | \$0         | \$378,554   | 11.189    |
| SLEEP DISORDER   | 100         | \$9,687      | \$9,687      | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| SUBS ABUSE       | 18          | \$31,561     | \$30,886     | \$676       | \$100    | \$0         | \$576       | 0.02%     |
| SURG FACILITY    | 384         | \$3,380,622  | \$2,735,232  | \$645,390   | \$5,145  | \$0         | \$640,245   | 18.90%    |
| SURGERY          | 1673        | \$147,802    | \$119,232    | \$28,570    | \$0      | \$0         | \$28,570    | 0.849     |
| SURGERY IP       | 193         | \$299,859    | \$256,226    | \$43,633    | \$0      | \$0         | \$43,633    | 1.29%     |
| SURGERY OP       | 862         | \$1,104,878  | \$841,400    | \$263,478   | \$10     | \$0         | \$263,468   | 7.789     |
| THERAPY          | 2496        | \$245,624    | \$134,849    | \$110,775   | \$9,190  | \$0         | \$101,585   | 3.00%     |
| URGENT CARE      | 10          | \$2,130      | \$2,130      | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| VISION           | 39          | \$1,485      | \$1,485      | \$0         | \$0      | \$0         | \$0         | 0.00%     |
| WELLNESS         | 8305        | \$365,992    | \$290,395    | \$75,598    | \$3      | \$0         | \$75,595    | 2.239     |
| XRAY/LAB         | 31218       | \$3,006,858  | \$2,485,021  | \$521,837   | \$17,234 | \$0         | \$504,603   | 14.90%    |
| Totals           | 67962       | \$27,129,510 | \$23,664,963 | \$3,464,547 | \$75,214 | \$2,411     | \$3,386,923 |           |





# **PCORI** Membership Count

Block of Business ID: Client ID: EBMSI 00532

Eligibility Date: : 1/1/2021 to 7/31/2021

| Month-Year       | Employee<br>Count | Dependent<br>Count | Total<br>Member |
|------------------|-------------------|--------------------|-----------------|
| 00532-West Volus | ia Hospital Au    | uthority           |                 |
| 1/1/2021         | 2231              | 0                  | 2231            |
| 2/1/2021         | 2237              | 0                  | 2237            |
| 3/1/2021         | 2250              | 0                  | 2250            |
| 4/1/2021         | 2250              | 0                  | 2250            |
| 5/1/2021         | 2096              | 0                  | 2096            |
| 6/1/2021         | 2009              | 0                  | 2009            |
| 7/1/2021         | 1846              | 0                  | 1846            |
|                  |                   |                    |                 |

Total Member Days

2,131.29



# **Enrollment Counts by Postal Code**

Block of Business ID: Client ID: EBMSI 00532

As Of Date: 7/31/2021

| Postal Co | ode   | Employee<br>Count | Dependent<br>Count | Total<br>Count |
|-----------|-------|-------------------|--------------------|----------------|
| 32102     |       | 3                 | 0                  | 3              |
| 32105     |       | 1                 | 0                  | 1              |
| 32130     |       | 56                | 0                  | 56             |
| 32176     |       | 1                 | 0                  | 1              |
| 32180     |       | 89                | 0                  | 89             |
| 32190     |       | 24                | 0                  | 24             |
| 32713     |       | 58                | 0                  | 58             |
| 32720     |       | 443               | 0                  | 443            |
| 32724     |       | 266               | 0                  | 266            |
| 32725     |       | 293               | 0                  | 293            |
| 32738     |       | 248               | 0                  | 248            |
| 32744     |       | 27                | 0                  | 27             |
| 32763     |       | 103               | 0                  | 103            |
| 32764     |       | 11                | 0                  | 11             |
| 99502     |       | 1                 | 0                  | 1              |
|           | Total | 1624              | 0                  | 1624           |





# Tier Census by Product 7/1/2021

Block of Business ID: Client ID:

Status:

**EBMSI** 00532

A,C,NC,R,V

Products: MM,DE,VI

## 00532: West Volusia Hospital Authority

| Medical | Status | Coverage Level       | Total<br>Members | Male<br>Members | Female<br>Members | Male<br>Spouses | Female<br>Spouses | Male<br>Dependents | Female<br>Dependents | Total<br>Enrolled |
|---------|--------|----------------------|------------------|-----------------|-------------------|-----------------|-------------------|--------------------|----------------------|-------------------|
|         | Active | Employee Only        | 1785             | 795             | 990               | (               | )                 | 0 0                | 0                    | 1785              |
|         |        | Subtotal for Active: | 1785             | 795             | 990               | (               | )                 | 0 0                | 0                    | 1785              |
|         |        | Total for Medical:   | 1785             | 795             | 990               |                 |                   | 0 0                | 0                    | 1785              |





# Tier Census by Product 7/15/2021

Block of Business ID: Client ID:

Status:

EBMSI 00532

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

## 00532: West Volusia Hospital Authority

| Medical | Status | Coverage Level       | Total<br>Members | Male<br>Members | Female<br>Members | Male<br>Spouses | Female<br>Spouses | Male<br>Dependents | Female<br>Dependents | Total<br>Enrolled |
|---------|--------|----------------------|------------------|-----------------|-------------------|-----------------|-------------------|--------------------|----------------------|-------------------|
|         | Active | Employee Only        | 1682             | 755             | 927               | 0               |                   | 0 (                | 0                    | 1682              |
|         |        | Subtotal for Active: | 1682             | 755             | 927               | 0               |                   | 0                  | 0                    | 1682              |
|         |        | Total for Medical:   | 1682             | 755             | 927               | 0               |                   | 0                  | 0                    | 1682              |





# Tier Census by Product 7/31/2021

Block of Business ID:

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

Client ID: Status:

## 00532: West Volusia Hospital Authority

| Medical | Status | Coverage Level       | Total<br>Members | Male<br>Members | Female<br>Members | Male<br>Spouses | Female<br>Spouses | Male<br>Dependents | Female<br>Dependents | Total<br>Enrolled |
|---------|--------|----------------------|------------------|-----------------|-------------------|-----------------|-------------------|--------------------|----------------------|-------------------|
|         | Active | Employee Only        | 1624             | 728             | 896               | 0               | 0                 | 0                  | 0                    | 1624              |
|         |        | Subtotal for Active: | 1624             | 728             | 896               | 0               | 0                 | 0                  | 0                    | 1624              |
|         |        | Total for Medical:   | 1624             | 728             | 896               | 0               | 0                 | 0                  | 0                    | 1624              |





# **Benefit Analysis Summary**

Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

7/1/2021 to 7/31/2021

|                       |           | Charge       | Ineligible | Cost Savings | Allowed    | Patient Responsibility | Adjustments | Paid       |        |  |
|-----------------------|-----------|--------------|------------|--------------|------------|------------------------|-------------|------------|--------|--|
| 00532-West Volusia Ho | ospital A | uthority     |            |              |            |                        |             |            | •      |  |
| ALLERGY CARE          | 3         | 1,077.00     | 0.00       | 665.90       | 411.10     | 10.00                  | 0.00        | 401.10     | 0.05%  |  |
| AMBULANCE             | 7         | 2,225.00     | 2,225.00   | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| ANESTHESIA            | 65        | 99,022.00    | 3,006.00   | 84,906.57    | 11,109.43  | 0.00                   | 0.00        | 11,109.43  | 1.36%  |  |
| CHIROPRACTIC          | 20        | 831.06       | 286.06     | 45.67        | 499.33     | 50.00                  | 0.00        | 449.33     | 0.05%  |  |
| COVID-19              | 32        | 3,074.45     | 1,022.99   | 1,309.32     | 742.14     | 0.00                   | 0.00        | 742.14     | 0.09%  |  |
| DIALYSIS              | 86        | 71,926.35    | 72,829.15  | -2,798.22    | 1,895.42   | 0.00                   | 0.00        | 1,895.42   | 0.23%  |  |
| ME/APPLIANCE          | 7         | 6,687.00     | 6,687.00   | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| EMERG ROOM            | 749       | 1,487,929.92 | 331,472.13 | 994,907.18   | 161,550.61 | 4,784.59               | 0.00        | 156,766.02 | 19.13% |  |
| HOME HEALTH CARE      | 3         | 0.00         | 0.00       | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| NELIGIBLE             | 245       | 23,586.69    | 23,586.69  | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| NPATIENT PHYS         | 178       | 43,602.87    | 19,349.87  | 14,211.60    | 10,041.40  | 0.00                   | 0.00        | 10,041.40  | 1.23%  |  |
| P HOSP CHARGES        | 80        | 976,976.39   | 177,450.58 | 683,395.54   | 116,130.27 | 1,150.00               | 0.00        | 114,980.27 | 14.03% |  |
| MATERNITY             | 3         | 0.00         | 0.00       | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| MEDICAL MISC          | 83        | 18,614.90    | 1,261.90   | 11,568.98    | 5,784.02   | 307.78                 | 0.00        | 5,476.24   | 0.67%  |  |
| OFFICE VISIT          | 1226      | 183,901.51   | -34,173.97 | 140,181.55   | 77,893.93  | 6,010.00               | 0.00        | 71,883.93  | 8.77%  |  |
| OP PHYSICIAN          | 309       | 143,367.71   | 60,568.50  | 55,825.50    | 26,973.71  | 167.65                 | 0.00        | 26,806.06  | 3.27%  |  |
| OTHER                 | 277       | 400.00       | 200.00     | 120.00       | 80.00      | 0.00                   | 2,419.67    | -2,339.67  | -0.29% |  |
| OUTPAT HOSP           | 4         | -37,115.46   | -37,140.27 | 22.41        | 2.40       | 2.40                   | 0.00        | 0.00       | 0.00%  |  |
| PSYCHIATRIC           | 259       | 147,983.80   | 1,736.72   | 106,026.74   | 40,220.34  | 1,010.00               | 0.00        | 39,210.34  | 4.79%  |  |
| RADIATION /CHEMO      | 87        | 291,844.00   | 25,966.00  | 225,705.95   | 40,172.05  | 9.22                   | 0.00        | 40,162.83  | 4.90%  |  |
| SLEEP DISORDER        | 7         | 1,530.87     | 1,530.87   | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| SUBS ABUSE            | 9         | 4,167.74     | 0.00       | 3,774.89     | 392.85     | 80.00                  | 0.00        | 312.85     | 0.04%  |  |
| SURG FACILITY         | 106       | 664,428.54   | 309.37     | 524,115.73   | 140,003.44 | 1,115.00               | 0.00        | 138,888.44 | 16.95% |  |
| SURGERY               | 229       | 38,249.98    | 2,181.00   | 27,342.26    | 8,726.72   | 0.00                   | 0.00        | 8,726.72   | 1.06%  |  |
| SURGERY IP            | 23        | 7,774.96     | -1,728.00  | 5,364.18     | 4,138.78   | 0.00                   | 0.00        | 4,138.78   | 0.51%  |  |
| SURGERY OP            | 166       | 232,050.48   | -589.60    | 174,147.65   | 58,492.43  | 10.00                  | 0.00        | 58,482.43  | 7.14%  |  |
| THERAPY               | 356       | 38,271.00    | 435.00     | 21,047.75    | 16,788.25  | 1,330.00               | 0.00        | 15,458.25  | 1.89%  |  |
| JRGENT CARE           | 3         | 468.00       | 468.00     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| /ISION                | 8         | 320.00       | 320.00     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| WELLNESS              | 1462      | 74,301.99    | 9,021.90   | 50,955.72    | 14,324.37  | 0.00                   | 0.00        | 14,324.37  | 1.75%  |  |
| (RAY/LAB              | 3646      | 516,673.19   | 43,216.98  | 368,761.47   | 104,694.74 | 3,178.54               | 0.00        | 101,516.20 | 12.39% |  |
| Totals for 00532      | 9738      | 5,044,171.94 | 711,499.87 | 3,491,604.34 | 841,067.73 | 19,215.18              | 2,419.67    | 819,432.88 |        |  |





# **Benefit Analysis Summary**

Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

|                      |            | Charge       | Ineligible   | Cost Savings | Allowed    | Patient Responsibility | Adjustments | Paid       |        |  |
|----------------------|------------|--------------|--------------|--------------|------------|------------------------|-------------|------------|--------|--|
| 00532-West Volusia H | lospital A | uthority     |              |              |            |                        |             |            |        |  |
| ALLERGY CARE         | 18         | 4,848.00     | 243.00       | 2,855.99     | 1,749.01   | 40.00                  | 0.00        | 1,709.01   | 0.05%  |  |
| AMBULANCE            | 13         | 7,895.82     | 7,895.82     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| ANESTHESIA           | 339        | 531,996.91   | 70,634.58    | 398,386.58   | 62,975.75  | 0.00                   | 0.00        | 62,975.75  | 1.86%  |  |
| CHIROPRACTIC         | 104        | 2,825.06     | 588.06       | 678.47       | 1,558.53   | 150.00                 | 0.00        | 1,408.53   | 0.04%  |  |
| COVID-19             | 433        | -267,344.02  | -279,907.98  | 8,269.14     | 4,294.82   | 0.00                   | 0.00        | 4,294.82   | 0.13%  |  |
| DIALYSIS             | 272        | 596,175.55   | 376,922.85   | 204,770.61   | 14,482.09  | 0.00                   | 0.00        | 14,482.09  | 0.43%  |  |
| DME/APPLIANCE        | 28         | 25,037.00    | 25,037.00    | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| EMERG ROOM           | 3695       | 8,166,341.63 | 7,005,435.44 | 998,209.76   | 162,696.43 | 4,784.59               | 0.00        | 157,911.84 | 4.66%  |  |
| HOME HEALTH CARE     | 11         | 0.00         | 0.00         | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| INELIGIBLE           | 1240       | 229,847.52   | 229,561.08   | 145.02       | 141.42     | 0.00                   | 0.00        | 141.42     | 0.00%  |  |
| INJECTION            | 13         | 0.00         | 0.00         | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| INPATIENT PHYS       | 1425       | 296,096.23   | 189,210.80   | 54,506.66    | 52,378.77  | 0.00                   | 0.00        | 52,378.77  | 1.55%  |  |
| P HOSP CHARGES       | 376        | 5,259,206.10 | 2,707,897.62 | 2,127,875.40 | 423,433.08 | 2,825.00               | 0.00        | 420,608.08 | 12.42% |  |
| _AB OP               | 2          | 2,820.21     | 2,505.21     | 286.15       | 28.85      | 10.00                  | 0.00        | 18.85      | 0.00%  |  |
| MATERNITY            | 43         | 19,214.75    | 15,251.00    | 2,726.10     | 1,237.65   | 0.00                   | 0.00        | 1,237.65   | 0.04%  |  |
| MEDICAL MISC         | 768        | 74,748.23    | 7,463.95     | 48,380.57    | 18,903.71  | 723.15                 | 0.00        | 18,180.56  | 0.54%  |  |
| OFFICE VISIT         | 8038       | 1,229,801.77 | 83,640.55    | 750,329.16   | 395,832.06 | 27,975.00              | 0.00        | 367,857.06 | 10.86% |  |
| OP PHYSICIAN         | 1630       | 463,856.07   | 121,153.77   | 223,575.90   | 119,126.40 | 915.12                 | 0.00        | 118,211.28 | 3.49%  |  |
| OTHER                | 2685       | 9,711.00     | 9,451.36     | 161.63       | 98.01      | 0.00                   | 2,410.63    | -2,312.62  | -0.07% |  |
| OUTPAT HOSP          | 15         | 18,772.04    | -30,604.87   | 36,061.47    | 13,315.44  | 1,102.40               | 0.00        | 12,213.04  | 0.36%  |  |
| PSYCHIATRIC          | 1344       | 336,037.00   | 27,669.54    | 184,649.91   | 123,717.55 | 4,940.00               | 0.00        | 118,777.55 | 3.51%  |  |
| RADIATION /CHEMO     | 816        | 1,525,123.41 | 84,781.92    | 1,061,720.98 | 378,620.51 | 66.64                  | 0.00        | 378,553.87 | 11.18% |  |
| SLEEP DISORDER       | 100        | 9,687.11     | 9,687.11     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| SUBS ABUSE           | 18         | 31,561.34    | 26,402.16    | 4,483.67     | 675.51     | 100.00                 | 0.00        | 575.51     | 0.02%  |  |
| SURG FACILITY        | 384        | 3,380,622.16 | 388,521.09   | 2,346,710.63 | 645,390.44 | 5,145.00               | 0.00        | 640,245.44 | 18.90% |  |
| SURGERY              | 1673       | 147,802.47   | 13,931.86    | 105,300.18   | 28,570.43  | 0.00                   | 0.00        | 28,570.43  | 0.84%  |  |
| SURGERY IP           | 193        | 299,859.10   | 102,555.42   | 153,670.79   | 43,632.89  | 0.00                   | 0.00        | 43,632.89  | 1.29%  |  |
| SURGERY OP           | 862        | 1,104,877.96 | 35,591.80    | 805,808.13   | 263,478.03 | 10.00                  | 0.00        | 263,468.03 | 7.78%  |  |
| THERAPY              | 2496       | 245,624.37   | 2,887.00     | 131,962.26   | 110,775.11 | 9,190.00               | 0.00        | 101,585.11 | 3.00%  |  |
| URGENT CARE          | 10         | 2,130.00     | 2,130.00     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| VISION               | 39         | 1,485.00     | 1,485.00     | 0.00         | 0.00       | 0.00                   | 0.00        | 0.00       | 0.00%  |  |
| WELLNESS             | 8305       | 365,992.23   | 30,687.73    | 259,706.89   | 75,597.61  | 2.82                   | 0.00        | 75,594.79  | 2.23%  |  |
| XRAY/ LAB            | 31218      | 3,006,857.68 | 560,886.69   | 1,924,133.96 | 521,837.03 | 17,233.81              | 0.00        | 504,603.22 | 14.90% |  |





# **Benefit Analysis Summary**

Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

| Lin<br>Cour           | SEA STORY OF THE RESIDENCE OF THE PERSON OF | Ineligible    | Cost Savings  | Allowed      | Patient<br>Responsibility | Adjustments | Paid % Paid  | ale the |
|-----------------------|---|---------------|---------------|--------------|---------------------------|-------------|--------------|---------|
| Totals for 00532 6860 | 6 27,129,509.70   | 11,829,596.56 | 11,835,366.01 | 3,464,547.13 | 75,213.53                 | 2,410.63    | 3,386,922.97 |         |





## Cost of Major

Block of Business ID:

**EBMSI** 

Client ID:

00532

Paid Date: 7/1/2021 to 7/31/2021

ClientId Client Name Categoryld **Category Description Unique Patients Claim Count** Paid Amount Percent of Total 00532 West Volusia Hospital Authority 09 Diseases of Circulatory System 103 192 198,770.06 24.26% 00532 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere... 200 West Volusia Hospital Authority 367 102,637.54 12.53% 00532 11.87% West Volusia Hospital Authority 11 Diseases of the Digestive System 104 212 97,266.12 00532 West Volusia Hospital Authority 13 Diseases of the Musculoskeletal System & Connective Tissue 179 65,302.58 7.97% 392 00532 21 West Volusia Hospital Authority Factors Influencing Health Status and Contact with Health Services 185 265 56,424.13 6.89% 00532 West Volusia Hospital Authority 04 Endocrine, nutritional and metabolic diseases 132 212 53,981.48 6.59% 00532 West Volusia Hospital Authority 05 Mental, Behavioral and Neurodevelopmental disorders 127 226 48,632.97 5.93% 00532 West Volusia Hospital Authority 14 Diseases of the Genitourinary System 47,008.23 5.74% 90 151 00532 West Volusia Hospital Authority 02 Neoplasms 38,727.80 4.73% 54 132 00532 West Volusia Hospital Authority 19 Injury, Poisoning and Certain Other Consequences of External Causes 43 84 30.764.60 3.75% 00532 West Volusia Hospital Authority 10 Diseases of the Respiratory System 49 87 27,533.57 3.36% 00532 West Volusia Hospital Authority 07 Diseases of the eye & adnexa 35 46 13,422.11 1.64% 00532 West Volusia Hospital Authority 03 Diseases of the blood and blood-forming organs & disorders involving the... 36 70 12,903.09 1.57% Diseases of the nervous system 00532 West Volusia Hospital Authority 06 48 80 12,097.98 1.48% 00532 West Volusia Hospital Authority 12 Diseases of the skin & subcutaneous tissue 19 28 4,156.90 0.51% 3,727.27 00532 West Volusia Hospital Authority 22 Codes for Special Purposes 6 13 0.45% 00532 West Volusia Hospital Authority 01 Certain infectious and parasitic disease 23 27 3,575.93 0.44% 00532 West Volusia Hospital Authority 08 Diseases of the ear & mastoid process 5 9 1,391.64 0.17% 00532 West Volusia Hospital Authority 15 Pregnancy, childbirth and the puerperium 7 10 695.22 0.08% 00532 West Volusia Hospital Authority 17 Congenital malformations, deformations and chromosomal abnormalities 4 413.66 0.05% 4 2607 100.00%



819,432.88

Products: MM, DE, RX, VI

1449



# **Cost of Major**

Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

| 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                   | 410             | 1883        | 431,757.73    | 12.75%           |
| 00532    | West Volusia Hospital Authority | 09         | Diseases of Circulatory System   | 293             | 801         | 396,534.59    | 11.71%           |
| 00532    | West Volusia Hospital Authority | 02         | Neoplasms  | 156             | 775         | 389,431.06    | 11.50%           |
| 00532    | West Volusia Hospital Authority | 11         | Diseases of the Digestive System   | 249             | 920         | 366,666.56    | 10.83%           |
| 00532    | West Volusia Hospital Authority | 18         | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere | 546             | 1521        | 336,892.00    | 9.95%            |
| 00532    | West Volusia Hospital Authority | 21         | Factors Influencing Health Status and Contact with Health Services           | 627             | 1309        | 317,102.77    | 9.36%            |
| 00532    | West Volusia Hospital Authority | 14         | Diseases of the Genitourinary System   | 304             | 789         | 221,726.00    | 6.55%            |
| 00532    | West Volusia Hospital Authority | 04         | Endocrine, nutritional and metabolic diseases                                | 496             | 1115        | 173,659.97    | 5.13%            |
| 00532    | West Volusia Hospital Authority | 05         | Mental, Behavioral and Neurodevelopmental disorders                          | 227             | 1053        | 144,593.94    | 4.27%            |
| 00532    | West Volusia Hospital Authority | 03         | Diseases of the blood and blood-forming organs & disorders involving the     | 82              | 389         | 116,346.53    | 3.44%            |
| 00532    | West Volusia Hospital Authority | 10         | Diseases of the Respiratory System   | 129             | 407         | 107,172.36    | 3.16%            |
| 00532    | West Volusia Hospital Authority | 19         | Injury, Poisoning and Certain Other Consequences of External Causes          | 91              | 259         | 82,168.52     | 2.43%            |
| 00532    | West Volusia Hospital Authority | 22         | Codes for Special Purposes   | 17              | 47          | 75,596.52     | 2.23%            |
| 00532    | West Volusia Hospital Authority | 07         | Diseases of the eye & adnexa   | 118             | 248         | 68,607.98     | 2.03%            |
| 00532    | West Volusia Hospital Authority | 06         | Diseases of the nervous system   | 128             | 279         | 50,437.36     | 1.49%            |
| 00532    | West Volusia Hospital Authority | 01         | Certain infectious and parasitic disease                                     | 82              | 183         | 39,976.39     | 1.18%            |
| 00532    | West Volusia Hospital Authority | 12         | Diseases of the skin & subcutaneous tissue                                   | 95              | 174         | 34,172.96     | 1.01%            |
| 00532    | West Volusia Hospital Authority | 15         | Pregnancy, childbirth and the puerperium                                     | 22              | 210         | 18,822.72     | 0.56%            |
| 00532    | West Volusia Hospital Authority | 08         | Diseases of the ear & mastoid process  | 20              | 55          | 11,319.10     | 0.33%            |
| 00532    | West Volusia Hospital Authority | 17         | Congenital malformations, deformations and chromosomal abnormalities         | 9               | 19          | 3,937.91      | 0.12%            |
|          |                                 |            |  | 4101            | 12436       | 3,386,922.97  | 100.00%          |





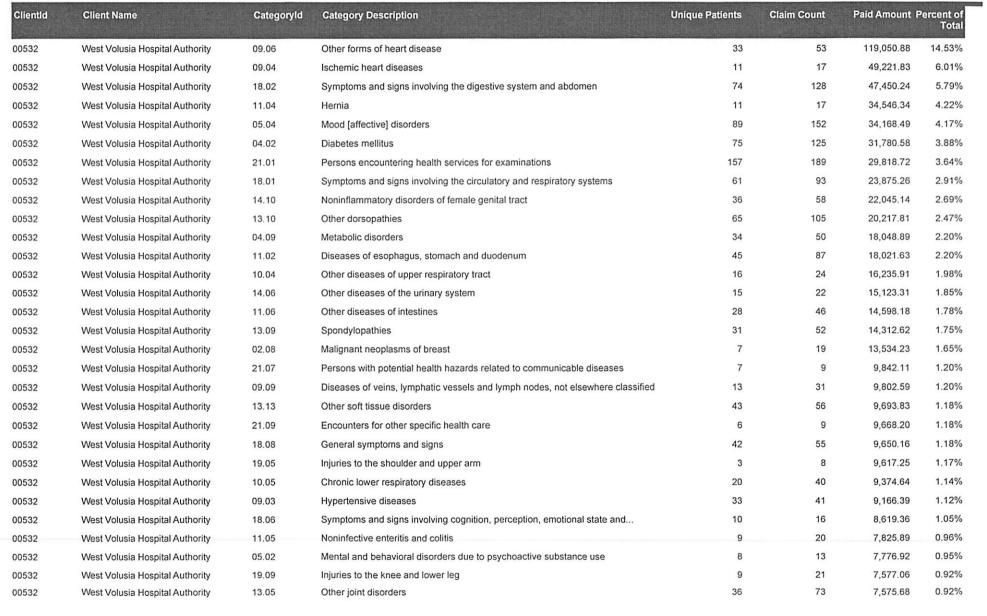
Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

7/1/2021 to 7/31/2021

| Products: MM, DE, R | Λ, | VΙ |
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Requested by: ReportScheduler from p316 data [P316]

Generated at: 03:59:34 on 01 August 2021



Block of Business ID:

EBMSI

Client ID:

00532

Paid Date: 7/1/2021 to 7/31/2021

| 1 10111 11010 | 7,7,700                         | .,,        |  |                 |             |                           |              |
|---------------|---------------------------------|------------|--|-----------------|-------------|---------------------------|--------------|
| Clientid      | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount Percent<br>To | t of<br>otal |
| 00532         | West Volusia Hospital Authority | 11.07      | Diseases of peritoneum and retroperitoneum                                   | 1               | 1           | 7,440.98 0.9              | 1%           |
| 00532         | West Volusia Hospital Authority | 07.04      | Disorders of lens  | 12              | 18          | 7,268.36 0.8              | 9%           |
| 00532         | West Volusia Hospital Authority | 18.03      | Symptoms and signs involving the skin and subcutaneous tissue                | 15              | 18          | 7,134.63 0.8              | 7%           |
| 00532         | West Volusia Hospital Authority | 09.07      | Cerebrovascular diseases   | 12              | 15          | 6,503.25 0.7              | 9%           |
| 00532         | West Volusia Hospital Authority | 21.15      | Persons with potential health hazards related to family and personal history | 23              | 42          | 5,859.53 0.7              | 2%           |
| 00532         | West Volusia Hospital Authority | 02.19      | Benign neoplasms, except benign neuroendocrine tumors                        | 24              | 29          | 5,777.39 0.7              | 1%           |
| 00532         | West Volusia Hospital Authority | 03.05      | Other disorders of blood and blood-forming organs                            | 5               | 20          | 5,314.08 0.6              | 5%           |
| 00532         | West Volusia Hospital Authority | 11.09      | Disorders of gallbladder, biliary tract and pancreas                         | 8               | 11          | 5,126.55 0.6              | 3%           |
| 00532         | West Volusia Hospital Authority | 05.05      | Anxiety, dissociative, stress-related, somatoform and other nonpsychotic     | 24              | 43          | 4,934.49 0.6              | 0%           |
| 00532         | West Volusia Hospital Authority | 13.04      | Osteoarthritis   | 18              | 22          | 4,661.26 0.5              | 7%           |
| 00532         | West Volusia Hospital Authority | 06.06      | Episodic and paroxysmal disorders  | 19              | 25          | 4,659.30 0.5              | 7%           |
| 00532         | West Volusia Hospital Authority | 11.10      | Other diseases of the digestive system                                       | 5               | 9           | 4,582.38 0.5              | 6%           |
| 00532         | West Volusia Hospital Authority | 06.11      | Other disorders of the nervous system  | 16              | 37          | 4,070.31 0.5              | 0%           |
| 00532         | West Volusia Hospital Authority | 14.03      | Acute kidney failure and chronic kidney disease                              | 16              | 29          | 4,007.56 0.4              | 9%           |
| 00532         | West Volusia Hospital Authority | 02.11      | Malignant neoplasms of urinary tract   | 3               | 6           | 3,997.62 0.4              | 9%           |
| 00532         | West Volusia Hospital Authority | 19.03      | Injuries to the thorax   | 2               | 2           | 3,989.29 0.4              | 9%           |
| 00532         | West Volusia Hospital Authority | 19.01      | Injuries to the head   | 4               | 8           | 3,987.74 0.49             | 9%           |
| 00532         | West Volusia Hospital Authority | 22.1       | Emergency Use 2019-nCoVacute respiratory disease                             | 6               | 13          | 3,727.27 0.4              | 5%           |
| 00532         | West Volusia Hospital Authority | 03.03      | Aplastic and other anemias and other bone marrow failure syndromes           | 12              | 17          | 3,641.73 0.4              | 4%           |
| 00532         | West Volusia Hospital Authority | 02.05      | Melanoma and other malignant neoplasms of skin                               | 3               | 7           | 3,534.53 0.4              | 3%           |
| 00532         | West Volusia Hospital Authority | 03.01      | Nutritional anemias  | 16              | 26          | 3,474.99 0.4              | 2%           |
| 00532         | West Volusia Hospital Authority | 11.03      | Diseases of appendix   | 1               | 3           | 3,358.47 0.4              | 1%           |
| 00532         | West Volusia Hospital Authority | 07.02      | Disorders of conjunctiva   | 3               | 5           | 2,861.61 0.3              | 5%           |
| 00532         | West Volusia Hospital Authority | 06.07      | Nerve, nerve root and plexus disorders                                       | 7               | 10          | 2,393.33 0.2              | 9%           |
| 00532         | West Volusia Hospital Authority | 09.05      | Pulmonary heart disease and diseases of pulmonary circulation                | 4               | 10          | 2,336.54 0.29             | 9%           |
| 00532         | West Volusia Hospital Authority | 02.10      | Malignant neoplasms of male genital organs                                   | 3               | 15          | 2,322.12 0.2              | 8%           |
| 00532         | West Volusia Hospital Authority | 14.08      | Disorders of breast  | 12              | 12          | 2,257.39 0.2              | 8%           |
| 00532         | West Volusia Hospital Authority | 09.08      | Diseases of arteries, arterioles and capillaries                             | 12              | 19          | 2,247.38 0.2              | 7%           |
| 00532         | West Volusia Hospital Authority | 14.02      | Renal tubulo-interstitial diseases   | 2               | 11          | 2,200.20 0.2              | 7%           |
| 00532         | West Volusia Hospital Authority | 02.06      | Malignant neoplasms of mesothelial and soft tissue                           | 1               | 3           | 2,100.66 0.20             | 6%           |
|               |                                 |            |  |                 |             |                           |              |

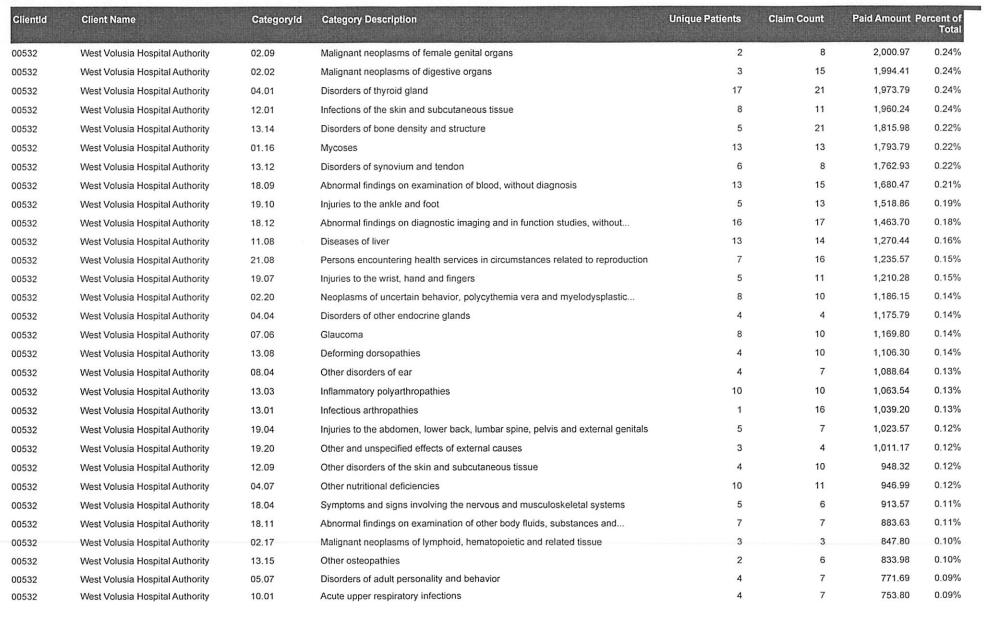




Block of Business ID: Client ID: EBMSI 00532

Paid Date:

7/1/2021 to 7/31/2021







Block of Business ID:

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Client ID: Paid Date: 00532

7/1/2021 to 7/31/2021

| 00532         West Volusia Haspital Authonity         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  | ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount Perce | ent of<br>Total |
|---|----------|---------------------------------|------------|--|-----------------|-------------|-------------------|-----------------|
| 0532         West Volusia Hospital Authority         10.11         Other diseases of the respiratory system         6         10         690.05         0.08%           0532         West Volusia Hospital Authority         0.10         Malignant neoplasms of lip, oral cawly and pharynx         1         10         684.87         0.08%           0532         West Volusia Hospital Authority         14.05         Other disorders of kidney and ureter         6         11         612.58         0.07%           0532         West Volusia Hospital Authority         12.14         Malignant neoplasms of ill-defined, other secondary and unspecified sites         1         5         597.18         0.07%           0532         West Volusia Hospital Authority         12.03         Dermattis and eczema         4         4         566.55         0.07%           0532         West Volusia Hospital Authority         12.06         Radiation-related disorders of the skin and subcutaneous tissue         2         2         2         566.55         0.07%           0532         West Volusia Hospital Authority         0.13         Viral hepatitis         4         4         5         933.53         0.07%           0532         West Volusia Hospital Authority         0.13         Viral hepatitis         4         4         4  | 00532    | West Volusia Hospital Authority | 05.03      | Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders | 6               | 8           | 698.30            | 0.09%           |
| 05522         West Volusia Hospital Authority         0 2.01         Malignant neoplasms of Ijo, oral cavity and pharynx         1         10         654.87         0.08%           00532         West Volusia Hospital Authority         1 4.05         Other disorders of kindney and ureter         6         11         612.58         0.07%           00532         West Volusia Hospital Authority         1 2.03         Dermatitis and eczema         4         4         595.55         0.07%           00532         West Volusia Hospital Authority         1 2.03         Dermatitis and eczema         4         4         595.55         0.07%           00532         West Volusia Hospital Authority         1 2.03         Dermatitis and eczema         4         4         595.55         0.07%           00532         West Volusia Hospital Authority         1 0.13         Viral hepatitis         4         4         5         583.53         0.07%           00532         West Volusia Hospital Authority         0 7.07         Disorders of virteous body and globe         3         3         500.55         0.07%           00532         West Volusia Hospital Authority         0 7.07         Disorders of virteous body and globe         3         4         44         497.98         0.07%  | 00532    | West Volusia Hospital Authority | 07.05      | Disorders of choroid and retina  | 3               | 3           | 670.66            | 0.08%           |
| 00532         West Volusia Hospital Authority         11.05         Infections with a predominantly sexual mode of transmission         1         3         635.37         0.0%           00532         West Volusia Hospital Authority         14.05         Other disorders of kidney and urefer         6         11         612.58         0.07%           00532         West Volusia Hospital Authority         12.03         Dermatitis and exceran         4         4         4         596.55         0.07%           00532         West Volusia Hospital Authority         12.06         Radiation-related disorders of the skin and subcutaneous tissue         2         2         566.56         0.07%           00532         West Volusia Hospital Authority         10.13         Viral hepatitis         4         4         5         583.53         0.07%           00532         West Volusia Hospital Authority         10.10         Disorders of vireous body and globe         3         3         3         560.55         0.07%           00532         West Volusia Hospital Authority         10.00         05.03         Extrapyramidal and movement disorders         3         4         497.98         0.00%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salvary glands         4<  | 00532    | West Volusia Hospital Authority | 10.11      | Other diseases of the respiratory system                                       | 6               | 10          | 669.05            | 0.08%           |
| 05522         West Volusia Hospital Authority         14.05         Other disorders of kidney and ureter         6         11         612.58         0.07%           05522         West Volusia Hospital Authority         0.214         Malignant neoplasms of ill-defined, other secondary and unspecified sites         1         5         597.18         0.07%           00532         West Volusia Hospital Authority         12.03         Dermatitis and eczema         4         4         4         596.55         0.07%           00532         West Volusia Hospital Authority         11.3         Viral hepatilis         4         5         583.53         0.07%           00532         West Volusia Hospital Authority         07.7         Disorders of witreous body and globe         3         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         07.1         Disorders of muscles         4         4         549.17         0.07%           00532         West Volusia Hospital Authority         06.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         10.01         Diseases of roral cavity and salivary glands         4         4         495.26         0.06%   | 00532    | West Volusia Hospital Authority | 02.01      | Malignant neoplasms of lip, oral cavity and pharynx                            | 1               | 10          | 654.87            | 0.08%           |
| 00532         West Volusia Hospital Authority         02.14         Malignant neoplasms of ill-defined, other secondary and unspecified sites         1         5         597.18         0.07%           00532         West Volusia Hospital Authority         12.03         Dermattiis and eczema         4         4         4         590.55         0.07%           00532         West Volusia Hospital Authority         10.13         Viral hepatitis         6         583.53         0.07%           00532         West Volusia Hospital Authority         01.13         Viral hepatitis         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         07.07         Disorders of virteous body and globe         3         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         06.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         497.98         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%   | 00532    | West Volusia Hospital Authority | 01.05      | Infections with a predominantly sexual mode of transmission                    | 1               | 3           | 635.37            | 0.08%           |
| 0532         West Volusia Hospital Authority         1 2.03         Dermalitis and eczema         4         4         596.55         0.07%           0532         West Volusia Hospital Authority         1 2.06         Radiation-related disorders of the skin and subcutaneous tissue         2         2         588.55         0.07%           00532         West Volusia Hospital Authority         07.07         Disorders of vitreous body and globe         3         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         07.07         Disorders of vitreous body and globe         3         3         3         580.55         0.07%           00532         West Volusia Hospital Authority         13.11         Disorders of muscles         4         4         459.17         0.07%           00532         West Volusia Hospital Authority         10.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         4.4         4.95.26         0.06%           00532         West Volusia Hospital Authority         13.07         Diseases of male genital organs         4         4         4.39.40   | 00532    | West Volusia Hospital Authority | 14.05      | Other disorders of kidney and ureter   | 6               | 11          | 612.58            | 0.07%           |
| 0532         West Volusia Hospital Authority         12.06         Radiation-related disorders of the skin and subcutaneous tissue         2         2         586.56         0.07%           00532         West Volusia Hospital Authority         01.13         Viral hepatitis         4         5         583.53         0.07%           00532         West Volusia Hospital Authority         07.07         Disorders of vireous body and globe         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         10.51         Disorders of muscles         4         4         459.79         0.07%           00532         West Volusia Hospital Authority         10.50         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.26         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective itssue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532 <td>00532</td> <td>West Volusia Hospital Authority</td> <td>02.14</td> <td>Malignant neoplasms of ill-defined, other secondary and unspecified sites</td> <td>1</td> <td>5</td> <td>597.18</td> <td>0.07%</td> | 00532    | West Volusia Hospital Authority | 02.14      | Malignant neoplasms of ill-defined, other secondary and unspecified sites      | 1               | 5           | 597.18            | 0.07%           |
| 00532         West Volusia Hospital Authority         01.13         Viral hepatitis         4         5         583.53         0.07%           00532         West Volusia Hospital Authority         07.07         Disorders of vitreous body and globe         3         3         580.65         0.07%           00532         West Volusia Hospital Authority         13.11         Disorders of vitreous body and globe         4         4         4         549.17         0.07%           00532         West Volusia Hospital Authority         06.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.28         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         6         494.52         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         488.33         0.05%   | 00532    | West Volusia Hospital Authority | 12.03      | Dermatitis and eczema  | 4               | 4           | 596.55            | 0.07%           |
| 00532         West Volusia Hospital Authority         07.07         Disorders of vitreous body and globe         3         3         580.85         0.07%           00532         West Volusia Hospital Authority         08.03         Extrapyramidal and movement disorders         4         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.26         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%   | 00532    | West Volusia Hospital Authority | 12.06      | Radiation-related disorders of the skin and subcutaneous tissue                | 2               | 2           | 586.56            | 0.07%           |
| 00532         West Volusia Hospital Authority         13.11         Disorders of muscles         4         4         549.17         0.07%           00532         West Volusia Hospital Authority         06.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.26         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         0.30         Coagulation defects, purpura and other hemorrhagic conditions         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%  | 00532    | West Volusia Hospital Authority | 01.13      | Viral hepatitis  | 4               | 5           | 583.53            | 0.07%           |
| 00532         West Volusia Hospital Authority         06.03         Extrapyramidal and movement disorders         3         4         497.98         0.06%           00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.26         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         03.04         Coagulation defects, purpura and other hemorrhagic conditions         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         4  | 00532    | West Volusia Hospital Authority | 07.07      | Disorders of vitreous body and globe   | 3               | 3           | 580.65            | 0.07%           |
| 00532         West Volusia Hospital Authority         11.01         Diseases of oral cavity and salivary glands         4         4         495.26         0.06%           00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         03.04         Coagulation defects, purpura and other hemorrhagic conditions         5         7         472.29         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         17.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5  | 00532    | West Volusia Hospital Authority | 13.11      | Disorders of muscles   | 4               | 4           | 549.17            | 0.07%           |
| 00532         West Volusia Hospital Authority         13.07         Systemic connective tissue disorders         5         6         494.52         0.06%           00532         West Volusia Hospital Authority         03.04         Coagulation defects, purpura and other hemorrhagic conditions         5         7         472.29         0.06%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5         347.75         0.04%           00532         West Volusia Hospital Authority         19.18         Poisoning by, adverse effects of and underdosing of drugs, medicaments and   | 00532    | West Volusia Hospital Authority | 06.03      | Extrapyramidal and movement disorders  | 3               | 4           | 497.98            | 0.06%           |
| 00532         West Volusia Hospital Authority         03.04         Coagulation defects, purpura and other hemorrhagic conditions         5         7         472.29         0.08%           00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5         347.75         0.04%           00532         West Volusia Hospital Authority         19.18         Poisoning by, adverse effects of and underdosing of drugs, medicaments and         3         5         345.92         0.04%           00532         West Volusia Hospital Authority         06.04         Other degenerative diseases  | 00532    | West Volusia Hospital Authority | 11.01      | Diseases of oral cavity and salivary glands                                    | 4               | 4           | 495.26            | 0.06%           |
| 00532         West Volusia Hospital Authority         14.07         Diseases of male genital organs         4         4         439.40         0.05%           00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5         347.75         0.04%           00532         West Volusia Hospital Authority         19.18         Poisoning by, adverse effects of and underdosing of drugs, medicaments and         3         5         345.92         0.04%           00532         West Volusia Hospital Authority         06.04         Other degenerative diseases of the nervous system         3         3         345.64         0.04%           00532         West Volusia Hospital Authority         97.03         Disorders of sclera, cornea, iris and ciliary body   | 00532    | West Volusia Hospital Authority | 13.07      | Systemic connective tissue disorders   | 5               | 6           | 494.52            | 0.06%           |
| 00532         West Volusia Hospital Authority         15.02         Supervision of high risk pregnancy         5         6         408.83         0.05%           00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5         347.75         0.04%           00532         West Volusia Hospital Authority         19.18         Poisoning by, adverse effects of and underdosing of drugs, medicaments and         3         5         345.92         0.04%           00532         West Volusia Hospital Authority         06.04         Other degenerative diseases of the nervous system         3         3         345.64         0.04%           00532         West Volusia Hospital Authority         07.03         Disorders of sclera, cornea, iris and ciliary body         2         2         2         312.25         0.04%           00532         West Volusia Hospital Authority         19.08         Injuries to the hip a   | 00532    | West Volusia Hospital Authority | 03.04      | Coagulation defects, purpura and other hemorrhagic conditions                  | 5               | 7           | 472.29            | 0.06%           |
| 00532         West Volusia Hospital Authority         18.10         Abnormal findings on examination of urine, without diagnosis         3         3         369.83         0.05%           00532         West Volusia Hospital Authority         07.01         Disorders of eyelid, lacrimal system and orbit         3         4         353.78         0.04%           00532         West Volusia Hospital Authority         18.05         Symptoms and signs involving the genitourinary system         5         5         347.75         0.04%           00532         West Volusia Hospital Authority         19.18         Poisoning by, adverse effects of and underdosing of drugs, medicaments and         3         5         345.92         0.04%           00532         West Volusia Hospital Authority         06.04         Other degenerative diseases of the nervous system         3         3         345.64         0.04%           00532         West Volusia Hospital Authority         07.03         Disorders of sclera, cornea, iris and ciliary body         2         2         2         312.25         0.04%           00532         West Volusia Hospital Authority         19.08         Injuries to the hip and thigh         2         2         2         279.25         0.03%           00532         West Volusia Hospital Authority         10.07         Other r  | 00532    | West Volusia Hospital Authority | 14.07      | Diseases of male genital organs  | 4               | 4           | 439.40            | 0.05%           |
| West Volusia Hospital Authority 07.01 Disorders of eyelid, lacrimal system and orbit 3 4 353.78 0.04% 0532 West Volusia Hospital Authority 19.18 Poisoning by, adverse effects of and underdosing of drugs, medicaments and 3 5 345.92 0.04% 0532 West Volusia Hospital Authority 06.04 Other degenerative diseases of the nervous system 3 3 345.64 0.04% 0532 West Volusia Hospital Authority 07.03 Disorders of sclera, cornea, iris and ciliary body 2 2 2 312.25 0.04% 0532 West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 2 2 279.25 0.03% 0532 West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03% 0532 West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03% 0532 West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 2 245.45 0.03% 0532 West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 15.02      | Supervision of high risk pregnancy   | 5               | 6           | 408.83            | 0.05%           |
| West Volusia Hospital Authority 18.05 Symptoms and signs involving the genitourinary system 5 5 347.75 0.04% 00532 West Volusia Hospital Authority 19.18 Poisoning by, adverse effects of and underdosing of drugs, medicaments and 3 5 345.92 0.04% 00532 West Volusia Hospital Authority 06.04 Other degenerative diseases of the nervous system 3 3 3 345.64 0.04% 00532 West Volusia Hospital Authority 07.03 Disorders of sclera, cornea, iris and ciliary body 2 2 2 312.25 0.04% 00532 West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 2 2 279.25 0.03% 00532 West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03% 00532 West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03% 00532 West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 245.45 0.03% 00532 West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%   | 00532    | West Volusia Hospital Authority | 18.10      | Abnormal findings on examination of urine, without diagnosis                   | 3               | 3           | 369.83            | 0.05%           |
| West Volusia Hospital Authority 19.18 Poisoning by, adverse effects of and underdosing of drugs, medicaments and 3 5 345.92 0.04% 00532 West Volusia Hospital Authority 06.04 Other degenerative diseases of the nervous system 3 3 345.64 0.04% 00532 West Volusia Hospital Authority 07.03 Disorders of sclera, cornea, iris and ciliary body 2 2 2 312.25 0.04% 00532 West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 2 2 279.25 0.03% 00532 West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03% 00532 West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03% 00532 West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 1 245.45 0.03% 00532 West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 07.01      | Disorders of eyelid, lacrimal system and orbit                                 | 3               | 4           | 353.78            | 0.04%           |
| West Volusia Hospital Authority 06.04 Other degenerative diseases of the nervous system 3 3 345.64 0.04%  West Volusia Hospital Authority 07.03 Disorders of sclera, cornea, iris and ciliary body 2 2 312.25 0.04%  West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 279.25 0.03%  West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03%  West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03%  West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 1 245.45 0.03%  West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 18.05      | Symptoms and signs involving the genitourinary system                          | 5               | 5           | 347.75            | 0.04%           |
| West Volusia Hospital Authority 07.03 Disorders of sclera, cornea, iris and ciliary body 2 2 312.25 0.04%  West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 279.25 0.03%  West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03%  West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03%  West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 1 245.45 0.03%  West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 19.18      | Poisoning by, adverse effects of and underdosing of drugs, medicaments and     | 3               | 5           | 345.92            | 0.04%           |
| West Volusia Hospital Authority 19.08 Injuries to the hip and thigh 2 2 279.25 0.03%  West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03%  West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03%  West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 245.45 0.03%  West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%   | 00532    | West Volusia Hospital Authority | 06.04      | Other degenerative diseases of the nervous system                              | 3               | 3           | 345.64            | 0.04%           |
| West Volusia Hospital Authority 10.07 Other respiratory diseases principally affecting the interstitium 1 2 254.57 0.03% West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03% West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 2 245.45 0.03% West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 07.03      | Disorders of sclera, cornea, iris and ciliary body                             | 2               | 2           | 312.25            | 0.04%           |
| West Volusia Hospital Authority 09.10 Other and unspecified disorders of the circulatory system 2 3 250.58 0.03%  West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 245.45 0.03%  West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%   | 00532    | West Volusia Hospital Authority | 19.08      | Injuries to the hip and thigh  | 2               | 2           | 279.25            | 0.03%           |
| West Volusia Hospital Authority 08.02 Diseases of middle ear and mastoid 1 1 245.45 0.03%  West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%   | 00532    | West Volusia Hospital Authority | 10.07      | Other respiratory diseases principally affecting the interstitium              | 1               | 2           | 254.57            | 0.03%           |
| 00532 West Volusia Hospital Authority 15.04 Other maternal disorders predominantly related to pregnancy 2 3 222.44 0.03%  | 00532    | West Volusia Hospital Authority | 09.10      | Other and unspecified disorders of the circulatory system                      | 2               | 3           | 250.58            | 0.03%           |
|   | 00532    | West Volusia Hospital Authority | 08.02      | Diseases of middle ear and mastoid   | 1               | 1           | 245.45            | 0.03%           |
| West Volusia Hospital Authority 07.10 Visual disturbances and blindness 1 1 205.00 0.03%  | 00532    | West Volusia Hospital Authority | 15.04      | Other maternal disorders predominantly related to pregnancy                    | 2               | 3           | 222.44            | 0.03%           |
|   | 00532    | West Volusia Hospital Authority | 07.10      | Visual disturbances and blindness  | 1               | 1           | 205.00            | 0.03%           |





Block of Business ID: Client ID: EBMSI 00532

Paid Date: 7/1/2021 to 7/31/2021

| ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount | Percent of<br>Total |
|----------|---------------------------------|------------|--|-----------------|-------------|-------------|---------------------|
| 00532    | West Volusia Hospital Authority | 01.14      | Human immunodeficiency virus [HIV] disease                                   | 1               | 1           | 193.53      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 09.02      | Chronic rheumatic heart diseases   | 3               | 3           | 190.62      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 18.07      | Symptoms and signs involving speech and voice                                | 2               | 2           | 189.18      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 02.18      | In situ neoplasms  | 2               | 2           | 179.87      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 10.02      | Influenza and pneumonia  | 2               | 2           | 165.77      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 14.09      | Inflammatory diseases of female pelvic organs                                | 3               | 3           | 165.00      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 13.18      | Intraoperative and postprocedural complications and disorders of             | 1               | 2           | 163.56      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 14.04      | Urolithiasis   | 1               | 1           | 157.65      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 01.04      | Other bacterial diseases   | 1               | 1           | 154.30      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 17.10      | Other congenital malformations   | 1               | 1           | 152.18      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 05.06      | Behavioral syndromes associated with physiological disturbances and          | 2               | 2           | 151.75      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 19.06      | Injuries to the elbow and forearm  | 2               | 2           | 138.60      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 17.09      | Congenital malformations and deformations of the musculoskeletal system      | 1               | 1           | 131.42      | 0.03%               |
| 00532    | West Volusia Hospital Authority | 05.10      | Behavioral and emotional disorders with onset usually occurring in childhood | 1               | 1           | 131.33      | 0.02%               |
| 00532    | West Volusia Hospital Authority | 01.01      | Intestinal infectious diseases   | 1               | 1           | 99.18       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 10.09      | Other diseases of the pleura   | 2               | 2           | 79.83       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 17.03      | Congenital malformations of the circulatory system                           | 1               | 1           | 76.11       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 19.13      | Effects of foreign body entering through natural orifice                     | 1               | 1           | 65.61       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 12.04      | Papulosquamous disorders   | 1               | 1           | 65.23       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 15.06      | Complications of labor and delivery  | -1              | 1           | 63.95       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 01.19      | Pediculosis, acariasis and other infestations                                | 1               | 2           | 60.71       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 18.13      | Abnormal tumor markers   | 2               | 2           | 59.76       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 08.01      | Diseases of external ear   | , 1             | 1           | 57.55       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 01.11      | Viral infections characterized by skin and mucous membrane lesions           | 1               | 1           | 55.52       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 04.08      | Overweight, obesity and other hyperalimentation                              | 1               | 1           | 55.44       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 17.08      | Congenital malformations of the urinary system                               | 1               | 1           | 53.95       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 13.21      | Chronic Gout   | 1               | 1           | 12.20       | 0.00%               |
|          |                                 |            |  | 1649            | 2607        | 819,432.88  | 100.00%             |





Block of Business ID: Client ID: EBMSI 00532

Paid Date: 1/1/2021 to 7/31/2021

| ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount Percent of<br>Total |       |
|----------|---------------------------------|------------|--|-----------------|-------------|---------------------------------|-------|
| 00532    | West Volusia Hospital Authority | 02.08      | Malignant neoplasms of breast  | 14              | 170         | 174,080.04                      | 5.14% |
| 00532    | West Volusia Hospital Authority | 09.06      | Other forms of heart disease   | 73              | 190         | 166,879.22                      | 4.93% |
| 00532    | West Volusia Hospital Authority | 21.09      | Encounters for other specific health care                            | 34              | 117         | 140,737.13                      | 4.16% |
| 00532    | West Volusia Hospital Authority | 18.02      | Symptoms and signs involving the digestive system and abdomen        | 215             | 522         | 136,050.46                      | 4.02% |
| 00532    | West Volusia Hospital Authority | 21.01      | Persons encountering health services for examinations                | 563             | 877         | 132,179.05                      | 3.90% |
| 00532    | West Volusia Hospital Authority | 11.02      | Diseases of esophagus, stomach and duodenum                          | 131             | 433         | 124,399.41                      | 3.67% |
| 00532    | West Volusia Hospital Authority | 09.04      | Ischemic heart diseases  | 38              | 83          | 113,643.68                      | 3.36% |
| 00532    | West Volusia Hospital Authority | 04.02      | Diabetes mellitus  | 251             | 628         | 108,653.47                      | 3.21% |
| 00532    | West Volusia Hospital Authority | 14.10      | Noninflammatory disorders of female genital tract                    | 112             | 306         | 106,641.43                      | 3.15% |
| 00532    | West Volusia Hospital Authority | 13.04      | Osteoarthritis   | 76              | 168         | 98,166.91                       | 2.90% |
| 00532    | West Volusia Hospital Authority | 13.09      | Spondylopathies  | 78              | 246         | 98,056.92                       | 2.90% |
| 00532    | West Volusia Hospital Authority | 05.04      | Mood [affective] disorders   | 144             | 755         | 97,614.02                       | 2.88% |
| 00532    | West Volusia Hospital Authority | 11.04      | Hernia   | 25              | 71          | 94,267.31                       | 2.78% |
| 00532    | West Volusia Hospital Authority | 18.01      | Symptoms and signs involving the circulatory and respiratory systems | 158             | 342         | 77,992.45                       | 2.30% |
| 00532    | West Volusia Hospital Authority | 22.1       | Emergency Use 2019-nCoVacute respiratory disease                     | 17              | 47          | 75,596.52                       | 2.23% |
| 00532    | West Volusia Hospital Authority | 13.13      | Other soft tissue disorders  | 116             | 263         | 73,787.37                       | 2.18% |
| 00532    | West Volusia Hospital Authority | 13.10      | Other dorsopathies   | 163             | 536         | 73,675.14                       | 2.18% |
| 00532    | West Volusia Hospital Authority | 02.19      | Benign neoplasms, except benign neuroendocrine tumors                | 95              | 170         | 72,274.93                       | 2.13% |
| 00532    | West Volusia Hospital Authority | 03.05      | Other disorders of blood and blood-forming organs                    | 22              | 103         | 72,200.91                       | 2.13% |
| 00532    | West Volusia Hospital Authority | 11.06      | Other diseases of intestines   | 85              | 178         | 68,327.95                       | 2.02% |
| 00532    | West Volusia Hospital Authority | 02.11      | Malignant neoplasms of urinary tract                                 | 6               | 49          | 60,429.30                       | 1.78% |
| 00532    | West Volusia Hospital Authority | 13.05      | Other joint disorders  | 125             | 411         | 45,644.71                       | 1.35% |
| 00532    | West Volusia Hospital Authority | 04.09      | Metabolic disorders  | 189             | 302         | 43,768.73                       | 1.29% |
| 00532    | West Volusia Hospital Authority | 10.04      | Other diseases of upper respiratory tract                            | 37              | 89          | 41,062.39                       | 1.21% |
| 00532    | West Volusia Hospital Authority | 07.04      | Disorders of lens  | 40              | 99          | 36,730.48                       | 1.08% |
| 00532    | West Volusia Hospital Authority | 09.08      | Diseases of arteries, arterioles and capillaries                     | 29              | 68          | 34,601.57                       | 1.02% |
| 00532    | West Volusia Hospital Authority | 09.03      | Hypertensive diseases  | 173             | 266         | 32,394.46                       | 0.96% |
| 00532    | West Volusia Hospital Authority | 14.06      | Other diseases of the urinary system                                 | 45              | 94          | 31,242.56                       | 0.92% |
| 00532    | West Volusia Hospital Authority | 18.08      | General symptoms and signs   | 94              | 158         | 30,763.99                       | 0.91% |
| 00532    | West Volusia Hospital Authority | 06.06      | Episodic and paroxysmal disorders                                    | 64              | 128         | 29,766.26                       | 0.88% |





Block of Business ID:

EBMSI

Client ID:

00532

Paid Date: 1/1/2021 to 7/31/2021

| West Volusia Hospital Authority 18.12 Abnormal findings on diagnostic imaging and in function studies, without 93 123  West Volusia Hospital Authority 11.05 Noninfective enteritis and colitis 13 55  West Volusia Hospital Authority 21.15 Persons with potential health hazards related to family and personal history 87 188  West Volusia Hospital Authority 10.05 Chronic lower respiratory diseases 65 194  West Volusia Hospital Authority 14.03 Acute kidney failure and chronic kidney disease 60 171  West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1 1  West Volusia Hospital Authority 03.01 Nutritional anemias 36 160 | 27,048.70     0.80%       25,745.94     0.76%       25,183.77     0.74%       25,142.36     0.74%       23,384.51     0.69%       22,492.96     0.66%       21,496.64     0.63% |
|---|---|
| West Volusia Hospital Authority 11.05 Noninfective enteritis and colitis 13 55 West Volusia Hospital Authority 21.15 Persons with potential health hazards related to family and personal history 87 188 West Volusia Hospital Authority 10.05 Chronic lower respiratory diseases 65 194 West Volusia Hospital Authority 14.03 Acute kidney failure and chronic kidney disease 60 171 West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1  | 27,048.70     0.80%       25,745.94     0.76%       25,183.77     0.74%       25,142.36     0.74%       23,384.51     0.69%       22,492.96     0.66%       21,496.64     0.63% |
| West Volusia Hospital Authority 21.15 Persons with potential health hazards related to family and personal history 87 188 West Volusia Hospital Authority 10.05 Chronic lower respiratory diseases 65 194 West Volusia Hospital Authority 14.03 Acute kidney failure and chronic kidney disease 60 171 West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1   | 25,745.94 0.76%<br>25,183.77 0.74%<br>25,142.36 0.74%<br>23,384.51 0.69%<br>22,492.96 0.66%<br>21,496.64 0.63%  |
| West Volusia Hospital Authority 10.05 Chronic lower respiratory diseases 65 194 West Volusia Hospital Authority 14.03 Acute kidney failure and chronic kidney disease 60 171 West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1   | 25,183.77 0.74%<br>25,142.36 0.74%<br>23,384.51 0.69%<br>22,492.96 0.66%<br>21,496.64 0.63%   |
| West Volusia Hospital Authority 14.03 Acute kidney failure and chronic kidney disease 60 171  West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1  | 25,142.36 0.74%<br>23,384.51 0.69%<br>22,492.96 0.66%<br>21,496.64 0.63%  |
| West Volusia Hospital Authority 10.10 Intraoperative and postprocedural complications and disorders of respiratory 1 1  | 23,384.51 0.69%<br>22,492.96 0.66%<br>21,496.64 0.63%   |
|   | 22,492.96 0.66%<br>21,496.64 0.63%  |
|   | 21,496.64 0.63%   |
|   |   |
| 00532 West Volusia Hospital Authority 19.22 Complications of surgical and medical care, not elsewhere classified 9 21   | 20 002 11 0 620/  |
| 00532 West Volusia Hospital Authority 01.04 Other bacterial diseases 10 62  | 20,903.11 0.62%   |
| 00532 West Volusia Hospital Authority 18.03 Symptoms and signs involving the skin and subcutaneous tissue 41 66   | 20,898.58 0.62%   |
| 00532 West Volusia Hospital Authority 02.02 Malignant neoplasms of digestive organs 7 102   | 18,612.08 0.55%   |
| West Volusia Hospital Authority 09.09 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified 25 64  | 18,605.06 0.55%   |
| 00532 West Volusia Hospital Authority 14.04 Urolithiasis 17 39  | 18,253.48 0.54%   |
| 00532 West Volusia Hospital Authority 14.08 Disorders of breast 61 80   | 17,256.86 0.51%   |
| West Volusia Hospital Authority 05.05 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic 49 168   | 17,123.66 0.51%   |
| 00532 West Volusia Hospital Authority 14.07 Diseases of male genital organs 20 41   | 16,459.11 0.49%   |
| 00532 West Volusia Hospital Authority 03.03 Aplastic and other anemias and other bone marrow failure syndromes 33 68  | 16,108.59 0.48%   |
| West Volusia Hospital Authority 09.05 Pulmonary heart disease and diseases of pulmonary circulation 8 42  | 15,682.71 0.46%   |
| West Volusia Hospital Authority 18.09 Abnormal findings on examination of blood, without diagnosis 71 105   | 15,192.34 0.45%   |
| 00532 West Volusia Hospital Authority 19.05 Injuries to the shoulder and upper arm 8 41   | 15,007.58 0.44%   |
| 00532 West Volusia Hospital Authority 19.09 Injuries to the knee and lower leg 17 47  | 14,090.53 0.42%   |
| 00532 West Volusia Hospital Authority 04.01 Disorders of thyroid gland 82 116   | 13,762.09 0.41%   |
| 00532 West Volusia Hospital Authority 12.07 Disorders of skin appendages 13 22  | 13,258.67 0.39%   |
| 00532 West Volusia Hospital Authority 02.05 Melanoma and other malignant neoplasms of skin 11 39  | 13,142.68 0.39%   |
| 00532 West Volusia Hospital Authority 09.07 Cerebrovascular diseases 23 71  | 13,088.65 0.39%   |
| West Volusia Hospital Authority 11.09 Disorders of gallbladder, biliary tract and pancreas 23 51  | 13,056.75 0.39%   |
| 00532 West Volusia Hospital Authority 10.11 Other diseases of the respiratory system 18 58  | 12,167.77 0.36%   |
| 00532 West Volusia Hospital Authority 02.09 Malignant neoplasms of female genital organs 5 61   | 11,839.50 0.35%   |
| 00532 West Volusia Hospital Authority 11.03 Diseases of appendix 2 6  | 11,759.90 0.35%   |
| 00532 West Volusia Hospital Authority 11.08 Diseases of liver 49 81   | 11,751.38 0.35%   |





Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

| ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount Percent of Total |       |
|----------|---------------------------------|------------|--|-----------------|-------------|------------------------------|-------|
| 00532    | West Volusia Hospital Authority | 02.17      | Malignant neoplasms of lymphoid, hematopoietic and related tissue              | 5               | 23          | 11,733.35                    | 0.35% |
| 00532    | West Volusia Hospital Authority | 13.08      | Deforming dorsopathies   | 15              | 40          | 11,542.99                    | 0.34% |
| 00532    | West Volusia Hospital Authority | 18.06      | Symptoms and signs involving cognition, perception, emotional state and        | 27              | 43          | 11,490.99                    | 0.34% |
| 00532    | West Volusia Hospital Authority | 06.11      | Other disorders of the nervous system  | 44              | 97          | 11,252.56                    | 0.33% |
| 00532    | West Volusia Hospital Authority | 07.06      | Glaucoma   | 31              | 53          | 11,251.28                    | 0.33% |
| 00532    | West Volusia Hospital Authority | 05.09      | Pervasive and specific developmental disorders                                 | 2               | 3           | 11,250.81                    | 0.33% |
| 00532    | West Volusia Hospital Authority | 21.07      | Persons with potential health hazards related to communicable diseases         | 18              | 25          | 10,726.11                    | 0.32% |
| 00532    | West Volusia Hospital Authority | 19.06      | Injuries to the elbow and forearm  | 3               | 38          | 10,719.89                    | 0.32% |
| 00532    | West Volusia Hospital Authority | 05.02      | Mental and behavioral disorders due to psychoactive substance use              | 25              | 43          | 10,154.34                    | 0.30% |
| 00532    | West Volusia Hospital Authority | 13.15      | Other osteopathies   | 8               | 15          | 9,783.66                     | 0.29% |
| 00532    | West Volusia Hospital Authority | 15.02      | Supervision of high risk pregnancy   | 14              | 134         | 9,638.54                     | 0.28% |
| 00532    | West Volusia Hospital Authority | 11.07      | Diseases of peritoneum and retroperitoneum                                     | 2               | 19          | 8,809.81                     | 0.26% |
| 00532    | West Volusia Hospital Authority | 12.09      | Other disorders of the skin and subcutaneous tissue                            | 30              | 60          | 8,293.57                     | 0.24% |
| 00532    | West Volusia Hospital Authority | 21.08      | Persons encountering health services in circumstances related to reproduction  | 30              | 101         | 7,675.07                     | 0.23% |
| 00532    | West Volusia Hospital Authority | 06.07      | Nerve, nerve root and plexus disorders   | 12              | 31          | 6,908.75                     | 0.20% |
| 00532    | West Volusia Hospital Authority | 02.01      | Malignant neoplasms of lip, oral cavity and pharynx                            | 1               | 31          | 6,679.72                     | 0.20% |
| 00532    | West Volusia Hospital Authority | 11.10      | Other diseases of the digestive system   | 9               | 20          | 6,535.87                     | 0.19% |
| 00532    | West Volusia Hospital Authority | 02.20      | Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic         | 28              | 52          | 6,445.72                     | 0.19% |
| 00532    | West Volusia Hospital Authority | 08.02      | Diseases of middle ear and mastoid   | 6               | 12          | 6,297.50                     | 0.19% |
| 00532    | West Volusia Hospital Authority | 12.01      | Infections of the skin and subcutaneous tissue                                 | 24              | 34          | 5,895.63                     | 0.17% |
| 00532    | West Volusia Hospital Authority | 02.10      | Malignant neoplasms of male genital organs                                     | 4               | 36          | 5,849.15                     | 0.17% |
| 00532    | West Volusia Hospital Authority | 13.03      | Inflammatory polyarthropathies   | 30              | 55          | 5,554.69                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 03.04      | Coagulation defects, purpura and other hemorrhagic conditions                  | 11              | 58          | 5,544.07                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 07.02      | Disorders of conjunctiva   | 6               | 10          | 5,521.40                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 18.11      | Abnormal findings on examination of other body fluids, substances and          | 20              | 58          | 5,473.57                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 15.06      | Complications of labor and delivery  | 3               | 3           | 5,411.07                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 01.01      | Intestinal infectious diseases   | 7               | 9           | 5,346.49                     | 0.16% |
| 00532    | West Volusia Hospital Authority | 05.03      | Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders | 14              | 53          | 5,107.88                     | 0.15% |
| 00532    | West Volusia Hospital Authority | 13.14      | Disorders of bone density and structure  | 21              | 51          | 5,074.22                     | 0.15% |
| 00532    | West Volusia Hospital Authority | 07.01      | Disorders of eyelid, lacrimal system and orbit                                 | 26              | 37          | 4,758.37                     | 0.14% |



Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:34:38 on 01 August 2021



## **Cost of Minor**

Block of Business ID: Client ID: EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

| Palu Dat | 1/1/2021                        | 10 7/31/2021 |   |                 |             |                 |                  |
|----------|---------------------------------|--------------|---|-----------------|-------------|-----------------|------------------|
| ClientId | Client Name                     | Categoryld   | Category Description  | Unique Patients | Claim Count | Paid Amount Per | cent of<br>Total |
| 00532    | West Volusia Hospital Authority | 19.01        | Injuries to the head  | 8               | 15          | 4,470.74        | 0.13%            |
| 00532    | West Volusia Hospital Authority | 12.03        | Dermatitis and eczema   | 24              | 39          | 4,452.49        | 0.13%            |
| 00532    | West Volusia Hospital Authority | 01.14        | Human immunodeficiency virus [HIV] disease                                      | 14              | 38          | 4,295.61        | 0.13%            |
| 00532    | West Volusia Hospital Authority | 19.03        | Injuries to the thorax  | 2               | 2           | 3,989.29        | 0.12%            |
| 00532    | West Volusia Hospital Authority | 19.04        | Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals | 10              | 33          | 3,973.54        | 0.12%            |
| 00532    | West Volusia Hospital Authority | 19.10        | Injuries to the ankle and foot  | 14              | 26          | 3,971.63        | 0.12%            |
| 00532    | West Volusia Hospital Authority | 18.04        | Symptoms and signs involving the nervous and musculoskeletal systems            | 19              | 27          | 3,906.02        | 0.12%            |
| 00532    | West Volusia Hospital Authority | 13.12        | Disorders of synovium and tendon  | 16              | 23          | 3,881.49        | 0.11%            |
| 00532    | West Volusia Hospital Authority | 02.14        | Malignant neoplasms of ill-defined, other secondary and unspecified sites       | 4               | 17          | 3,721.85        | 0.11%            |
| 00532    | West Volusia Hospital Authority | 04.07        | Other nutritional deficiencies  | 37              | 46          | 3,608.23        | 0.11%            |
| 00532    | West Volusia Hospital Authority | 07.03        | Disorders of sclera, cornea, iris and ciliary body                              | 8               | 10          | 3,589.13        | 0.11%            |
| 00532    | West Volusia Hospital Authority | 07.07        | Disorders of vitreous body and globe  | 10              | 16          | 3,528.43        | 0.10%            |
| 00532    | West Volusia Hospital Authority | 10.02        | Influenza and pneumonia   | 13              | 37          | 3,463.04        | 0.10%            |
| 00532    | West Volusia Hospital Authority | 01.13        | Viral hepatitis   | 16              | 25          | 3,416.80        | 0.10%            |
| 00532    | West Volusia Hospital Authority | 08.04        | Other disorders of ear  | 17              | 29          | 3,293.37        | 0.10%            |
| 00532    | West Volusia Hospital Authority | 04.04        | Disorders of other endocrine glands   | 14              | 18          | 3,165.59        | 0.09%            |
| 00532    | West Volusia Hospital Authority | 01.16        | Mycoses   | 22              | 28          | 3,064.20        | 0.09%            |
| 00532    | West Volusia Hospital Authority | 14.05        | Other disorders of kidney and ureter  | 18              | 32          | 2,855.70        | 0.08%            |
| 00532    | West Volusia Hospital Authority | 02.06        | Malignant neoplasms of mesothelial and soft tissue                              | 1               | 6           | 2,698.69        | 0.08%            |
| 00532    | West Volusia Hospital Authority | 18.05        | Symptoms and signs involving the genitourinary system                           | 29              | 44          | 2,676.95        | 0.08%            |
| 00532    | West Volusia Hospital Authority | 13.11        | Disorders of muscles  | 12              | 29          | 2,602.54        | 0.08%            |
| 00532    | West Volusia Hospital Authority | 14.02        | Renal tubulo-interstitial diseases  | 4               | 15          | 2,545.58        | 0.08%            |
| 00532    | West Volusia Hospital Authority | 17.08        | Congenital malformations of the urinary system                                  | 2               | 3           | 2,426.74        | 0.07%            |
| 00532    | West Volusia Hospital Authority | 15.04        | Other maternal disorders predominantly related to pregnancy                     | 10              | 37          | 1,856.86        | 0.05%            |
| 00532    | West Volusia Hospital Authority | 05.07        | Disorders of adult personality and behavior                                     | 4               | 17          | 1,802.98        | 0.05%            |
| 00532    | West Volusia Hospital Authority | 13.01        | Infectious arthropathies  | 2               | 19          | 1,728.89        | 0.05%            |
| 00532    | West Volusia Hospital Authority | 07.05        | Disorders of choroid and retina   | 7               | 9           | 1,663.35        | 0.05%            |
| 00532    | West Volusia Hospital Authority | 08.03        | Diseases of inner ear   | 1               | 12          | 1,497.54        | 0.04%            |
| 00532    | West Volusia Hospital Authority | 19.07        | Injuries to the wrist, hand and fingers   | 10              | 16          | 1,460.48        | 0.04%            |
|          |                                 |              |   |                 |             |                 |                  |



West Volusia Hospital Authority

19.08

Injuries to the hip and thigh

00532

Requested by: ReportScheduler from p316 data [P316]
Generated at: 00:34:38 on 01 August 2021

0.04%

1,413.37

Products: MM, DE, RX, VI



# **Cost of Minor**

Block of Business ID: Client ID: EBMSI 00532

Paid Date:

1/1/2021 to 7/31/2021

Products: MM, DE, RX, VI

| ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount Pe | ercent of<br>Total |
|----------|---------------------------------|------------|--|-----------------|-------------|----------------|--------------------|
| 00532    | West Volusia Hospital Authority | 18.07      | Symptoms and signs involving speech and voice                                | 4               | 11          | 1,395.39       | 0.04%              |
| 00532    | West Volusia Hospital Authority | 02.18      | In situ neoplasms  | 5               | 12          | 1,339.06       | 0.04%              |
| 00532    | West Volusia Hospital Authority | 14.09      | Inflammatory diseases of female pelvic organs                                | 9               | 11          | 1,328.92       | 0.04%              |
| 00532    | West Volusia Hospital Authority | 13.07      | Systemic connective tissue disorders   | 10              | 16          | 1,251.75       | 0.04%              |
| 00532    | West Volusia Hospital Authority | 12.06      | Radiation-related disorders of the skin and subcutaneous tissue              | 8               | 9           | 1,181.17       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 06.03      | Extrapyramidal and movement disorders  | 7               | 10          | 1,161.38       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 01.11      | Viral infections characterized by skin and mucous membrane lesions           | 8               | 8           | 1,026.72       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 09.02      | Chronic rheumatic heart diseases   | 9               | 10          | 1,025.65       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 05.06      | Behavioral syndromes associated with physiological disturbances and          | 7               | 9           | 1,014.19       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 19.20      | Other and unspecified effects of external causes                             | 3               | 4           | 1,011.17       | 0.03%              |
| 00532    | West Volusia Hospital Authority | 17.03      | Congenital malformations of the circulatory system                           | 4               | 12          | 982.84         | 0.03%              |
| 00532    | West Volusia Hospital Authority | 01.05      | Infections with a predominantly sexual mode of transmission                  | 2               | 4           | 950.29         | 0.03%              |
| 00532    | West Volusia Hospital Authority | 07.10      | Visual disturbances and blindness  | 6               | 9           | 908.00         | 0.03%              |
| 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 | 06.04      | Other degenerative diseases of the nervous system                            | 7               | 8           | 859.91         | 0.03%              |
| 00532    | West Volusia Hospital Authority | 18.10      | Abnormal findings on examination of urine, without diagnosis                 | 10              | 13          | 842.93         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 10.01      | Acute upper respiratory infections   | 5               | 8           | 771.14         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 12.05      | Urticaria and erythema   | 5               | 6           | 758.50         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 10.07      | Other respiratory diseases principally affecting the interstitium            | 5               | 8           | 741.54         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 15.09      | Other obstetric conditions, not elsewhere classified                         | 7               | 14          | 711.39         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 11.01      | Diseases of oral cavity and salivary glands                                  | 5               | 6           | 709.48         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 09.10      | Other and unspecified disorders of the circulatory system                    | 5               | 7           | 613.59         | 0.02%              |
| 00532    | West Volusia Hospital Authority | 13.16      | Chondropathies   | 1               | 4           | 528.34         | 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         | 0.01%              |
| 00532    | West Volusia Hospital Authority | 18.13      | Abnormal tumor markers   | 7               | 9           | 499.86         | 0.01%              |
| 00532    | West Volusia Hospital Authority | 01.21      | Bacterial and viral infectious agents  | 4               | 5           | 443.63         | 0.01%              |
| 00532    | West Volusia Hospital Authority | 13.18      | Intraoperative and postprocedural complications and disorders of             | 2               | 5           | 383.11         | 0.01%              |
| 00532    | West Volusia Hospital Authority | 04.06      | Malnutrition   | 1               | 1           | 351.39         | 0.01%              |
| 00532    | West Volusia Hospital Authority | 05.10      | Behavioral and emotional disorders with onset usually occurring in childhood | 2               | 3           | 350.46         | 0.01%              |





# **Cost of Minor**

Block of Business ID:

EBMSI 00532

Client ID: Paid Date:

1/1/2021 to 7/31/2021

Products: MM, DE, RX, VI

| ClientId | Client Name                     | Categoryld | Category Description   | Unique Patients | Claim Count | Paid Amount  | Percent of<br>Total |
|----------|---------------------------------|------------|--|-----------------|-------------|--------------|---------------------|
| 00532    | West Volusia Hospital Authority | 19.18      | Poisoning by, adverse effects of and underdosing of drugs, medicaments and | 3               | 5           | 345.92       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 12.04      | Papulosquamous disorders   | 3               | 4           | 332.93       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 15.01      | Pregnancy with abortive outcome  | 1               | 12          | 315.99       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 17.09      | Congenital malformations and deformations of the musculoskeletal system    | 2               | 2           | 294.66       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 01.22      | Other infectious diseases  | 1               | 1           | 268.38       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 10.06      | Lung diseases due to external agents                                       | 1               | 2           | 240.94       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 17.10      | Other congenital malformations   | 1               | 2           | 233.67       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 08.01      | Diseases of external ear   | 2               | 2           | 230.69       | 0.01%               |
| 00532    | West Volusia Hospital Authority | 06.08      | Polyneuropathies and other disorders of the peripheral nervous system      | 2               | 2           | 211.33       | 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 | 10.09      | Other diseases of the pleura   | 7               | 10          | 157.26       | 0.00%               |
| 00532    | West Volusia Hospital Authority | 07.09      | Disorders of ocular muscles, binocular movement, accommodation and         | 1               | 1           | 157.15       | 0.00%               |
| 00532    | West Volusia Hospital Authority | 19.12      | Injury of unspecified body region  | 1               | 1           | 152.13       | 0.00%               |
| 00532    | West Volusia Hospital Authority | 04.08      | Overweight, obesity and other hyperalimentation                            | 1               | 2           | 151.19       | 0.00%               |
| 00532    | West Volusia Hospital Authority | 13.21      | Chronic Gout   | 2               | 2           | 95.00        | 0.00%               |
| 00532    | West Volusia Hospital Authority | 06.09      | Diseases of myoneural junction and muscle                                  | 1               | 1           | 82.80        | 0.00%               |
| 00532    | West Volusia Hospital Authority | 02.22      | Neoplasms of unspecified behavior  | 1               | 2           | 75.54        | 0.00%               |
| 00532    | West Volusia Hospital Authority | 19.13      | Effects of foreign body entering through natural orifice                   | 1               | 1           | 65.61        | 0.00%               |
| 00532    | West Volusia Hospital Authority | 01.19      | Pediculosis, acariasis and other infestations                              | 1               | 2           | 60.71        | 0.00%               |
| 00532    | West Volusia Hospital Authority | 21.06      | Hormone sensitivity malignancy status                                      | 1               | 1           | 39.47        | 0.00%               |
|          |                                 |            |  | 5195            | 12436       | 3,386,922.97 | 100.00%             |





# **Summary of Claims Paid By Location**

Block of Business ID: Client ID: EBMSI 00532

Paid Date: 7/1/2021 to 7/31/2021

| Description                           |               | Claims | Medical    | Dental | Vision | Prescription | Disability | Total Paid |
|---------------------------------------|---------------|--------|------------|--------|--------|--------------|------------|------------|
| 00532-West Volusia Hospital Authority |               |        |            |        |        |              |            |            |
| DeLand                                |               | 5      | 0.00       | 0.00   | 0.00   | 0.00         | 0.00       | 0.00       |
| Deltona                               |               | 39     | 1,555.95   | 0.00   | 0.00   | 0.00         | 0.00       | 1,555.95   |
| miCareDeLand                          |               | 1878   | 375,423.64 | 0.00   | 0.00   | 0.00         | 0.00       | 375,423.64 |
| miCareDelton                          |               | 1886   | 424,895.61 | 0.00   | 0.00   | 0.00         | 0.00       | 424,895.61 |
| miCarePierso                          |               | 147    | 17,557.68  | 0.00   | 0.00   | 0.00         | 0.00       | 17,557.68  |
| Pierson                               |               | 1      | 0.00       | 0.00   | 0.00   | 0.00         | 0.00       | 0.00       |
|                                       | 00532 Totals: | 3956   | 819,432.88 | 0.00   | 0.00   | 0.00         | 0.00       | 819,432.88 |





# **Summary of Claims Paid By Location**

Block of Business ID: Client ID:

EBMSI 00532 Paid Date: 1/1/2021 to 7/31/2021

| Description                           |  | Claims | Medical      | Dental                                  | Vision | Prescription | Disability | Total Paid   |
|---------------------------------------|--|--------|--------------|---|--------|--------------|------------|--------------|
| 00532-West Volusia Hospital Authority | and the second second second second second |        |              | Second Medicine and the second medicine |        |              |            |              |
| DeLand                                |  | 342    | 12,813.17    | 0.00                                    | 0.00   | 0.00         | 0.00       | 12,813.17    |
| Deltona                               |  | 433    | 95,365.58    | 0.00                                    | 0.00   | 0.00         | 0.00       | 95,365.58    |
| miCareDeLand                          |  | 11697  | 1,462,483.56 | 0.00                                    | 0.00   | 0.00         | 0.00       | 1,462,483.56 |
| miCareDelton                          |  | 11994  | 1,639,939.12 | 0.00                                    | 0.00   | 0.00         | 0.00       | 1,639,939.12 |
| miCarePierso                          |  | 1190   | 163,948.65   | 0.00                                    | 0.00   | 0.00         | 0.00       | 163,948.65   |
| Pierson                               | 5000 St. 1 50                              | 61     | 12,372.89    | 0.00                                    | 0.00   | 0.00         | 0.00       | 12,372.89    |
|                                       | 00532 Totals:                              | 25717  | 3,386,922.97 | 0.00                                    | 0.00   | 0.00         | 0.00       | 3,386,922.97 |



Top Providers by Paid Amount for Tins: '550799729' mįBenefits<sup>ij.</sup>

**Block of Business ID:** Client ID:

EBMSI 00532

Paid Date: 7/1/2021 to 7/31/2021

There is no data to display
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for the parameters

Requested by: ReportScheduler from p316 data [P316]





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

Block of Business ID: Client ID:

EBMSI 00532

Paid Date: 1/1/2021 to 7/31/2021

| Tin        | NPI        | Provider                | City          | State | Specialty | Claim<br>Count | Billed<br>Charges | Over UCR | PPO<br>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       |



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

Block of Business ID: Client ID:

EBMSI 00532

Paid Date: 7/1/2021 to 7/31/2021

| atient Resp                        | 00.00                 |
|------------------------------------|-----------------------|
| Plan Paid Patient Res <sub>l</sub> | 00.00                 |
| Allowed                            | 00.00                 |
| PPO<br>Discount                    | 00.00                 |
| Over UCR                           | 00.00                 |
| Billed<br>Charges                  | 00.0                  |
| Claim                              | 719                   |
|                                    |                       |
| Specialty                          | Clinic                |
| State                              | MT                    |
| City                               | Billings              |
|                                    |                       |
| Provider                           | Micare LLC            |
| NPi                                | 1942540356 Micare LLC |
| Ë                                  | 20-4552956            |



miBenefits F

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

Block of Business ID: Client ID:

EBMSI 00532

Plan Paid Patient Resp Allowed PPO Discount Over UCR Billed Charges Count State Specialty City Provider 를

20-4552956 1942540356 Micare LLC

Clinic MT

Billings

5859

0.00

0.00

0.00 0.00

0.00

0.00

Paid Date: 1/1/2021 to 7/31/2021

ebms in Improving Lives



### CLAIMS PAID BY MONTH

|               | Improving  |              |             |        |              | CLAIMS                 | S PAID BY             | MONTH  |                      |                   | P                        | aid Dat    | e: 1/1/20             | to 7/31/2 | 21                   |                   |
|---------------|--|--------------|-------------|--------|--------------|------------------------|-----------------------|--|----------------------|-------------------|--------------------------|------------|-----------------------|-----------|----------------------|-------------------|
| Location Name | Month  | Hospital     | Laboratory  | PCP    | Speciality   | Facility<br>Physician  | Total Claims<br>Count | Total Paid<br>Claims   | Total Fixed<br>Costs | Employee<br>Count | PEPM Cost/ I<br>Employee | Hospital L | ab PEPM PO            | CP PEPM S | Speciality F<br>PEPM | Facility<br>PEPM  |
| 00532 - Wes   | t Volusia  | Hospital A   | uthority    |        | ×6,241.00    | Saltanii ada a saltana |                       | ANTONIO DE LA COLOR DE LA COLO |                      |                   |                          |            | Carl Name and DESCRIP |           |                      |                   |
| miCareDeLand  | 01-2021  | \$0.00       | \$3,019.53  | \$0.00 | \$49,132.91  | \$0.00                 | 429                   | \$52,152.44  | \$0.00               | 1171              | \$44.54                  | \$0.00     | \$2.58                | \$0.00    | \$41.96              | \$0.00            |
| miCareDeLand  | 02-2021  | \$0.00       | \$11,639.77 | \$0.00 | \$83,073.60  | \$0.00                 | 692                   | \$94,713.37  | \$0.00               | 1183              | \$80.06                  | \$0.00     | \$9.84                | \$0.00    | \$70.22              | \$0.00            |
| miCareDeLand  | 03-2021  | \$399.64     | \$19,342.96 | \$0.00 | \$62,106.24  | \$0.00                 | 804                   | \$81,848.84  | \$0.00               | 1201              | \$68.15                  | \$0.33     | \$16.11               | \$0.00    | \$51.71              | \$0.00            |
| miCareDeLand  | 04-2021  | \$11,384.91  | \$18,064.94 | \$0.00 | \$155,406.21 | \$2,382.30             | 1124                  | \$187,238.36   | \$0.00               | 1209              | \$154.87                 | \$9.42     | \$14.94               | \$0.00    | \$128.54             | \$1.97            |
| miCareDeLand  | 05-2021  | \$12,871.90  | \$9,068.04  | \$0.00 | \$63,751.88  | \$433.53               | 742                   | \$86,125.35  | \$0.00               | 1136              | \$75.81                  | \$11.33    | \$7.98                | \$0.00    | \$56.12              | \$0.38            |
| miCareDeLand  | 06-2021  | \$13,900.10  | \$15,700.50 | \$0.00 | \$75,243.14  | \$83.26                | 826                   | \$104,927.00   | \$0.00               | 1068              | \$98.25                  | \$13.02    | \$14.70               | \$0.00    | \$70.45              | \$0.08            |
| miCareDeLand  | 07-2021  | \$42,632.07  | \$11,668.44 | \$0.00 | \$106,124.65 | \$393.03               | 1057                  | \$160,818.19   | \$0.00               | 977               | \$164.60                 | \$43.64    | \$11.94               | \$0.00    | \$108.62             | \$0.40            |
|               | Subtotal:  | \$81,188.62  | \$88,504.18 | \$0.00 | \$594,838.63 | \$3,292.12             | 5674                  | \$767,823.55   | \$0.00               | 7945              | \$96.64                  | \$10.22    | \$11.14               | \$0.00    | \$74.87              | \$0.41            |
| miCareDelton  | 01-2021  | \$0.00       | \$5,002.12  | \$0.00 | \$50,507.76  | \$0.00                 | 475                   | \$55,509.88  | \$0.00               | 931               | \$59.62                  | \$0.00     | \$5.37                | \$0.00    | \$54.25              | \$0.00            |
| miCareDelton  | 02-2021  | \$0.00       | \$12,705.80 | \$0.00 | \$79,621.20  | \$0.00                 | 787                   | \$92,327.00  | \$0.00               | 926               | \$99.71                  | \$0.00     | \$13.72               | \$0.00    | \$85.98              | \$0.00            |
| miCareDelton  | 03-2021  | \$0.00       | \$22,739.61 | \$0.00 | \$91,183.73  | \$0.00                 | 1054                  | \$113,923.34   | \$0.00               | 920               | \$123.83                 | \$0.00     | \$24.72               | \$0.00    | \$99.11              | \$0.00            |
| miCareDelton  | 04-2021  | \$44,699.87  | \$19,260.88 | \$0.00 | \$177,755.94 | \$669.76               | 1288                  | \$242,386.45   | \$0.00               | 911               | \$266.07                 | \$49.07    | \$21.14               | \$0.00    | \$195.12             | \$0.74            |
| miCareDelton  | 05-2021  | \$7,459.40   | \$8,118.85  | \$0.00 | \$81,102.95  | \$406.72               | 734                   | \$97,087.92  | \$0.00               | 837               | \$116.00                 | \$8.91     | \$9.70                | \$0.00    | \$96.90              | \$0.49            |
| miCareDelton  | 06-2021  | \$23,994.39  | \$14,062.15 | \$0.00 | \$97,861.77  | \$205.07               | 854                   | \$136,123.38   | \$0.00               | 823               | \$165.40                 | \$29.15    | \$17.09               | \$0.00    | \$118.91             | \$0.25            |
| miCareDelton  | 07-2021  | \$55,581.99  | \$16,756.38 | \$0.00 | \$156,907.89 | \$361.81               | 1109                  | \$229,608.07   | \$0.00               | 760               | \$302.12                 | \$73.13    | \$22.05               | \$0.00    | \$206.46             | \$0.48            |
|               | Subtotal:  | \$131,735.65 | \$98,645.79 | \$0.00 | \$734,941.24 | \$1,643.36             | 6301                  | \$966,966.04   | \$0.00               | 6108              | \$158.31                 | \$21.57    | \$16.15               | \$0.00    | \$120.32             | \$0.27            |
| 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            |
| miCarePierso  | 07-2021  | \$1,536.27   | \$1,087.01  | \$0.00 | \$9,630.37   | \$0.00                 | 74                    | \$12,253.65  | \$0.00               | 109               | \$112.42                 | \$14.09    | \$9.97                | \$0.00    | \$88.35              | \$0.00            |
|               | Subtotal:  | \$10,163.33  | \$9,405.26  | \$0.00 | \$43,983.40  | \$350.60               | 588                   | \$63,902.59  | \$0.00               | 867               | \$73.71                  | \$11.72    | \$10.85               | \$0.00    | \$50.73              | \$0.40            |
| N/A           | 01-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$268,812.50         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
| N/A           | 03-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$272,312.50         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
| N/A           | 04-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$172,375.00         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
| N/A           | 05-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$119,875.00         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
| N/A           | 06-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$111,375.00         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
| N/A           | 07-2021  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$102,000.00         | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
|               | Subtotal:  | \$0.00       | \$0.00      | \$0.00 | \$0.00       | \$0.00                 | 0                     | \$0.00   | \$1,046,750.00       | 0                 | \$0.00                   | \$0.00     | \$0.00                | \$0.00    | \$0.00               | \$0.00            |
|               | STATE OF THE PARTY |              |             |        |              |                        |                       |  |                      |                   |                          |            |                       |           |                      | The second second |

### **Parameters**

Beginning Location: Ending Location:

Paid Date: 1/1/2021-7/31/2021

Reporting Period: CLIENTYTD Location: 000-zzzzz

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

### Eileen Long

From:

Darik J. Croft <dcroft@ebms.com>

Sent:

Tuesday, August 10, 2021 12:00 PM

To:

Eileen Long; Eileen O'Reilly Long

Cc: Subject: Ted Small; Rose Alberts RE: Friendly reminder

Attachments:

WVHA Deland and Deltona - July 2021 Operating Report.pdf

Hi Eileen,

I have attached the miCare operating report for July 2021 to be included in the board materials for the August board meeting. I added some operational update at the beginning of the report. These include dates on medication dispense at Deltona, October 2021. I also included dates of operating hours change is Deltona. The change will go into effect September 1 and we will be running the clinic at 30 hours a week instead of 40 hours a week. Let me know if you have any additional questions but all outlined in the monthly operating report.

Thanks,

### Darik Croft, MBA

Chief Operating Officer- miCare | e: dcroft@ebms.com
t: 800.777.3575 ext. 1152 | p: 406-869-6548 | f: 406-652-5380 | m: 406-606-2749 |
2075 Overland Avenue | PO Box 21367 | Billings, MT 59104-1367
www.micareclinics.com www.ebms.com

Healthcare simplified.



From: Darik J. Croft <dcroft@ebms.com> Sent: Monday, August 9, 2021 1:06 PM

To: Rose Alberts <ralberts@veracity-benefits.com>

Cc: Eileen Long <elong@drtcpa.com>; Ted Small <tsmall@westvolusiahospitalauthority.org>; Eileen O'Reilly Long

<elong@westvolusiahospitalauthority.org>

Subject: Re: Friendly reminder

Hi Eileen

I will include the pharmacy dispense information in the monthly operating report. I will have that back over to you by noon tomorrow

Darik

Sent from my iPhone

On Aug 9, 2021, at 12:54 PM, Rose Alberts <ralberts@veracity-benefits.com> wrote:



### Operational updates:

- Medication Pick up at Deltona: miCare is currently working on processes for Deltona patients to be able to
  pick up their medications for miRx at the Deltona Clinic. We are working through proper storage and
  operational processes. We want to be able to implement October 2021. We will provide an update with
  communication materials prior to implementation in October
- Operating Hours in Deltona: The WVHA Deltona miCare Clinic will be decreasing hours of availability starting September 1, 2021. The clinic will operate 30 hours a week. We have started communicating the change to the patients and are currently working with our current staff on staffing model.

# WVHA miCare Clinic Deland and Deltona July 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 |
| July   | Appointments  | Appointments   | Appointments  | Appointments   | Appointments  |
| 2021   | 391 Hrs       | 237 Hrs        | 61%           | 154            | 39%           |

|         | Capacity      | Total Capacity | % of Total    | Total Capacity | % of Total    |
|---------|---------------|----------------|---------------|----------------|---------------|
|         | Available for | Used for       | Capacity      | Available for  | Capacity      |
| Deltona | Scheduled     | Scheduled      | Scheduled for | Unscheduled    | Available for |
| July    | Appointments  | Appointments   | Appointments  | Appointments   | Appointments  |
| 2021    | 175 Hrs       | 132 Hrs        | 75%           | 43 Hrs         | 25%           |

|                           | 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 |
| July                      | Appointments  | Appointments   | Appointments  | Appointments   | Appointments  |
| 2021                      | 566 Hrs       | 369 Hrs        | 68%           | 197 Hrs        | 32%           |

Total hours available: 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

| Deland |        |         |           |          |        |          |
|--------|--------|---------|-----------|----------|--------|----------|
| July   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 2021   | 62%    | 59%     | 58%       | 64%      | 64%    | 46%      |

| Deltona |        |         |           |          |        |
|---------|--------|---------|-----------|----------|--------|
| July    | Monday | Tuesday | Wednesday | Thursday | Friday |
| 2021    | 79%    | 71%     | 77%       | 72%      | 79%    |

### **Key Insights:**

- Between the two clinics 68% of the available capacity was used for scheduled appointments; 32% 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
  - o DeLand 8.5%
  - Deltona 25% such no shows create systematic "waste" since this scheduled appointment slot was not available to other members
- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represent approx. 3%-5% of total capacity and is in line with industry standard for this type of patient care model

### miCare Member Migration

### July 2021

|       | Total Unique<br>Patients with | Total Eligible | Penetration of |
|-------|-------------------------------|----------------|----------------|
|       | Appointments                  | Membership     | Membership (%) |
| Total | 676                           | 1,618          | 42%            |

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



# miCare Visit Type Frequency

Deland July 2021

| Visit Type                            | Visits | Percentage |
|---------------------------------------|--------|------------|
| New Patient                           | 22     | 2%         |
| Sick/Urgent/Walk In                   | 21     | 2%         |
| Regular Visit, 1-2 Issues/Medications | 48     | 4%         |
| Regular Visit, 3+ Issues/Medications  | 3      | 0%         |
| Recheck/Follow-Up                     | 112    | 10%        |
| Lab Draw                              | 169    | 15%        |
| Medication Pick Up                    | 657    | 60%        |
| Med Pick Up Pt Assist Program         | 29     | 3%         |
| Hospital F/U                          | 16     | 1%         |
| Physical/Well Exams                   | 8      | 1%         |
| Chronic Disease Mgmt                  | 5      | 0%         |
| Community Resource                    | 0      | 0%         |
| Nurse Visit                           | 3      | 0%         |
| Total Visits                          | 1,094  | 100%       |

Deland July 2021

| Location        | Visit Count | % of Total |
|-----------------|-------------|------------|
| Onsite          | 1,030       | 94%        |
| Telephone       | 64          | 6%         |
| Overall - Total | 1,094       | 100%       |



Deltona July 2021

| Visit Type                            | Visits | Percentage |
|---------------------------------------|--------|------------|
| New Patient                           | 17     | 5%         |
| Sick/Urgent/Walk In                   | 23     | 6%         |
| Regular Visit, 1-2 Issues/Medications | 45     | 12%        |
| Regular Visit, 3+ Issues/Medications  | 7      | 2%         |
| Recheck/Follow-Up                     | 147    | 40%        |
| Lab Draw                              | 82     | 22%        |
| Med Pick Up Pt Assist Program         | 20     | 5%         |
| Hospital F/U                          | 8      | 2%         |
| Physical/Well Exams                   | 5      | 2%         |
| Chronic Disease Mgmt                  | 7      | 2%         |
| Immunization                          | 2      | 1%         |
| Nurse Visit                           | 3      | 1%         |
| Total Visits                          | 366    | 100%       |

Deltona July 2021

| Location        | Visit Count | % of Total |
|-----------------|-------------|------------|
| Onsite          | 317         | 87%        |
| Telephone       | 49          | 13%        |
| Overall - Total | 366         | 100%       |

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



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)



August 2, 2021

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of July there were 224 appointments to assist with new applications and 37 appointments to assist with pended applications from May-June. For a total of 261 Interviews with clients.

224 applications were submitted for verification and enrollment. Of these, 224 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 224 that were processed, 203 were approved and 13 were denied. There were 8 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





# "Cuidando Mi Salud/Taking Care of My Health"

# A Chronic Disease Awareness, Prevention And Self-Management Program

WVHA GRANT 2020-2021 UTILIZATION REPORT

Submitted to:

West Volusia Hospital Authority

Submitted by:

HISPANIC HEALTH INITIATIVES, INC. 70 Spring Vista Dr. Unit# 1, Debary, FL 32713



**EDUCATE • ADVOCATE • CONNECT** 

Building Healthier Communities One Person At A Time! \*\*\* As of March 11, 2020, due to the uncertainty surrounding the COVID-19 (Coronavirus) pandemic and with respect and concern for the health and well being of HHI's staff, volunteers, their families and the community it serves, HHI was forced to suspend its outreach associated with its "Taking Care of My Health/Cuidando Mi Salud" Health Risk Assessment program. On July 09, 2021, HHI began to reinstate it's outreach activities on a controlled and limited basis.

### This report reflects the timeframe of October 01, 2020 through August 09, 2021.

On behalf of Hispanic Health Initiatives' Board, staff and volunteers, we commend the WVHA Board for having the interest, foresight and understanding to take a proactive approach to the wellbeing and health of the West Volusia residents they serve.

First, I feel it is important to respond to those who feel that HHI's Health Risk Assessment program (HRA) should not be funded for the 2021-2022 program year because HHI did not utilize all of its WVHA funding during this global pandemic. They clearly are not aware of how and where HHI's services are performed. The "Cuidando Mi Salud/Taking Care of My Health" program creates access to health care by conveniently bringing information and services directly into the community and provides health services through that outreach. Those face-to-face services are aimed at creating meaningful opportunities for medically underserved individuals and families to learn, begin to advocate for and connect to health information and services leading to timely and early detection of chronic diseases they are known to be at high risk of. Pre-pandemic, at least 20 times a month, HHI's staff would frequent locations (food pantries, food kitchens, churches, partner agencies, community fairs, etc...) within west Volusia where HHI felt that the programs target population (uninsured residents) would gather. HHI's staff would then setup a screening and education table(s) and meet with potential clients one-on-one and face-to-face. Because of the pandemic, several factors prohibited HHI's programming from continuing: 1. HHI remained in compliance with CDC and other expert recommendations 2. The safety of its staff and the community it serves is priority one 3. The locations where potential clients were sought, either shutdown or changed to a drive-thru method of serving the community. These factors and others forced HHI to suspend its services and the organization should not be penalized for protecting its at risk staff and the west Volusia residents it serves.

Just because its HRA program was not active, did not mean that HHI stopped serving the community. In August of 2020, HHI leveraged \$7000 in grants (not WVHA) to provide over \$50,000 in COVID-19 personal protection equipment for the community at large. HHI procured reusable and disposable face masks, hand sanitizers, reusable and disposable gloves, facial tissue, tote bags and pertinent COVID-19 safety information directly from the CDC and other reliable sources. The PPE and information was then used to make over 10,000 COVID safety bags and distributed free to the community throughout HHI's service area. In the fall/winter of 2020, in collaboration with Toys for Tots, HHI registered and distributed toys to over 600 west Volusia children. In addition on June 1, 2021 HHI hosted a bi-lingual open forum zoom meeting focused on COVID-19. HHI collaborated with a clinical trial research expert, Dr. G. Mestre, to provide relevant COVID-19 information, encourage vaccination, answer questions, dispel rumors and misbeliefs surrounding the COVID-19 vaccine and the pandemic.

Normally, HHI's programs provide many west Volusia residents the ability to immediately and sometimes unexpectedly, discover and begin to address their risk for chronic diseases such as diabetes, and often in its early stages while the avoidable health problems can still be prevented

or controlled. HHI's programs promote and encourage making lifestyle changes that include weight loss, increasing physical activity and nutrition changes leading to the reduction of the risk for chronic disease. Ultimately, HHI accomplishes the triple aim of reducing medical costs for, improving the health of and creating a better quality of life for the medically under-served residents of west Volusia.

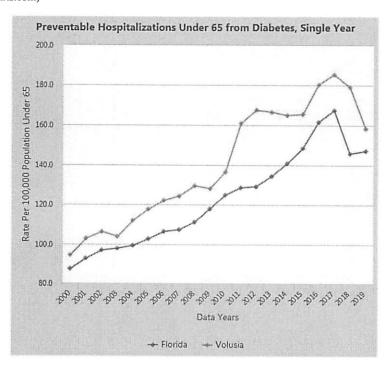
### **Background and Program Description:**

Since 2000, HHI's service model has been distinguished by the use of paraprofessional bilingual Community Health Workers (CHW). The utilization of bilingual CHWs has been recognized as a best practice for improving access to health care among uninsured and medically under-served individuals.

HHI's programs promote wellness and improve health indicators among medically under-served adults by providing community based, culturally- and linguistically competent chronic disease health screening and education. As part of the West Volusia Hospital Authority grant HHI provides eligible West Volusia residents with FREE chronic disease health screening intended to bring awareness to the clients current health status and improve their health risk profiles as determined by body mass index (B.M.I.), blood glucose, blood pressure, and cholesterol levels. Based on the screen results HHI's CHWs also provide individualized one-on-one chronic disease education that includes helping the client prepare an action plan to start addressing any issues identified through the health assessment.

### Need:

As outlined in figure 1. below in 2019 the rate for preventable hospitalizations under 65 from diabetes in Volusia county (158.4) slightly above the rate for the state of Florida (147.1). figure 1.(flhealthcharts.com)



A 2017 public health data brief (figure 2), published by the Volusia county DOH, outlined diabetic emergency room visits, in the year 2016, for Volusia residents. The results for the northwest and southwest areas were 5748 individual visits totaling \$69,230,198 dollars (averaging \$8,200 per visit).

figure 2. (FL DOH - Public Health Data Brief)

| Diabetes Measures for   | re species si   | 到海洋等等用 经放金机程数据    |              | Quadrants    |              |              |  |
|---|-----------------|-------------------|--------------|--------------|--------------|--------------|--|
| Emergency Department<br>Visits , Volusia County,<br>2016 Measures | Florida         | Volusia<br>County | Northeast    | Northwest    | Southeast    | Southwest    |  |
| Age-adjusted ED visits rates per 100,000 population               | N/A             | 2461.6            | 2339.7       | 2521.1       | 1695.1       | 3227.1       |  |
| Total charges   | \$6,098,599,376 | \$109,546,549     | \$23,232,692 | \$20,820,742 | \$14,954,886 | \$48,409,456 |  |
| Average charge per visit  | \$8,961.64      | \$6,641.20        | \$5,017.86   | \$8,197.14   | \$4,720.61   | \$8,218.92   |  |

### Activities:

### "Cuidando Mi Salud/Taking Care of My Health" Health Risk Assessment (HRA):

The assessment consists of biometric and behavioral screening for risks of metabolic (diabetes) and cardiovascular disease. Measures include B.M.I., blood glucose, blood pressure, cholesterol, and a personal and familial health history. Results of the biometric screening and health history are discussed in a one-on-one coaching session by HHI's CHW. In addition, each participant receives behavioral education using evidence based curricula and strategies for those whose show increased risk for chronic disease. Behavioral education focuses on healthy nutrition, regular physical activity, prevention and self-management of chronic disease such as diabetes and cardiovascular disease. The coaching and behavioral education includes recommendations for ongoing primary and/or behavioral health care as indicated by the screening outcomes. The client formulates a healthier lifestyle action plan with the help of the CHW to use in their strategy for the prevention or self-management of chronic disease.

The HRA goals are to create for the individual an awareness of lifestyle related risk factors for chronic disease and to engage those high-risk individuals in behavioral modifications known to improve clinical outcomes related to chronic disease progression.

### **Outcomes & Achievements:**

The HHI/WVHA contract began in October 2020 and as of July 31, 2021, program outcomes are as follows:

- > 2 "Cuidando Mi Salud/Taking Care of My Health" HRA sessions held
- > 13 clients were served through the program
  \*\*not all were reimbursable under the guidelines of the WVHA contract.
- > 8 clients screened clients for Blood Pressure, B.M.I., Cholesterol, Glucose were billed under the guidelines of the WVHA contract.
- ➤ 6 clients billed under the guidelines of the WVHA contract, received health and behavioral education using evidence based curricula and strategies focused on nutrition, regular physical activity, prevention and self-management of chronic disease.
- > 1 client received follow-up service to support their self-management of chronic disease.
- All of the HRA clients billed under the guidelines of the WVHA contract, received direct case management including additional CHW's support for the behavioral education, contacting and collaborating with relevant health care providers, providing immediate

- referrals to appropriate health care providers, connecting with WVHA's Health Card prescreening enrollment service providers and other medical and/or social services needed.
- > 8 clients were referred to the House Next Door for WVHA's Health Card prescreening enrollment service and appropriate health care providers (NEFHS & Good Samaritan) for primary care services

Client demographics: (These numbers are based on all program participants including those not reimbursable under the guidelines of the WVHA contract.)

- > The program had a 99% Female participation rate (1% Male)
- > The program participants race/ethnicity were as follows:

| AFRICAN AMERICAN | 0%  |
|------------------|-----|
| WHITE            | 0%  |
| HISPANIC         | 92% |
| ASIAN            | 0%  |
| AMERICAN INDIAN  | 0%  |
| OTHER            | 8%  |

> Program participant age ranges were as follows:

| AG    | E   |
|-------|-----|
| 18-24 | 0%  |
| 25-44 | 31% |
| 45-64 | 62% |
| 65+   | 6%  |

> Program participants live within several zip codes in west Volusia

| 32102 | 0 | 32724 | 0 |
|-------|---|-------|---|
| 32105 | 0 | 32713 | 0 |
| 32130 | 1 | 32764 | 0 |
| 32180 | 6 | 32725 | 0 |
| 32190 | 0 | 32738 | 0 |
| 32706 | 0 | 32739 | 0 |
| 32722 | 0 | 32763 | 0 |
| 32720 | 1 | 32774 | 0 |
| 32721 | 0 | 32744 | 0 |
| 32723 | 0 | 32754 | 0 |

### Percent of clients screening results in high ranges are listed below:

|   | % of Total<br>Clients |
|---|-----------------------|
| BLOOD PRESSURE<br>(SYSTOLIC >=130 & DIASTOLIC >=90) | 15%                   |
| CHOLESTEROL (>=200)                                 | 46%                   |
| GLUCOSE (>=140)                                     | 8%                    |
| BMI (>=25)  | 69%                   |

### Additional positive client outcomes obtained through screening and health and behavioral education:

- Increased knowledge and awareness of their current health status related to chronic disease for at -risk adults
- Increased knowledge and awareness of healthier nutrition substitutes and techniques for the prevention and/or self-management of chronic disease conditions for at -risk adults
- Increased knowledge and awareness of physical activity techniques for the prevention and/or self-management of chronic disease conditions for at -risk adults
- Increased knowledge and awareness of primary care options available within the west Volusia area

The need for intervention early on for people at risk for chronic disease incorporates both clinical and financial benefits, for them, as well as the community they live in. Studies have shown that making lifestyle changes that include losing weight, increasing physical activity and changing one's diet can greatly reduce the risk for chronic disease. Many of the outcomes listed above are associated with positive and healthy lifestyle changes because of the interventions clients received through HHI, giving the West Volusia residents who accessed HHI's programs, the knowledge and tools needed in the prevention or control of chronic disease.

### **Program Value/Savings:**

HHI regularly encounters clients without any knowledge of their current health status or the local primary care options available to them. On several occasions HHI's HRA program has been the means for the eye opening moment when a client who felt that their health was fine, realized, based on their health screen results, they now have to seek a doctor to further investigate their health.

HHI's programs intervene with behavioral education using evidence based curricula and strategies focused on nutrition and regular physical activity, for the prevention or selfmanagement of chronic disease. The positive health outcomes, as outlined above, HHI's clients have achieved are proof of the program's cost saving alternative. All of HHI's health programs help address existing disparities related to access to health care and the cost burden of uncontrolled chronic diseases. HHI's programs provide every client with a greater potential for the prevention and/or control of chronic disease, which creates an opportunity for enormous savings for both the client and the community they live in.

### **Lessons Learned:**

### Successes:

- In spite of the program suspension due to COVID-19, HHI was able to keep its doors open and provide limited services to the community.
- HHI has over 20 years' experience, successfully educating, advocating for and connecting, thousands of central Florida's medically underserved residents to health and social services. The organization has successfully managed several multi- year Federal, State and foundation grants totaling in the millions of dollars. HHI stands ready to help the WVHA Board in any capacity they see fit.
- As outlined above, clients who have adhered to what they learned as a result of HHI's chronic disease prevention and self-management program, can decrease their risk for uncontrolled chronic disease.
- HHI continues to build collaborative partnerships with various grassroots organizations, businesses and governmental agencies. These successful partnerships lead to improvement in the delivery of health and human services for West Volusia's disadvantaged residents. HHI's outreach sites include, among others, churches, food pantries, libraries and partner agency locations. These relationships will continue to help HHI and others to bring much needed health and human services directly into the community.
- HHI and several other WVHA grantees remain as members of The West Volusia Collaborative.

### Challenges:

- The COVID-19 pandemic
- The misconception that HHI is providing duplicate services with its chronic disease screening and education program. A search for local resources that provide chronic disease awareness and education, showed HHI as the only source for bilingual chronic disease health risk assessments free of charge for indigent populations of west Volusia.
- Finding additional funding outside of the WVHA grant has been a consistent challenge for HHI.

### **Recommendations:**

Studies have shown the return on investment (ROI) for chronic disease prevention and self-management programs range from \$3 to \$5 or more for every dollar invested. Expansion of HHI's funding and programs would prove to be a practical decision for any entity who has an interest in creating access to competent health care options for our most vulnerable populations.

# 2021 Report to the West Volusia Hospital Authority Board Community Legal Services of Mid-Florida

### Background

For over 50 years, Community Legal Services of Mid-Florida (CLSMF) has provided free legal assistance and advocacy to Central Florida's low- to moderate-income residents.

In grant year 2016-2017, CLSMF entered into an agreement with the West Volusia Hospital Authority (WVHA) to provide services to WVHA cardholders to resolve legal issues preventing them from qualifying for alternative types of healthcare. The CLSMF medical-legal partnership (MLP) represents WVHA cardholders in initial applications for and denials of benefits from the Social Security Administration (SSA), Medicaid, Medicare, or Veterans benefits. These cases are for cardholders who should be receiving other health coverage on account of their disability, and are therefore, high need, high-cost utilizers of services. By moving WVHA cardholders to other available health coverage, CLSMF saves West Volusia taxpayers money.

Recognizing the hardship WVHA cardholders faced when there was no contract in place between the WVHA and any hospital for Emergency Department services, on March 18, 2021, CLSMF and the Board agreed to amend the funding contract to also allow the MLP to defend cardholders against collection attempts by AdventHealth DeLand, AdventHealth Fish Memorial, or Halifax Medical Center of Deltona for these services. Since that time, the MLP has been providing cardholders with legal advice regarding debt collections and assisting them with qualifying for the various patient financial assistance programs. The MLP has worked with AdventHealth and Halifax to streamline the process for these programs for cardholders.

### Services

The services reflected in this report occurred from October 1, 2020 to July 31, 2021.

Since October 1, 29 new cases were referred to the MLP for assistance; 6 were for Emergency Department bills, 23 were for disability benefits. The outcome of those referrals are as follows:

- 5 cases were rejected:
  - o 2 for unsuccessful contact with the potential client
  - o 1 was a third-party without authority to act on behalf of the potential client
  - o 2 were not eligible for CLSMF (or SSA or Medicaid) services
- 9 cases have been closed:
  - o 1 was approved for SSA benefits and now has Medicaid
  - 1 was found medically disabled by SSA, however, was found ineligible based on nonmedical eligibility factors
  - o 1 successfully had Emergency Department bills waived
  - o 6 were closed after advice or brief services this includes clients who were advised they would not qualify for disability benefits and clients who we lost contact with after initial advice was provided, but before more could be accomplished on their behalf
- 15 cases remain open:
  - o 11 Social Security cases
  - o 4 Emergency Department collections cases

Additionally, the MLP continued to work on 6 Social Security cases that were opened in a prior funding cycle and remained active. Those cases include:

- 2 cases that are now closed:
  - o 1 was approved for SSA benefits after multiple hearings and now has Medicaid
  - o 1 was denied after appeal to the Appeals Council, further appeal was not taken
- 4 remain open:
  - o 1 was recently found medically disabled after an On the Record Request was approved this client no longer meets non-medical eligibility for SSA, the MLP is working with him to obtain Medicaid through DCF now that he has an SSA finding of disability
  - o 1 was recently found not disabled by an ALJ, an appeal to the Appeals Council will be filed
  - o 2 are waiting for SSA hearings to be scheduled

### Number of cardholders now with alternative health coverage as a result of MLP's intervention:

- This reporting period: 2
- Since start of WVHA funding: 22

### Financial benefit to cardholders:

- This reporting period: \$2,389 monthly SSA benefits, \$23,395 retroactive SSA benefits, \$4,426.29 Emergency Department bills avoided
- Since start of WVHA funding: \$14,460.50 monthly SSA benefits (based on benefit amount at time of award, does not include COLA adjustments), \$278,349.74 retroactive SSA benefits, \$4,426.29 Emergency Department bills avoided

In addition to the WVHA-funded services above, CLSMF offers access to the entire firm to provide truly holistic legal services to all clients with funding from a variety of other sources. WVHA clients have been referred to other in-house units for assistance with evictions, fair housing offenses, housing and credit counseling, advanced directives, and Medicaid and estate planning.

### Partnership Activities

CLSMF continues to lead the West Volusia Collaborative, created in 2018 in coordination with other WVHA-funded organizations. This Collaborative meets monthly to discuss upcoming community events, individual agency programs, and other information relevant to our mutual patients/clients. MLP advocates provide updates to this group on legal issues that may affect their WVHA cardholder patients/clients, and occasionally arranges for other CLSMF advocates to present on their relevant practice areas. The MLP has been integral in keeping partner agencies up-to-date on the latest protections and safety net programs in place as a result of COVID.

With the change from Family Health Source to miCare Clinics as the primary care provider for WVHA cardholders, CLSMF has been able to strengthen our partnership with the healthcare team, moving closer to a fully integrated MLP model. The miCare staff has been extremely receptive to working with the MLP to identify patients who need our assistance and to make referrals for services. They have provided us the opportunity to train their staff on eligibility for other health care programs (SSI, SSDI, Medicaid). We have worked together to use miCare data to identify patients who should meet the definition of "disabled," and have screened them for eligibility for state and federal programs for the disabled. We are in discussion

with clinic staff about having an MLP advocate onsite at the clinic – previous discussion were put on hold due to COVID.

In 2020, CLSMF created an online referral specifically for our WVHA partners to send referrals directly to the MLP, bypassing the general Helpline, making it easier for WVHA cardholders to access the services WVHA is funding at CLSMF.

### Challenges

### COVID-19

As with all the other agencies, COVID-19 continues to impact our work in nearly every way. Since March 2020, CLSMF has made the decision to keep our offices closed to the public to ensure the safety of our staff and clients. We are only just now offering clients the opportunity to schedule appointments for face-to-face meetings, walk-ins are still not available. CLSMF continues to make improvements to our processes and technology in light of COVID-19, but remote work is still not without challenges.

In pre-COVID times, many of our referrals came from outreach events our staff attends. Like us, many of the community agencies we partner with closed their doors to the public for at least some time since the start of the pandemic and many outreach events have been canceled, leading to a decrease in referrals. We have worked to overcome this obstacle by continuing to host monthly West Volusia Collaborative meetings and attend other partner agency meetings and outreach events virtually.

Much like the economic crisis in 2008, we have seen an increased need in the community for assistance with public benefits and legal issues related to housing due to the large number of layoffs and businesses closing. Additionally, there are those who were infected by COVID-19 and continue to experience symptoms that severely impact their health and ability to work.

COVID-19 is also severely impacting the administrative systems in which we work. Social Security offices have been closed for in-person appointments and very minimal staff have been going to their offices. This has greatly slowed down processing times. A recent Office of Inspector General report <sup>1</sup> found that Social Security field offices have thousands of unprocessed documents, including applications for benefits and documents that would confirm benefit eligibility. While we saw an increase in On the Record Request approvals in cases pending at the Administrative Law Judge (ALJ) stage when the pandemic began, the delay in processing has meant that cases are taking longer to get to the ALJ where these types of requests can be reviewed and our clients have the greatest chance at approval.

Social Security has also suspended all in-person hearings until further notice. Currently, the only options clients have for hearings are telephonic or video. Given the nature of disability claims, appearing via telephone or video versus in-person may adversely impact the outcome of a hearing. An in-person hearing allows a judge to make observations about a claimant which can be taken into consideration when the judge issues their decisions. For this reason, we have clients who have requested to wait to have their hearing scheduled when hearings can be held in-person again.

<sup>&</sup>lt;sup>1</sup> https://oig.ssa.gov/audits-and-investigations/audit-reports/interim-report-social-security-administrations-processing

### Homeless Clients

Due to the income and housing demographics of WVHA cardholders, maintaining contact continues to be a struggle. Many of our clients do not have a reliable phone or only have limited minutes available to them. They also lack access to other technology to stay in contact with us or their treatment providers to continue to get the help they need.

COVID-19 has also exacerbated this issue. With our offices closed, clients are unable to drop by to checkin or provide documents and updates when they lack other reliable ways of reaching us. We have also lost the ability to rely on reaching clients through case managers and other workers at partner agencies because they too have limited face-to-face interactions.

### **Client Success Story**

(Name has been changed to protect client confidentiality)

Ms. Williams came to CLSMF after receiving a denial letter after an Administrative Law Judge (ALJ) hearing. An advocate filed an appeal to the Appeals Council on the basis that the ALJ failed to consider evidence Ms. Williams submitted of a post-hearing hospitalization. The Appeals Council granted a remand, meaning Ms. Williams would get a new ALJ hearing so the ALJ could consider this newer hospitalization. During the time Ms. Williams was waiting for a new hearing, her health greatly deteriorated. She suffered several strokes and had several other hospitalizations. Social Security really made matters worse. She originally had a hearing scheduled for July 2019. That hearing was canceled because the ALJ failed to obtain a medical expert for the hearing. The hearing was rescheduled for March 2020, however, due to COVID, the ALJ postponed all hearings scheduled for that week. A new hearing was finally held in August 2020. A partially favorable decision was received in October 2020 awarding Ms. Williams SSI benefits retroactively to January 2018, the date of the hospitalization the ALJ previously failed to consider, resulting in \$703 in ongoing monthly benefits, \$23,395 in retroactive benefits, and Medicaid which opens the door for her to receive in-home and/or long-term care as her condition worsens.

# APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

| NAME: Christian Brown   |
|---|
| ADDRESS: 912 Tamerlane Street Deltona, Fl: 32725  |
| HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY<br>RESIDENT: 20/2015   |
| HOME PHONE: <u>3%6-2/6-//49</u> CELL PHONE: <u>3%6-2/6-//49</u>   |
| WORK PHONE: <u>366-753-4523</u>   |
| EMAIL ADDRESS: Christian brown 460 6) gmail.com   |
| ADDITIONAL INFORMATION (COMMUNITY AFFILIATIONS, EDUCATION, PROFESSIONAL BACKGROUND) THAT YOU FEEL WOULD ASSIST THE BOARD OF COMMISSIONERS IN MAKING A FINAL DETERMINATION:  20 years of direct customer service experience, to years management experience, 12 of years of community volunteer service, African American Museum of Arts Board member, Volunta County Muster gardened Volunteer, Local Business Owner. |
|   |
|   |

### **Eileen Long**

From: Eric Horst <ehorst@smahealthcare.org>

**Sent:** Friday, August 06, 2021 4:19 PM

To: Eileen Long

Cc: Sheila Jennings; Nicole Sharbono; Andrea Schweizer

Subject: LIP Match for FY 2021/2022

### Eileen:

It is time to address Low Income Pool (LIP) funding for the state 2021/2022 fiscal year. As you know for the past three years the WVHA has provided match dollars to the Agency for Health Care Administration (AHCA), on behalf of SMA Healthcare, through an intergovernmental transfer. The \$226,799 paid by the WVHA from our 2020/2021 Baker Act contract resulted in LIP funding of \$485,508 for SMA. As you know, the match dollars transferred from the WVHA come out of the existing contract with SMA and does not result in additional expense to the WVHA. We expect this year's match requirement to be about \$257,000, however we will not know the exact amount until AHCA completes their work and submits a Letter of Agreement (LOA) to the WVHA. The agreement will be between the WVHA and AHCA.

Eligibility for LIP funding, is based on our ability to provide an executed LOA prior to 10/1/2021. As a result, we are requesting that approval of the Letter of Agreement to be added to the August 19 WVHA board meeting agenda. This is the same time line that the board followed in 2020. The executable LOA from AHCA, will not be available until early September.

Let me know if you have any questions.

# Eric Horst Chief Financial Officer SMA Healthcare

150 Magnolia Ave. Daytona Beach, FL 32114 (386) 236-1801

ehorst@smahealthcare.org

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

|  | Budget 2020-2021                   | Anticipated 2020-2021             | Initial<br>Budget 2021-2022 |
|--|------------------------------------|-----------------------------------|-----------------------------|
| Initial Millage Rate   |                                    |                                   | 1.4073                      |
| Revenue  |                                    |                                   |                             |
| Ad Valorem Taxes   | 16,431,158                         | 17,040,000                        | 17,040,000                  |
| Investment Income  | 135,000                            | 45,000                            | 45,000                      |
| Use of Reserves  | 2,000,000                          | 0                                 | 1,861,048                   |
| Total Revenue  | 18,566,158                         | 17,085,000                        | 18,946,048                  |
| 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                         | 2,359,000                   |
| 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<br>75,000                   | 52,000<br>0                       | 100,756                     |
| Hispanic Health Initiatives  | 75,000<br>225,000                  | 176,500                           | 75,000<br>150,000           |
| Florida Dept of Health Dental Svcs<br>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                                  | 00,000                            | 50,000                      |
| HSCFV Community Health Nurse                                       | Ö                                  | Ō                                 | 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                            | 991,000                     |
| 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                            | 100,000                     |
| General Accounting   | 68,100                             | 54,000                            | 68,100                      |
| General Administrative   | 65,100                             | 60,000                            | 65,100                      |
| Legal Counsel  | 70,000                             | 69,000                            | 80,000                      |
| 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 Other Operating Expenditures           | 25,000                             | 11.000                            | 25,000                      |
| Total Other Expenditures   | <u>150,000</u><br><b>2,185,665</b> | <u>11,000</u><br><b>2,007,650</b> | 210,000<br>2,454,792        |
| Total Expenditures   | 18,566,158                         | 14,988,885                        | 18,946,048                  |
| Excess (Deficit)   | 0                                  | 2,096,115                         | 0                           |
|  |                                    | 2,000,110                         |                             |

CAC Member/Ranking A)Fund this applicants at 100%, B) Not Fund this applicant, or C) Fund this applicant but not at the requested amount but fund at the amount of \$\_\_\_\_\_\_ (see attached completed ranking sheets with CAC comments)

WVHA Funding Applicants 2021-2022

ants 2021-2022 attached completed ranking sheets with CAC comments)

Jenneffer
Funds Requested Dolores Guzman Pulapaka Elmer Holt Linida White David Williams Brandy White

| The Neighborhood Center NC) Healthcare Navigator NC) Dutreach S100,000.00 A) \$100,000.00 A)   |   |                 |                 | Jenneffer       |                 |                 |                 |              |   |   |                  |                   |
|--|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------|---|---|------------------|-------------------|
| NC) Healthcare Navigator   \$50,000.00   A) \$50,000.00   C) \$45,000.00   A) \$50,000.00   A) \$  |   | Funds Requested | Dolores Guzman  | Pulapaka        | Elmer Holt      | Linida White    | David Williams  | Brandy White | Jacquie Lewis                           | Patrick Rogers                          | Althea Whittaker | Donna Pepin       |
| Ne Neighborhood Center   No Contract   | The Neighborhood Center                           |                 |                 |                 |                 |                 |                 |              | ŀ                                       |   |                  |                   |
| Ne Neighborhood Center NCI) Outreach \$100,000.00 A)   | (TNC) Healthcare Navigator                        | \$50,000.00     | A) \$50,000.00  | C) \$45,000.00  | A) \$50,000.00  | B) \$0          | A) \$50,000,00  | Out of Town  | A) \$50,000,00                          | A) \$50 000 00                          | A) \$50 000 00   | A) \$50 000 00    |
| Bealthy Start Coalition of aglier & Volusia (HSCFV)  smily Services Coordinator  S76,331.00 C) \$68,859.00 C) \$53,000.00 A) \$76,331.00 C) \$53,000.00 A) \$76,331.00 C) \$73,500.00 C) \$53,000.00 A) \$81,560.00 C) \$73,500.00 C) \$75,000.00 C) \$75,0   | The Neighborhood Center                           |                 |                 |                 |                 |                 | 1               |              | 1 7 000,000.00                          | 7.5, 400,000.00                         | 1,7,000,000.00   | 7.7.000,000.00    |
| Patithy Start Coalition of agler & Volusia (HSCFV)  S76,331.00 C) \$68,859.00 C) \$75,000.00 A) \$76,331.00 C) \$50,000.00 A) \$76,331.00 C) \$70,000.00 A) \$70,00   | (TNC) Outreach                                    | \$100,000.00    | A) \$100,000.00 | A) \$100,000.00 | A) \$100,000.00 | A) \$100,000.00 | A) \$100,000.00 |              | A) \$100,000,00                         | A) \$100,000,00                         | A)\$100.000.00   | A) \$100,000.00   |
| Samily Services Coordinator   S76,331.00   C) \$68,859.00   C) \$50,000.00   A) \$76,331.00   A) \$81,560.00   A  | Healthy Start Coalition of                        |                 |                 |                 |                 |                 |                 |              |   |   |                  |                   |
| SCFV WISNOS \$81,560.00 C) \$73,500.00 C) \$53,000.00 A) \$81,560.00 A) \$81,560.00 A) \$81,560.00 A) \$81,560.00 C) \$73,500.00 C) \$53,000.00 A) \$81,560.00 A) \$81,560.00 A) \$81,560.00 A) \$81,560.00 A) \$81,560.00 C) \$75,000.00 A) \$81,560.00 C) \$75,000.00 A) \$81,560.00 C) \$75,000.00 A) \$81,000.00 A) \$81,   |   | 070 004 00      |                 |                 |                 | l               |                 |              | }                                       |   |                  |                   |
| The House Next Door herapeutic Services \$100,000.00 A) \$116,925.00   |   |                 |                 |                 |                 |                 |                 |              |   |   |                  | A) \$76,331.00    |
| Name  |   | \$81,560.00     | C) \$73,500.00  | C) \$53,000.00  | A) \$81,560.00  | A) \$81,560.00  | A) \$81,560.00  |              | A) \$81,560.00                          | A) \$81,560.00                          | C) \$75,000.00   | A) \$81,560.00    |
| Sing Against All Odds   Sing Against   S   |   |                 |                 |                 |                 |                 | <b>第二个数据</b>    | İ            |   |   |                  |                   |
| Modureach   S116,925.00   A) S116,925.   |   | \$100,000.00    | A) \$100,000.00 | A) \$100,000.00 | A) \$100,000.00 | A) \$100,000.00 | C) \$75,000.00  |              | A) \$100,000.00                         | A) \$100,000.00                         | a) \$100,000.00  | A) \$100,000.00   |
| MA Residential Services \$550,000.00   A) \$550,000.00   C) \$400,000.00   A) \$550,000.00   C) \$400,000.00   A) \$550,000.00   A)  |   |                 |                 |                 |                 |                 | 100             |              |   |   |                  |                   |
| MA Residential Services \$550,000.00   A) \$550,000.00   C) \$400,000.00   A) \$550,000.00   C) \$225,000.00   C) \$225,000.00   A) \$550,000.00   A)  |   | \$116,925.00    | A) \$116,925.00 | A) \$116,925.00 | A) \$116,925.00 | C) \$100,000.00 | C) \$58,462.50  |              | A) \$116,925.00                         | A) \$116,925.00                         | A) \$116,925.00  | A) \$116,925.00   |
| MA Baker Act \$300,000.00   A) \$300,000.00   C) \$216,000.00   A) \$300,000.00   C) \$216,000.00   A) \$300,000.00   A) \$78,336.00   A)  |   | \$550,000.00    | A) \$550,000.00 | C) \$400,000.00 | A) \$550,000.00 | A) \$550,000.00 | C) \$225,000.00 |              | A) \$550,000,00                         | A) \$550,000.00                         |                  |                   |
| MA Homeless \$78,336.00   A) \$78,336.00   C) \$57,336.00   A) \$78,336.00   C) \$57,336.00   A) \$78,336.00   C) \$57,336.00   A) \$78,336.00   A) \$7   | SMA Baker Act                                     | \$300,000.00    | A) \$300,000.00 | C) \$216,000.00 | A) \$300,000.00 | A) \$300,000.00 |                 |              | A) \$300,000.00                         | A) \$300,000,00                         | G) \$175 000.00  | A) \$300,000.00   |
| Dominity Legal Services of id-Florida   \$100,756.00   A) \$100,756.00   B) \$0   C) \$95,958.00   A) \$100,756.00   C) \$50,378.00   C) \$50,378.00   A) \$100,756.00   C) \$75,000.00   C) \$65,000.00   C) \$65,   |   | \$78,336.00     | A) \$78,336.00  | C) \$57,336.00  | A) \$78,336.00  | A) \$78,336.00  |                 |              |   |   |                  |                   |
| Spanic Health Initiative   S75,000.00   A) \$75,000.00   B) \$0   C) \$40,000.00   C) \$25,000.00   B) \$0   A) \$75,000.00   C) \$37,500.00   A) \$75,000.00   C) \$65,000.00   C) \$  | Community Legal Services of<br>Mid-Florida        | \$100,756.00    | A) \$100,756.00 | B) \$0          | C) \$95,958.00  | A) \$100.756.00 |                 |              |   |   |                  |                   |
| orida Department of Health ental Services \$150,000.00 A) \$150,000.00 B) \$0 A) \$150,000.00 A) \$15  | Hispanic Health Initiative                        | \$75,000.00     | A) \$75,000.00  | B) S0           | C) \$40,000,00  |                 |                 |              |   |   |                  |                   |
| policents 2021-2022  ew Hope Human Services concless Certification \$50,000.00 B) \$0 B) \$0 C) \$25,000.00 C) \$25,000.00 B) \$0 A) \$50,000.00 A) \$112,348.00 B) \$0 B) \$0 B) \$0 A) \$112,348.00 C) \$56,174.00 A) \$112,348.00 C) \$12,000.00 A) \$12,000.0   | Florida Department of Health<br>Dental Services   |                 |                 |                 |                 |                 | 1               |              |   |   |                  | A) \$150,000.00   |
| comeless Certification         \$50,000.00 B) \$0         B) \$0         C) \$25,000.00 C) \$25,000.00 B) \$0         B) \$0         A) \$50,000.00 A) \$   | WVHA New Funding<br>Applicants 2021-2022          |                 |                 |                 |                 |                 |                 |              |   |   |                  |                   |
| SCFV Community Health urse \$112,348.00 B) \$0 A) \$112,348.00 C) \$56,174.00 B) \$0 B) \$0 A) \$112,348.00 C) \$56,174.00 A) \$112,348.00 C) \$56,174.00 A) \$12,348.00 C) \$56,174.00 B) \$0   | New Hope Human Services<br>Homeless Certification | \$50,000.00     | B) \$0          | B) \$0          | C) \$25,000.00  | C) \$25,000.00  | B) \$0          |              | A) \$50,000,00                          | A) \$50,000,00                          | A) \$50,000,00   | A) \$50,000.00    |
| urse \$112,348.00 B) \$0 A) \$112,348.00 C) \$56,174.00 B) \$0 B) \$0 A) \$112,348.00 C) \$56,174.00 A) \$12,348.00 C) \$56,174.00 A) \$12,348.00 C) \$56,174.00 B) \$0 B | HSCFV Community Health                            |                 |                 |                 |                 |                 |                 | i            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | ,,               | , 555,566.66      |
|  | Nurse   | \$112,348.00    | B) \$0          | A) \$112,348.00 | C) \$56,174.00  | B) \$0          | B) S0           | ĺ            | A) \$112.348.00                         | A) \$112 348 00                         | C) \$56 174 00   | A) \$112 348 00   |
|  |   | \$1,941,256.00  |                 |                 |                 |                 |                 |              | .,,                                     | 7 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 5, 555, 174.00   | . 1, 01.12,040.00 |

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 22, 2021

Board of Commissioners West Volusia Hospital Authority PO Box 940 DeLand, FL 32720

Re: The Neighborhood Center (TNC) Healthcare Navigator

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 16, 2020, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of The Neighborhood Center (TNC) Healthcare Navigator for the year ending September 30, 2020. The original Site Visit was presented to the Board during the January 21, 2021, Organizational/Regular Meeting, at which time the Board directed that the contractual site visit be expanded to review the services provided during the month of May 2021. WVHA provides reimbursement of \$25.00 per thirty minutes of Healthcare Navigation services. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

- 1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. Each month TNC provides to WVHA a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the date services were rendered, and the units of service billed in thirty-minute increments.
  - b. TNC is required to determine eligibility by presentation of a photo identification reflecting an address within the WVHA taxing district and/or a completed WVHA Homeless Verification Form.

MEMBERS

- c. TNC multiplies the units of service (billed in thirty-minute increments of \$25.00) to calculate the invoice total.
- 2. Select a sample of transactions and test compliance with contract provisions.
  - a. May 2021 was chosen for test procedures. A de-identified list of client visits was provided two hundred fifty (250 client events).
  - b. From the individual list of client visits, ten percent (10%) were selected for compliance review or twenty-five clients (25 clients). From this list:
    - i. TNC provided supporting case notes from their Homeless Management Information System (HMIS) database of all selected clients for review. From the list of twenty-five (25) clients sampled, of the twenty-five (25) eighteen (18) files represented unique clients seen more than one time. All twenty-five (25) or 100% of service dates were verified.
    - ii. TNC retained a photo ID for twenty-four (24) of the twenty-five (25) files or ninety-six percent (96%) contained a photo ID.
    - iii. Of the twenty-five (25) files sampled all twenty-five contained proof of residency, or one hundred percent (100%).
    - iv. Of the twenty-five (25) files sampled, one (1) client had a valid WVHA HealthCard ID. The remaining twenty-four (24) contained a completed Income Verification Form produced by TNC with no supporting documentation for verification of income or assets. Therefore ninety-six percent (96%) did **not** contain proof of income or assets.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
  - a. The Utilization Report which details clients served and demographic data with respect to those clients, which TNC provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. TNC's Healthcare Navigation files appear to be complete and organized when reviewed for verification of services provided.
  - c. TNC's eligibility screening did **not** meet the requirements of the funding agreement.
  - d. Recommend that TNC procure and retain verifiable forms of proof of identification and residency for all clients.
  - e. Recommend performing a follow-up contractual compliance site visit review in September of 2021 to verify that appropriate documentation, residency, ID and income/asset documentation are being verified.
  - f. Recommend the Board discuss these findings and determine whether or not additional action is required to address these findings pursuant to Section 6, Screening, of the funding agreement.

The Neighborhood Center (TNC) Healthcare Navigator Program Site Visit Review Summary July 22, 2021 Page 3 of 3

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures; other matters might have come to our attention that would have been reported to you. This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

Dreggors, Rigsby & Teal, P.A.

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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 21, 2021

Board of Commissioners West Volusia Hospital Authority PO Box 940 DeLand, FL 32720

Re: Stewart-Marchman-Act (SMA) - Homeless Program

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 16, 2020, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Stewart-Marchman-Act (SMA) Homeless Program Funding for the year ending September 30, 2020. The original Site Visit was presented to the Board during the January 21, 2021, Organizational/Regular Meeting, at which time the Board directed that the contractual site visit be expanded to review the services provided during the month of May 2021. WVHA reimburses SMA - Homeless Program for medical and psychiatric services provided to clients of the Program by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) a flat fee of \$136.53 for each one hour psychiatric diagnostic interview; (ii) a flat fee of \$60.00 for fifteen (15) minutes of pharmacological management; (iii) a flat fee of \$73.32 for each one hour of individual therapy, with invoices that separately break down time spend with each client by psychiatric ARNP, Medical ARNP and the Supervising Physician. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

- 1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. SMA provides to WVHA with each month's invoices, a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, and the date of service.
  - b. SMA personnel complete the WVHA Homeless Verification Form. They work together with The Neighborhood Center of West Volusia to establish West Volusia County residency. This form is completed at time of service.

SMA – Homeless Program Site Visit Review Summary July 21, 2021 Page 2 of 3

- c. SMA performs a check in the State of Florida Medifax/Medicaid system for every client to determine if any Medicaid benefits are available.
- d. SMA personnel assist clients with the WVHA Application process and refer them to The House Next Door to apply for the HealthCard program.
- e. SMA invoices the WVHA a flat fee of \$136.53 for each one-hour psychiatric diagnostic interview; a flat fee of \$60.00 per fifteen (15) minutes of pharmacological management, a flat fee of \$73.32 for each one hour of individual therapy. SMA-Homeless shall be reimbursed for prescription medications provided to clients of the Program at the grantee's acquisition cost plus a \$7.00 filling fee per prescription.
- 2. Select a sample of transactions and test compliance with contract provisions.
  - a. May 2021 was chosen for test procedures. From the individual list of one hundred twenty-two (122) client events, 10% were selected for compliance review or thirteen (13) files.
  - b. SMA provided supporting medical files of all selected clients for review. thirteen (13) dates of service were verified, or one hundred percent (100%) were verified.
  - c. SMA provided proof of identification for all selected clients for review. Thirteen (13) files or one hundred (100%) percent contained a valid photo ID. One (1) client was sampled twice.
  - d. SMA provided proof of residency, income and ACA Determination letters and/or active WVHA HealthCards for thirteen (13) files or one hundred percent (100%).
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
  - a. The Utilization Report which details clients served and demographic data with respect to those clients, which SMA provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. SMA's medical files appear to be complete and organized when reviewed for verification of services provided.
  - c. SMA's eligibility screening met the requirements of the funding agreement.
  - d. Recommend that SMA continues with their procedures in remaining compliant with the WVHA Eligibility Guidelines.

SMA – Homeless Program Site Visit Review Summary July 21, 2021 Page 3 of 3

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures; other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

Dreggors, Rigsby & Teal, P.A.



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

July 13, 2021

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

This letter is to inform you that the termite protection plan on your property located at 842 & 844 W PLYMOUTH AVE is due for a 10 yr booster in **August 2021.** 

At the time of the initial treatment, the termiticide used was the best available in terms of efficiency and longevity. Based on information and experience learned, the products used may no longer be effective. Due to this reason, it is necessary to retreat your structure.

Please call the office to schedule an appointment with Steve Smith to receive an estimate on continuing this very important coverage on your home.

Thank You,

Steve Smith Termite Supervisor Aaron Pest Control

### SUBTERRANEAN TERMITE TREATMENT AGREEMENT

3200 N. Woodland Blvd.
DeLand, Florida 32720-1111
(386) 734-6911

Booster

Preventive Treatment
(No Infestation Signs)

1676 Providence Boulevard Deltona, Florida 32725 (386) 789-3399 2821 S. Bay Street Eustis, Florida 32726 (352) 357-9899 Palm Coast (386) 446-9780 Daytona (386) 252-3030



☐ Pre-Construction Treatment

Presumptive Treatment (Infesting Signs, e.g. Wings or Tunnels, But No Live Termites)

Control Treatment (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 PROP  | ERTY: 842 & 8   | 44 W Plymouth Ave.  | Deland  | FL  | 32720   |
|                                    |  | 0:1   | STREET  | CITY  | STATE   | ZIP   |
| DESCRIPT                           | ION OF PROPERTY:   |   | y multi unit doctor   |   | rete foundation.  |   |
| OWNER/A                            |  |   | ısia Hospital Au  |   | PHONE: (386) 95   | 56-6753   |
| BILLING:                           | On file.   | RST   | MIDDLE  | LAST  |   |   |
|                                    | ST   | REET  | C   | TY  | STATE   | ZIP   |
|                                    |  |   | A NOTICE OF TREATMENT   | HAS BEEN AFFIXED TO T   | HE STRUCTURE  |   |
| EMAIL                              | On file.   | -   | LOC   | CATION OF NOTICE(S)   |   |   |
|                                    |  |   |   |   |   |   |
| THE PART                           | TIES AGREE AS FO   | LLOWS:  |   |   |   |   |
| 1. Aaro                            | n is hereby authorize  | d to render chemic  | al soil treatment to the above  | described real property for   | subterranean termites for the sum o   | , 1,280.00  |
| Payli                              | ient to be made as in  | phows (subject to c   | redit approval)   |   |   | 13  |
| If pay                             | ment terms are not   | met, a service fee o  | of 1 1/2% interest per month n  | nay be added to the unpaid  | d balance over 30 days.   |   |
| contr                              | failure of the owner, act, the unders gned pletion.  | agent to pay for ser<br>owner/agent hereby  | vices specified herein, this agre<br>v agrees to pay all costs of such  | ement shall terminate at the collection, including reason   | ne option of Aaron. Should it become r<br>onable attorney fees together with accr   | necessary to collect on this<br>ued interest from the date of   |
| 3. SUBT                            | ERRANEAN TERMIT  | E RETREATMENT (   | ONLY WARRANTY:  | OWNER/AGENT INITIA  | LS  |   |
| additi<br>all pa<br>retrea<br>dama | it when required duri<br>lonal treatment to the<br>rties hereto that Aar<br>atment only warranty<br>ged property which r | ng the applicable was<br>described propert<br>on's obligation unde<br>is expressly limited<br>nay result from suc | arranty period. This subterranes<br>y if an active infestation of sub<br>er this subterranean termite retr<br>to the retreatment of any subs<br>h subsequent infestation. The p | an termite retreatment only<br>oterranean termites is foun<br>reatment only warranty is <u>li</u><br>equent active infestation an<br>parties hereto understand as | oterranean termite retreatment only wa<br>warranty obligates Aaron, at no extra<br>d during the effective period of this a<br>mited to retreatment only. Aaron's re<br>d such treatment does not include the<br>nd agree that Aaron's liability under th<br>cost of repairs, or relocation expenses | cost, to apply any necessary<br>greement. It is understood by<br>sponsibility under this<br>repair or replacement of any<br>is agreement is limited and in or |
| GENERAL 1                          | TERMS AND CONDIT   | IONS:   | OWNER/AGENT INITIALS  |   |   |   |
| ment.                              | Neither you nor any  | ou not enter this ag<br>one who will live in  | reement for subterranean termi<br>or visit the structure are registe  | te treatment until a physicia<br>ered with any governmental   | ting the household has a sensitivity to<br>an is consulted and approves the own<br>regulatory agencies or health organiz<br>njury to persons or property as a resu  | er/agent to enter into this agree-<br>ations as a chemically sensitive  |
|                                    | HARMLESS:  |   | GENT INITIALS   |   |   |   |
| Aaron                              | will use reasonable  | care in its treatment   | t procedures to avoid property  | damage but will not be resp   | ponsible for any property damage to a   | ny part of the structure, its   |



COMMISSIONER

### CONSUMER NOTICE FORM

Florida Department of Agriculture and Consumer Services

Division of Agricultural Environmental Services

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 |                           |
|  | Date:                                |                           |
| Print Name of Consumer                               |                                      |                           |
|  | Title:Property                       | Owner or authorized agent |
| Signature of Consumer                                |                                      |                           |
| Randy Allen  | 01-05-20                             | 21                        |
| Print Name of Pest Control Representative            | Date:                                |                           |
| FSAllan #579   | Company:                             | Naron Pest Control        |

Signature of Pest Control Representative FDACS-13592 Rev. 09/15

# WcCare@MasseyServices.com MasseyServices.com • 1-888-2MASSBY (262-7739)

Customer Signature/Date

# SUBTERRANEAN TERMITE/ WOOD DESTROYING INSECTS BAITING SERVICE AGREEMENT - FLORIDA COMMERCIAL & MULTI-FAMILY STRUCTURES

| `  | COMMENCIAL & WOLIT-FAMILI STRUCTURES  |
|--|---|
| My CARE Clinic - Eileen Long ELong First Name MI CLast Name Email Address  | 9 ( DETCPA - Com 386 · 734 - 9441   |
| SAA- SAA IN DU MANT  | Primary Phone (Mobile/Work/Home)  |
| Address of Trested Structure  Address of Trested Structure  Address of Trested Structure  Billing Address  | (if different)  Alternate Phone (Mobile/Work/Home)  |
| City State Zip County City   | State Zip County Massey Services Phone  |
| Massey Services Address  |   |
|  |   |
| TREATMENT WILL BE PROVIDED BY:  O WOOD TREATMENT II FUMIGATION   | Guarantee will be issued as checked below:  Drepair and retreatment   |
| MASSEY IS AUTHORIZED TO TREAT THE STRUCTURE IDENTIFIED ABOVE FOR THE:  | Specific Wood Destroying Insects Included in Coverage:  Subterranean Termites (Reticulitermes sp., Heterotermes sp.)  |
| Subterranean Termites Promosan Termites O Old House Borers Drywood Termites Powderpost Beetles   | Subterranean Termites (Reliculturmes sp., Heterotormes sp.)  Formosan Termites (Captotermes sp.)  Drywood Termites (Kalolarmes sp., Incistiermes sp., Cryptotermes sp.)  Powderpost Beetles (Anohildae sp., Lyctidae sp., Bostrichidae sp.)   |
| WDI Treatment Slicker Location:  | Old House Barers (Ceramhycldae sp.)   |
| IMPORTANT: For detailed explanation of Guarantee(s), see the reverse side hereof. All Guaran   | stees are specifically subject to the General Terms and Conditions listed on the reverse side hereof.   |
| Protection Agency and the state of Florida.  2. RENEWABLE PROTECTION  A. MASSEY guarantees the Initial Treatment for appeted of one (1) year from the Effective each year. The annual renewal fee will be [1] \$2.2.5 for the second year through fifth ye MASSEY reserves the right to adjust the annual renewal fee each year through fifth ye                         | : Date referenced above. MASSEY will offer the Customer an option of renewing the Guarantee ar. or [15] for customers carrolling in Automatic Rill Pay which courses to a 5% discount   |
| Customer initials)   | nth (anniversary of the Effective Date) or (his Guarantee will be automatically terminated in the   |
| THE CUSTOMER UNDERSTANDS THAT ANY BAITING SYSTEM COMPONENTS PROVIDED TO THE SUPPLIERS OF THESE COMPONENTS AND FAILURE TO PAY THE ANNUAL RENEWAL FEE 3. REINSPECTIONS AND MONITORING  | CONTROL TERMITES AS GUARANTEED HEREIN ARE THE SOLE PROPERTY OF MASSEY AND/OR I WILL RESULT IN REMOVAL OF THESE COMPONENTS FROM THE TREATED PROPERTY   |
| A. During the effective period of this Guarantee. MASSEY will reinspect the Treated Struct No failure on the part of the Customer to request reinspection shall, in any way, affect the B. The Customer agrees to make the Treated Structure(s) available for reinspection.  |   |
| C. During the first year following the Effective Date and thereafter, as long as annual renews<br>all applicable slate laws. D. If any balling stations are found with active Termites, MASSEY will return as necessary  | al fees are current. MASSEY will manitor the Treated Property occording to the product label and  |
| E. Customer agrees to make the Treated Property available for MASSEY's monitoring and in MASSEY suggested to perform any retreatment decrease at the additional cost.  | bailing activities  |
| detail and is subject to the General Terms and Conditions on the reverse side bereaf. In sums against new damage to the structure and contents up to \$50,000 per occurrence with a main no additional cost to the Customer, Old damage (damage occurring prior to the Effective   | idital Trestment and payment in full The "Repair and Retrestment" Guarantee is explained in<br>mary, the "Repair and Retreatment" Guarantee provides for retreatment and repair protection<br>faum aggregate amount of \$250,000 per structure over the renewable life of this Guarantee at |
| 5. TRANSFER OF OWNERSHIP<br>MASSEY agrees to transfer this Guarantee to the now Owner of the Treated Properly upon<br>pays the transfer fee within three business days of the change of ownership. Otherwise, this<br>the right to adjust the samual remawal fee upon transfer of this Guarantee.  | payment of a \$95.00 transfer fee, provided that the new Owner requests transfer in writing and<br>Guarantee will terminate automatically as of the date of change of ownership, MASSEY reserves  |
| <ol> <li>STRUCTURAL ADDITIONS AND/OR ALTERATIONS         A. In the overalt the Treated Structure is modified, altered or otherwise changed. Customer witerstreaments required by the changes made. Failure to pully MASSEY in wridge will feet     </li> </ol>   | tionte this Quarantee automatically   |
| treatment, additional service charges, and/or an adjustment in the annual renewal fee.  7. ALLERGIES AND SERSITIVITIES  If you or any occupants, are prone to altergic reactions or sensitivities to dust, pollen, adors physician before any service is performed on your property.   | tructural additions and/or alterations in lieu of such exclusion, MASSEY may require additional , chemicals, solvents, etc., or suffer from any respiratory illnesses, you should consult your  |
| in consideration for work to be performed as itemized above and subject to the General Terms   | Credit Card, ACH/Electronic Funds Transfer, & Autopay Authorization*  |
| and Conditions recorded on the reverse side of this agreement, the undersigned agrees to make  | (Details on back)   |
| INITIAL TREATMENT \$   | Acct Type: Checking Savings Credit Card Financial Institution/City/St:  |
| OTHER SERVICES \$  | Name on Card/Acct:  |
| TAX % \$ TOTAL AMOUNT DUB \$   | CC#: Exp Date:  |
| LESS DOWN PAYMENT \$ ()  | Use for: Regular Sves Renewals Initial Only   |
| BALANCE DUE UPON COMPLETION S  | Customer Approval to Debit Acet and/or Charge Card as indicated above and for the amounts shown in Service Charges.   |
| You, the Buyer, can exceed this transaction at any time prior to midnight of the third registered mail to MASSBY SERVICES, INC. FOR CC/ACH: Customer agrees to notify Mas days prior to the intent to cancel and/or revoke this authorization. Notifications need to be sent For additional information, please call 1.888.262.7739 (M-F, Sam-Spm EST) or omail us at We | usey Services in writing if any change occurs with the credit card or bank account or at least 30 to Massey Services, Inc., Attn: Accounts Receivable, 315 Groyeland Street, Orlando, FL 32804.   |

Massey Services Representative/Date

GM Approval/Date

MS-207C (99/20)

## SERVICE ACREEMENT - FLORMA MOOD DESTROYING INSECTS

(DS/SQ) 102-SM

GM ApprovaUDate

Exp Date:

Customer Approval to Debit Acet and/or Charge Card as indicated above and for the

Credit Card, ACH/Electronic Funds Transfer, & Autopay Authorization\*



Customer Signature/Date

26

and Conditions recorded on the reverse side of this agreement, the undersigned agrees to make payment as follows:

In consideration for work to be performed as itemized above and subject to the General Terms

treatment, additional service charges, analyar an adjustment in the annual renewal fee.

physician before any service is performed on your property.

아오

BALANCE DUE UPON COMPLETION

6. ALLERGIES AND SENSITIVITIES

treatments required by the changes made.

3. STRUCTURAL ADDITIONS AND/OR ALTERATIONS

the right to edjust the sensual renewal fee upon transfer of this Guarantee.

**TESS DOWN PAYMENT** 

**EUG TYNOMA JATOT** 

INTITIVE TREATMENT

OTHER SERVICES

XVI

|   |   |                        | MASSEY agnees to transfer this Guarantee to the new Owner of the Tr<br>pays the transfer fee within three business days of the change of owner |              |
|---|---|------------------------|--|--------------|
|   |   |                        | TRANSPER OF OWNERSHIP  | T.4          |
|   |   |                        | not covered. The "Retrestment Only" Guerantee univides and, for an   |              |
|   |   |                        | onthous and of against wan tenings notherstory vinger has insumberies  |              |
|   |   |                        | Caly Custantees are explained in detail and are subject to the General   |              |
| il. The "Repair and Refreatment" and "Retreatment           |   |                        | The type of Gustantee checked above will be issued to the Customer up  |              |
|   | XII                                     |                        | BITREATMENT, REPAIR OF PUTURE DAMAGE, AND LIMITA   | 1.E          |
|   |   |                        | B. The Customer sgrees to make the Trested Structure(s) available for a  |              |
|   |   |                        | the part of the Cusiomer to request reinspection shall, in any way, at   |              |
| co multish old .VSI22AM and bemosh uttremped aroun to start | Ton a'struction coon villenance (s) min | ant2 beteatT aft to    | ENGPECTIONS A. During the effective period of this Guarantee. MASSEY will reimp  | <b></b>      |
|   |   |                        | initial ten (10) yeu period.   | 16           |
| n to renew this Dumanice on a year-to-year basis after the  | e fight to offer the Customer an option | AASSEY reserves th     | C. Based on the mutual consent of both MASSEY and the Customer, it   |              |
|   |   |                        | B. The Customer must pay the annual renewal fee onfor before the end   |              |
|   |   |                        | Professes: Customer Initials)  |              |
| ce Motice. (Checked Box and Initials Indicates Customer     | reafter by giving the Customer Advan    | val foe each year thei | 5% discount. MASSEY reserves the right to adjust the annual renew  |              |
| s on enterpo dairly will Fig villence to a                  |   |                        | ceeb year. The annual renewal fee will be 🗆 \$ for the sec   |              |
| ill offer the Custumer on option of renewing the Guarantee  | s Dale referenced above. MASSEY w       | ar from the Hillective | A. MASSEY guarantees the faitial Treatment for a gringul of one (1) ye   |              |
|   |   |                        | ENEMVETE BEOLECLION  | a't          |
|   |   |                        |  | _            |
| ď   | ાયાના પુરત્યાલા વાત પુરતાલાલય રાષ્ટ્ર   | o'i gnibuləni) .qqt z  | mites including Reticulliermes spp., Meterotermes spp., and Coptoterme   | 197          |
|   |   |                        | reof. (Refer to the Wood Destroying Organism Inspection Graph for sp   |              |
| General Terms and Candillons listed on the reverse side     | nantees are specifically subject to the | side hereof. All Gua   | POKTANT: For detailed explanation of Guarantec(s), see the reverse   | vi           |
|   |   |                        |  | _            |
| (de sob)  | A- Old House Borers (Ceramhyc           |                        |  |              |
| te sp., Lyctidoe sp., Bostrichidoe sp.)                     | Powdenpost Beetles (Anohilda            | · ·                    | DI Trestment Sticker Location:   | M            |
| a sp., inclaitermes sp., Cryptotermes sp.)                  | Drywood Termites (Kelolerm              | हाअवस इ                | Drywood Termites Prowderpost Beetles Palold House  | A            |
| setroying insects included in Coverage:                     | Specific Wood De                        |                        | DE LURE D. CONTROP OF THE ARRAPMITON OF  | 7            |
|   |   | IMED VBOAR             | de lhe: de cominor or extenention or veser is volhorized lo lhevillhe simpliciture idenli  | w            |
| ENT ONLY IN GUARANTER                                       | мтлаятзя) <del>д</del>                  | JNS                    | WOOD TREATMENT O HEAT TREATMENT  | _            |
| I'F BE 1820ED V2 CHECKED BEFOA:                             | солуклитев ит                           |                        | TREATMENT WILL BE PROVIDED BY.   |              |
|   |   |                        | ssey Services Address  | _            |
| [   |   |                        | month A contract serves  |              |
| Massacy Services Phone                                      | State Zip County                        | CIP                    | y State Zip County   | II)          |
| 188E -SLL 988   |   |                        | 06f26 27 Juleol  | _            |
| Attennate Please (Mabile/Work/Home)                         | (it different)                          | Billing Address        | מוכא מו דוכמוכה מחתכותום   | ρ¥           |
|   |   |                        | Atrion M. M. Hy Louth  |              |
| Primary Phone (Mobile/Work/Home)                            |   | FRANCES                | Name I MI Out I MI Marrie  | 17.3         |
| Intholain ORS   | WY) HADRO                               | ) buo13                |  | ==           |
| Juy 9 -461 - 28 E.  | AGDAG COM                               | 1 200 12               | My CARE CLINIC - ELLERA LONG   |              |
|   |   |                        |  |              |
| SPOT TREATMENT  |   |                        | 12673ctviccs 2011 • 1-888-2MASSEY (262-7739)   | <b>14167</b> |
| WOMOTH - INSTRUCTION  | W STOT AND SO                           |                        | Carre Carl VIII22 A MC LIBE I 4 mos estimatures  |              |

SERVICE CENTER COPY

Massey Services Representative/Date

days prior to the intent to cancel and/or revoke this sunherization. Mulfications need to be tent to Marsey Services, Inc., Aitn: Accounts Receivable, 315 Groveland Street, Orlando, FL 32894.

For additional information, piease call 1.888.262.7739 (M.R. Ram-8pm RST) or email us at WeCare@MasseyServices.com. registered mail to MASSEY SERVICES, INC. FOR CCIACIE: Customer agrees to notify Massey Services in writing if any change occurs with the credit card or bank account or at least 30 You, the Buyer, can cancel this transaction at any time prior to midnight of the third business day after the date of this immancition, by giving written nodec of cancellation by

If you, or any occupants, are prome to allergic reactions or sensitivities to dust, polien, odors, chemicals, solvents, etc., or suffer from any respiratory linesses, you should contail your

A. In the event the Treated Squeeture is medified, aftered or otherwise changed, Customer will immediately notify MASSEY in writing for proper instruction(s) and/or any additional

B. MASBEV may exclude damage repair coverage from avenues or conditions created by atructural additions and/or alterations- in licu of such exclusion, MASSEV may require additional

amounts shown in Service Charges.

Name on Card/Acet:

(Details on back)

Firsacisl Institution/City/Si:

Use for: 

Regular Sves 

Renewals 

Initial Only

Acct Type: 

Checking 

Savings 

Credit Card

### **Eileen Long**

From: Martin, Bryan <Bryan.Martin@orkin.com>

**Sent:** Thursday, July 22, 2021 2:01 PM

To: Eileen Long

Cc:dcroft@micareclinic.com; gsoto@micareclinic.comSubject:Orkin-Eileen\_Long,\_844\_W\_Plymouth\_Ave-7-22-21Attachments:Orkin-Eileen\_Long,\_844\_W\_Plymouth\_Ave-7-22-21.pdf

### Eileen / Darik / Gretchen,

Please note I inspected the property today at 844 & 846 Plymouth ave. Upon completing my inspection, I discovered some subterranean termite damage in the outside of a door and along the flashing on the back side of the roof (pictures attached).

However, please note in central Florida, we fight against three types of Termites (subterranean, formosan, and Drywood). Subterranean and formosan are similar, they both live in the soil, the require moisture to survive and they feed on wood from the ground up. Drywood termites do not require moisture, they live in trees and fly and they often find their way in through window frames, door frames, and soffits.

Please note we offer treatment and protection plans for each type of termites or versus all three types. Again, I only discovered evidence of subterranean termites. However, drywood termites are especially common in Deland. Therefore, I would recommend a treatment and protection plan versus all three types to be sure the property is protected. In order to treat and protect against all three types of Termites, we would begin by placing Sentricon bait stations every 8-10 feet around the building. We would perform a liquid trench and rod treatment around the perimeter of the building and we may have to drill and treat around the front of the building (if the technician feels it's necessary). We would also drill and treat the window and door frames with expanding dry foam and we would spray the exposed wood in the attic space. We would also drill and treat the infested areas. The costs are as follows:

Total Termite Treatment Plan vs. all three termites:

5 year treatment and protection plan = \$5,307 or \$138.72/month x 60

3 year treatment and protection plan = \$4,515 or \$167.91/month x 36

1 year treatment and protection plan = \$3,723 or \$351.41/month x 12

### **Drywood Treatment ONLY:**

5 year treatment and protection plan = \$2,395 or \$89.07/month x 36

3 year treatment and protection plan = \$1,797 or \$66.83/month x 36

1 year treatment and protection plan = \$1,199 or \$113.17/month x 12

#### **Subterranean Termite Treatment ONLY:**

5 year treatment and protection plan = \$4,588 or \$119.93/month x 60

3 year treatment and protection plan = \$3,796 or \$141.17/month x 36

1 year treatment and protection plan = \$3,004 or \$283.55/month x 12

Please note at anytime during a 5 year treatment and protection plan, if we found evidence of termites, we would retreat the property at no additional cost.

Please review and let me know if you have any questions or concerns. If you would like to proceed with the treatment, please let me know and I will stop by with the required forms and we can schedule the treatment accordingly.

Regards,

Bryan Martin Inspector Orkin 407.457.7536

### West Volusia Hospital Authority Financial Statements July 31, 2021

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 July 31, 2021 and the related statement of revenues and expenditures - budget and actual (modified cash basis) for the month then ended and year-to-date, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

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

Dreggers, Right + Teal, P.A.

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

August 02, 2021

MEMBERS

# West Volusia Hospital Authority Balance Sheet Modified Cash Basis July 31, 2021

### **Assets**

| Current Assets                       |                  |
|--------------------------------------|------------------|
| Petty Cash                           | \$<br>100.00     |
| Intracoastal Bank - Money Market     | 497,951.18       |
| Intracoastal Bank - Operating        | 483,677.02       |
| Mainstreet Community Bank (MCB) - MM | 13,204,922.11    |
| MCB Escrow Account                   | 200,000.00       |
| Surety Bank - MM                     | 8,002,710.12     |
| Taxes Receivable                     | <br>121,920.00   |
| Total Current Assets                 | 22,511,280.43    |
| Fixed Assets                         |                  |
| Land                                 | 145,000.00       |
| Buildings                            | 422,024.71       |
| Building Improvements                | 362,091.33       |
| Equipment                            | 53,974.56        |
| Leasehold Improvements               | <br>23,232.63    |
| Total Fixed Assets                   | 1,006,323.23     |
| Less Accum. Depreciation             | <br>(409,309.80) |
| Total Net Fixed Assets               | <br>597,013.43   |
| Other Assets                         |                  |
| Deposits                             | <br>2,000.00     |
| Total Other Assets                   | 2,000.00         |
| Total Assets                         | 23,110,293.86    |
|                                      | <br>             |

### **Liabilities and Net Assets**

| <b>Current Liabilities</b>              |                     |
|---|---------------------|
| Deferred Revenue                        | <br>116,506.00      |
| <b>Total Current Liabilities</b>        | <br>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)             | <br>5,040,971.22    |
| Total Net Assets                        | 22,993,787.86       |
| <b>Total Liabilities and Net Assets</b> | \$<br>23,110,293.86 |

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

### For the 1 Month and 10 Months Ended July 31, 2021

|   | Annual Budget | Current Period<br>Actual | Year To Date Actual | Budget Balance |
|---|---------------|--------------------------|---------------------|----------------|
| Revenue                                     |               |                          |                     |                |
| Ad Valorem Taxes                            | 16,431,158    | 8,284                    | 17,047,169          | (616,011)      |
| Investment Income                           | 135,000       | 1,454                    | 36,650              | 98,350         |
| Other Income                                | 0             | 0                        | 71,745              | (71,745)       |
| Use of Prior Year Reserves                  | 2,000,000     | 0                        | 0                   | 2,000,000      |
| Total Revenue                               | 18,566,158    | 9,738                    | 17,155,564          | 1,410,594      |
| Healthcare Expenditures                     |               |                          |                     |                |
| Hospital Services                           | 3,000,000     | 392,387                  | 1,364,526           | 1,635,474      |
| Primary Care and Pharmacy                   | 4,000,000     | 280,987                  | 3,183,343           | 816,657        |
| Specialty Care                              | 3,300,000     | 428,615                  | 2,499,641           | 800,359        |
| County Medicaid Reimbursement               | 2,512,229     | 209,352                  | 1,884,172           | 628,057        |
| The House Next Door                         | 100,000       | 1,530                    | 17,405              | 82,595         |
| The Neighborhood Center                     | 100,000       | 8,400                    | 74,150              | 25,850         |
| TNC Healthcare Navigation Program           | 50,000        | 6,890                    | 43,395              | 6,605          |
| Rising Against All Odds                     | 164,985       | 0                        | 164,985             | 0              |
| Community Legal Services                    | 95,958        | 8,455                    | 44,376              | 51,582         |
| Hispanic Health Initiatives                 | 75,000        | 0                        | 0                   | 75,000         |
| Florida Dept of Health Dental Svcs          | 225,000       | 12,781                   | 129,246             | 95,754         |
| Stewart Marchman - ACT                      | 945,880       | 48,634                   | 708,610             | 237,270        |
| Health Start Coalition of Flagler & Volusia | 142,359       | 10,703                   | 87,863              | 54,496         |
| HCRA  | 819,162       | (8,201)                  | 63,266              | 755,896        |
| Other Healthcare Costs                      | 849,920       | 0                        | 71,868              | 778,052        |
| Total Healthcare Expenditures               | 16,380,493    | 1,400,533                | 10,336,846          | 6,043,647      |
| Other Expenditures                          |               |                          |                     |                |
| Advertising                                 | 7,000         | 522                      | 2,952               | 4,048          |
| Annual Independent Audit                    | 16,700        | 0                        | 16,700              | 0              |
| Building & Office Costs                     | 15,533        | 679                      | 15,612              | (79)           |
| General Accounting                          | 68,100        | 3,876                    | 41,855              | 26,245         |
| General Administrative                      | 65,100        | 4,866                    | 45,803              | 19,297         |
| Legal Counsel                               | 70,000        | 3,520                    | 50,160              | 19,840         |
| City of DeLand Tax Increment District       | 100,000       | 0                        | 90,172              | 9,828          |
| Tax Collector & Appraiser Fee               | 610,000       | 73,502                   | 634,906             | (24,906)       |
| TPA Services                                | 540,000       | 35,088                   | 493,146             | 46,854         |
| Healthy Communities                         | 75,397        | 5,428                    | 51,677              | 23,720         |
| Application Screening                       |               |                          |                     |                |
| Application Screening - THND                | 402,835       | 33,480                   | 295,121             | 107,714        |
| Application Screening - RAAO                | 40,000        | 4,224                    | 28,800              | 11,200         |
| Workers Compensation Claims                 | 25,000        | 0                        | 0                   | 25,000         |
| Other Operating Expenditures                | 150,000       | 2,696                    | 10,845              | 139,155        |
| Total Other Expenditures                    | 2,185,665     | 167,881                  | 1,777,749           | 407,916        |
| Total Expenditures                          | 18,566,158    | 1,568,414                | 12,114,595          | 6,451,563      |
| Excess ( Deficit)                           | 0             | (1,558,676)              | 5,040,969           | (5,040,969)    |

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

### For the 1 Month and 10 Months Ended July 31, 2021

|   | Annual Budget | Current Period<br>Actual | Year To Date<br>Actual | Budget Balance  |
|---|---------------|--------------------------|------------------------|-----------------|
| Healthcare Expenditures                     | Annual Budget | Actual                   | Actual                 | Dudget Dalarice |
| Halifax Hospital                            | 1,500,000     | 291,513                  | 1,061,574              | 438,426         |
| AdventHealth                                | 1,500,000     | 100,874                  | 302,952                | 1,197,048       |
| Primary Care and Pharmacy                   | 4,000,000     | 280,987                  | 3,183,343              | 816,657         |
| Specialty Care                              | 3,300,000     | 428,615                  | 2,499,641              | 800,359         |
| County Medicaid Reimbursement               | 2,512,229     | 209,352                  | 1,884,172              | 628,057         |
| Florida Dept of Health Dental Svcs          | 225,000       | 12,781                   | 129,246                | 95,754          |
| Good Samaritan                              |               |                          |                        |                 |
| The House Next Door                         | 100,000       | 1,530                    | 17,405                 | 82,595          |
| The Neighborhood Center                     | 100,000       | 8,400                    | 74,150                 | 25,850          |
| TNC Healthcare Navigation Program           | 50,000        | 6,890                    | 43,395                 | 6,605           |
| Rising Against All Odds                     | 164,985       | 0                        | 164,985                | 0               |
| Community Legal Services                    | 95,958        | 8,455                    | 44,376                 | 51,582          |
| Hispanic Health Initiatives                 | 75,000        | 0                        | 0                      | 75,000          |
| Stewart Marchman - ACT                      |               |                          |                        |                 |
| SMA - Homeless Program                      | 95,880        | 2,809                    | 29,617                 | 66,263          |
| SMA - Residential Treatment                 | 550,000       | 41,846                   | 378,992                | 171,008         |
| SMA - Baker Act - Match                     | 300,000       | 3,979                    | 300,000                | 0               |
| Health Start Coalition of Flagler & Volusia |               |                          |                        |                 |
| HSCFV - Outreach                            | 73,500        | 6,220                    | 54,848                 | 18,652          |
| HSCFV - Fam Services                        | 68,859        | 4,484                    | 33,016                 | 35,843          |
| HCRA  |               |                          |                        |                 |
| H C R A - In County                         | 400,000       | (12,156)                 |                        | 344,185         |
| H C R A - Outside County                    | 419,162       | 3,954                    | 7,451                  | 411,711         |
| Other Healthcare Costs                      | 849,920       | 0                        | 71,868                 | 778,052         |
| Total Healthcare Expenditures               | 16,380,493    | 1,400,533                | 10,336,846             | 6,043,647       |

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

### For the 1 Month and 10 Months Ended July 31, 2021 and July 31, 2020

|   | 1 Month Ended<br>July 31, 2021 | 1 Month Ended<br>July 31, 2020 | 10 MonthsEnded<br>July 31, 2021 | 10 Months<br>Ended July 31,<br>2020 |
|---|--------------------------------|--------------------------------|---------------------------------|-------------------------------------|
| Revenue                                     |                                |                                |                                 |                                     |
| Ad Valorem Taxes                            | 8,284                          | 16,377                         | 17,047,169                      | 19,483,308                          |
| Investment Income                           | 1,454                          | 8,476                          | 36,650                          | 118,430                             |
| Rental Income                               | 0                              | 5,999                          | 0                               | 56,066                              |
| Other Income                                | 0                              | 3,321                          | 71,745                          | 19,209                              |
| Total Revenue                               | 9,738                          | 34,173                         | 17,155,564                      | 19,677,013                          |
| Healthcare Expenditures                     |                                |                                |                                 |                                     |
| Hospital Services                           | 392,387                        | 328,533                        | 1,364,526                       | 3,103,499                           |
| Primary Care and Pharmacy                   | 280,987                        | 65,956                         | 3,183,343                       | 1,079,018                           |
| Specialty Care                              | 428,615                        | 302,673                        | 2,499,641                       | 2,369,373                           |
| County Medicaid Reimbursement               | 209,352                        | 0                              | 1,884,172                       | 1,839,421                           |
| The House Next Door                         | 1,530                          | 2,698                          | 17,405                          | 53,861                              |
| The Neighborhood Center                     | 8,400                          | 3,379                          | 74,150                          | 56,854                              |
| TNC Healthcare Navigation Program           | 6,890                          | 4,188                          | 43,395                          | 25,033                              |
| Rising Against All Odds                     | 0                              | 12,000                         | 164,985                         | 138,075                             |
| Community Legal Services                    | 8,455                          | 1,311                          | 44,376                          | 43,328                              |
| Hispanic Health Initiatives                 | 0                              | 0                              | 0                               | 26,525                              |
| Florida Dept of Health Dental Svcs          | 12,781                         | 0                              | 129,246                         | 105,939                             |
| Good Samaritan                              | . 0                            | 1,832                          | 0                               | 1,832                               |
| Stewart Marchman - ACT                      | 48,634                         | 18,974                         | 708,610                         | 886,703                             |
| Health Start Coalition of Flagler & Volusia | 10,703                         | 12,308                         | 87,863                          | 123,707                             |
| H C R A                                     | (8,201)                        | 4,711                          | 63,266                          | 254,581                             |
| Other Healthcare Costs                      | 0                              | 0                              | 71,868                          | 0                                   |
| Total Healthcare Expenditures               | 1,400,533                      | 758,563                        | 10,336,846                      | 10,107,749                          |
| Other Expenditures                          |                                |                                |                                 |                                     |
| Advertising                                 | 522                            | 181                            | 2,952                           | 2,680                               |
| Annual Independent Audit                    | 0                              | 0                              | 16,700                          | 16,400                              |
| Building & Office Costs                     | 679                            | 630                            | 15,612                          | 3,742                               |
| General Accounting                          | 3,876                          | 3,391                          | 41,855                          | 36,058                              |
| General Administrative                      | 4,866                          | 5,653                          | 45,803                          | 40,319                              |
| Legal Counsel                               | 3,520                          | 4,520                          | 50,160                          | 49,997                              |
| City of DeLand Tax Increment District       | 0                              | 0                              | 90,172                          | 90,813                              |
| Tax Collector & Appraiser Fee               | 73,502                         | 73,597                         | 634,906                         | 683,276                             |
| Legislative Consulting                      | 0                              | 0                              | 0                               | 30,090                              |
| TPA Services                                | 35,088                         | 74,412                         | 493,146                         | 479,098                             |
| Healthy Communities                         | 5,428                          | 0                              | 51,677                          | 35,094                              |
| Application Screening                       |                                |                                |                                 |                                     |
| Application Screening - THND                | 33,480                         | 32,661                         | 295,121                         | 293,405                             |
| Application Screening - RAAO                | 4,224                          | 2,688                          | 28,800                          | 29,760                              |
| Application Screening - SMA                 | 0                              | 0                              | 0                               | 0                                   |
| Workers Compensation Claims                 | 0                              | 10,074                         | 0                               | 17,701                              |
| Other Operating Expenditures                | 2,696                          | 2,805                          | 10,845                          | 10,460                              |
| Total Other Expenditures                    | 167,881                        | 210,612                        | 1,777,749                       | 1,788,803                           |

See Accountants' Compilation Report

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

### For the 1 Month and 10 Months Ended July 31, 2021 and July 31, 2020

|                    | 1 Month Ended<br>July 31, 2021 | 1 Month Ended<br>July 31, 2020 | 10 MonthsEnded<br>July 31, 2021 | 10 Months<br>Ended July 31,<br>2020 |
|--------------------|--------------------------------|--------------------------------|---------------------------------|-------------------------------------|
| Total Expenditures | 1,568,414                      | 969,175                        | 12,114,595                      | 11,896,552                          |
| Excess ( Deficit)  | (1,558,676)                    | (935,002)                      | 5,040,969                       | 7,780,461                           |

### LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: August 10, 2021

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for August 19, 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 July 15, 2021 Meeting Minutes.

### I. Authorization of EBMS to Manage Authority Clinics

As indicated at the last meeting when recommending that the Board table a motion to authorize EBMS to manage all routine and necessary operational matters concerning the clinics, this management responsibility is already delegated to EBMS in Article I, Paragraph 1.1 of their Administrative Services Agreement dated July 1, 2020:

## ARTICLE I RIGHTS AND DUTIES OF CONTRACT ADMINISTRATOR

Clinic Oversight. Contract Administrator will oversee and manage each free standing clinic located at DeLand, Florida, and any other locations mutually agreed to in writing by the Authority and Contract Administrator. Each such clinic will be operated for purposes of providing the medical treatments and services listed herein to Members of the Health Plan, (each an "Authority Clinic"). In addition, Contract Administrator will also manage appointment scheduling, recruitment of and arranging for Medical Professionals (as hereinafter defined), as well as equipment, inventory management and will arrange for all services for the general maintenance and upkeep of the Authority Clinic(s), including janitorial and waste removal and disposal services (including blowaste). Costs associated with the upkeep and general maintenance of the clinic will be passed-through (and without any premium markup), for payment by the Authority.

Because all operational expenses are passed-through to WVHA for reimbursement, it is contemplated that EBMS would consult with the Board before incurring major and non-emergency operational expense. But Paragraph 1.1 is sufficiently clear to make it unnecessary for the Board to pull that motion off the table. The Board should, however, consider the various termite treatment/bond options and provide EBMS it preferences on

this operational decision which would impact the long term preservation of the underlying asset.

II. Follow-up Site Visit of The Neighborhood Center HealthCare Navigator Program

Although counsel has not yet reviewed DRT's follow-up site visit write-up concerning the HealthCare Navigator Program, counsel anticipates that the Board may require some background from a legal perspective.

Counsel was first contacted about this item by Ms. Long on June 21st. Ms. Long requested that I review my files to help her answer the following inquiry from the Auditor General:

From: JIM COLE < JIMCOLE@AUD.STATE.FL.US >

Sent: Monday, June 21, 2021 2:15 PM To: Eileen Long <elong@drtcpa.com>

Cc: WALT CUNNINGHAM < WALTCUNNINGHAM@AUD.STATE.FL.US > Subject: TNC HealthCare Navigator Program (1920) December 2020 Site Visit Report

Eileen,

We reviewed the TNC HealthCare Navigator Program (1920) December 2020 - Site Visit Report. The Report noted that of six (6) clients tested, TNC provided no photo IDs or residency documentation.

- A. Under the funding agreement, TNC agreed to screen participants for income and assets eligibility. The Report does not refer to this eligibility requirement. Was this examined during the audit and, if not, would you explain why it was not included?
- B. Would you please explain why the test results did not result in expanding the audit procedures and attempting to estimate questioned costs and seek reimbursement? The Board authorized an expanded Site Visit for the month of May 2021 that has yet to be performed.
- C. Would you calculate the questioned costs for the above exceptions? Please include your calculations.

Thank you,

Jim Cole, CPA State of Florida - Auditor General's Office Ph 407-928-9512

To assist DRT with formulating a response, counsel located and reviewed a series of emails concerning the initial drafting of the agreement for HealthCare Navigator Program. Those

September/October 2019 emails (between counsel, the Board, TNC and DRT) confirmed that the Screening provision/Paragraph 6 for this funding agreement had always been presented to TNC, the Board and DRT as different from the provision in the Access to Care program.

After DRT responded to the Auditor General and began to conduct its follow-up site-visit concerning the HealthCare Navigator Program, counsel was again contacted by DRT with a request to weigh-in when TNC indicated that it was unable to provide all of the information that DRT was requesting concerning the full screening requirement. Counsel responded to DRT with a copy to TNC in the following email:

From: Attorney Ted Small < tsmall@westvolusiahospitalauthority.org >

Sent: Friday, July 16, 2021 8:16 AM
To: Eileen Long < elong@drtcpa.com >

Cc: Waylan Niece < waylan.niece@nhcwv.org>; rcantlay@westvolusiahospitalauthority.org

Subject: Re: FW: TNC Navigator Contractual Compliance Review

Good morning, Happy to schedule something next week to discuss further. My overall impression upon reviewing this email and related agreements is that there is a disconnect between what TNC was expecting to provide as support under its funding agreement and what DRT is expecting to examine under its Site Visit engagement. DRT needs to write this up and put it on the Board discussion agenda so they can consider both why this disconnect is being discovered now after several years of funding and what, if anything, can bring this into compliance with the terms of the funding agreement. I checked and this funding agreement, unlike the Access to Healthcare agreement, requires full eligibility screening. That was what was agreed and communicated in emails to TNC and DRT when this program was initially approved and that's what should have been happening. The Board needs to be informed and to weigh in on how to handle it if this Site Visit discovers or reveals that it hasn't been operated that way. Regards, ts

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

Counsel talked preliminarily with Jim Vickaryous, the Managing Partner of the Vickaryous Law Firm about WVHA retaining his law firm to represent WVHA on a contingency basis and file a lawsuit on behalf of WVHA in the federal multidistrict litigation for national prescription opiate litigation. Attorney Vickaryous plans to present a formal proposal to explain the details, but in a nutshell the proposed representation would offer WVHA a seat at the table among many other governmental and private entities around the nation that are suing pharmaceutical companies. These lawsuits are seeking to recover damages related to the substantial health care and prescription costs that have been paid to treat residents who became addicted to opioids. As of this writing, counsel has not yet received a draft of the

proposed retainer agreement or the presentation materials. Attorney Vickaryous has indicated in an introductory call that if desired, WVHA would become one of several Florida based local government clients which his firm would represent. The contingency basis of the representation would provide that the Vickaryous Law Firm would be paid 20% of any net recovery after costs and WVHA would keep the remaining 80%. Attorney Vickaryous believes that it would be important to get WVHA's lawsuit on file as soon as practicable before settlement talks begin and conclude concerning a Tier 1 lawsuit that is scheduled for trial in Ohio during October, 2019. Attorney Vickaryous believes that the defendants in that lawsuit may want to negotiate a global settlement of all pending lawsuits and it would be advantageous for WVHA to have a seat at that table, particularly in light of the substantial annual budget expenses being paid to SMA and for prescriptions that are directly related to the opioid epidemic. Counsel expects to receive and review the details prior to the March meeting and have a recommendation as to the form of the retainer agreement at that time. As an overall matter, the proposal sounds like a potential opportunity for WVHA to recoup substantial taxpayer dollars, but it may take some time before any recovery is obtained. Following the Board's authorization of Chair Craig to sign the proposed contingency agreement subject to a clarification that the net of any recovery to WVHA only be reduced to reimburse "reasonable" attorney's fees, Chair Craig has executed the revised agreement and it is being circulated for signatures by all the retained co-counsel. As previously emailed, WVHA's complaint in the national opioid litigation was initially filed in federal court in the Middle District of Florida on September 10, 2019. On September 26, 2019, that case was transferred to the Northern District of Ohio where is has been consolidated with the thousands of other pending cases in that multidistrict opioid litigation.

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

### A. Purdue Bankruptcy

As we have previously explained, in order to participate in the Purdue bankruptcy, a Proof of Claim form must be filed on behalf of your entity. We have already filed a Proof of Claim form [generously estimated at \$32,009,971.00] on your behalf. Now, based on recent developments in this bankruptcy, we plan to amend these forms to include a minimum valuation for your claim. In other words, we will be setting forth a specific monetary amount for your claim within this bankruptcy. We, along with the members of the Plaintiff Executive Committee and the Bankruptcy Ad Hoc Committee, believe that this is an important step to ensure that the claims of local governments are provided appropriate priority as creditors.

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

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

actually received by local governments will be significantly less than the "minimum valuation" we submit.

Below is the latest brief update received on 8/9/2021 from class counsel:

From: Jamey Szerdi [mailto:jamey@romanolawgroup.com]

Sent: Monday, August 9, 2021 2:53 PM

To: Ted Small <tsmall@businessemploymentlawyer.com>;

tsmall@westvolusiahospitalauthority.org

Cc: Eric Romano <eric@romanolawgroup.com>;

Subject: RE: IMPORTANT-Opioid Litigation UPDATE Regarding Mallinckrodt

Bankruptcy - West Volusia Hospital Authority

Importance: High

Dear Ted,

We are writing to provide an important update and notify you of upcoming required action and deadlines for voting on the Mallinckrodt plc bankruptcy Plan (Mallinckrodt Plan).

Mallinckrodt is a manufacturer of opioid-pain medication, and was among the Defendants named in the complaint we filed on your behalf. Mallinckrodt has now sought bankruptcy protection under Chapter 11 of the Bankruptcy Code, as result of opioid litigation liabilities and other debt obligations.

The proposed plan will result in a restructuring of the Debtor's business, and the establishment of a trust (referred to in the Plan and the Disclosure Statement as the Opioid MDT II) to be funded with approximately \$1.6 billion in cash (paid over seven years) and certain non-cash assets, including warrants, insurance rights and certain estate causes of action, that will serve as the source of recovery to all Opioid Claimants. These funds will be divided among various trusts, including governmental claims, hospital claims, third party payer claims, and personal injury claims.

The following bankruptcy related materials are available in the link below:

- NOTICE OF (I) HEARING TO CONSIDER CONFIRMATION OF THE CHAPTER 11 PLAN FILED BY THE DEBTORS AND (II) RELATED VOTING AND OBJECTION DEADLINES
- COVER LETTER AND RECOMMENDATION OF THE DEBTORS
- NOTICE TO OPIOID CLAIMANTS
- OCC PLAN POSITION LETTER

- DISCLOSURE STATEMENT FOR JOINT CHAPTER 11 PLAN OF REORGANIZATION OF MALLINCKRODT PLC AND ITS DEBTOR AFFILIATES UNDER CHAPTER 11 OF THE BANKRUPTCY CODE
- ORDER (I) APPROVING THE DISCLOSURE STATEMENT AND FORM AND MANNER OF NOTICE OF HEARING THEREON, (II) ESTABLISHING SOLICITATION PROCEDURES, (III) APPROVING THE FORM AND MANNER OF NOTICE TO ATTORNEYS AND SOLICITATION DIRECTIVE, (IV) APPROVING THE FORM OF BALLOTS, (V) APPROVING THE FORM, MANNER, AND SCOPE OF CONFIRMATION NOTICES, (VI) ESTABLISHING CERTAIN DEADLINES IN CONNECTION WITH APPROVAL OF DISCLOSURE STATEMENT AND CONFIRMATION OF PLAN, AND (VII) GRANTING RELATED RELIEF
- SOLICITATION PROCEDURES

Link: https://sfspa.sharefile.com/d-sc4fc7428f8ad4992a9445df368ff67fa

## The deadline to vote on this plan is September 3, 2021, at 4:00 p.m., prevailing Eastern Time.

We understand that the deadline is a little less than a month away. Therefore we wanted to provide you with this information quickly as a reminder to begin reviewing the solicitation package and begin evaluating your voting decision as soon as possible. If your governmental entity must hold a meeting to vote on the Mallinckrodt Plan, please schedule that meeting immediately, as the deadline to vote on the Plan is September 3, 2021.

### Our Recommendation:

The leadership of the Opioid MDL (PEC) is in the process of finalizing a few remaining material issues involving the Mallinckrodt Plan. Accordingly, the PEC issued a recommendation that you refrain from voting on the Mallinckrodt Plan until these material issues are resolved.

We anticipate a full endorsement of the Mallinckrodt Plan. The PEC intends to issue a follow-up letter along with a comprehensive overview of the Mallinckrodt Plan after the material issues are resolved. We will forward the PEC's ultimate recommendation and overview regarding the Mallinckrodt Plan as soon as we receive it. Based on currently available information, we anticipate agreeing with the PEC's recommendation.

As with the Purdue bankruptcy, we will collect your vote and submit it on your behalf through a Master Ballot. As noted above, the Deadline to submit a Master Ballot indicating all of our clients' votes is September 3, 2021, at 4:00

p.m., prevailing Eastern Time. Therefore, after the PEC issues its ultimate recommendation, we request you send us your voting instructions (approve, reject or abstain) to Jamey Szerdi at <a href="mailto:jamey@romanolawgroup.com">jamey@romanolawgroup.com</a> on or before September 1, 2021, so that we can prepare the Master Ballot for timely submission.

However, if we don't receive your voting decision on or before September 1, 2021, to Jamey Szerdi at <u>jamey@romanolawgroup.com</u>, we will cast your vote following and in accordance with our and the PEC's recommendation.

If you do not want us to cast your vote using this procedure, please notify us by emailing **Jamey Szerdi at <u>jamey@romanolawgroup.com</u>** 

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

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

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

new law in order to relieve itself of many administrative burdens associated with the prior reimbursements procedures)

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

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

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

Counsel will defer to the CPAs at DRT to provide the Board with an analysis of the detailed numbers and how the change in the proportionate weight of the two formulas during the transitional period which starts this year. From a broad analytical perspective and based on preliminary discussions with representatives of other hospital districts, it appears that WVHA could be assessed an increasingly larger amount for Medicaid each year because the total assessment to each county is no longer based upon data on actual hospital stays/services provided and is no longer going to distinguish hospitals versus nursing homes stays/services. (Under the prior formula, the County paid all of the Medicaid contribution attributed to nursing home stays). Apparently, the data on actual usage is no longer being collected and maintained by AHCA. Instead, by the end of the transitional period DOR will simply assess the County one lump sum assessment based entirely on per capita enrollment in zip codes

associated with Volusia County, without any consideration of the actual Medicaid usage by these enrollees and without any division as between hospital stays and nursing home stays. Further, counsel has confirmed that DOR is not making any distinction based on actual physical addresses of the Medicaid enrollees. Therefore, those with zip codes that DOR associates with Volusia County will be included in the County's assessment even if those enrollees actually live in Lake or Flagler County.

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

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

For the past several years, counsel has agreed with DRT that WVHA should agree with Halifax and Southeast to continue the same contribution percentages for Medicaid Match payments as were jointly agreed for the 2015-16 transitional year. However, counsel has repeatedly cautioned that the Board review the above summarized background to what was agreed only as a temporary fix and give due consideration that the transitional phase in period will end with State Fiscal Year 2019-20. At that time, all unresolved legal issues will likely need to be resolved between WVHA, the County and all interested parties. If a jointly agreed upon new methodology for a fair and equitable division of Medicaid costs cannot be agreed,

WVHA may need to pursue an appeal to the Department of Financial Services, as provided under Chapter 409.915(5), Florida Statutes, to obtain a definitive ruling on whether WVHA actually "benefits" from the Medicaid program to allow the County to allocate it any portion of the Medicaid costs; whether WVHA can legally reimburse for Lake County non-residents who have a West Volusia zip code in spite of the restriction in its Enabling Legislation to only funds costs for "residents" of the Tax District: as well as whether the County is dealing with WVHA fairly in dividing percentages between hospital and nursing home stays by Medicaid enrollees.

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

From: Ted Small [mailto:tsmall@businessemploymentlawyer.com]

Sent: Monday, June 7, 2021 12:54 PM

To: 'Dona DeMarsh Butler' <ddbutler@volusia.org>; 'Powers Al'

<apowers@drtcpa.com>; 'eric.peburn@halifax.org' <eric.peburn@halifax.org>; 'Joni

Hunt' <Joni.Hunt@halifax.org>; 'Kelly.Kwiatek@halifax.org'

<Kelly.Kwiatek@halifax.org>; 'jeff.davidson@sevhd.com'

<jeff.davidson@sevhd.com>; 'Diana Phillips' <DPhillips@volusia.org>

Cc: 'Long Eileen' <elong@drtcpa.com>; 'RonCantlay' <rcantlay@drtcpa.com>;

'Carmen Hall' <CHall@volusia.org>; 'Laura Coleman' <LColeman@volusia.org>;

'Coen Jennifer' < jcoen@westvolusiahospitalauthority.org>

Subject: RE: [EX] RE: Medicaid Negotiations

Hi Dona and all, I'm catching up on this email string and I am starting to get questions from WVHA Board members about exactly what is the sourcing and legitimacy of the data that appears to shift nearly a half million of Medicaid sharing costs from Halifax to WVHA for this and future years. If the County intends to depart from using what has been our longstanding and jointly agreed upon data-based way dividing the Medicaid sharing costs amongst the three hospital districts, it is the County's responsibility to gather verifiable data and justify its basis for doing so under Chapter 409.915(5). Hopefully I am misreading the email string, but what I am understanding from the below exchange is that the County intends to reallocate a half million dollars of Medicaid sharing costs from the Halifax taxing district to the WVHA taxing district (with some minor adjustments to Southeast and ZERO adjustments to the County's share) solely based on one month of zip code data which Halifax's own consultants and staff obtained from some unknown source at AHCA. Is that a correct reading?

Please help me to understand what I am missing about how the County would justify such a dramatic shift of how we have been cooperatively handling this very complex matter. I need to be able to explain it more clearly to three new Board members who are completely unfamiliar with the negotiations that Dan Eckert, Tura Schnebly and all counsel involved in negotiation the currently used basis for division once HB-5301

(2013) upended the prior specific user-based method for dividing these costs. Indeed, I have some Board members who aren't even persuaded that WVHA should share any of these costs since it no longer owns or operates a hospital that seeks Medicaid reimbursements. This will come up for WVHA Board discussion next week and I suspect (but don't know) that a majority of the Board would be willing to continue with the longstanding method of sharing these costs. But I need much more information about the sourcing and legitimacy of this proposed new methodology in order to avoid this becoming a basis for an appeal.

Thanks in advance for your help, ts

After the July 15th Board Meeting wherein the Board authorized counsel to advocate that the County Council should decide to split Medicaid costs in proportion to the actual Medicaid reimbursements benefitting the hospitals within each of the three hospital districts or, alternatively, to continue the same methodology for splitting the costs based on actual user data, which has been utilized since 2015-16. On July 19th, counsel had a thoughtful discussion explaining WVHA's position with Assistant County Attorney, Laura Coleman. Attorney Coleman assured counsel that she would convey these points to the County Attorney and other staff involved. At that time, Attorney Coleman indicated that the County staff had not finalized its recommendation and that she would notify counsel before a recommended decision was presented to the County Council. Counsel has also communicated briefly with one Council member about WVHA's position. The Council's Agenda on 7/20/21, 8/3/21 did not include this matter and the current draft County Council Agenda for the 8/17/21 does not include it. Counsel checked with Attorney Coleman on 8/9/21 and will report on any updates.

V. 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 H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

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

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

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

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

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023.304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a 58% increase over the 1.4966 mills rolled-back rate.

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

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

was a 15% decrease over the 2.2632 rolled-back rate;

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

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

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

On May 25, 2021, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$12,894,895,787, which represents a net change of approximately +10,34% from 2020 pre-preliminary estimated taxable value (11,686,105,072). Counsel defers to DRT to confirm or correct these calculations.

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months. Several preliminary steps in the TRIM process have already occurred. The following additional steps are required to complete the 2019-2020 TRIM process:

- A 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;
- B 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.
- C 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.
- D 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.

- E 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.
- F Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).