

West Volusia Hospital Authority  
BOARD OF COMMISSIONERS REGULAR MEETING  
February 16, 2023 5:00 p.m.  
Sanborn Center – Ballroom B  
815 S. Alabama Ave., DeLand, FL  
**AMENDED 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 - Organizational/Regular Meeting January 19, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Reporting Agenda
  - A. EBMS January Report – Written Submission
  - B. WVHA miCare Clinic DeLand/Deltona January 2023 Report-Written Submittal
  - C. The House Next Door (THND) January HealthCard Application Report
  - D. Emergency Services 4<sup>th</sup> Quarter of 2022 (October – December)
    1. Halifax Health | UF Health – Medical Center of Deltona
    2. Advent Health DeLand & Advent Health Fish Memorial
    3. EMPros
  - E. Contractual Verbal Utilization Report to the WVHA by Program Director Thalia Smith of Healthy Start Coalition of Flagler & Volusia
7. Discussion Items
  - A. Cost Proposal from miCare for Medication Pick Up at Deltona Clinic
  - B. WVHA and CAC Scheduled Meeting Dates and Locations for 2023
  - C. Attendance at Community Event for WVHA Visibility (Commissioner Manning)
  - D. Contractual Site Visit Review Write Ups FYE 2022
    1. The House Next Door (THND) Therapeutic Services
    2. THND HealthCard Program
  - E. CAC Appointment – Commissioner Pepin – Lorna Owens
  - F. Authorization for FRS E-file System for Payments
  - G. Approval of Non-Primary Care Funding Application 2022-2023 & Release on Tuesday, February 21, 2023
  - H. Approval of Medicaid Litigation Talking Points & Sharing it with County Council Members (Commissioner Pepin)
  - I. Resolution # 2023-001 – Terminating 457(b) Plan
8. Follow Up – Anti-Fraud Policy
9. Administrator Report
10. Finance Report
  - A. January Financials
  - B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Adjournment

If any person decides to appeal any decision made by the WVHA with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

**WEST VOLUSIA HOSPITAL AUTHORITY  
BOARD OF COMMISSIONERS ORGANIZATIONAL / REGULAR  
MEETING**

DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
5:00 P.M.  
January 19, 2023

**Those in Attendance:**

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

**CAC Members Present:**

Jacquie Lewis  
Christian Brown  
Ella Ran  
Taylor Hibel

**Others Present:**

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
Accountant for the Authority: Webb Shephard, CPA of James Moore & Company  
WVHA Administrator Stacy Tebo

**Call to Order Regular Meeting**

Acting Chair Coen called the meeting to order. The meeting took place at DeLand City Hall in the Commission Chamber, located at 120 S. Florida Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:08 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Swearing In of Commissioners**

Ms. Tebo accompanied Attorney Small to swear in Jennifer Coen, Voloria Manning, and Donna Pepin.

**Election of Officers**

Acting Chair Coen opened the floor for nominations of Chair. Commissioner Craig moved to nominate Commissioner Coen for Chair. Commissioner Pepin seconded the motion. Commissioner Coen asked two more times if there were any further nominations. Nominations were closed, and Commissioner Coen declared by affirmation that she would be the Chair.

Chair Coen opened the floor for nominations of Vice-Chair. Commissioner Accardi moved to nominate Commissioner Craig for Vice-Chair. Commissioner Pepin seconded the motion. Chair Coen asked two more times if there were any further nominations. Nominations were closed, and Chair Coen declared by affirmation that Commissioner Craig would be Vice-Chair.

Chair Coen opened the floor for nominations of Secretary. Commissioner Pepin moved to nominate Commissioner Manning for Secretary. Commissioner Craig seconded the motion. Chair Coen asked two more times if there were any further nominations. Nominations were closed, and Chair Coen declared by affirmation that Commissioner Manning would be Secretary.

Chair Coen opened the floor for nominations of Treasurer. Commissioner Pepin moved to nominate Commissioner Accardi for Treasurer. Commissioner Manning seconded the motion. Chair Coen asked two more times if there were any further nominations for Treasurer. Nominations were closed, and Chair Coen declared by affirmation that Commissioner Accardi would be Treasurer.

### **Approval of Proposed Agenda**

**Motion 001 – 2023** Commissioner Craig motioned to approve the agenda as presented. Commissioner Manning seconded the motion. The motion passed unanimously.

### **Consent Agenda**

#### **Approval of Minutes – Regular Meeting Minutes November 17, 2022**

**Motion 002 – 2023** Commissioner Manning motioned to approve the Consent Agenda. Commissioner Accardi seconded the motion. The motion passed unanimously.

### **Citizen Comments**

Nicole Sharbono of SMA addressed the Board.

### **Reporting Agenda**

#### **EBMS November/December Report – Written Submission**

#### **WVHA miCare Clinic DeLand/Deltona November/December Report – Darik Croft, COO of miCare**

#### **WVHA miCare Clinic Deland/Deltona 2022 4<sup>th</sup> Quarter Report Medication Pick Up Proposal**

Mr. Croft noted that he also had Practice Manager Gretchen Soto and Medical Director Dr. William Gilmer with him. He answered questions from the Board regarding the reports and clinic operations.

Chair Coen requested a change to the EBMS report to separate the card holders by city instead of zip code.

There was discussion regarding Mr. Croft's proposal for medication pick up at the Deltona clinic.

### **Citizen Comments**

Jacquie Lewis asked Mr. Croft questions regarding the clinic.

Tanner Andrews addressed the Board regarding medication pick up.

Commissioner Craig said that for the sake of transparency, she would like to see a budget proposal for the transition to medication pick up in Deltona. There was consensus that Mr. Croft should bring back the proposal for board consideration.

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

There were no Board questions or comments on THND's report.

All of the reports were received and made part of the record.

**Discussion Items**

**Powell & Jones WVHA FYE 2022 Audit Presentation – Richard Powell, CPA**

Mr. Powell presented the audit to the Board and noted it contained no findings. There were no questions from the Board.

Chair Coen stated that the written audit report was received into the record.

**Confirmation of Renewal Letter Agreement with Heffley & Associates**

**Motion 003 – 2023** Commissioner Craig motioned to confirm the renewal letter agreement with Heffley & Associates. Commissioner Pepin seconded. The motion passed unanimously.

Roll call:

Commissioner Pepin	Yes
Commissioner Manning	Yes
Chair Coen	Yes
Commissioner Craig	Yes
Commissioner Accardi	Yes

**Contractual Site Visit Review Write Ups FYE 2022  
Community Legal Services of Mid-Florida  
FL Department of Health Dental Program  
Hispanic Health Initiative  
The Neighborhood Center**

Mr. Shephard explained the testing procedures utilized during the site visits. He stated that there were no compliance issues noted with any of the four funded agencies.

Chair Coen pointed out a typo in the Hispanic Health Initiative site visit write up under 3d that referenced FDOH rather than HHI.

Chair Coen stated the Board would accept all the reports into the record, with the noted correction on the HHI report.

## **WVHA and CAC Meeting Locations for 2023**

Ms. Tebo clarified the rates for The Center at Deltona and the Sanborn Center. She explained that the Police Department Community Room is booked on Tuesday evenings when the CAC meetings are normally held. She said that the DeLand City Hall Commission Chambers were reserved for the first CAC meeting on February 7<sup>th</sup>.

There was discussion from CAC members in the audience that they would like to discuss the meeting days and locations at their first meeting on February 7<sup>th</sup>.

**Motion 004 – 2023** Commissioner Pepin motioned to approve the location of the February 7<sup>th</sup> CAC meeting for DeLand City Hall and add the discussion of the day and time for CAC meetings to their first agenda. Commissioner Manning seconded, and the motion passed unanimously.

**Motion 005 – 2023** Commissioner Craig motioned to hold the February 16<sup>th</sup> board meeting at the Sanborn Center and the March 16<sup>th</sup> board meeting at The Center at Deltona. Commissioner Accardi seconded. The motion passed unanimously.

Roll call:

Commissioner Pepin	Yes
Commissioner Manning	Yes
Chair Coen	Yes
Commissioner Craig	Yes
Commissioner Accardi	Yes

### **CAC Appointments**

**Commissioner Coen - Maria Elena Valdivia**

**Commissioner Accardi – Lyda Kiser**

**Motion 006 – 2023** Commissioner Craig motioned to accept the applications from Lyda Kiser and Maria Elena Valdivia for appointment to the CAC. Commissioner Accardi seconded. The motion passed unanimously.

### **Letter of Appreciation for CAC Chair Linda White**

Ms. Tebo noted she corrected a typo on the draft letter included in the packet. There was consensus to mail the letter with the correction to Ms. White.

### **Update of CAC Bylaws**

Ms. Tebo explained the two updates that were incorporated into the bylaws and said she would provide a copy to the CAC members.

**Motion 007 – 2023** Commissioner Craig motioned to approve the updated bylaws. Commissioner Pepin seconded, and the motion passed unanimously.

### **Joint Legislative Auditing Committee Meeting in Tallahassee**

## **Citizen Comments**

Tanner Andrews addressed the Board regarding the Joint Legislative Auditing Committee (JLAC).

Attorney Small explained that the JLAC requested that he and Chair Coen attend their meeting on January 26<sup>th</sup> to discuss the operational audit report issued in March 2022.

**Motion 008 – 2023** Commissioner Accardi motioned to authorize Chair Coen and Attorney Small to attend the meeting and to allow travel reimbursements for mileage, lodging and meals in accordance with State approved limits. Commissioner Craig seconded, and the motion passed unanimously.

Roll call:

Commissioner Pepin	Yes
Commissioner Manning	Yes
Chair Coen	Yes
Commissioner Craig	Yes
Commissioner Accardi	Yes

### **Addition of Administrator Report to Future Agendas (Commissioner Coen)**

Chair Coen said she would like to add an administrator report to future agendas to give Ms. Tebo an opportunity to update the Board. There was consensus to add the item to future agendas.

Ms. Tebo provided an update on the scanning project and said the hard drives should be shipped the following week. She said she had been working on ideas to bring more visibility to the WVHA, increase the number of card holders, and direct people to the website. She added that a \$50 Facebook ad resulted in a good number of clicks to the website.

### **Follow Up - Fraud Policy**

Ms. Tebo said she had produced a draft anti-fraud policy and forwarded it to Attorney Small for review; that Attorney Small had requested other entities' policies; that she was in the process of obtaining other policies; and that a final draft would be coming back to the Board in a subsequent meeting.

Attorney Small stated that the initial draft was based on an example policy provided by the State AG; that the example was initially written from a corporate context; that investigations can remain confidential in the private sector; that they have to be mindful that the Board operates in the public sector with adherence to the Sunshine and Public Records Laws; and that he welcomes any suggestions for developing the policy.

### **Finance Report November & December Financials**

Mr. Shephard outlined the financials and answered questions from the Board. He explained the estimated expenditures approved in November relative to the check register emailed to the Board for the December 15<sup>th</sup> check run. He added that because there was not a December meeting, he had provided a high estimate in November to cover the invoices that would be received in December.

There was discussion regarding the need for the funded agencies to submit timely invoices and the use of better methodology in estimating the expected agency invoices in December.

There was consensus that other anticipated expenditures should not exceed \$2,500 in future months of estimated expenditures presented by James Moore for Board approval.

**Motion 009 – 2023** Commissioner Craig motioned to approve, authorize, and warrant the payment of the bills outlined in the check register presented by Webb Shephard of James Moore and estimated expenditures for the next month totaling \$2,148,331. Commissioner Pepin seconded the motion. The motion passed unanimously.

### **Legal Update**

Attorney Small outlined his update and noted the Board could use it as a resource when referring to current WVHA contracts.

Attorney Small discussed his research regarding the Architectural Committee and noted that once a committee member has been duly appointed, there is not an opportunity for change once the committee is composed. He added that there is not much the Board could practically do to force changes to the workings of the committee. He explained that since  $\frac{1}{4}$  of the property is undeveloped, the other  $\frac{3}{4}$  have the obligation to pay for the upkeep of the common area.

Ms. Tebo said that Mr. Spore was amenable to her attendance at a committee meeting, but there were not any scheduled yet for this year. She added that Mr. Spore advised that the committee had already voted on extending the covenants for another ten years, but he did not specify when the vote occurred.

Attorney Small said he would like to reach out to Mr. Spore and the committee's new attorney to clarify things. He added he would specifically like an explanation regarding the name change of the committee from what was stated on the deed. The board was in agreement that Attorney Small should initiate that communication.

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

Adjournment

Jennifer Coen, Chair



EBMS

February 16, 2023

Submission Report for  
WVHA Board Members



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# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

1/1/2023 to 1/31/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6586		Charges	\$5,221,337	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,610,147	Addl Info Not Provided	\$164,312	3.15%
Medical	\$600,914	\$484	Allowed	\$611,190	Duplicate Charges	\$87,454	1.67%
Professional	\$201,608	\$162	less Member	\$12,835	Plan Limitations	\$1,386,824	26.56%
Facility	\$399,306	\$322	less Adjustments	-\$2,559	Cost Savings	\$2,968,179	56.85%
Other	\$0	\$0	Paid Benefit	\$600,914	UCR Reductions	\$103	0.00%
PBM	\$0	\$0	plus Admin Costs	\$237,308	Other	\$3,276	0.06%
<b>Total Plan Paid:</b>	<b>\$600,914</b>	<b>\$484</b>	<b>Total Plan Paid:</b>	<b>\$838,223</b>	<b>Total:</b>	<b>\$4,610,147</b>	<b>88.29%</b>

Census										
Census Date: 1/31/2023	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	24	23	47	0	0	0	0	47	0	0
20 to 25	19	31	50	0	0	0	0	50	0	0
26 to 29	26	28	54	0	0	0	0	54	0	0
30 to 39	97	91	188	0	0	0	0	188	0	0
40 to 49	122	165	287	0	0	0	0	287	0	0
50 to 59	165	208	373	0	0	0	0	373	0	0
60 to 64	70	101	171	0	0	0	0	171	0	0
65 and Older	25	46	71	0	0	0	0	71	0	0
<b>Totals</b>	<b>548</b>	<b>693</b>	<b>1241</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1241</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>46.23</b>	<b>48.14</b>	<b>47.30</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>47.30</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 1/31/2023	Employee	Spouse	Dependent
Adventhealth Deland	100	\$134,236	0 to 19	\$1,919	\$0	\$0
Adventhealth Fish	112	\$85,867	20 to 25	\$21,417	\$0	\$0
Halifax Hospital Medical	16	\$85,034	26 to 29	\$5,376	\$0	\$0
Florida Cancer Specialists	93	\$52,940	30 to 39	\$36,917	\$0	\$0
Shands UF	1	\$36,844	40 to 49	\$201,022	\$0	\$0
Medical Center Of Deltona	36	\$30,850	50 to 59	\$195,767	\$0	\$0
6 Radiology Associates	127	\$16,773	60 to 64	\$78,408	\$0	\$0
Quest Diagnostics Tampa	257	\$16,735	65 and Older	\$60,087	\$0	\$0
Orange City Surgery	20	\$10,646	<b>Totals</b>	<b>\$600,914</b>	<b>\$0</b>	<b>\$0</b>
Daytona Heart Group	51	\$8,861				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$19,544	50	\$977,200
December 22	\$594,774	RX	\$0	0	\$0
January 23	\$600,914	<b>Total:</b>			<b>\$977,200</b>
<b>Total:</b>	<b>\$2,973,730</b>				



# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

1/1/2023 to 1/31/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ANESTHESIA	45	\$78,937	\$75,938	\$3,000	\$0	\$0	\$3,000	0.50%
CHIROPRACTIC	5	\$299	\$203	\$96	\$20	\$0	\$76	0.01%
COVID-19	40	\$12,489	\$11,529	\$960	\$0	\$0	\$960	0.16%
DIALYSIS	87	\$123,749	\$110,984	\$12,765	\$0	\$0	\$12,765	2.12%
DME/APPLIANCE	5	\$642	\$642	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	439	\$1,135,958	\$1,076,839	\$59,120	\$2,792	\$0	\$56,328	9.37%
HOME HEALTH CARE	1	\$666	\$666	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	320	\$158,700	\$158,602	\$98	\$0	\$0	\$98	0.02%
INPATIENT PHYS	154	\$39,437	\$31,728	\$7,709	\$0	\$0	\$7,709	1.28%
IP HOSP CHARGES	62	\$2,026,969	\$1,780,436	\$246,533	\$1,150	\$0	\$245,383	40.83%
MATERNITY	3	\$6,000	\$6,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	14	\$11,287	\$9,433	\$1,854	\$30	\$0	\$1,824	0.30%
OFFICE VISIT	873	\$101,868	\$65,070	\$36,798	\$3,280	\$0	\$33,518	5.58%
OP PHYSICIAN	177	-\$31,889	-\$46,313	\$14,424	\$254	\$0	\$14,169	2.36%
OTHER	239	\$13,519	\$13,519	\$0	\$0	-\$2,559	\$2,559	0.43%
OUTPAT HOSP	15	\$83,160	\$75,311	\$7,849	\$200	\$0	\$7,649	1.27%
PRESCRIPTION	3	\$77	\$77	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	104	\$20,443	\$13,998	\$6,445	\$330	\$0	\$6,115	1.02%
RADIATION /CHEMO	45	\$164,242	\$116,348	\$47,894	\$0	\$0	\$47,894	7.97%
SLEEP DISORDER	1	\$57	\$57	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	2	\$11,994	\$11,994	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	68	\$639,406	\$568,197	\$71,208	\$1,350	\$0	\$69,858	11.63%
SURGERY	193	\$47,214	\$41,772	\$5,443	\$0	\$0	\$5,443	0.91%
SURGERY IP	13	\$14,233	\$13,331	\$902	\$0	\$0	\$902	0.15%
SURGERY OP	34	\$35,146	\$27,193	\$7,953	\$0	\$0	\$7,953	1.32%
THERAPY	275	\$28,702	\$18,637	\$10,065	\$800	\$0	\$9,265	1.54%
URGENT CARE	4	\$1,193	\$1,116	\$77	\$25	\$0	\$52	0.01%
WELLNESS	882	\$44,359	\$35,070	\$9,288	\$0	\$0	\$9,288	1.55%
XRAY/ LAB	2901	\$452,478	\$391,770	\$60,709	\$2,604	\$0	\$58,105	9.67%
<b>Totals:</b>	<b>7004</b>	<b>\$5,221,337</b>	<b>\$4,610,147</b>	<b>\$611,190</b>	<b>\$12,835</b>	<b>-\$2,559</b>	<b>\$600,914</b>	



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
 Paid Dates: 10/1/2022 to 1/31/2023  
 Location: All

Department: All  
 Benefit Plan: All  
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	31077		Charges	\$23,688,931	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$20,610,996	Addl Info Not Provided	\$663,147	2.80%
Medical	\$2,973,729	\$599	Allowed	\$3,077,935	Duplicate Charges	\$167,934	0.71%
Professional	\$1,141,960	\$230	less Member	\$58,441	Plan Limitations	\$5,330,942	22.50%
Facility	\$1,831,770	\$369	less Adjustments	\$45,765	Cost Savings	\$14,395,539	60.77%
Other	\$0	\$0	Paid Benefit	\$2,973,729	UCR Reductions	\$1,134	0.00%
PBM	\$0	\$0	plus Admin Costs	\$918,049	Other	\$52,301	0.22%
<b>Total Plan Paid:</b>	<b>\$2,973,729</b>	<b>\$599</b>	<b>Total Plan Paid:</b>	<b>\$3,891,779</b>	<b>Total:</b>	<b>\$20,610,996</b>	<b>87.01%</b>

Census										
Census Date: 1/31/2023	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	24	23	47	0	0	0	0	47	0	0
20 to 25	19	31	50	0	0	0	0	50	0	0
26 to 29	26	28	54	0	0	0	0	54	0	0
30 to 39	97	91	188	0	0	0	0	188	0	0
40 to 49	122	165	287	0	0	0	0	287	0	0
50 to 59	165	208	373	0	0	0	0	373	0	0
60 to 64	70	101	171	0	0	0	0	171	0	0
65 and Older	25	46	71	0	0	0	0	71	0	0
<b>Totals</b>	<b>548</b>	<b>693</b>	<b>1241</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1241</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>46.23</b>	<b>48.14</b>	<b>47.30</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>47.30</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 1/31/2023	Employee	Spouse	Dependent
Adventhealth Deland	380	\$594,165	0 to 19	\$11,733	\$0	\$0
Adventhealth Fish	336	\$427,386	20 to 25	\$78,389	\$0	\$0
Halifax Hospital Medical	59	\$401,734	26 to 29	\$23,257	\$0	\$0
Medical Center Of Deltona	94	\$270,896	30 to 39	\$194,594	\$0	\$0
Florida Cancer Specialists	402	\$256,228	40 to 49	\$828,959	\$0	\$0
Quest Diagnostics Tampa	1818	\$117,582	50 to 59	\$1,117,723	\$0	\$0
6 Radiology Associates	614	\$77,067	60 to 64	\$449,523	\$0	\$0
Deland Dialysis	241	\$59,737	65 and Older	\$269,553	\$0	\$0
Orange City Surgery	78	\$46,408	<b>Totals</b>	<b>\$2,973,729</b>	<b>\$0</b>	<b>\$0</b>
Orange City Surgery	77	\$40,367				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$19,544	50	\$977,200
December 22	\$594,774	RX	\$0	0	\$0
January 23	\$600,914	<b>Total:</b>			<b>\$977,200</b>
<b>Total:</b>	<b>\$2,973,730</b>				



# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2022 to 1/31/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	4	\$2,400	\$1,565	\$835	\$0	\$0	\$835	0.03%
AMBULANCE	8	\$42,971	\$42,971	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	242	\$387,310	\$357,897	\$29,413	\$0	\$0	\$29,413	0.99%
CHIROPRACTIC	66	\$3,046	\$1,756	\$1,290	\$260	\$0	\$1,030	0.03%
COVID-19	95	\$30,198	\$27,814	\$2,384	\$0	\$0	\$2,384	0.08%
DIALYSIS	429	\$3,057,402	\$2,959,211	\$98,191	\$0	\$0	\$98,191	3.30%
DME/APPLIANCE	20	\$9,010	\$9,010	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1723	\$3,440,831	\$3,200,650	\$240,181	\$10,291	\$0	\$229,890	7.73%
HOME HEALTH CARE	5	\$23,211	\$23,211	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	2	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	1183	\$424,240	\$424,141	\$98	\$0	\$0	\$98	0.00%
INPATIENT PHYS	1155	\$289,979	\$227,137	\$62,842	\$0	\$0	\$62,842	2.11%
IP HOSP CHARGES	315	\$8,058,878	\$7,000,276	\$1,058,602	\$6,150	\$0	\$1,052,452	35.39%
MATERNITY	12	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	127	\$56,253	\$42,594	\$13,659	\$438	\$0	\$13,221	0.44%
OFFICE VISIT	3670	\$514,127	\$313,360	\$200,767	\$16,460	\$0	\$184,307	6.20%
OP PHYSICIAN	927	\$275,424	\$189,303	\$86,122	\$1,140	\$0	\$84,981	2.86%
OTHER	902	\$39,724	\$39,724	\$0	\$0	\$45,765	-\$45,765	-1.54%
OUTPAT HOSP	65	\$144,917	\$131,413	\$13,504	\$1,004	\$0	\$12,500	0.42%
PRESCRIPTION	3	\$77	\$77	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	510	\$149,364	\$97,788	\$51,576	\$2,005	\$0	\$49,571	1.67%
RADIATION /CHEMO	331	\$969,797	\$744,683	\$225,114	\$18	\$0	\$225,096	7.57%
REHAB	2	\$51,571	\$37,241	\$14,330	\$0	\$0	\$14,330	0.48%
SLEEP DISORDER	8	\$449	\$449	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	8	\$117,603	\$101,855	\$15,748	\$0	\$0	\$15,748	0.53%
SURG FACILITY	199	\$2,480,569	\$2,055,251	\$425,318	\$4,348	\$0	\$420,970	14.16%
SURGERY	683	\$166,882	\$142,195	\$24,687	\$0	\$0	\$24,687	0.83%
SURGERY IP	97	\$135,890	\$108,318	\$27,571	\$0	\$0	\$27,571	0.93%
SURGERY OP	233	\$344,503	\$256,817	\$87,686	\$0	\$0	\$87,686	2.95%
THERAPY	1052	\$106,275	\$63,882	\$42,393	\$3,110	\$0	\$39,283	1.32%
URGENT CARE	19	\$5,653	\$4,892	\$761	\$175	\$0	\$586	0.02%
VISION	4	\$572	\$572	\$0	\$0	\$0	\$0	0.00%
WELLNESS	4660	\$294,567	\$238,126	\$56,442	\$0	\$0	\$56,442	1.90%
XRAY/ LAB	12989	\$2,050,240	\$1,751,817	\$298,423	\$13,042	\$0	\$285,381	9.60%
<b>Totals:</b>	<b>31748</b>	<b>\$23,688,931</b>	<b>\$20,610,996</b>	<b>\$3,077,935</b>	<b>\$58,441</b>	<b>\$45,765</b>	<b>\$2,973,730</b>	



## PCORI Membership Count

Block of Business ID: EBMSI  
Client ID: 00532

Eligibility Date: : 1/1/2023 to 1/31/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1344	0	1344
<b>Total Member Days</b>			
1,344.00			



## Enrollment Counts by City and State

Block of Business ID:  
Client ID:

EBMSI  
00532

As Of Date: 1/31/2023

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
De Leon Spgs, FL	45	0	45
Debary, FL	40	0	40
Deland, FL	534	0	534
Deleon Springs, FL	15	0	15
Deltona, FL	395	0	395
Enterprise, FL	1	0	1
Lake Helen, FL	15	0	15
Orange City, FL	81	0	81
Osteen, FL	9	0	9
Pierson, FL	78	0	78
Seville, FL	27	0	27
<b>Total</b>	<b>1241</b>	<b>0</b>	<b>1241</b>



# Tier Census by Product 1/1/2023

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

Products: MM,DE,VI

## 00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1275	555	720	0	0	0	0	1275
		Subtotal for Active:	1275	555	720	0	0	0	0	1275
		Total for Medical:	1275	555	720	0	0	0	0	1275





## Tier Census by Product 1/15/2023

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

Products: MM,DE,VI

### 00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1255	552	703	0	0	0	0	1255
		Subtotal for Active:	1255	552	703	0	0	0	0	1255
		Total for Medical:	1255	552	703	0	0	0	0	1255

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:18 on 15 January 2023

Jv-1.28.5.0

Yes



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2023 to 1/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ANESTHESIA	45	78,937.30	35,593.90	40,343.73	2,999.67	0.00	0.00	2,999.67	0.50%
CHIROPRACTIC	5	299.16	0.00	202.78	96.38	20.00	0.00	76.38	0.01%
COVID-19	40	12,489.28	4,235.23	7,293.77	960.28	0.00	0.00	960.28	0.16%
DIALYSIS	87	123,749.04	-8,569.91	119,554.13	12,764.82	0.00	0.00	12,764.82	2.12%
DME/APPLIANCE	5	641.79	641.79	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	439	1,135,958.40	656,502.47	420,336.08	59,119.85	2,792.07	0.00	56,327.78	9.37%
HOME HEALTH CARE	1	666.00	666.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	320	158,700.32	158,570.37	31.62	98.33	0.00	0.00	98.33	0.02%
INPATIENT PHYS	154	39,437.08	19,752.92	11,975.08	7,709.08	0.00	0.00	7,709.08	1.28%
IP HOSP CHARGES	62	2,026,969.07	493,157.57	1,287,278.50	246,533.00	1,150.00	0.00	245,383.00	40.83%
MATERNITY	3	6,000.00	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	14	11,287.01	2,422.01	7,011.03	1,853.97	30.00	0.00	1,823.97	0.30%
OFFICE VISIT	873	101,868.46	13,511.66	51,558.81	36,797.99	3,280.00	0.00	33,517.99	5.58%
OP PHYSICIAN	177	-31,889.24	-22,272.95	-24,039.98	14,423.69	254.32	0.00	14,169.37	2.36%
OTHER	251	13,519.00	13,519.00	0.00	0.00	0.00	-2,559.44	2,559.44	0.43%
OUTPAT HOSP	15	83,160.43	318.60	74,992.83	7,849.00	200.00	0.00	7,649.00	1.27%
PRESCRIPTION	3	76.98	76.98	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	104	20,443.19	8,372.00	5,626.30	6,444.89	330.00	0.00	6,114.89	1.02%
RADIATION /CHEMO	45	164,241.84	27,929.34	88,418.61	47,893.89	0.00	0.00	47,893.89	7.97%
SLEEP DISORDER	1	56.93	56.93	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	2	11,994.29	0.00	11,994.29	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	68	639,405.62	137,795.47	430,401.92	71,208.23	1,350.00	0.00	69,858.23	11.63%
SURGERY	193	47,214.24	0.00	41,771.74	5,442.50	0.00	0.00	5,442.50	0.91%
SURGERY IP	13	14,233.08	12,211.98	1,118.89	902.21	0.00	0.00	902.21	0.15%
SURGERY OP	34	35,146.02	1,647.00	25,546.07	7,952.95	0.00	0.00	7,952.95	1.32%
THERAPY	275	28,701.88	2,044.00	16,592.61	10,065.27	800.00	0.00	9,265.27	1.54%
URGENT CARE	4	1,193.00	974.00	141.74	77.26	25.00	0.00	52.26	0.01%
WELLNESS	882	44,358.69	604.93	34,465.35	9,288.41	0.00	0.00	9,288.41	1.55%
XRAY/ LAB	2901	452,478.45	72,930.35	318,839.31	60,708.79	2,604.10	0.00	58,104.69	9.67%
<b>Totals for 00532</b>	7016	5,221,337.31	1,638,691.64	2,971,455.21	611,190.46	12,835.49	-2,559.44	600,914.41	



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2022 to 1/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	4	2,400.00	0.00	1,565.28	834.72	0.00	0.00	834.72	0.03%
AMBULANCE	8	42,971.00	42,971.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	242	387,309.50	120,321.10	237,575.61	29,412.79	0.00	0.00	29,412.79	0.99%
CHIROPRACTIC	66	3,045.96	154.00	1,602.44	1,289.52	260.00	0.00	1,029.52	0.03%
COVID-19	95	30,197.55	9,243.75	18,570.27	2,383.53	0.00	0.00	2,383.53	0.08%
DIALYSIS	429	3,057,401.52	1,405,104.28	1,554,106.65	98,190.59	0.00	0.00	98,190.59	3.30%
DME/APPLIANCE	20	9,010.28	9,010.28	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1723	3,440,831.02	1,432,734.04	1,767,916.44	240,180.54	10,290.66	0.00	229,889.88	7.73%
HOME HEALTH CARE	5	23,211.00	23,181.00	29.96	0.04	0.00	0.00	0.04	0.00%
HOSPICE CARE	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	1183	424,239.64	423,984.69	156.62	98.33	0.00	0.00	98.33	0.00%
INPATIENT PHYS	1155	289,978.93	120,703.63	106,433.44	62,841.86	0.00	0.00	62,841.86	2.11%
IP HOSP CHARGES	315	8,058,877.89	1,788,562.50	5,211,713.40	1,058,601.99	6,150.00	0.00	1,052,451.99	35.39%
MATERNITY	12	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	127	56,252.99	5,055.03	37,538.78	13,659.18	438.35	0.00	13,220.83	0.44%
OFFICE VISIT	3670	514,126.71	63,511.51	249,848.04	200,767.16	16,460.00	0.00	184,307.16	6.20%
OP PHYSICIAN	927	275,424.27	16,179.60	173,123.10	86,121.57	1,140.09	0.00	84,981.48	2.86%
OTHER	974	39,724.00	39,724.00	0.00	0.00	0.00	45,764.80	-45,764.80	-1.54%
OUTPAT HOSP	65	144,917.04	1,299.62	130,113.35	13,504.07	1,003.81	0.00	12,500.26	0.42%
PRESCRIPTION	3	76.98	76.98	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	510	149,364.26	64,459.15	33,329.26	51,575.85	2,005.00	0.00	49,570.85	1.67%
RADIATION /CHEMO	331	969,797.17	12,778.89	731,904.01	225,114.27	17.88	0.00	225,096.39	7.57%
REHAB	2	51,571.00	0.00	37,240.54	14,330.46	0.00	0.00	14,330.46	0.48%
SLEEP DISORDER	8	448.51	448.51	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	8	117,603.05	0.00	101,855.20	15,747.85	0.00	0.00	15,747.85	0.53%
SURG FACILITY	199	2,480,568.83	162,057.23	1,893,193.85	425,317.75	4,347.99	0.00	420,969.76	14.16%
SURGERY	683	166,881.83	918.39	141,276.11	24,687.33	0.00	0.00	24,687.33	0.83%
SURGERY IP	97	135,889.50	50,170.12	58,148.37	27,571.01	0.00	0.00	27,571.01	0.93%
SURGERY OP	233	344,502.55	15,425.00	241,391.96	87,685.59	0.00	0.00	87,685.59	2.95%
THERAPY	1052	106,275.07	2,105.00	61,777.45	42,392.62	3,110.00	0.00	39,282.62	1.32%
URGENT CARE	19	5,653.00	3,059.00	1,832.79	761.21	175.00	0.00	586.21	0.02%
VISION	4	572.35	572.35	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	4660	294,567.46	22,053.68	216,071.84	56,441.94	0.00	0.00	56,441.94	1.90%
XRAY/ LAB	12989	2,050,240.30	340,417.48	1,411,399.36	298,423.46	13,042.15	0.00	285,381.31	9.60%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 11:08:14 on 01 February 2023



## Benefit Analysis Summary

Block of Business ID: EBMSI  
Client ID: 00532  
Paid Date: 10/1/2022 to 1/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	31820	23,688,931.16	6,191,281.81	14,419,714.12	3,077,935.23	58,440.93	45,764.80	2,973,729.50	



## Cost of Major

Block of Business ID: EBMSI  
Client ID: 00532  
Paid Date: 1/1/2023 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	34	66	127,275.01	21.18%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	64	84	100,849.65	16.78%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	67	126	72,063.54	11.99%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	151	219	51,658.30	8.60%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	25	44	50,079.41	8.33%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	75	103	47,819.03	7.96%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	104	196	34,877.07	5.80%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	139	161	30,848.25	5.13%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	16	21	14,361.17	2.39%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	33	47	12,585.63	2.09%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	87	99	11,788.80	1.96%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	26	50	11,751.70	1.96%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	20	22	10,851.69	1.81%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	50	71	10,185.18	1.69%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	23	24	6,848.53	1.14%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	38	54	6,081.79	1.01%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	3	5	557.60	0.09%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	2	2	411.34	0.07%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	1	1	20.72	0.00%
				958	1395	600,914.41	100.00%

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2022 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02	Neoplasms	99	417	475,483.62	15.99%
00532	West Volusia Hospital Authority	09	Diseases of Circulatory System	236	545	397,460.19	13.37%
00532	West Volusia Hospital Authority	11	Diseases of the Digestive System	220	710	380,411.80	12.79%
00532	West Volusia Hospital Authority	14	Diseases of the Genitourinary System	222	679	273,023.72	9.18%
00532	West Volusia Hospital Authority	18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere...	472	1171	264,666.94	8.90%
00532	West Volusia Hospital Authority	13	Diseases of the Musculoskeletal System & Connective Tissue	282	988	200,407.27	6.74%
00532	West Volusia Hospital Authority	01	Certain infectious and parasitic disease	83	202	177,095.89	5.96%
00532	West Volusia Hospital Authority	19	Injury, Poisoning and Certain Other Consequences of External Causes	85	239	162,619.85	5.47%
00532	West Volusia Hospital Authority	21	Factors Influencing Health Status and Contact with Health Services	551	924	135,270.93	4.55%
00532	West Volusia Hospital Authority	10	Diseases of the Respiratory System	108	321	89,099.57	3.00%
00532	West Volusia Hospital Authority	04	Endocrine, nutritional and metabolic diseases	375	630	85,558.74	2.88%
00532	West Volusia Hospital Authority	05	Mental, Behavioral and Neurodevelopmental disorders	130	476	79,787.79	2.68%
00532	West Volusia Hospital Authority	22	Codes for Special Purposes	10	14	59,293.95	1.99%
00532	West Volusia Hospital Authority	07	Diseases of the eye & adnexa	53	120	49,093.42	1.65%
00532	West Volusia Hospital Authority	06	Diseases of the nervous system	90	151	47,765.55	1.61%
00532	West Volusia Hospital Authority	03	Diseases of the blood and blood-forming organs & disorders involving the...	98	291	45,469.46	1.53%
00532	West Volusia Hospital Authority	12	Diseases of the skin & subcutaneous tissue	57	125	35,089.30	1.18%
00532	West Volusia Hospital Authority	08	Diseases of the ear & mastoid process	11	23	10,535.91	0.35%
00532	West Volusia Hospital Authority	15	Pregnancy, childbirth and the puerperium	11	35	4,766.18	0.16%
00532	West Volusia Hospital Authority	17	Congenital malformations, deformations and chromosomal abnormalities	3	3	829.42	0.03%
				3196	8064	2,973,729.50	100.00%



## Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2023 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	6	11	46,238.72	7.69%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	11	12	42,132.46	7.01%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	3	4	37,653.36	6.27%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	5	5	35,675.49	5.94%
00532	West Volusia Hospital Authority	02.03	Malignant neoplasms of respiratory and intrathoracic organs	3	9	30,793.19	5.12%
00532	West Volusia Hospital Authority	11.04	Hernia	7	12	26,501.61	4.41%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	17	18	23,557.88	3.92%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	23	27	20,524.66	3.42%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	19	36	20,069.43	3.34%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	23	32	19,468.63	3.24%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	102	113	19,377.88	3.22%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	22	31	17,068.91	2.84%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	8	13	13,343.27	2.22%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	36	52	12,542.34	2.09%
00532	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	6	20	11,943.11	1.99%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	41	48	10,166.35	1.69%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	16	21	9,477.38	1.58%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	19	21	9,177.55	1.53%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	1	1	8,563.39	1.43%
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	6	28	8,327.07	1.39%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	43	52	7,034.57	1.17%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	4	6	7,017.36	1.17%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	1	1	6,897.72	1.15%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	13	18	6,852.33	1.14%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	2	3	6,803.25	1.13%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	16	23	6,640.56	1.11%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	4	4	6,425.70	1.07%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	20	29	6,369.19	1.06%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	28	46	6,084.54	1.01%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	15	24	6,082.26	1.01%

Requested by: ReportScheduler from p316 data [P316]

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Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2023 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	38	50	5,422.59	0.90%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	1	1	4,936.78	0.82%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	3	4	4,266.68	0.71%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	4	10	4,175.01	0.69%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	22	38	4,168.43	0.69%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	20	26	3,750.98	0.62%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	17	23	3,417.34	0.57%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	7	10	3,296.87	0.55%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	8	9	3,290.43	0.55%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	11	11	3,263.41	0.54%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	2	3	3,168.69	0.53%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	1	2	3,051.91	0.51%
00532	West Volusia Hospital Authority	07.06	Glaucoma	6	6	2,864.72	0.48%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	20	23	2,854.65	0.48%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	13	16	2,521.47	0.42%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	5	8	2,262.27	0.38%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	27	28	2,128.32	0.35%
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	13	14	1,943.73	0.32%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	2	3	1,916.38	0.32%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	1	2	1,891.89	0.31%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	10	10	1,877.90	0.31%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	4	4	1,758.89	0.29%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	3	13	1,704.03	0.28%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	17	18	1,657.09	0.28%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	16	18	1,604.03	0.27%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	8	10	1,545.08	0.26%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	6	13	1,539.95	0.26%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	10	10	1,510.92	0.25%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	5	5	1,488.57	0.25%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	10	12	1,436.49	0.24%

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## Cost of Minor

Block of Business ID: EBMSI  
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 Paid Date: 1/1/2023 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	5	6	1,340.04	0.22%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	4	9	1,260.41	0.21%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	11	12	1,254.67	0.21%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	5	11	1,238.26	0.21%
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	4	4	1,216.01	0.20%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	12	13	1,201.19	0.20%
00532	West Volusia Hospital Authority	10.03	Other acute lower respiratory infections	3	3	1,148.44	0.19%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	4	7	1,092.87	0.18%
00532	West Volusia Hospital Authority	01.15	Other viral diseases	3	6	1,045.24	0.17%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	4	12	984.96	0.16%
00532	West Volusia Hospital Authority	10.01	Acute upper respiratory infections	4	6	942.69	0.16%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	4	9	927.81	0.15%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	3	8	919.86	0.15%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	5	5	880.93	0.15%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	3	5	817.67	0.14%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	7	9	790.60	0.13%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	4	8	720.27	0.12%
00532	West Volusia Hospital Authority	05.01	Mental disorders due to known physiological conditions	1	6	699.42	0.12%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	2	2	679.76	0.11%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	9	9	644.40	0.11%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	2	5	603.77	0.10%
00532	West Volusia Hospital Authority	01.16	Mycoses	7	7	602.08	0.10%
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	3	3	551.83	0.09%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	4	5	542.86	0.09%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	4	4	530.90	0.09%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	5	5	509.66	0.08%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	3	4	502.10	0.08%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	4	496.51	0.08%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	9	10	481.97	0.08%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	11	12	473.66	0.08%

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ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	2	4	448.83	0.07%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	2	3	436.56	0.07%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	2	2	435.52	0.07%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	3	3	406.64	0.07%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	3	3	405.35	0.07%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	2	329.74	0.05%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	4	4	318.36	0.05%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	3	3	289.09	0.05%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	1	1	281.98	0.05%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	2	2	238.49	0.04%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	2	3	212.99	0.04%
00532	West Volusia Hospital Authority	19.03	Injuries to the thorax	2	2	189.84	0.03%
00532	West Volusia Hospital Authority	21.14	Persons encountering health services in other circumstances	3	3	183.44	0.03%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	2	2	176.59	0.03%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	4	5	172.13	0.03%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	2	2	159.13	0.03%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	1	1	158.84	0.03%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	1	1	157.61	0.03%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	2	2	150.75	0.03%
00532	West Volusia Hospital Authority	08.02	Diseases of middle ear and mastoid	1	1	129.36	0.02%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	1	1	126.45	0.02%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery...	1	1	108.77	0.02%
00532	West Volusia Hospital Authority	07.03	Disorders of sclera, cornea, iris and ciliary body	1	1	105.17	0.02%
00532	West Volusia Hospital Authority	06.03	Extrapyramidal and movement disorders	1	1	98.77	0.03%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	1	1	79.46	0.01%
00532	West Volusia Hospital Authority	19.02	Injuries to the neck	1	1	76.38	0.01%
00532	West Volusia Hospital Authority	07.09	Disorders of ocular muscles, binocular movement, accommodation and...	1	1	71.81	0.01%
00532	West Volusia Hospital Authority	13.21	Chronic Gout	1	1	67.26	0.01%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	3	3	54.39	0.01%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	1	1	47.29	0.01%

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## Cost of Minor

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Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	01.11	Viral infections characterized by skin and mucous membrane lesions	1	1	35.25	0.01%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoVacute respiratory disease	1	1	20.72	0.00%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	1	1	11.74	0.00%
00532	West Volusia Hospital Authority	11.01	Diseases of oral cavity and salivary glands	1	1	4.44	0.00%
				1037	1395	600,914.41	100.00%

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Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	02.08	Malignant neoplasms of breast	13	142	163,063.86	5.48%
00532	West Volusia Hospital Authority	14.03	Acute kidney failure and chronic kidney disease	57	318	156,763.85	5.27%
00532	West Volusia Hospital Authority	01.04	Other bacterial diseases	17	63	156,339.50	5.26%
00532	West Volusia Hospital Authority	11.06	Other diseases of intestines	77	164	135,228.35	4.55%
00532	West Volusia Hospital Authority	09.06	Other forms of heart disease	73	140	101,690.97	3.42%
00532	West Volusia Hospital Authority	21.01	Persons encountering health services for examinations	473	675	92,187.18	3.10%
00532	West Volusia Hospital Authority	02.03	Malignant neoplasms of respiratory and intrathoracic organs	5	33	87,704.99	2.95%
00532	West Volusia Hospital Authority	18.02	Symptoms and signs involving the digestive system and abdomen	156	277	82,225.30	2.77%
00532	West Volusia Hospital Authority	18.01	Symptoms and signs involving the circulatory and respiratory systems	147	274	81,894.73	2.75%
00532	West Volusia Hospital Authority	09.03	Hypertensive diseases	100	183	76,522.94	2.57%
00532	West Volusia Hospital Authority	02.19	Benign neoplasms, except benign neuroendocrine tumors	56	96	69,409.89	2.33%
00532	West Volusia Hospital Authority	11.02	Diseases of esophagus, stomach and duodenum	89	208	66,310.60	2.23%
00532	West Volusia Hospital Authority	09.07	Cerebrovascular diseases	17	45	62,498.45	2.10%
00532	West Volusia Hospital Authority	14.10	Noninflammatory disorders of female genital tract	64	133	62,397.25	2.10%
00532	West Volusia Hospital Authority	09.04	Ischemic heart diseases	47	70	62,276.51	2.09%
00532	West Volusia Hospital Authority	22.1	Emergency Use 2019-nCoV acute respiratory disease	10	14	59,293.95	1.99%
00532	West Volusia Hospital Authority	18.08	General symptoms and signs	98	168	55,054.46	1.85%
00532	West Volusia Hospital Authority	11.09	Disorders of gallbladder, biliary tract and pancreas	20	102	51,807.81	1.74%
00532	West Volusia Hospital Authority	11.04	Hernia	18	46	49,813.68	1.68%
00532	West Volusia Hospital Authority	09.09	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	25	44	47,976.78	1.61%
00532	West Volusia Hospital Authority	04.02	Diabetes mellitus	197	360	43,248.34	1.45%
00532	West Volusia Hospital Authority	13.09	Spondylopathies	61	137	42,105.66	1.42%
00532	West Volusia Hospital Authority	02.14	Malignant neoplasms of ill-defined, other secondary and unspecified sites	5	9	39,591.45	1.33%
00532	West Volusia Hospital Authority	02.09	Malignant neoplasms of female genital organs	3	17	39,498.82	1.33%
00532	West Volusia Hospital Authority	19.22	Complications of surgical and medical care, not elsewhere classified	8	49	37,013.79	1.24%
00532	West Volusia Hospital Authority	13.04	Osteoarthritis	47	122	36,589.78	1.23%
00532	West Volusia Hospital Authority	13.10	Other dorsopathies	84	229	36,557.30	1.23%
00532	West Volusia Hospital Authority	07.04	Disorders of lens	18	48	32,923.77	1.11%
00532	West Volusia Hospital Authority	11.05	Noninfective enteritis and colitis	13	70	32,801.55	1.10%
00532	West Volusia Hospital Authority	10.05	Chronic lower respiratory diseases	54	167	32,233.35	1.08%

Requested by: ReportScheduler from p316 data [P316]

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## Cost of Minor

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 Paid Date: 10/1/2022 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	05.04	Mood [affective] disorders	83	314	31,466.87	1.06%
00532	West Volusia Hospital Authority	19.09	Injuries to the knee and lower leg	14	46	31,411.79	1.06%
00532	West Volusia Hospital Authority	13.05	Other joint disorders	96	207	30,321.92	1.02%
00532	West Volusia Hospital Authority	12.01	Infections of the skin and subcutaneous tissue	24	59	27,823.29	0.94%
00532	West Volusia Hospital Authority	19.08	Injuries to the hip and thigh	5	33	27,367.57	0.92%
00532	West Volusia Hospital Authority	09.08	Diseases of arteries, arterioles and capillaries	21	27	26,645.43	0.90%
00532	West Volusia Hospital Authority	06.06	Episodic and paroxysmal disorders	47	89	24,917.02	0.84%
00532	West Volusia Hospital Authority	13.13	Other soft tissue disorders	80	138	24,642.83	0.83%
00532	West Volusia Hospital Authority	03.01	Nutritional anemias	41	143	23,967.36	0.81%
00532	West Volusia Hospital Authority	10.04	Other diseases of upper respiratory tract	16	31	22,254.06	0.75%
00532	West Volusia Hospital Authority	19.07	Injuries to the wrist, hand and fingers	9	19	22,022.35	0.74%
00532	West Volusia Hospital Authority	05.02	Mental and behavioral disorders due to psychoactive substance use	14	20	21,836.85	0.73%
00532	West Volusia Hospital Authority	10.02	Influenza and pneumonia	15	40	19,740.42	0.66%
00532	West Volusia Hospital Authority	04.01	Disorders of thyroid gland	41	59	18,888.94	0.64%
00532	West Volusia Hospital Authority	21.09	Encounters for other specific health care	23	50	15,847.04	0.53%
00532	West Volusia Hospital Authority	11.03	Diseases of appendix	4	15	15,172.05	0.51%
00532	West Volusia Hospital Authority	04.09	Metabolic disorders	130	165	14,940.17	0.50%
00532	West Volusia Hospital Authority	06.07	Nerve, nerve root and plexus disorders	10	16	14,508.47	0.49%
00532	West Volusia Hospital Authority	02.02	Malignant neoplasms of digestive organs	2	7	13,896.38	0.47%
00532	West Volusia Hospital Authority	11.08	Diseases of liver	40	66	13,624.55	0.46%
00532	West Volusia Hospital Authority	14.06	Other diseases of the urinary system	32	59	13,447.16	0.45%
00532	West Volusia Hospital Authority	09.05	Pulmonary heart disease and diseases of pulmonary circulation	6	21	13,213.97	0.44%
00532	West Volusia Hospital Authority	14.08	Disorders of breast	38	53	12,429.02	0.42%
00532	West Volusia Hospital Authority	05.05	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic...	33	103	12,224.07	0.41%
00532	West Volusia Hospital Authority	02.13	Malignant neoplasms of thyroid and other endocrine glands	2	4	11,937.40	0.40%
00532	West Volusia Hospital Authority	18.12	Abnormal findings on diagnostic imaging and in function studies, without...	67	94	11,675.57	0.39%
00532	West Volusia Hospital Authority	03.03	Aplastic and other anemias and other bone marrow failure syndromes	41	71	11,531.67	0.39%
00532	West Volusia Hospital Authority	21.15	Persons with potential health hazards related to family and personal history...	65	77	11,515.05	0.39%
00532	West Volusia Hospital Authority	02.10	Malignant neoplasms of male genital organs	3	13	11,290.53	0.38%
00532	West Volusia Hospital Authority	02.06	Malignant neoplasms of mesothelial and soft tissue	1	30	10,722.36	0.36%

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

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	14.07	Diseases of male genital organs	15	25	10,553.61	0.35%
00532	West Volusia Hospital Authority	19.01	Injuries to the head	15	24	10,405.65	0.35%
00532	West Volusia Hospital Authority	11.10	Other diseases of the digestive system	6	14	9,949.70	0.33%
00532	West Volusia Hospital Authority	05.03	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	4	5	9,863.46	0.33%
00532	West Volusia Hospital Authority	10.11	Other diseases of the respiratory system	16	42	9,381.18	0.32%
00532	West Volusia Hospital Authority	18.09	Abnormal findings on examination of blood, without diagnosis	85	106	9,328.84	0.31%
00532	West Volusia Hospital Authority	19.04	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	7	10	9,234.78	0.31%
00532	West Volusia Hospital Authority	19.03	Injuries to the thorax	7	8	8,490.57	0.29%
00532	West Volusia Hospital Authority	02.05	Melanoma and other malignant neoplasms of skin	9	21	7,851.70	0.26%
00532	West Volusia Hospital Authority	18.06	Symptoms and signs involving cognition, perception, emotional state and...	35	52	7,717.48	0.26%
00532	West Volusia Hospital Authority	14.04	Urolithiasis	14	33	7,676.73	0.26%
00532	West Volusia Hospital Authority	02.11	Malignant neoplasms of urinary tract	2	4	7,544.52	0.25%
00532	West Volusia Hospital Authority	13.11	Disorders of muscles	11	26	7,309.21	0.25%
00532	West Volusia Hospital Authority	13.15	Other osteopathies	4	5	7,194.98	0.24%
00532	West Volusia Hospital Authority	02.18	In situ neoplasms	3	7	7,149.77	0.24%
00532	West Volusia Hospital Authority	07.06	Glaucoma	17	19	7,117.22	0.24%
00532	West Volusia Hospital Authority	21.07	Persons with potential health hazards related to communicable diseases	42	50	6,963.02	0.23%
00532	West Volusia Hospital Authority	06.11	Other disorders of the nervous system	24	29	6,747.81	0.23%
00532	West Volusia Hospital Authority	21.08	Persons encountering health services in circumstances related to reproduction	20	60	6,617.58	0.22%
00532	West Volusia Hospital Authority	04.07	Other nutritional deficiencies	23	27	6,044.98	0.20%
00532	West Volusia Hospital Authority	03.04	Coagulation defects, purpura and other hemorrhagic conditions	12	34	5,827.21	0.20%
00532	West Volusia Hospital Authority	14.02	Renal tubulo-interstitial diseases	10	14	5,551.96	0.19%
00532	West Volusia Hospital Authority	19.20	Other and unspecified effects of external causes	3	3	5,075.88	0.17%
00532	West Volusia Hospital Authority	18.04	Symptoms and signs involving the nervous and musculoskeletal systems	8	37	5,060.50	0.17%
00532	West Volusia Hospital Authority	09.10	Other and unspecified disorders of the circulatory system	2	3	4,990.89	0.17%
00532	West Volusia Hospital Authority	19.18	Poisoning by, adverse effects of and underdosing of drugs, medicaments and...	3	10	4,675.43	0.16%
00532	West Volusia Hospital Authority	19.05	Injuries to the shoulder and upper arm	8	13	4,565.93	0.15%
00532	West Volusia Hospital Authority	01.01	Intestinal infectious diseases	6	9	4,564.40	0.15%
00532	West Volusia Hospital Authority	01.13	Viral hepatitis	15	30	4,510.83	0.15%
00532	West Volusia Hospital Authority	08.02	Diseases of middle ear and mastoid	6	8	4,396.84	0.15%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:29:01 on 01 February 2023



## Cost of Minor

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2022 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	13.12	Disorders of synovium and tendon	7	16	4,368.33	0.15%
00532	West Volusia Hospital Authority	11.07	Diseases of peritoneum and retroperitoneum	3	17	4,226.60	0.14%
00532	West Volusia Hospital Authority	01.14	Human immunodeficiency virus [HIV] disease	12	39	4,196.00	0.14%
00532	West Volusia Hospital Authority	03.05	Other disorders of blood and blood-forming organs	29	43	4,143.22	0.14%
00532	West Volusia Hospital Authority	02.20	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic...	12	23	4,020.07	0.14%
00532	West Volusia Hospital Authority	18.11	Abnormal findings on examination of other body fluids, substances and...	19	36	3,805.90	0.13%
00532	West Volusia Hospital Authority	13.08	Deforming dorsopathies	11	32	3,770.35	0.13%
00532	West Volusia Hospital Authority	08.03	Diseases of inner ear	1	1	3,617.25	0.12%
00532	West Volusia Hospital Authority	01.16	Mycoses	23	35	3,382.49	0.11%
00532	West Volusia Hospital Authority	18.03	Symptoms and signs involving the skin and subcutaneous tissue	24	31	3,349.69	0.11%
00532	West Volusia Hospital Authority	18.05	Symptoms and signs involving the genitourinary system	48	74	3,135.66	0.11%
00532	West Volusia Hospital Authority	12.09	Other disorders of the skin and subcutaneous tissue	16	25	2,988.05	0.10%
00532	West Volusia Hospital Authority	07.02	Disorders of conjunctiva	3	7	2,975.44	0.10%
00532	West Volusia Hospital Authority	13.03	Inflammatory polyarthropathies	15	27	2,912.09	0.10%
00532	West Volusia Hospital Authority	01.15	Other viral diseases	7	11	2,845.40	0.10%
00532	West Volusia Hospital Authority	05.01	Mental disorders due to known physiological conditions	1	22	2,609.34	0.09%
00532	West Volusia Hospital Authority	15.04	Other maternal disorders predominantly related to pregnancy	4	18	2,349.97	0.08%
00532	West Volusia Hospital Authority	04.04	Disorders of other endocrine glands	14	18	2,264.89	0.08%
00532	West Volusia Hospital Authority	10.01	Acute upper respiratory infections	9	14	2,246.38	0.08%
00532	West Volusia Hospital Authority	14.05	Other disorders of kidney and ureter	17	27	2,164.29	0.07%
00532	West Volusia Hospital Authority	13.14	Disorders of bone density and structure	23	25	2,106.59	0.07%
00532	West Volusia Hospital Authority	13.07	Systemic connective tissue disorders	8	19	2,059.43	0.07%
00532	West Volusia Hospital Authority	21.14	Persons encountering health services in other circumstances	8	9	2,034.95	0.07%
00532	West Volusia Hospital Authority	12.03	Dermatitis and eczema	9	21	1,906.38	0.06%
00532	West Volusia Hospital Authority	14.09	Inflammatory diseases of female pelvic organs	8	13	1,812.18	0.06%
00532	West Volusia Hospital Authority	10.03	Other acute lower respiratory infections	7	8	1,746.35	0.06%
00532	West Volusia Hospital Authority	12.07	Disorders of skin appendages	9	13	1,732.86	0.06%
00532	West Volusia Hospital Authority	07.01	Disorders of eyelid, lacrimal system and orbit	10	14	1,703.30	0.06%
00532	West Volusia Hospital Authority	07.03	Disorders of sclera, cornea, iris and ciliary body	4	15	1,650.90	0.06%
00532	West Volusia Hospital Authority	09.02	Chronic rheumatic heart diseases	12	12	1,644.25	0.06%

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 Paid Date: 10/1/2022 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	11.01	Diseases of oral cavity and salivary glands	4	8	1,476.91	0.05%
00532	West Volusia Hospital Authority	07.07	Disorders of vitreous body and globe	4	4	1,471.82	0.05%
00532	West Volusia Hospital Authority	02.17	Malignant neoplasms of lymphoid, hematopoietic and related tissue	3	6	1,351.08	0.05%
00532	West Volusia Hospital Authority	08.04	Other disorders of ear	5	7	1,309.59	0.04%
00532	West Volusia Hospital Authority	08.01	Diseases of external ear	2	7	1,212.23	0.04%
00532	West Volusia Hospital Authority	10.07	Other respiratory diseases principally affecting the interstitium	6	10	1,211.43	0.04%
00532	West Volusia Hospital Authority	19.10	Injuries to the ankle and foot	10	13	1,181.97	0.04%
00532	West Volusia Hospital Authority	05.06	Behavioral syndromes associated with physiological disturbances and...	2	7	1,148.58	0.04%
00532	West Volusia Hospital Authority	15.09	Other obstetric conditions, not elsewhere classified	2	3	1,049.55	0.04%
00532	West Volusia Hospital Authority	18.10	Abnormal findings on examination of urine, without diagnosis	12	15	799.23	0.03%
00532	West Volusia Hospital Authority	17.01	Congenital malformations of the nervous system	1	1	673.94	0.02%
00532	West Volusia Hospital Authority	01.05	Infections with a predominantly sexual mode of transmission	5	8	610.19	0.02%
00532	West Volusia Hospital Authority	19.02	Injuries to the neck	4	6	601.88	0.02%
00532	West Volusia Hospital Authority	07.05	Disorders of choroid and retina	3	6	541.29	0.02%
00532	West Volusia Hospital Authority	18.07	Symptoms and signs involving speech and voice	2	4	522.55	0.02%
00532	West Volusia Hospital Authority	13.21	Chronic Gout	3	5	468.80	0.02%
00532	West Volusia Hospital Authority	15.01	Pregnancy with abortive outcome	2	6	441.90	0.01%
00532	West Volusia Hospital Authority	05.07	Disorders of adult personality and behavior	2	3	433.51	0.01%
00532	West Volusia Hospital Authority	06.08	Polyneuropathies and other disorders of the peripheral nervous system	5	6	432.38	0.01%
00532	West Volusia Hospital Authority	06.04	Other degenerative diseases of the nervous system	3	4	429.82	0.01%
00532	West Volusia Hospital Authority	19.06	Injuries to the elbow and forearm	2	3	429.45	0.01%
00532	West Volusia Hospital Authority	07.09	Disorders of ocular muscles, binocular movement, accommodation and...	2	4	425.42	0.01%
00532	West Volusia Hospital Authority	15.05	Maternal care related to the fetus and amniotic cavity and possible delivery...	2	4	398.56	0.01%
00532	West Volusia Hospital Authority	06.03	Extrapyramidal and movement disorders	4	4	395.08	0.01%
00532	West Volusia Hospital Authority	02.01	Malignant neoplasms of lip, oral cavity and pharynx	2	4	334.03	0.01%
00532	West Volusia Hospital Authority	15.06	Complications of labor and delivery	2	2	331.44	0.01%
00532	West Volusia Hospital Authority	12.05	Urticaria and erythema	2	3	300.87	0.01%
00532	West Volusia Hospital Authority	01.21	Bacterial and viral infectious agents	2	3	273.89	0.01%
00532	West Volusia Hospital Authority	14.01	Glomerular diseases	2	4	227.67	0.01%
00532	West Volusia Hospital Authority	05.10	Behavioral and emotional disorders with onset usually occurring in childhood...	1	2	205.11	0.01%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 00:29:01 on 01 February 2023





## Cost of Minor

Block of Business ID: EBMSI  
Client ID: 00532  
Paid Date: 10/1/2022 to 1/31/2023

Products: MM, DE, RX, VI

ClientId	Client Name	CategoryId	Category Description	Unique Patients	Claim Count	Paid Amount	Percent of Total
00532	West Volusia Hospital Authority	12.04	Papulosquamous disorders	2	2	198.87	0.01%
00532	West Volusia Hospital Authority	01.22	Other infectious diseases	1	2	194.64	0.01%
00532	West Volusia Hospital Authority	10.09	Other diseases of the pleura	6	8	187.63	0.01%
00532	West Volusia Hospital Authority	01.11	Viral infections characterized by skin and mucous membrane lesions	2	2	178.55	0.01%
00532	West Volusia Hospital Authority	06.05	Demyelinating diseases of the central nervous system	1	2	175.13	0.01%
00532	West Volusia Hospital Authority	04.10	Postprocedural endocrine and metabolic complications and disorders, not...	1	1	171.42	0.01%
00532	West Volusia Hospital Authority	06.10	Cerebral palsy and other paralytic syndromes	1	1	159.84	0.01%
00532	West Volusia Hospital Authority	15.08	Complications predominantly related to the puerperium	1	1	152.84	0.01%
00532	West Volusia Hospital Authority	07.10	Visual disturbances and blindness	2	2	150.75	0.01%
00532	West Volusia Hospital Authority	12.06	Radiation-related disorders of the skin and subcutaneous tissue	2	2	138.98	0.00%
00532	West Volusia Hospital Authority	17.03	Congenital malformations of the circulatory system	1	1	138.73	0.00%
00532	West Volusia Hospital Authority	07.11	Other disorders of eye and adnexa	1	1	133.51	0.00%
00532	West Volusia Hospital Authority	02.22	Neoplasms of unspecified behavior	1	1	116.77	0.00%
00532	West Volusia Hospital Authority	10.06	Lung diseases due to external agents	1	1	98.77	0.00%
00532	West Volusia Hospital Authority	18.13	Abnormal tumor markers	3	3	97.03	0.00%
00532	West Volusia Hospital Authority	19.21	Certain early complications of trauma	1	1	71.59	0.00%
00532	West Volusia Hospital Authority	19.14	Burns and corrosions of external body surface, specified by site	1	1	71.22	0.00%
00532	West Volusia Hospital Authority	21.10	Persons with potential health hazards related to socioeconomic and...	1	1	67.26	0.00%
00532	West Volusia Hospital Authority	15.02	Supervision of high risk pregnancy	1	1	41.92	0.00%
00532	West Volusia Hospital Authority	21.12	Blood type	1	1	24.95	0.00%
00532	West Volusia Hospital Authority	17.09	Congenital malformations and deformations of the musculoskeletal system	1	1	16.75	0.00%
00532	West Volusia Hospital Authority	21.16	Weeks of Gestation	1	1	13.90	0.00%
				3994	8064	2,973,729.50	100.00%



## Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2022 to 1/31/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	7100	1,561,720.89	0.00	0.00	0.00	0.00	1,561,720.89
miCareDelton	6304	1,332,950.76	0.00	0.00	0.00	0.00	1,332,950.76
miCarePierse	479	79,057.85	0.00	0.00	0.00	0.00	79,057.85
N/A	35	0.00	0.00	0.00	0.00	0.00	0.00
<b>00532 Totals:</b>	13919	2,973,729.50	0.00	0.00	0.00	0.00	2,973,729.50



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2023 to 1/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	748	0.00	0.00	0.00	0.00	0.00	0.00



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

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2022 to 1/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	2703	0.00	0.00	0.00	0.00	0.00	0.00



## CLAIMS PAID BY MONTH

Paid Date: 10/1/22 to 1/31/23

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
<b>00532 - West Volusia Hospital Authority</b>																
DeLand	10-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2022	\$220,706.47	\$17,765.12	\$0.00	\$127,613.58	\$0.00	1932	\$366,085.17	\$0.00	766	\$477.92	\$288.13	\$23.19	\$0.00	\$166.60	\$0.00
miCareDeLand	11-2022	\$314,460.97	\$16,345.94	\$0.00	\$142,845.67	\$0.00	1922	\$473,652.58	\$0.00	753	\$629.02	\$417.61	\$21.71	\$0.00	\$189.70	\$0.00
miCareDeLand	12-2022	\$226,922.27	\$10,875.83	\$0.00	\$124,030.82	\$0.00	1686	\$361,828.92	\$0.00	741	\$488.30	\$306.24	\$14.68	\$0.00	\$167.38	\$0.00
miCareDeLand	01-2023	\$220,881.16	\$12,361.85	\$0.00	\$126,770.90	\$0.00	1553	\$360,013.91	\$0.00	731	\$492.50	\$302.16	\$16.91	\$0.00	\$173.42	\$0.00
	<b>Subtotal:</b>	\$982,970.87	\$57,348.74	\$0.00	\$521,260.97	\$0.00	7093	\$1,561,580.58	\$0.00	2991	\$522.09	\$328.64	\$19.17	\$0.00	\$174.28	\$0.00
miCareDelton	10-2022	\$268,532.42	\$25,763.65	\$0.00	\$201,416.00	\$0.00	1836	\$495,712.07	\$0.00	563	\$880.48	\$476.97	\$45.76	\$0.00	\$357.75	\$0.00
miCareDelton	11-2022	\$191,566.04	\$22,902.70	\$0.00	\$176,900.74	\$0.00	1704	\$391,369.48	\$0.00	555	\$705.17	\$345.16	\$41.27	\$0.00	\$318.74	\$0.00
miCareDelton	12-2022	\$97,225.97	\$13,934.92	\$0.00	\$106,897.99	\$0.00	1428	\$218,058.88	\$0.00	549	\$397.19	\$177.10	\$25.38	\$0.00	\$194.71	\$0.00
miCareDelton	01-2023	\$116,734.39	\$11,039.68	\$0.00	\$98,926.29	\$0.00	1302	\$226,700.36	\$0.00	540	\$419.82	\$216.17	\$20.44	\$0.00	\$183.20	\$0.00
	<b>Subtotal:</b>	\$674,058.82	\$73,640.95	\$0.00	\$584,141.02	\$0.00	6270	\$1,331,840.79	\$0.00	2207	\$603.46	\$305.42	\$33.37	\$0.00	\$264.68	\$0.00
miCarePierse	10-2022	\$15,567.57	\$1,544.48	\$0.00	\$9,602.67	\$0.00	143	\$26,714.72	\$0.00	75	\$356.20	\$207.57	\$20.59	\$0.00	\$128.04	\$0.00
miCarePierse	11-2022	\$12,975.18	\$1,505.57	\$0.00	\$9,965.78	\$0.00	137	\$24,446.53	\$0.00	70	\$349.24	\$185.36	\$21.51	\$0.00	\$142.37	\$0.00
miCarePierse	12-2022	\$1,064.86	\$1,339.33	\$0.00	\$12,481.70	\$0.00	124	\$14,885.89	\$0.00	72	\$206.75	\$14.79	\$18.60	\$0.00	\$173.36	\$0.00
miCarePierse	01-2023	\$2,969.07	\$766.10	\$0.00	\$9,275.54	\$0.00	75	\$13,010.71	\$0.00	73	\$178.23	\$40.67	\$10.49	\$0.00	\$127.06	\$0.00
	<b>Subtotal:</b>	\$32,576.68	\$5,155.48	\$0.00	\$41,325.69	\$0.00	479	\$79,057.85	\$0.00	290	\$272.61	\$112.33	\$17.78	\$0.00	\$142.50	\$0.00
N/A	10-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2022	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	6	\$60.85	\$405,122.59	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$275,618.42	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3	\$0.00	\$237,308.30	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal:</b>	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	35	\$60.85	\$918,049.31	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total:</b>	\$1,689,667.22	\$136,145.17	\$0.00	\$1,146,727.68	\$0.00	13878	\$2,972,540.07	\$918,049.31	5488	\$708.93	\$307.88	\$24.81	\$0.00	\$208.95	\$0.00

### Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2022-1/31/2023

Reporting Period: CLIENTYTD

Location: 000-zzzzz

\*\* Census Count Comments: Membership is counted per location



# WVHA miCare Clinic Deland and Deltona

## January 2023 Report

### miCare Utilization

#### Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	193	164	85%	29	15%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	153	124	81%	29	19%

Deland and Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	346	288	83%	58	17%

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

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

#### Key Insights:

- The Utilization measures Physician Assistant/Nurse Practitioner time available to provide direct patient care.
- The Utilization measures the clinician's scheduled availability to the amount of time used to meet patient appointments.
- Between the two clinics 83% of the available clinician capacity was used for scheduled appointments; 17% of clinician time was available for walk-ins and other patient care activities
- "No Shows" is where patient didn't attend their scheduled clinic appointment
  - DeLand - 7%
  - Deltona - 11%

Such no shows create systematic "waste" since this scheduled appointment slot was not available to other health card members

- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represent approx. 2% of total capacity and is in line with industry standard for this type of patient care model



## Visit Type Utilization

### WVHA miCare Clinic Total Visits for DeLand

Clinic Services	Number of visits	%	Notes
Total Provider visits	289	66%	Schedulable patient activities
Total Labs	133	30%	Schedulable patient activities
Total Nurse Visits	15	3%	Schedulable patient activities
Total medication pick-up	441		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	18		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>437</b>		

### DeLand

- There was a total of 437 clinic visits at the DeLand clinic in December with an additional 441 Medication pick-ups and an additional 18 med pick-ups from the PAP program
- There were **19 new patients** that established care at the DeLand clinic
- There were **33 Physicals** in January – Male/Female Wellness – Established Patients

### WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	240	71%	Schedulable patient activities
Total Labs	93	27%	Schedulable patient activities
Total Nurse Visits	7	2%	Schedulable patient activities
Total medication pick-up	0		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	15		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>340</b>		

### Deltona

- There was a total of 340 clinic visits at the Deltona clinic in December with an additional 15 Medication pick-ups from the PAP program
- There were **21 new patients** that established care at the Deltona clinic
- There were **30 Physicals** in January – Male/Female Wellness – Established Patients



## miCare Member Migration

January 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
<b>Total</b>	601	1,296	46%

\*The data above represents unique members who have completed clinic visits or lab appointments. Several health card members have had multiple encounters for the month

## PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications.
- WVHA health card members can qualify for manufacture discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members
- The WVHA miCare Clinic care coordinators work with patients to complete the necessary paperwork to qualify for the PAP (Pharmacy Assistance Program) through the pharmaceutical company.

	23-Jan	
<b>PAP Summary 01/1/2022-01/23/2023</b>		
Application Approved	328	\$2,247.00
Application Pending Approval	8	\$148,149.00
Application Started but Not Submitted	5	\$3,206
<b>Totals</b>	<b>341</b>	<b>\$153,602.00</b>
	(Active Applications)	Monthly Savings for Jan 2023

### Key Insights:

- **441 Medications were picked up at the DeLand site**
- **33 PAP medications were picked between the two locations**
- **328 patients have applications for pharmacy assistance programs**
- **WVHA avoided \$153,602.00 of cost for branded medication**
- **Projected annual cost avoided \$1,843,224.00**





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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)



CREDIBILITY • INTEGRITY • ACHIEVEMENT



February 3, 2023

West Volusia Hospital Authority

## Monthly Enrollment Report

In the month of January there were 309 appointments to assist with new applications and 15 appointments to assist with pended applications from December-January. For a total of 324 Interviews with clients.

245 applications were submitted for verification and enrollment. Of these, 211 were processed by the end of the month includes the roll overs 0 from previous month) leaving the balance of 0 to roll over into February 2023 for approval.

Of the 245 that were processed, 211 were approved and 19 were denied. There were 15 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.

### Outreach Efforts:

- Attended West Volusia Community Partners meeting
- Reached out to all clients due to renew with a reminder phone call as well as the reminder letter
- Communicating with Partners working together to better service the community
- Meeting with new organizations that can possibly benefit from the Health Card to partner up with them.

Respectfully submitted by Gail Hallmon /Terrell Irvin

## Halifax Health Quarterly Report to West Volusia Hospital Authority

Halifax Health continues to provide exceptional care for WVHA cardholders. The Halifax Health case management teams continue to work with MiCare to ensure hospital inpatients are transitioned appropriately. Halifax Health continues to support WVHA members by providing an expansive list of services within the WVHA district. The Halifax Health | UF Health Medical Center of Deltona is Deltona's only full-service hospital. With a six-story medical facility that includes a 24-hour emergency room, surgical operating rooms, the latest in diagnostic equipment and plentiful hospital rooms, along with a two-story medical office annex available to service WVHA member needs. The Halifax Health | UF Medical Center of Deltona provides the following services and more: Cardiology, Gastroenterology, Pediatrics, Infusion Therapy, Radiology, Psychiatry, and Primary Care. Expect new services to be added at the Halifax Health | UF Medical Center of Deltona to better serve patients within the WVHA district as we will inform WVHA as announcements become public.

### WVHA Members Served at Halifax Health Hospital Facilities

		Patient Type	
	Month	Inpatient	Outpatient
2022	Jan	8	30
	Feb	6	26
	Mar	5	33
	Apr	5	33
	May	5	33
	Jun	1	32
	Jul	3	29
	Aug	3	26
	Sep	6	26
	Oct	5	22
	Nov	5	26
	Dec	1	26
2023	Jan	7	30
Total		60	372

## Uninsured Patients Served at Medical Center of Deltona

		Patient Type	
	Month	Inpatient	Outpatient
2022	Jan	18	189
	Feb	14	116
	Mar	16	152
	Apr	8	169
	May	15	207
	Jun	23	207
	Jul	5	226
	Aug	7	186
	Sep	10	193
	Oct	15	191
	Nov	15	205
	Dec	10	218
2023	Jan	13	245
<b>Total</b>		<b>169</b>	<b>2,504</b>

## WVHA Members Served by Halifax Health Physicians

Specialty	Visits
Hospitalist	305
Emergency Medicine	270
Cardiovascular Disease	136
Psychiatry	52
Critical Care: Intensive	48
Family Medicine	34
Cardiology	32
Phys. Med. & Rehab.	25
Gastroenterology	21
General Practice	21
Wound Care	18
Internal Medicine	17
Palliative Care	13
Infectious Disease	11
Pulmonary Disease	7
Hematology/Oncology	7
Gynecological/Oncology	4
Radiation Oncology	3
Ophthalmology	3
Clinical Cardiac Electrophysiology	2
Urology	1
General Surgery	1
Neurology	1
<b>Total</b>	<b>1,032</b>

West Volusia Hospital Authority Board of Commissioners,

I wanted to provide a quick summary of the year ended 2022 for AdventHealth DeLand and AdventHealth Fish Memorial. Below is a summary of key volumes and statistics for West Volusia Hospital Authority members:

Patient Mix	
DeLand	
Emergency	402
Inpatient	118
Outpatient	239
Total	759
Fish Memorial	
Emergency	329
Inpatient	101
Outpatient	243
Total	673

Originating Zip Code		
32720	317	22%
32724	278	19%
32725	269	19%
32738	159	11%
32763	123	9%
32130	80	6%
32180	73	5%
32713	45	3%
32190	22	2%
32744	21	1%
Other*	45	3%

\*Zip codes with less than 5 patients each.

Financials			
DeLand			
Reimbursement	Cost of Care		
\$ 1,069,824	\$ 1,244,228		
Fish Memorial			
Reimbursement	Cost of Care		
\$ 921,613	\$ 1,197,020		
Total			
Reimbursement	Cost of Care		
\$ 1,991,437	\$ 2,441,248		

Age Mix		
>20	25	2%
20-29	86	6%
30-39	141	10%
40-49	343	24%
50-59	519	36%
60-69	266	19%
70+	52	4%
Total	1,432	100%

In addition to care for the above population of West Volusia Hospital Authority patients in 2022, two of our facilities made great strides in the quality of our care and the expansion of services offered in our community:

#### Quality

- Both hospitals were once again recognized as strong Leapfrog Grade A safety facilities.
- AdventHealth DeLand was awarded the CMS 5-Star quality designation (up from 4-Star in 2021).

- AdventHealth Fish Memorial was awarded the CMS 4-Star quality designation (up from 3-Star in 2021).
- Both hospitals maintained top quartile mortality rates.

#### Service Line Expansion

- Introduced robotic surgery to West Volusia with the addition of the da Vinci xi surgical system, which has a proven track record of reduced infection rates and length of stay. This allows patients in our community to have access to this advanced surgical platform close to home.
- Launched neuro-spine service line at AdventHealth DeLand. This is an added complement to our ortho-spine service at Fish Memorial.
- Added additional GYN surgery, ortho fracture care and advanced general surgery providers to continue to meet community needs.
- Launched our transitional care unit at AdventHealth DeLand. This 18-bed unit provides a bridge for patients who are ready to be discharged from hospital-level care, but need skilled nursing care for a few more weeks prior to being able to fully transition home.

We also continue to provide a significant investment in our community through various financial programs. In 2022, our charity and Medicaid unreimbursed costs in West Volusia totaled \$54M:

- \$25M at AdventHealth DeLand
- \$29M at AdventHealth Fish Memorial

We are grateful to continue to be able extend our mission of extending the healing ministry of Christ in serving the West Volusia Community and the members of the West Volusia Hospital Authority. Our focus remains on advancing quality clinical care here in the area while providing access for needed tertiary services through our larger AdventHealth network in central Florida.

Thank you for entrusting us with your patients.



#### **Kyle Glass**

Vice President | Chief Financial Officer  
AdventHealth - West Volusia Market

**From:** [Elizabeth LaFond](#)  
**To:** [Stacy Tebo](#); [Maureen France](#)  
**Subject:** RE: Quarterly reports WVHA  
**Date:** Friday, February 10, 2023 11:48:29 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)

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Stacy-

Below is our 4Q 2022 information:

	# of visits	Total Charges	Total
Payments Received to Date			
WVHA card holders	243	\$398,726	\$0
Other Self Pay/Uninsured	2,977	\$4,490,401	
\$57,379.31			

Please let me know if you have any questions or need additional information.

Thank you-

**Elizabeth LaFond**  
**Controller**



[Elizabeth.lafond@emprosonline.com](mailto:Elizabeth.lafond@emprosonline.com)

1530 Cornerstone Blvd.

Suite 120

Daytona Beach, FL 32117

Office: 386.310.3521

Fax: 386.310.2106

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**From:** Stacy Tebo <stebo@westvolusiahospitalauthority.org>  
**Sent:** Thursday, February 9, 2023 12:43 PM  
**To:** Maureen France <maureen.france@emprosonline.com>  
**Cc:** Elizabeth LaFond <elizabeth.lafond@emprosonline.com>  
**Subject:** RE: Quarterly reports WVHA

You're welcome.

Stacy Tebo  
WVHA Administrator

**From:** [Darik J. Croft](#)  
**To:** [Rose Alberts-Veracity](#); [Stacy Tebo](#)  
**Subject:** RE: Month end report for January 2023  
**Date:** Tuesday, February 7, 2023 10:58:55 AM  
**Attachments:** [image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[image007.png](#)  
[image008.png](#)  
[image001.png](#)  
[WVHA Deland and Deltona - January 2023 Utilization Report\(1\).docx](#)  
[WVHA Deland and Deltona - January 2023 Utilization Report\(1\).pdf](#)

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Good morning,

I have attached the monthly operating reports for WVHA miCare clinics. Below you will find the cost estimate to expand medication pick up to the WVHA miCare Clinic in Deltona. We have enough in the budget to cover these expenses in the staffing and building and maintenance budgets. We just need approval to move forward. Let me know if you need anything additional from me

#### **Financial Proposal to expand medication pick up to WVHA miCare clinic Deltona**

Resources	Cost
MA/Pharmacy Technician	\$ 40,000
Medication Cabinets	\$ 3,300
Additional Storage Rack	\$ 35
<b>Total Cost</b>	<b>\$ 43,335</b>

Thanks,

**Darik Croft**

*Chief Operating Officer- miCare miRx*

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p: 800.777.3575 ext. 1152  
c: 406-606-2749  
e: [dcroft@ebms.com](mailto:dcroft@ebms.com)  
w: [www.micareclinics.com](http://www.micareclinics.com)

3333 Hesper PO Box 21367 Billings, MT 59104



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## **WEST VOLUSIA HOSPITAL AUTHORITY AGENDA MEMO**

TO: WVHA Commissioners  
FROM: Stacy Tebo, WVHA Administrator  
RE: WVHA & CAC Meeting Space Rental in 2023  
DATE: February 8, 2023

The CAC voted to continue holding their meeting on Tuesdays and to change the time to 5:30 p.m. They also voted to hold two of the four remaining individual meetings in Deltona. I explained to them that I would forward their recommendations for meetings to the Board. I have incorporated them into the meeting schedule attached for your approval; the two recommended CAC venues are The Center at Deltona and The Chisholm Center.

The Center at Deltona has our \$150 damage deposit already for the 3/16/23 board meeting. The cost for the two CAC meetings will be \$197 based on 2-hour rentals.

The Chisholm Center requires a \$200 deposit and charges \$50 for a 2-hour rental. The cost for the two CAC meetings will be \$300 including the deposit.

The DeLand City Hall Commission Chambers have been reserved for the WVHA Board meeting on April 20<sup>th</sup>.

The Sanborn has a 15% discount for booking six or more events at a time. The remaining six WVHA Board meeting dates in 2023 have been reserved there excluding September. Our \$200 security deposit on the 2/16/23 meeting has been paid and will be refunded after the last rental date in 2023. The meetings are reserved in 4-hour blocks for a total of \$1,122.64.

The recommendation is to approve the attached scheduled meeting times and locations for 2023.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**SCHEDULED MEETINGS – 2023**

**Citizens Advisory Committee Meetings**

**Tuesdays at 5:30pm**

**Joint Meetings**

**Board of Commissioners Meetings**

**Thursdays at 5:00pm**

**February 7 - CAC Organizational/Orientation**  
**\*Judy Craig DeLand City Hall**

**March 7 – Applicant Workshop**  
**\*Voloria Manning**  
**The Chisholm Center**

**April 20 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding**  
**Application Review DeLand City Hall**

**May 2 - Discussion/Q&A Meeting**  
**\*Jennifer Coen The Center at Deltona**

**May 9 – Ranking Discussion Meeting \*Judy Craig**  
**The Chisholm Center**

**May 23 - Ranking Meeting \*Donna Pepin**  
**The Center at Deltona**

**June 15 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations**  
**Sanborn Center**

**July (CAC Hiatus)**

**July 20 (4:00 p.m.) Budget**  
**Workshop Followed by Regular**  
**(THND/Healthy Comm)**  
**(TPA to Attend) Sanborn Center**

**August (CAC Hiatus)**

**August 17 (HHI/CLSMF) Sanborn Center**

**September (CAC Hiatus)**

**Sept. – Tentative Budget Hearing 5:05 PM**  
**TBD**

**Sept. - Final Budget Hearing/Regular**  
**Meeting 5:05 PM TBD**

**October (CAC Hiatus)**

**October 19 Sanborn Center**

**November (CAC Hiatus)**

**November 16 Sanborn Center**

**\*WVHA Commissioner to attend CAC Meeting**

**DeLand City Hall Commission Chambers 120 S. Florida Avenue DeLand FL 32720**  
**The Sanborn Center 815 S Alabama Avenue DeLand, FL 32720**  
**The Center at Deltona 1640 Dr. Martin Luther King Blvd., Deltona, FL 32725**  
**The Chisholm Center 520 S. Clara Avenue DeLand, FL 32720**

## **REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS**

To the Board of Commissioners,  
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated October 30, 2022, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of The House Next Door (THND) Therapeutic Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of THND and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

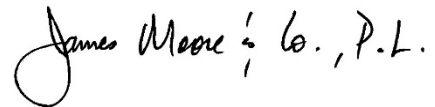
1. Inquire and document as to the funded agency's monitoring procedures with respect to contract compliance:
  - a. THND provides to WVHA a monthly Report of Services summarizing clients served who qualify for WVHA funding. This report summarizes number of clients served, reasons for seeking service, and total counseling sessions provided. The report also gives demographics of clients funded including race, sex, age, city of residence, income levels and family size.
  - b. THND personnel detail procedures for qualifying clients for WVHA funding. THND determines income by reviewing prior 4 weeks' pay documents, prior 3 months bank statements, a fully completed WVHA HealthCard Application, if applicable, or client presents a valid WVHA HealthCard.
  - c. THND determines residency by a valid driver's license, voter's registration card or mail received by client in West Volusia County for three (3) month period, or client presents a valid WVHA HealthCard.

2. Select a sample of transactions and test compliance with contract provisions:
  - a. July 2022 was chosen for test procedures. A de-identified list of client visits was provided by THND consisting of 10 client visits. From the list of visits 40% were selected for compliance review or 4 client visits.
  - b. THND provided supporting medical files for all clients selected for review. 100% of service dates were verified.
  - c. THND provided supporting eligibility files for all clients selected for review. 100% contained proof of residency, had a fully completed WVHA HealthCard application, had a photo ID and an eligible WVHA HealthCard.
  - d. THND provided verification of income and/or had an eligible WVHA HealthCard for 100% of clients reviewed.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners:
  - a. The Report of Services detailing clients served and demographic data with respect to those clients, which THND provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. The annual budget for THND Therapeutic Services Program for the year-ended September 30, 2022 was \$100,000 and there were no deviations noted based on the procedures performed.
  - c. THND's medical records appeared to be complete and organized when reviewed for verification of counseling hours provided.
  - d. THND's eligibility screening met the requirements of the funding agreement.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. 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.

We appreciate the opportunity to serve and thank you for your cooperation.

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



Daytona Beach, Florida  
January 19, 2023

## **REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS**

To the Board of Commissioners,  
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated October 30, 2022, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of The House Next Door (THND) HealthCard Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of THND and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

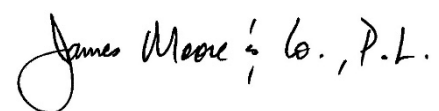
1. Inquire and document as to the funded agency's monitoring procedures with respect to contract compliance:
  - a. Each month THND provides to WVHA an invoice detailing total number of WVHA HealthCard (HC) initial screenings, total number of pending assisted applications, number of applications processed, number of applications approved, number of applications pending, number of applications denied, errors in processing – no charge, number of applications over 250, number of applications under 250.
  - b. THND is required to determine eligibility per the terms of the WVHA Eligibility Guidelines (revised June 20, 2021) by obtaining 2 forms of approved identification (ID), verifying residency within the taxing district, income under 150% of the Federal Poverty Level (FPL), Medicaid and ACA denials.
2. Select a sample of transactions and test compliance with contract provisions:
  - a. July 2022 was chosen for test procedures. A de-identified list of client applications was provided by THND consisting of 268 client applications. From the list of applications, 5% were selected for compliance review, or 14 client applications.
  - b. THND provided completed WVHA Applications for 100% of clients selected for review.
  - c. THND provided 2 approved forms of ID for 100% of clients selected for review.
  - d. THND provided proof of residency for 100% of clients selected for testing. One client was certified as Homeless by the approved WVHA Agency, The Neighborhood Center, on March 15, 2021.

- e. THND provided income documentation for 100% of clients selected, however, the calculation of income eligibility was not kept on file by THND. We were able to eventually determine that 100% of clients selected were income eligible, based on calculations we performed using THND provided documentation, but the original calculation of income eligibility was not kept on file by THND.
  - f. THND provided Health Insurance Marketplace letters for 100% of clients selected for review.
  - g. During our review of documentation for Medicaid denials, we noted that 43% of clients selected for review were undocumented residents of the taxing district thereby ineligible for Medicaid, and consequently no Medicaid denials were required. 14% of clients selected for review had proper supporting documentation for Medicaid denials. For the remaining 43% of clients selected for review, no Medicaid denial was available for review.
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 THND provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. The annual budget for THND for the year-ended September 30, 2022 was \$417,590 and the actual amount funded was \$409,370. Since there were deviations noted in both Medicaid denial and income eligibility calculations documentation being properly maintained, and 100% of clients selected did not have supporting documentation for the calculation of income eligibility, \$409,370 is the amount funded under THND HealthCard Program which was potentially not supported in the files by required documentation, when extrapolated to the entire population. To further clarify, we were able to determine that each applicant was income eligible based on various other documents in the files, but the original calculation of income eligibility was not maintained in THND files.
  - c. THND's medical files appear to be complete and organized when reviewed for verification of services provided.
  - d. THND's ID screening met the requirements of the funding agreement.
  - e. THND's residency verification met the requirements of the funding agreement.
  - f. THND's income and assets verification met the requirements of the funding agreement.
  - g. We recommend THND establish processes to ensure all income eligibility calculations are kept on file, readily available for review.
  - h. We recommend obtaining Medicaid denials for all clients that are US citizens and keeping this documentation on file readily available for review.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. 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.

We appreciate the opportunity to serve and thank you for your cooperation.

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



Daytona Beach, Florida  
January 19, 2023

**From:** [Asal Johnson](#)  
**To:** [Stacy Tebo](#)  
**Cc:** [contact.lornaowens.com](mailto:contact.lornaowens.com); [Donna Pepin](#)  
**Subject:** Resignation  
**Date:** Saturday, January 21, 2023 12:52:17 PM

---

Dear Stacy,

I am sorry to inform you that I am not able to serve on the Citizen Advisory Committee anymore. It was a very difficult decision for me as I have so much belief in this committee. I will continue to serve WVHA in other capacity and when the balance between my personal, professional, and community work is in a better shape, I will certainly come back to this role. Ms. Lorna Owen, a wonderful woman with passion and experience in women's health is interested in applying. I was not able to find the application materials to send to her on the website. Would you please guide her on how to apply to fill this position.

Many thanks,

Asal

*Asal Mohamadi Johnson, PhD, MPH (she/her/hers)*  
*Associate Professor of Public Health*  
*Director, Public Health Program*  
*Brown Hall, Room 213*  
*Stetson University*  
*421 N. Woodland Blvd., Unit 8387*  
*DeLand, FL 32723*  
*P [386-822-7913](tel:386-822-7913) / E [asal.johnson@stetson.edu](mailto:asal.johnson@stetson.edu)*

**From:** [contact.lornaowens.com](mailto:contact.lornaowens.com)  
**To:** [Stacy Tebo](#)  
**Cc:** [lorna.desert-sage.co](mailto:lorna.desert-sage.co)  
**Subject:** Lorna Owens Resume  
**Date:** Wednesday, January 25, 2023 12:43:26 PM  
**Attachments:** [Resume for Dahlia.docx](#)

---

Dear Stacy.

Please find attached my resume. Additional information as per your form.

Lorna Owens  
226 W. Wisconsin Avenue  
DeLand, FL 32720

Email. [Contact@lornaowens.com](mailto:Contact@lornaowens.com)

Telephone. 305.505.5493.

Please let me know if you need anything else

Lorna Owens



## **RESUME LORNA OWENS ATTORNEY**

226 W. Wisconsin Ave, DeLand Florida 32720

305-505-5493

Contact@lornaowens.com

### **PROFILE**

CEO Desert Sage Lifestyle Wellness company purveyors of fine teas, soy candle, natural body wash and lotion. Former Registered Nurse and Midwife. Attorney.

### **EDUCATION**

University of the Florida	1989	Juris Doctorate
Florida International University	1986	International Relations.
University of the West Indies	1975	Registered Nurse(JAMAICA)
Good Hope Maternity.	1976	Midwifery (ENGLAND)
Jamaica School of Speech and Drama	1974	Acting

### **CERTIFICATES**

Science of Well-being-Yale University  
Everyday Chinese Medicine-University of Hong Kong  
Mindfulness-Rice University

### **PROFESSIONAL EXPERIENCE**

LAW OFFICES OF LORNA OWENS      SELF EMPLOYED      1983-PRESENT

Trial Attorney Criminal Law. Has tried cases in State and Federal Court. Murder to Major Drug Cases.  
Entertainment Law  
Major Contract in the Music Industry

Lecturer ITT.CRIMINAL JUSTIC      2010 -2012  
Has taught criminal law, constitutional law, police practice

Lecturer Barry University-Master Hospital Management

DADE COUNTY STATE ATTORNEY OFFICE      1990-1993

Assistant Dade County State Attorney under former Attorney General Janet Reno

<b>LARKINS HOSPITAL</b>	1985-1986
Registered Nurse-Emergency Department	
<b>SOUTH MIAMI HOSPITAL</b>	1983-1985
Registered Nurse- Medical Intensive Care	
<b>MERCY HOSPITAL</b> -Registered Nurse and Midwife	1980-1983

### **Footprints Foundation CEO**

Help reduce Maternal and Infant Mortality in Subsaharan Africa and Jamaica.

Train Doctors, Nurses and Traditional Birthing Attendants to handle complications of pregnancy and New Born Resusciation. In these countries we work through the Minister of Health.

### **Desert Sage Lifestyle Wellness CEO**

Purveyors of Fine Teas, Soy Candles, Natural Body Wash and Lotion. 15% of Proceeds donated to Footprints Foundation.

### **WORKSHOPS**

Conducted Wellness and Women Empowerment workshops in Over 20 Countries for Women's Organizations and Groups

Edna Adan University, Somaliland. Universal Precaution

St Vincent Hospital Bukavu, D.R. Congo Conflict Resolution

Hospitals across Jamaica for the Ministry of Health. Sickle Cell anemia and Conflicts Resolution

Women's Institute

Ritz Carlton Hotel Coconut Grove, Florida. Covering a wide range of health and Wellness topics. Organizer and Speaker. Monthly for over 10 years.

Monthly Tea and Mindfulness Workshop 2020-present

Stress Enemy Number One

Mindfulness, a vehicle to maintaining good mental health.

Tea and Conversation about wellness and healthy eating every Tuesday on Zoom

### **TELEVISION APPEARANCE**

Legal Expert TRU TV and Nancy Grace, HLN.

Tru Tv legal Analysis covering major crimes such as Casey Anthony, George Zimmerman and Michael Jackson.

Television appearances in USA, Jamaica, Cayman Islands, Curacao.

### **RADIO INTERVIEW**

D.R. Congo.

St Vincent and Grenadines, England, Canada and USA.

Jamaica  
United Kingdom

### **ARTICLES**

Stress Enemy Number One – Advance for Nurses Magazine.  
Bring Back our Girls- Miami Herald.

### **BOOKS**

Everyday Grace Everyday Miracle. Living the Life your were Born to Live.

My Journey with Food During the Time of Coronavirus.

### **PROCLAMATION**

Miami Dade  
Miami Beach  
City of High Springs  
City of DeLand

### **INTERESTS**

Weekly Blogger on Health Issues  
Reading, presenting workshop.  
Dining,Traveling,The Arts

**WEST VOLUSIA HOSPITAL AUTHORITY  
AGENDA MEMO**

TO: WVHA Commissioners  
FROM: Webb Shephard, CPA of James Moore & Company  
RE: Authorization for FRS E-file System for Payments  
DATE: February 8, 2023

Attached is the document we need authorized in order for the State to draft Florida Retirement System (FRS) payments from the payroll bank account for retirement contributions. Each month, we will authorize the amount they draft with submission of the monthly required FRS reports.

Form DR835 Power of Attorney needs to be authorized in order to allow the Florida Department of Revenue to speak with us.

Attorney Small inspected the two forms and had no issues from a legal perspective.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**C/O STACY TEBO – WVHA miCare Clinic**  
**844 W. PLYMOUTH AVE.**  
**DELAND, FLORIDA 32720**  
**TEL: (386) 456-1252**  
**NON-PRIMARY CARE APPLICATION**  
(Reviewed Initially by Citizen Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,**  
**NOON, THURSDAY, APRIL 6, 2023**

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

**ELIGIBLE APPLICANTS**

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

**ELIGIBLE SERVICES**

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

**CONTENT OF APPLICATIONS**

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

**APPLICATION SUBMISSION DEADLINE**

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, April 6, 2023**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority  
c/o Stacy Tebo – WVHA miCare Clinic  
844 W. Plymouth Avenue  
DeLand, Florida 32720

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

### **APPLICATION REVIEW**

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

### **REPORTING REQUIREMENTS/INVOICES**

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

AGENCY: \_\_\_\_\_

EXECUTIVES DIRECTOR/PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

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

\*WVHA FUNDS REQUESTED: \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

**Mission of your Agency:**

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**SECTION I – PROPOSAL (See Appendix A)**

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

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

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

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

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

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

1. If industry standards are used, identify source: \_\_\_\_\_

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

2. If questionnaires were used:

a) Last year how many questionnaires were completed: \_\_\_\_\_

b) Number of valid complaints issued \_\_\_\_\_

c) Please attach summary of results.

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



F. Identify which of the health issues cited in the current Volusia County Community Health Needs Assessment report does this program address.

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## **SECTION II - AGENCY ORGANIZATION**

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

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

*Remainder of this page intentionally blank*

### SECTION III – FUNDING

#### **Proposed Program Budget**

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

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

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

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

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

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

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

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

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## **BUDGET NARRATIVE**

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

**Personnel:**

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

**Contracted Services:**

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

**Administrative and Other Services:**

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

**Medical:**

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

**Pharmacy:**

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

**Other:**

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

## AGENCY ATTESTATION FORM

AGENCY: \_\_\_\_\_

SERVICE NAME: \_\_\_\_\_

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2022-2023, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on April 6, 2023 with all other parts of the completed application:
  - a) Basic Financial Statements, Audit Reports and Management Letter from an independent audit for the previous fiscal year (if an audit was performed) or most current organizational financial statement if no audit was performed
  - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
  - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
  - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
  - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

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

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

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

\_\_\_\_\_  
(Chief Agency Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type Name/Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Agency Countersignature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type Name/Title)

\_\_\_\_\_  
(Date)

## APPENDIX A Guide to Assist Applicants

### Identify Why Funds are Being Requested: Examples

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

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

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

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

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

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

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

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

**From:** [Stacy Tebo](#)  
**To:** [Theodore Small](#)  
**Cc:** [Webb Shephard](#)  
**Bcc:** [Jennifer Coen](#); [Judy Craig](#); [Voloria Manning](#); [voloriamanning@hotmail.com](mailto:voloriamanning@hotmail.com); [Roger Accardi](#); [Donna Pepin](#); [Donna Pepin](#)  
**Subject:** WVHA Talking Points ofr Medicaid Match Litigation  
**Date:** Monday, February 6, 2023 2:03:00 PM  
**Attachments:** [WVHA--Talking Points for Explaining Medicaid Match Litigation.docx](#)  
[image001.png](#)

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WVHA Board Members,

Please see attached set of talking points which has been compiled for your use with input from Heffley & Associates, Phelps Dunbar, Attorney Small, Accountant Webb Shephard and myself as Administrator. Each of you is encouraged to utilize them in whatever way you see fit when talking about the Medicaid Match Litigation to interested members of the public and other interested persons such as members of the County Council and State Legislative Delegation. If you direct me to do so, I can place them on our February discussion agenda so that the entire Board can discuss, edit and approve them as an official WVHA statement of position.

Stacy Tebo

WVHA Administrator





The WVHA is a special taxing district established by the State of Florida to provide health care or access to health care for the qualified indigent residents who cannot otherwise access healthcare through any other governmental and private programs such as the Affordable Care Act, Social Security Disability, Veterans, Medicare, Medicaid or private insurance. The taxing district covers approximately 41% of the voters of Volusia County.

Instead of burdening taxpayers with the operational expense and liabilities of owning and operating hospital facilities, WVHA instead spends approximately \$4 million dollars each year to reimburse for hospital and emergency room expenses of Health Card members, with no balance billing, at three privately owned and operated hospitals. In addition, WVHA contracts with a professional administrator to operate two primary care clinics in DeLand and Deltona and also a specialty care network which together provide Health Card members with less costly alternatives to hospital services.

Fully 88% of our \$15.9 million budget goes directly to patient care for working poor residents in West Volusia County.

Currently at issue, WVHA is in litigation with the County to modernize their Medicaid Match Allocation to reflect the fact that WHVA no longer owns nor operates any hospitals and therefore does not receive Medicaid payments (as do the other two hospital districts in Volusia County).

Our research determined that only 4 out of 23 counties (17.4 percent) with active hospital districts assess their hospital districts any portion of their Medicaid Match assessment. WHVA did once own and operate its own Medicaid revenue generating hospitals. After selling those facilities in 2000, thereafter WVHA had a 20-year contractual relationship with Advent Health that expired September 30, 2020. It could have been argued until 2020 WVHA still **indirectly** benefited from the Medicaid program through that contract – but no longer.

The other four active hospital districts with a Medicaid Match Allocation are *Health Care District of Palm Beach County*, *Indian River HD*, *North Broward HD* and *South Broward HD*. All four of those hospital districts operate hospitals, similar to Volusia's Halifax Hospital Medical Center and Southeast Volusia Hospital Authority. Accordingly, each of the other hospital districts who ARE assessed by their counties also generate substantial Medicaid revenue through the provision of services to Medicaid patients. The ONLY exception to this rule is West Volusia Hospital Authority, which does not operate a hospital and therefore does NOT receive any Medicaid revenue.

Based on Volusia County's current Medicaid Match Allocation, WVHA is expected to pay a larger annual Medicaid contribution than Halifax Hospital Medical Center (47.38% for WVHA compared to 42.97% for Halifax, or approximately \$2.9 million for WVHA compared to \$2.6 million for Halifax, annually). Yet Halifax receives more than \$200 million in Medicaid payment revenue each year -- \$262 million in 2019, for example – whereas WVHA receives \$0.

If the current litigation fails or the WVHA is forced to pay the new contribution, the impact of the currently disputed Medicaid Match Allocation will result in a \$2,824,579.68 tax increase on West Volusia residents by 2024-25 when the 4 year phase-in period ends.

## **WEST VOLUSIA HOSPITAL AUTHORITY AGENDA MEMO**

TO: WVHA Commissioners  
FROM: Stacy Tebo, WVHA Administrator  
RE: Resolution #2023-001 – Terminating 457(b) Plan  
DATE: February 16, 2023

We were contacted on 2/6/23 by a representative of VALIC (also known as Corebridge Financial), the service provider that received the WVHA 457(b) contributions until the mid-1990's. Since then, they have held on to the plan assets. A plan participant contacted them requesting a distribution from her 457b plan account and noted she could not locate anyone to sign her distribution request. Since VALIC is only the investment provider for the plan, they cannot release any assets until the new plan administrator is identified or the plan is terminated. Attorney Small and myself began researching the issue as we had no prior knowledge of the plan's existence.

A 457(b) plan is an employer-sponsored, tax-favored retirement savings offered to public service employees and some nonprofit organization employees. Like a 401(k) plan, a 457(b) lets you contribute pre-tax dollars from your paycheck, invest it, and not pay taxes on it until you withdraw it, usually for retirement.

There are 13 participants (2 participants are deceased) and \$422,000 in assets; all participants are vested. Contributions were made by employees between 1992 and 1994 into this deferred compensation plan. The plan was set up by Mark Van Fleet, CEO of the hospital on July 9, 1992.

Attorney Small reviewed the hospital transfer in 2000 and found it only transferred specified assets, responsibility for another larger employer-funded pension plan, and some other miscellaneous contracts that Advent elected to assume within a specified time period. He does not believe there is any basis for asserting that Advent should be deemed the "Plan Administrator". Webb Shephard was also consulted and noted he did not see any issues from an accounting perspective in regards to terminating the plan.

Adoption of Resolution #2023-001 will immediately allow the participant seeking her assets to receive them. We would not recommend delaying approval.

**A RESOLUTION OF THE WEST VOLUSIA HOSPITAL AUTHORITY  
BOARD OF COMMISSIONERS TO TERMINATE A 457(b) DEFERRED  
COMPENSATION PLAN AND PROVIDING FOR AN EFFECTIVE DATE  
RESOLUTION 2023 – 001**

**BE IT RESOLVED** by the Commissioners of the West Volusia Hospital Authority, an independent special taxing district of Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that:

**WHEREAS**, the West Volusia Hospital Authority (hereinafter, "the Employer"), established the 457(b) Deferred Compensation Plan, (hereinafter, "the Plan"), effective July 9, 1992, for the exclusive benefit of its employees and their beneficiaries; and

**WHEREAS**, the Plan received employee contributions between 1992 and 1994, and has since ceased to receive contributions; and

**WHEREAS**, the Plan participants are fully vested in their accounts; and

**WHEREAS**, the approval of this resolution shall also serve as the Plan Administrator's Approval for all distributions from the Plan.

**NOW, THEREFORE**, the Employer hereby resolves to exercise its right to terminate the Plan effective February 16, 2023.

**ADOPTED AND SUBSCRIBED TO THIS 16<sup>TH</sup>** day of February 2023, at a duly noticed public meeting.

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**CHAIR, Jennifer L. Coen**  
West Volusia Hospital Authority

**I HEREBY CERTIFY** that the foregoing resolution is true and correct as adopted by a \_\_\_\_\_ vote of the Board of Commissioners of the West Volusia Hospital Authority at its monthly regular meeting, and held on Thursday, February 16, 2023 at 5:00 p.m. at the DeLand Sanborn Center, 815 S. Alabama Ave., DeLand, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner J. Roger Accardi (yes/no/absent), Commissioner Jennifer L. Coen (yes/no/absent), Commissioner Judy L. Craig (yes/no/absent), Commissioner Voloria L. Manning (yes/no) and Commissioner Donna J. Pepin (yes/no/absent).

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**SECRETARY, Voloria L. Manning**  
West Volusia Hospital Authority

## DEFERRED COMPENSATION PLAN

### ARTICLE I. INTRODUCTION

The West Volusia Hospital Authority (the "Employer") hereby establishes the Deferred Compensation Plan, hereinafter referred to as the "Plan".

The Plan is intended to be an eligible deferred compensation plan under section 457 of the Internal Revenue Code of 1986, as amended. The primary purpose of this Plan is to attract and retain qualified personnel by permitting them to provide for benefits in the event of their retirement or death.

Nothing contained in this Plan shall be deemed to constitute an employment agreement between any Participant and the Employer and nothing contained herein shall be deemed to give any Participant any right to be retained in the employ of the Employer.

### ARTICLE II. DEFINITIONS

- 2.01 Account: The bookkeeping account maintained for each Participant reflecting the cumulative amount of each Participant's Deferred Compensation, including any income, gains, losses, or increases or decreases in market value attributable to the Employer's investment of the Participant's Deferred Compensation, and further reflecting any distributions to the Participant or the Beneficiary and any fees or expenses charged against the Participant's Deferred Compensation.
- 2.02 Agreement: A Deferred Compensation Agreement entered into between a Participant and the Employer and any amendments or modifications thereof. Such Agreement shall fix the amount of Deferred Compensation, establish the time when the payment of benefits shall commence, specify the Participant's investment selection with respect to his Deferred Compensation, designate the Employee's Beneficiary or Beneficiaries and incorporate the terms, conditions, and provisions of this Plan by reference.

- 2.03 Annuity Contract: A group fixed, variable or combination fixed and variable annuity contract issued by The Variable Annuity Life Insurance Company (VALIC) or by any other licensed life insurance company, and approved for sale in this State, which provides for periodic payments at regular intervals, whether for a period certain or during one or more lives.
- 2.04 Beneficiary: The Beneficiary or Beneficiaries designated by the Participant in his Agreement who shall receive any benefits payable hereunder in the event of the Participant's death. If more than one designated Beneficiary survives the Participant, payments shall be made equally to the surviving Beneficiaries, unless otherwise provided in the Agreement. If no Beneficiary is designated in the Agreement, if the designated Beneficiary predeceases the Participant, or if no designated Beneficiary survives the Participant for a period of fifteen (15) days, then the estate of the Participant shall be the Beneficiary. However, a Participant may designate a contingent Beneficiary (or Beneficiaries) who shall become the Beneficiary under this Plan in the event that the primary Beneficiary does not survive the Participant for a period of 15 days.
- 2.05 Code: The Internal Revenue Code of 1986, as amended.
- 2.06 Contractor: The Variable Annuity Life Insurance Company (VALIC) or such other entity as the Employer designates to perform administrative services under this Plan.
- 2.07 Deferred Compensation: The amount of Normal Compensation otherwise payable to the Participant which the Participant and the Employer mutually agree to defer hereunder, any amount credited to a Participant's Account by reason of a transfer under section 8.01, or any other amount which the Employer agrees to credit to a Participant's Account, and which does not exceed the Maximum Limitation.
- 2.08 Employee: Any individual, whether appointed, elected or under contract, providing services for the Employer for which compensation is paid.
- 2.09 Employer: The West Volusia Hospital Authority
- 2.10 Includible Compensation: The amount of compensation payable to a Participant from the Employer which is includible in the Participant's gross income for federal income tax purposes. Such term does not include any amount excludible from gross income under this Plan or any other plan described in section 457(b) of the Code or any other amount excludible from gross income for federal income tax purposes. Includible gross income shall be determined without regard to any community property laws.

2.11 Maximum Limitation: The maximum amount that may be deferred under this Plan for the taxable year of a Participant. Such amount shall be either the Normal Limitation or Catch-Up Limitation, whichever is applicable.

(a) **NORMAL LIMITATION:** The maximum amount deferred shall not exceed the lesser of \$7,500 or 33-1/3% of Includible Compensation (ordinarily this shall be the equivalent of the lesser of \$7,500 or 25% of Normal Compensation).

(b) **CATCH-UP LIMITATION:** For each one of the last three (3) taxable years of a Participant ending before the Participant's attainment of Normal Retirement Age, the maximum amount deferred for each such year shall be the lesser of

(1) \$15,000; or

(2) the sum of the Normal Limitation, plus that portion of the Normal Limitation not used in each of the prior taxable years of the Participant commencing after 1978 in which (i) the Participant was eligible to participate in this Plan or the plan of another employer, and (ii) compensation deferred under this Plan (or such other plan) was subject to the deferral limitations set forth in this section.

A Participant may utilize the Catch-Up Limitation only if he has not previously utilized it with respect to a different Normal Retirement Age under this Plan or any other plan.

(c) **OTHER PLANS:** The amount excludible from a Participant's gross income for any taxable year under this Plan or any other plan under section 457(b) of the Code shall not exceed \$7,500 (or such greater amount allowed under paragraph (b) of this section) less any amount excluded from gross income under sections 403(b), 402(a)(8), or 402(h)(1)(B) of the Code, or any amount with respect to which a deduction is allowable by reason of a contribution to an organization under section 501(c)(18) of the Code.

2.12 Normal Compensation: The amount of compensation which would be payable to a Participant by the Employer if no Agreement were in effect to defer compensation under this Plan.

2.13 Normal Retirement Age: Age 70-1/2, unless the Participant has elected an alternative Normal Retirement Age by written instrument delivered to the Employer prior to Separation from Service. A Participant's Normal Retirement Age determines the period during which a Participant may utilize the Catch-Up Limitation of section 2.11(b) hereunder.

Once a Participant has to any extent utilized the Catch-Up Limitation of section 2.11(b), his Normal Retirement Age may not be changed.

A Participant's alternative Normal Retirement Age may not be earlier than the earliest date that the Participant will become eligible to retire and receive unreduced retirement benefits under the Employer's basic retirement plan covering that Participant and may not be later than the calendar year in which the Participant attains age 70-1/2.

If a Participant continues employment after attaining age 70-1/2 not having previously elected an alternative Normal Retirement Age, the Participant's alternative Normal Retirement Age shall not be later than the mandatory retirement age, if any, established by the Employer or the age at which the Participant actually separates from service if the Employer has no mandatory retirement age.

If the Participant will not be eligible to receive benefits under a basic retirement plan maintained by the Employer, the Participant's Normal Retirement Age may not be earlier than attainment of age 55 and may not be later than the calendar year in which the Participant attains age 70-1/2.

- 2.14 Participant: Any Employee who has enrolled in this Plan pursuant to the requirements of Article IV.
- 2.15 Plan Year: The calendar year.
- 2.16 Retirement: The first date upon which each of the following shall have occurred: Separation from Service and attainment of age 65.
- 2.17 Separation from Service: Severance of the Participant's employment with the employer within the meaning of section 402(e)(4)(A)(iii) of the Code.

### ARTICLE III. ADMINISTRATION

- 3.01 This Plan shall be administered by a Committee (the "Committee") of one or more persons appointed by the Employer. The Committee shall act as the agent of the Employer in all matters concerning the administration of this Plan. The Committee shall have full power to adopt, amend, and revoke such rules and regulations consistent with and as may be necessary to implement this Plan, to enter contracts on behalf of the Employer under this Plan, and to make discretionary decisions affecting the rights or benefits of Participants under section 6.06 of this Plan.
- 3.02 Any Employee who is charged with administrative responsibilities hereunder may participate in the Plan under the same terms and

conditions as apply to other Employees. However, he shall not have the power to participate in discretionary action taken with respect to his participation under section 6.06 of this Plan.

- 3.03 The Employer may enter into an agreement with a Contractor to provide nondiscretionary administrative services under this Plan for the convenience of the Employer including, but not limited to, the enrollment of Employees as Participants, the maintenance of Accounts and other records, the making of periodic reports to Participants, and the disbursement of benefits to Participants.

#### ARTICLE IV. PARTICIPATION IN THE PLAN

- 4.01 An Employee becomes a Participant when he has executed and entered into an Agreement with the Employer.
- 4.02 An Employee may become a Participant as of the first day of any calendar month by entering into an Agreement with respect to compensation not yet earned. A new Employee may become a Participant on the first day of employment by entering into an Agreement on or before the first day of employment with respect to compensation not yet earned.
- 4.03 The Agreement shall defer compensation not yet earned, and each Agreement must be made on or before the beginning of the month in which it is to become effective or on or before the first day of employment, with respect to a new employee.
- 4.04 At the time of entering into or amending an Agreement hereunder, a Participant must agree to defer a minimum amount per month as specified by the Committee.
- 4.05 A Participant may not amend or modify an executed Agreement to change the amount of Deferred Compensation except with respect to compensation to be earned in the subsequent calendar month and provided that notice is given prior to the beginning of the month for which such change is to be effective. A Participant may change the Beneficiary designated in his Agreement at any time by giving notice to the Employer.
- 4.06 A Participant may revoke his Agreement and thereafter be restored to his Normal Compensation in the subsequent calendar month, by giving notice to the Employer prior to the beginning of the month for which such revocation is to be effective.



- 4.07 A Participant who returns to active service with the Employer after a Separation from Service, or who has revoked his Agreement under section 4.06, may again become an active Participant by executing a new Agreement with the Employer prior to the beginning of the calendar month as to which it is to be effective.
- 4.08 Compensation may continue to be deferred under this Plan with respect to a Participant who is on an approved leave of absence from the Employer with compensation, and all of the rules of this Article shall apply with respect to making, amending or revoking any Agreement for such a Participant. If a Participant is absent from work without compensation for a period of not more than six months, whether by reason of illness, strike, lockout, shutdown or otherwise, his Agreement will remain in effect and compensation will again be deferred thereunder when he returns to work.

#### ARTICLE V. INVESTMENT OF DEFERRED COMPENSATION

- 5.01 For the purposes of satisfying its obligation to provide benefits under this Plan, the Employer may invest the amount of compensation deferred by each Participant in Annuity Contracts as specified in Participants' Agreements. However, nothing in this section shall require the Employer to invest Deferred Compensation in any particular form of investment. All Annuity Contracts and other investments held by the Employer with respect to this Plan, including all property or rights purchased with Deferred Compensation and all income attributable thereto, shall be the sole property of the Employer, and shall not be held in trust for Participants or as collateral or security for the fulfillment of the Employer's obligation under this Plan. Any such investments shall be subject to the claims of all creditors of the Employer, and no Participant or Beneficiary shall have any vested interest or secured or preferred position with respect to such investments or have any claim against the Employer except as a general creditor.
- 5.02 The benefits paid to a Participant or Beneficiary pursuant to Article VI of this Plan shall be based upon the value of the Participant's Account. In no event shall the Employer's liability to pay benefits exceed the value of the Participant's Account, and the Employer shall not be liable for losses arising from depreciation or shrinkage in the value of any investments acquired under this Plan.
- 5.03 Each Participant shall receive periodic reports, not less frequently than annually, showing the then-current value of his Account.

## ARTICLE VI. BENEFITS

### RETIREMENT BENEFITS AND ELECTION ON SEPARATION FROM SERVICE

6.01 Except as otherwise provided in this Article, the distribution of a Participant's Account shall commence April 1 of the calendar year following the calendar year of the Participant's Retirement, and such distributions shall be made in accordance with one of the payment options described in section 6.02. Notwithstanding the foregoing, the Participant may irrevocably elect within 60 days following Separation from Service to have the distribution of such Retirement benefits commence on the first day of a specified calendar month that is (i) no earlier than 61 days after the Participant's Separation from Service or 30 days after the election is made, whichever is later, and (ii) no later than April 1 of the calendar year following the year of the Participant's Retirement or attainment of age 70-1/2, whichever is later. A Participant's election of a benefit commencement date that is made in his Agreement prior to Separation from Service may be changed at any time up until the 60th day following the Participant's Separation from Service, after which the election shall become irrevocable, provided, however, that if the designated benefit commencement date has passed prior to the Participant's Separation from Service, the election shall have no effect, and the benefit commencement date shall be determined under the first sentence of this section.

### PAYMENT OPTIONS

6.02 A Participant (or a Beneficiary as provided in section 6.05) may elect to have the value of the Participant's Account distributed in accordance with one of the following payment options provided that such option is consistent with the limitations set forth in section 6.03:

- (a) Life Annuity;
- (b) Life Annuity with 60, 120, or 180 monthly payments guaranteed;
- (c) Unit Refund Life Annuity;
- (d) Joint and Last Survivor Annuity (spouse only);
- (e) Lump Sum;
- (f) Term Certain Annuity with 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156, 168, or 180 monthly payments guaranteed;
- (g) Any other method of payment agreed upon between Participant and Employer.

The election of a payment option must be made at least 30 days before the payment of benefits is to commence. If a Participant fails to make a timely election of a payment option, benefits shall be paid under a Life Annuity with 120 monthly payments guaranteed.

#### **LIMITATION ON OPTIONS**

- 6.03 No payment option may be selected by the Participant (or a Beneficiary) unless it satisfies the requirements of Code sections 401(a)(9) and 457(d)(2), including that payments commencing before the death of the Participant shall satisfy (i) the incidental death requirement under Code section 457(d)(2)(B)(i)(I), and (ii) the substantially nonincreasing requirement of Code section 457(d)(2)(C). For purposes of determining required distributions under section 401(a)(9) of the Code, and applicable regulations, in the event no recalculation election is made, life expectancy of a Participant and his spouse will be recalculated (except in the case of a life annuity), but no more than once each year.

#### **POST-RETIREMENT DEATH BENEFITS**

- 6.04 Should the Participant die after he has begun to receive benefits under a payment option, the guaranteed or remaining payments, if any, under the payment option shall be payable to the Participant's Beneficiary commencing with the first payment due after the death of the Participant. Payment to the Participant's Beneficiary must be made at least as rapidly as under the method of distribution in effect at the time of the Participant's death. If the Beneficiary does not continue to live for the remaining period of payments under the payment option, then the remaining benefits under the payment option shall be paid to the Beneficiary's estate. In no event shall the Employer be liable for any payments made in the name of the Participant or a Beneficiary before the Employer or its agent receives proof of the death of the Participant or Beneficiary.

#### **PRE-RETIREMENT DEATH BENEFITS**

- 6.05 Should the Participant die before he has begun to receive benefits under section 6.01, a death benefit equal to the value of the Participant's Account shall be payable to the Beneficiary commencing on the 61st day following the Participant's death, unless the Beneficiary elects a later commencement date within 60 days of the Participant's death. Such benefit commencement date shall not be later than that permitted under sections 401(a)(9), 457(d)(2) of the Code, and the regulations thereunder. Such death benefit shall be paid in a lump sum unless the Beneficiary makes a timely election of a different payment option. The payment option chosen by the Beneficiary must provide for payments to the Beneficiary over a period no longer than the life or life expectancy of the Beneficiary, provided that such period may not exceed 15

years if the Beneficiary is not the Participant's spouse. Should the Beneficiary die before the completion of payments under the payment option, the value of the remaining payments under the payment option shall be paid to the estate of the Beneficiary.

#### UNFORESEEABLE EMERGENCY WITHDRAWALS

- 6.06 Except as provided in this section, no amount shall be distributable to a Participant or Beneficiary prior to the Participant's Separation from Service. In the event of an unforeseeable emergency before or after Separation from Service or the commencement of Retirement Benefits, a Participant may apply to the Employer to receive that part of the value of his Account which is reasonably needed to satisfy the emergency needs. If such application for withdrawal is approved by the Employer, the Employer shall pay the Participant such value as the Employer deems necessary to meet the emergency needs. An unforeseeable emergency involves only circumstances of sudden and unexpected illness or accident of the Participant or a dependent, loss of property due to casualty, or other similar extraordinary or unforeseeable circumstance arising as a result of events beyond the control of the Participant which would cause severe financial hardship to the Participant if early withdrawal were not permitted. Payment may not be made to the extent that such hardship is or may be relieved by other financial resources available to the Participant, including insurance reimbursement, cessation of deferrals under this Plan or liquidation of other assets, to the extent the liquidation of such assets would not itself cause severe financial hardship. Unforeseeable emergencies do not include the need to send a child to college or the desire to purchase a home.

#### TRANSITIONAL RULE FOR PRE-1989 BENEFIT ELECTIONS

- 6.07 In the event that, prior to January 1, 1989, a Participant or Beneficiary has commenced receiving benefits under a payment option or has irrevocably elected a payment option or benefit commencement date, that payment option or election shall remain in effect notwithstanding any other provision of this Plan.

#### ARTICLE VII. NON-ASSIGNABILITY

##### IN GENERAL

- 7.01 Except as provided in section 7.02, no Participant or Beneficiary shall have any right to commute, sell, assign, pledge, transfer or otherwise convey or encumber the right to receive any payments hereunder, which payments and rights are expressly declared to be non-assignable and non-transferable.

## DOMESTIC RELATIONS ORDERS

7.02 (a) Allowance of Transfers: To the extent required under a final judgment, decree, or order (including approval of a property settlement agreement) made pursuant to a state domestic relations law, any portion of a Participant's Account may be paid or set aside for payment to a spouse, former spouse, or child of the Participant. Where necessary to carry out the terms of such an order, a separate Account may be established with respect to the spouse, former spouse, or child who shall be entitled to make investment selections with respect thereto in the same manner as the Participant; any amount so set aside for a spouse, former spouse, or child shall be paid out in a lump sum at the earliest date that benefits may be paid to the Participant, unless the order directs a different time or form of payment. Where the final judgment, decree or order does not define a form or time of payment that is available under this Plan, the Employer or Contractor shall have the right to interpret the final judgment, decree or order in a manner that is consistent with the terms of this Plan. Nothing in this section shall be construed to authorize any amount to be distributed under this Plan at a time or in a form that is not permitted under section 457 of the Code. Any payment made to a person other than the Participant pursuant to this section shall be reduced by required income tax withholding; the fact that payment is made to a person other than the Participant may not prevent such payment from being includible in the gross income of the Participant for withholding and income tax reporting purposes.

(b) Release from Liability to Participant: The Employer's liability to pay benefits to a Participant shall be reduced to the extent that amounts have been paid or set aside for payment to a spouse, former spouse, or child pursuant to paragraph (a) of this section. No such transfer shall be effectuated unless the Employer or Contractor has been provided with satisfactory evidence that the Employer and the Contractor are released from any further claim by the Participant with respect to such amounts. The Participant shall be deemed to have released the Employer and the Contractor from any claim with respect to such amounts, in any case in which (i) the Employer or Contractor has been served with legal process or otherwise joined in a proceeding relating to such transfer, (ii) the Participant has been notified of the pendency of such proceeding in the manner prescribed by the law of the jurisdiction in which the proceeding is pending for service of process in such action or by mail from the Employer or Contractor to the Participant's last known mailing address, and (iii) the Participant fails to obtain an order of the court in the proceeding relieving the Employer or Contractor from the obligation to comply with the judgment, decree, or order. The Participant shall also be deemed to have released the Employer or Contractor if the Participant has consented to the transfer pursuant to the terms of a property settlement agreement and/or a final judgment, decree, or order as described in paragraph (a).

(c) Participation in Legal Proceedings: The Employer and the Contractor shall not be obligated to defend against or set aside any judgment, decree, or order described in paragraph (a) or any legal order relating to the garnishment of a Participant's benefits, unless the full expense of such legal action is borne by the Participant. In the event that the Participant's action (or inaction) nonetheless causes the Employer or Contractor to incur such expense, the amount of the expense may be charged against the Participant's Account and thereby reduce the Employer's obligation to pay benefits to the Participant. In the course of any proceeding relating to divorce, separation, or child support, the Employer and Contractor shall be authorized to disclose information relating to the Participant's Account to the Participant's spouse, former spouse, or child (including the legal representatives of the spouse, former spouse, or child), or to a court.

## ARTICLE VIII. TRANSFERS

### TRANSFERS FROM OTHER PLANS

8.01 This Plan shall accept amounts deferred by an individual under another eligible deferred compensation plan pursuant to section 457 of the Code. Any such transferred amount shall not be treated as a deferral subject to the limitations of section 2.11, except that, for purposes of applying the limit of section 2.11, an amount deferred during any taxable year under the plan from which the transfer is accepted shall be treated as if it had been deferred under this Plan during such taxable year and compensation paid by the transferor employer shall be treated as if it had been paid by the Employer.

### TRANSFERS TO OTHER PLANS

8.02 A Participant may elect to have any portion of the amount payable to him transferred to another eligible deferred compensation plan. This election must be made before the earliest date that deferred amounts would otherwise be payable to the Participant under this Plan.

## ARTICLE IX. AMENDMENT OR TERMINATION OF PLAN

The Employer may at any time amend or terminate this Plan, provided, however, that such amendment or termination shall not impair the rights of Participants or their Beneficiaries with respect to any compensation deferred before the date of the amendment or termination of this Plan except as the same may apply to maintaining the privileged tax status of the Plan. Participants shall thereafter receive their Normal Compensation and benefits shall be paid as provided in Article VI.

If this Plan document constitutes an amendment and restatement of the Plan as previously adopted by the Employer, the amendments contained herein shall be effective as of July 9, 1992, and the terms of the preceding plan document shall remain in effect through Indefinite.

#### ARTICLE X. RELATIONSHIP TO OTHER PLANS

This Plan serves in addition to any other retirement, pension or benefit plan or system presently in existence or hereinafter established.

#### ARTICLE XI. APPLICABLE LAW

This Plan shall be construed under the laws of the State of

IN WITNESS WHEREOF, the Employer has caused this Plan to be signed by its duly authorized officers, on this 9th day of July, 1992.

EFFECTIVE the 9th day of July, 1992.

By: 

TITLE: CEO

ATTEST:

By: 

**WEST VOLUSIA HOSPITAL AUTHORITY**

**FINANCIAL STATEMENTS**

**JANUARY 31, 2023**





## ACCOUNTANTS' COMPILATION REPORT

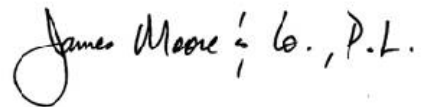
To the Board of Commissioners,  
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of January 31, 2023, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended 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 the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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.

DeLand, Florida  
February 16, 2023



**WEST VOLUSIA HOSPITAL AUTHORITY  
BALANCE SHEET - MODIFIED CASH BASIS  
JANUARY 31, 2023**

**ASSETS**

Ameris Bank - operating	\$ 11,698,785
Ameris Bank - MM	292,335
Ameris Bank - Medicaid MM	2,506,367
Ameris Bank - payroll	53,171
Mainstreet Community Bank - escrow	200,000
Mainstreet Community Bank - MM	1,708,935
Surety Bank - MM	7,494,637
Mainstreet Community Bank - Certificates of deposit	9,050,933
Prepaid items and deposits	2,000
<b>Total Assets</b>	<b><u><u>\$ 33,007,163</u></u></b>

**FUND BALANCE**

<b>Total Fund Balance</b>	<b><u><u>\$ 33,007,163</u></u></b>
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See accountants' compilation report.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND FOUR MONTHS ENDED JANUARY 31, 2023**

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
<b>Revenues</b>					
Ad valorem taxes	\$ 1,160,925	\$ 13,569,757	\$ 15,900,000	\$ 2,330,243	85%
Interest income	41,136	56,869	45,000	(11,869)	126%
Other income	-	-	-	-	0%
Total revenues	1,202,061	13,626,626	15,945,000	2,318,374	85%
<b>Expenditures</b>					
Healthcare expenditures					
Hospitals					
Halifax Hospital	117,843	426,136			
AdventHealth	247,227	617,074			
Total hospitals	365,070	1,043,210	3,000,000	1,956,790	35%
Specialty Care Services					
Specialty Care - ER	6,594	36,208			
Specialty Care - Non-ER	444,260	1,188,618			
Total Specialty Care Services	450,854	1,224,826	3,000,000	1,775,174	41%
Emergency Room Care	96,336	238,881	1,000,000	761,119	24%
Primary Care	357,248	1,039,390	2,500,000	1,460,610	42%
Pharmacy	59,678	230,336	900,000	669,664	26%
Florida Dept of Health Dental Svcs	10,493	38,593	150,000	111,407	26%
Hispanic Health Initiatives	-	21,800	75,000	53,200	29%
Community Legal Services	5,294	17,904	105,794	87,890	17%
Rising Against All Odds	13,100	58,950	145,140	86,190	41%
HSCFV - Outreach	-	3,921	81,560	77,639	5%
HSCFV - Fam Services	6,902	35,254	76,331	41,077	46%
The House Next Door	2,603	8,775	60,000	51,225	15%
SMA - Homeless Program	9,974	33,511	78,336	44,825	43%
SMA - Residential Treatment	48,573	153,220	550,000	396,780	28%
SMA - Baker Act - Match	265,285	265,285	300,000	34,715	88%
H C R A - In County	25,006	48,368	400,000	351,632	12%
H C R A - Outside County	9,067	69,513	400,000	330,487	17%
The Neighborhood Center	9,050	28,900	100,000	71,100	29%
Healthy Communities Kid Care Outreach	4,908	23,598	72,202	48,604	33%
Other Healthcare Expenditures	-	-	370,000	370,000	0%
Total healthcare expenditures	1,739,441	4,584,235	13,364,363	8,780,128	34%
Personnel services					
Regular salaries and wages	5,425	21,700	65,588	43,888	33%
FICA	593	1,838	5,017	3,179	37%
Retirement	2,500	3,146	8,467	5,321	37%
Life and Health Insurance	952	5,561	12,000	6,439	46%
Workers Compensation Claims	9,764	21,757	25,000	3,243	87%
Total personnel services	19,234	54,002	116,072	62,070	47%
Other expenditures					
Legal Counsel	5,332	24,706	85,000	60,294	29%
Outside Legal Counsel	6,000	24,000	72,000	48,000	33%
Outside Legislative Advisory	12,000	24,000	72,000	48,000	33%
Audit	19,170	19,170	20,000	830	96%
General Accounting	9,000	36,000	108,000	72,000	33%
Application Screening - THND	35,870	142,410	447,364	304,954	32%
Application Screening - RAAO	1,920	12,480	81,452	68,972	15%
TPA Services	30,148	159,699	682,000	522,301	23%
Building Occupancy Costs	-	-	100,000	100,000	0%
Advertising	825	825	10,000	9,175	8%
Other Operating Expenditures	736	10,085	30,000	19,915	34%
Office Supplies	-	-	6,749	6,749	0%
Tax Collector & Appraiser Fee	23,111	267,930	650,000	382,070	41%
City of DeLand Tax Increment District	-	-	100,000	100,000	0%
Total other expenditures	144,112	721,305	2,464,565	1,743,260	29%
<b>Total expenditures</b>	<b>1,902,787</b>	<b>5,359,542</b>	<b>15,945,000</b>	<b>10,585,458</b>	<b>34%</b>
<b>Excess (deficiency) of revenues over expenditures</b>	<b>\$ (700,726)</b>	<b>\$ 8,267,084</b>	<b>\$ -</b>	<b>\$ (8,267,084)</b>	<b>0%</b>

See accountants' compilation report.

## West Volusia Hospital Authority

Monthly ESTIMATED Healthcare/Operating expenditures through	March 16, 2023	Amount
EBMS - Hospitals, ER, Primary Care, Pharmacy & Specialty Care Services		\$ 550,000
Other unanticipated expenditures		2,500
Sub-Total Anticipated Healthcare/Operating expenditures through	March 16, 2023	552,500
<b>Total to Approve</b>		<b>\$ 552,500</b>