

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
March 16, 2023 5:00 p.m.
The Center at Deltona – Activity Room 1
1640 Dr. Martin Luther King Blvd., Deltona, FL
AMENDED AGENDA

1. Call to Order
2. Opening Observance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - Approval of Minutes - Regular Meeting February 16, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee (CAC) Taylor Hibel, Chair
 - CAC Regular/Applicant Workshop March 7, 2023 (Verbal Update)
7. Reporting Agenda
 - A. EBMS February Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona February Report – Gretchen Soto, miCare Clinical Manager
 - C. The House Next Door February HealthCard Application Report
 - D. Contractual Verbal Utilization Reports to the WVHA Board of Commissioners
 1. Waylan Niece, The Neighborhood Center
 2. Tachara Ferguson Reid, Dental Program Manager, Florida Department of Health
8. Discussion Items
 - A. Eligibility Guidelines
 - B. Letter of Appreciation for CAC Member Asal Johnson
 - C. Check Pick Up by Funded Agencies (Commissioner Manning)
 - D. West Volusia Community Housing Fair at Deltona City Hall on April 15th
 - E. CAC Appointment – Commissioner Accardi – Joanna Mercier
 - F. Health Resource Fair on March 30th at miCare DeLand Clinic (Chair Coen)
9. Follow Up
 - A. Anti-Fraud Policy
 - B. West Volusia Professional Center
10. Administrator Report
11. Finance Report
 - A. February Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
12. Legal Update
13. 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 REGULAR MEETING**

Sanborn Center – Ballroom A
815 S. Alabama Ave., DeLand, FL

5:00 P.M.

February 16, 2023

Those in Attendance:

Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Roger Accardi
Commissioner Judy Craig (arrived late)

Absent:

Commissioner Donna Pepin

CAC Members Present:

Jacquie Lewis
Christian Brown
Lorna Owens

Others Present:

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
WVHA Administrator Stacy Tebo

Call to Order Regular Meeting

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center in Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:02 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Amended Agenda

Motion 010 – 2023 Commissioner Accardi motioned to approve the amended agenda as presented. Commissioner Manning seconded the motion. The motion passed 3-0-2.

Consent Agenda

Approval of Minutes – Organizational/Regular Meeting Minutes January 19, 2023

Motion 011 – 2023 Commissioner Accardi motioned to approve the Consent Agenda. Commissioner Manning seconded the motion. The motion passed 3-0-2.

Citizen Comments

There were none.

Reporting Agenda

EBMS January Report – Written Submission
WVHA miCare Clinic DeLand/Deltona January Report – Written Submission

**The House Next Door (THND) January HealthCard Application Report
Emergency Services 4th Quarter of 2022 (October – December)
Halifax Health | UF Health – Medical Center of Deltona
Advent Health DeLand & Advent Health Fish Memorial
EMPros**

There were no questions, and the reports were received and made part of the record.

**Contractual Verbal Utilization Report to the WVHA by Program Director
Thalia Smith of Healthy Start Coalition of Flagler & Volusia**

Ms. Smith gave her presentation and entertained questions from the Board and audience.

Citizen Comments

Chair Coen noted there were two citizen comment cards regarding reports that had already been discussed, and she would circle back to hear them.

CAC Member Jacquie Lewis asked questions about miCare clinic operations. Ms. Tebo said that miCare COO Darik Croft would be present at the March meeting, and she would send the questions to him by email.

Tanner Andrews submitted a comment card regarding a question for AdventHealth, and Chair Coen noted there was not a representative present. She asked Ms. Tebo to email the question to Advent Health.

Discussion Items

Cost Proposal from miCare for Medication Pick Up at Deltona Clinic

Ms Tebo stated that the position listed on the cost proposal was a replacement of an open position and not an addition to existing staffing. She added that the cost to the WVHA would be \$3,335 for the cabinets and rack, which would come out of the budgeted line item for clinic building maintenance.

Motion 012 – 2023 Commissioner Craig motioned to approve the cost proposal from miCare for medication pick up at the Deltona clinic. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Roll call:

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

WVHA and CAC Scheduled Meeting Dates and Locations for 2023

Ms. Tebo informed the Board that the CAC met on February 7th and voted to continue meeting on Tuesdays, change the meeting time to 5:30 p.m., and schedule two of the four individual meetings in Deltona. She recommended approval of the schedule as presented, along with the corresponding rental expenditures.

Motion 013 – 2023 Commissioner Craig motioned to approve the meeting schedule as presented, along with the corresponding rental expenditures. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Roll call:

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

Attendance at Community Event for WVHA Visibility (Commissioner Manning)

Commissioner Manning informed the Board that an event sponsored by Electralytes Charity Club, Inc. would be held at DeBary Golf & Country Club on March 11th. She said she would be speaking on behalf of the WVHA at the event to increase visibility and get the word out into the community. She added that the WVHA brochures would be placed on the tables at the event.

Ms. Leigh Nismith, president of Electralytes Charity Club, Inc., addressed the Board and explained that all donations go towards their scholarship fund to minority students. She stated that all events are funded by member dues.

Motion 014 – 2023 Commissioner Manning moved to donate \$500 for sponsorship of Electralytes Charity Club, Inc.'s event as part of WVHA's public information campaign promoting access to healthcare. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Roll call:

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

**Contractual Site Visit Review Write Ups FYE 2022
The House Next Door (THND) Therapeutic Services
THND HealthCard Program**

The site visit report for THND Therapeutic Services was received into the record.

There was much discussion regarding the site visit report for THND HealthCard Program.

Gail Hallmon, Chief Operating Officer of THND, explained that all applicants are screened to ensure compliance with the program's income guidelines. She added that as of January, staff is keeping the initial income calculation with each client file.

Citizen Comments

CAC Member Jacquie Lewis said they developed a rack card with THND and questioned if new card holder membership is increasing.

Ms. Hallmon noted that with continuous Medicaid ending, she is expecting enrollment to increase.

Motion 015 – 2023 Commissioner Craig moved to authorize James Moore & Co to perform an additional site visit this year for two randomly picked months to ensure income eligibility compliance. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Roll call:

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

Ms. Hallmon said that a few years back, the Board approved use of the ACA letter to document Medicaid ineligibility. She added that in recent months, the ACA has changed the wording on their letter to say the applicant is “likely not eligible due to the state the applicant resides in”. She stated that THND has access to the Medicaid system and checks each applicant within the system.

There was Board discussion regarding use of the ACA letter. Attorney Small stated that in the past, the ACA letter was utilized as interim documentation for Medicaid ineligibility, and the Board could reauthorize its use with the current verbiage.

Motion 016 – 2023 Commissioner Craig moved to authorize THND to utilize the ACA letter including the current wording for documentation of Medicaid ineligibility. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Roll call:

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

Motion 017 – 2023 Commissioner Manning moved to instruct James Moore & Co to review the files selected from July 2022 to verify that the ACA letters stating the client is likely not Medicaid eligible are in each file. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Roll call:

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

CAC Appointment – Commissioner Pepin – Lorna Owens

Motion 018 – 2023 Commissioner Craig motioned to appoint Lorna Owens to the CAC. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Authorization for FRS E-file System for Payments

Ms. Tebo explained James Moore & Co needs approval of the forms to participate in the FRS E-file System and to allow Webb Shephard to speak with the Department of Revenue on behalf of the WVHA.

Motion 019 – 2023 Commissioner Manning motioned to approve the forms presented. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Approval of Non-Primary Care Funding Application 2023-2024 & Release on Tuesday, February 21, 2023

Chair Coen noted that there were no changes to the application except the date. She noted the due date would be Thursday, April 6th at noon. There were no suggested changes to the application.

Motion 020 – 2023 Commissioner Manning motioned to approve the non-primary care funding application for 2023-2024 and its release on February 21, 2023. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Approval of Medicaid Litigation Talking Points & Sharing it with County Council Members (Commissioner Pepin)

Attorney Small stated that time is of the essence to get the information out to the County Council. He informed the Board that a hearing was held the morning of February 14th, and the judge agreed to stay the second lawsuit for 45 days while waiting on a decision from the appellate court. He noted that if the WVHA is made to pay the Medicaid Match, they would be the only hospital district in the State doing so without operating a hospital and therefore not receiving any Medicaid revenue.

Motion 021 – 2023 Commissioner Craig moved to approve the position statement regarding the Medicaid litigation and to authorize Ms. Tebo to distribute it to Volusia County Council Members. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Resolution # 2023-001 – Terminating 457(b) Plan

Ms. Tebo explained that she became aware of the 457(b) plan when she was contacted by Corebridge Financial due to a participant and former hospital employee seeking a distribution. She said she and Attorney Small researched the issue and learned the plan received employee contributions between 1992 and 1994. She said Attorney Small reviewed the hospital transfer of assets in 2000, and it did not include the 457(b) deferred compensation plan. She added that Mr. Shephard was also consulted, and there was staff agreement that the plan should be terminated by resolution.

Motion 022 – 2023 Commissioner Manning motioned to approve Resolution #2023-001 terminating the 457(b) plan. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Roll call:

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

Follow Up – Anti-Fraud Policy

Attorney Small stated he had been working on it, but he did not have a final form ready for Board consideration.

Administrator Report

Ms. Tebo updated the Board regarding Representative Barnaby's tour of the DeLand miCare Clinic, the completion of the scanning project, and the expected increase in card holders as people are terminated from Medicaid coverage as redetermination begins and continuous Medicaid ends.

Finance Report

January Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financials and estimated expenditures.

Attorney Small voiced his recent concern regarding a lack of a quorum due to two hospitalizations, and he suggested that the Board come up with a policy to continue paying bills in the unlikely event there is not a quorum at a meeting. He added that the Board might authorize an unspecified additional amount, which would be based on an average of the last three months for the funded agencies and vendors receiving regular monthly payments.

Motion 023 – 2023 Commissioner Accardi moved to approve the following:

- To authorize and warrant the payment of the bills outlined in the check register presented by James Moore & Co and estimated expenditures for the next month totaling \$1,556,317.
- In the event there is not a quorum at a meeting, an unspecified additional amount is authorized based on an average of the last three months for agencies and vendors receiving regular monthly payments.

Commissioner Craig seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small had nothing further to report.

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

Adjournment

Jennifer Coen, Chair



EBMS

March 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:

2/1/2023 to 2/28/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	9607		Charges	\$5,192,503	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,534,325	Addl Info Not Provided	-\$216,115	-4.16%
Medical	\$634,112	\$510	Allowed	\$658,178	Duplicate Charges	\$121,851	2.35%
Professional	\$281,027	\$226	less Member	\$16,247	Plan Limitations	\$971,281	18.71%
Facility	\$353,085	\$284	less Adjustments	\$7,819	Cost Savings	\$3,654,517	70.38%
PBM	\$0	\$0	Paid Benefit	\$634,112	UCR Reductions	\$103	0.00%
Total Plan Paid:	\$634,112	\$510	plus Admin Costs	\$442,788	Other	\$2,688	0.05%
			Total Plan Paid:	\$1,076,900	Total:	\$4,534,325	87.32%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
2/28/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	22	48	0	0	0	0	48	0	0
20 to 25	21	27	48	0	0	0	0	48	0	0
26 to 29	27	24	51	0	0	0	0	51	0	0
30 to 39	105	91	196	0	0	0	0	196	0	0
40 to 49	122	165	287	0	0	0	0	287	0	0
50 to 59	160	208	368	0	0	0	0	368	0	0
60 to 64	69	102	171	0	0	0	0	171	0	0
65 and Older	26	49	75	0	0	0	0	75	0	0
Totals	556	688	1244	0	0	0	0	1244	0	0
Average Age	45.79	48.64	47.37	0.00	0.00	0.00	0.00	47.37	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/28/2023	Employee	Spouse	Dependent
Adventhealth Deland	99	\$101,893	0 to 19	\$1,484	\$0	\$0
Adventhealth Fish	65	\$82,306	20 to 25	\$13,416	\$0	\$0
Halifax Hospital Medical	21	\$67,561	26 to 29	\$3,644	\$0	\$0
Florida Cancer Specialists	85	\$54,751	30 to 39	\$45,618	\$0	\$0
Medical Center Of Deltona	21	\$52,471	40 to 49	\$135,709	\$0	\$0
Deland Dialysis	48	\$40,253	50 to 59	\$267,020	\$0	\$0
6 Radiology Associates	172	\$21,541	60 to 64	\$109,467	\$0	\$0
Quest Diagnostics Tampa	315	\$18,901	65 and Older	\$57,753	\$0	\$0
Orange City Surgery	26	\$14,630	Totals	\$634,112	\$0	\$0
Orange City Surgery	20	\$10,047				

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	\$19,377	53	\$1,026,981
December 22	\$594,774	RX	\$0	0	\$0
January 23	\$600,914	Total:			\$1,026,981
February 23	\$634,112				
Total:	\$3,607,841				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

2/1/2023 to 2/28/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	2	\$959	\$959	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	83	\$11,951	\$9,656	\$2,295	\$0	\$0	\$2,295	0.36%
CHIROPRACTIC	12	\$610	\$307	\$303	\$50	\$0	\$253	0.04%
COVID-19	77	\$8,624	\$7,989	\$635	\$0	\$0	\$635	0.10%
DIALYSIS	80	\$1,130,961	\$1,087,494	\$43,467	\$0	\$0	\$43,467	6.85%
DME/APPLIANCE	13	\$4,162	\$4,162	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1303	\$894,183	\$796,734	\$97,449	\$4,250	\$0	\$93,199	14.70%
INELIGIBLE	501	\$473,132	\$473,019	\$113	\$0	\$0	\$113	0.02%
INPATIENT PHYS	210	\$50,092	\$38,533	\$11,559	\$0	\$0	\$11,559	1.82%
IP HOSP CHARGES	52	\$793,300	\$668,726	\$124,574	\$900	\$0	\$123,674	19.50%
MATERNITY	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	13	\$16,966	\$12,993	\$3,974	\$9	\$0	\$3,965	0.63%
OFFICE VISIT	874	\$107,935	\$61,051	\$46,884	\$3,940	\$0	\$42,944	6.77%
OP PHYSICIAN	208	\$132,786	\$112,924	\$19,862	\$319	\$0	\$19,543	3.08%
OTHER	242	\$0	\$0	\$0	\$0	\$7,819	-\$7,819	-1.23%
OUTPAT HOSP	8	\$4,251	\$2,180	\$2,070	\$289	\$0	\$1,781	0.28%
PSYCHIATRIC	112	\$66,251	\$57,925	\$8,326	\$480	\$0	\$7,846	1.24%
RADIATION /CHEMO	69	\$118,005	\$78,372	\$39,633	\$18	\$0	\$39,615	6.25%
SLEEP DISORDER	1	\$57	\$57	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	2	\$34,649	\$30,358	\$4,291	\$0	\$0	\$4,291	0.68%
SURG FACILITY	96	\$630,730	\$530,545	\$100,185	\$1,850	\$0	\$98,335	15.51%
SURGERY	237	\$6,965	\$563	\$6,402	\$0	\$0	\$6,402	1.01%
SURGERY IP	31	\$68,437	\$56,831	\$11,606	\$0	\$0	\$11,606	1.83%
SURGERY OP	47	\$88,922	\$75,783	\$13,140	\$0	\$0	\$13,140	2.07%
THERAPY	382	\$34,434	\$20,353	\$14,081	\$1,060	\$0	\$13,021	2.05%
URGENT CARE	10	\$2,086	\$2,009	\$77	\$25	\$0	\$52	0.01%
VISION	2	\$310	\$310	\$0	\$0	\$0	\$0	0.00%
WELLNESS	873	\$89,166	\$69,051	\$20,115	\$0	\$0	\$20,115	3.17%
XRAY/ LAB	5109	\$422,578	\$335,441	\$87,137	\$3,058	\$0	\$84,079	13.26%
Totals:	10650	\$5,192,503	\$4,534,325	\$658,178	\$16,247	\$7,819	\$634,112	



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2022 to 2/28/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	41153		Charges	\$28,881,434	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$25,145,321	Addl Info Not Provided	\$447,032	1.55%
Medical	\$3,607,841	\$580	Allowed	\$3,736,113	Duplicate Charges	\$289,785	1.00%
Professional	\$1,422,986	\$229	less Member	\$74,688	Plan Limitations	\$6,302,223	21.82%
Facility	\$2,184,855	\$351	less Adjustments	\$53,584	Cost Savings	\$18,050,055	62.50%
Other	\$0	\$0	Paid Benefit	\$3,607,841	UCR Reductions	\$1,237	0.00%
PBM	\$0	\$0	plus Admin Costs	\$1,360,837	Other	\$54,989	0.19%
Total Plan Paid:	\$3,607,841	\$580	Total Plan Paid:	\$4,968,678	Total:	\$25,145,321	87.06%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
2/28/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	22	48	0	0	0	0	48	0	0
20 to 25	21	27	48	0	0	0	0	48	0	0
26 to 29	27	24	51	0	0	0	0	51	0	0
30 to 39	105	91	196	0	0	0	0	196	0	0
40 to 49	122	165	287	0	0	0	0	287	0	0
50 to 59	160	208	368	0	0	0	0	368	0	0
60 to 64	69	102	171	0	0	0	0	171	0	0
65 and Older	26	49	75	0	0	0	0	75	0	0
Totals	556	688	1244	0	0	0	0	1244	0	0
Average Age	45.79	48.64	47.37	0.00	0.00	0.00	0.00	47.37	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/28/2023	Employee	Spouse	Dependent
Adventhealth Deland	479	\$696,058	0 to 19	\$13,217	\$0	\$0
Adventhealth Fish	401	\$509,692	20 to 25	\$91,805	\$0	\$0
Halifax Hospital Medical	80	\$469,295	26 to 29	\$26,556	\$0	\$0
Medical Center Of Deltona	115	\$323,367	30 to 39	\$240,556	\$0	\$0
Florida Cancer Specialists	487	\$310,979	40 to 49	\$964,154	\$0	\$0
Quest Diagnostics Tampa	2133	\$136,483	50 to 59	\$1,360,237	\$0	\$0
Deland Dialysis	289	\$99,989	60 to 64	\$560,374	\$0	\$0
6 Radiology Associates	786	\$98,609	65 and Older	\$350,943	\$0	\$0
Orange City Surgery	104	\$61,039	Totals	\$3,607,841	\$0	\$0
Orange City Surgery	97	\$50,414				

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	\$19,377	53	\$1,026,981
December 22	\$594,774	RX	\$0	0	\$0
January 23	\$600,914	Total:			\$1,026,981
February 23	\$634,112				
Total:	\$3,607,841				



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 2/28/2023
 Location: All
 Department: All
 Benefit Plan: All
 TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	4	\$2,400	\$1,565	\$835	\$0	\$0	\$835	0.02%
AMBULANCE	10	\$43,930	\$43,930	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	325	\$399,261	\$367,553	\$31,708	\$0	\$0	\$31,708	0.88%
CHIROPRACTIC	78	\$3,656	\$2,063	\$1,593	\$310	\$0	\$1,283	0.04%
COVID-19	172	\$38,821	\$35,803	\$3,019	\$0	\$0	\$3,019	0.08%
DIALYSIS	509	\$4,188,363	\$4,046,705	\$141,658	\$0	\$0	\$141,658	3.93%
DME/APPLIANCE	33	\$13,172	\$13,172	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	3026	\$4,335,014	\$3,997,384	\$337,630	\$14,541	\$0	\$323,089	8.96%
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	1684	\$897,372	\$897,160	\$212	\$0	\$0	\$212	0.01%
INPATIENT PHYS	1365	\$340,071	\$265,670	\$74,401	\$0	\$0	\$74,401	2.06%
IP HOSP CHARGES	367	\$8,852,178	\$7,669,002	\$1,183,176	\$7,050	\$0	\$1,176,126	32.60%
MATERNITY	13	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	140	\$73,219	\$55,587	\$17,633	\$447	\$0	\$17,186	0.48%
OFFICE VISIT	4544	\$622,062	\$374,410	\$247,652	\$20,400	\$0	\$227,252	6.30%
OP PHYSICIAN	1135	\$408,210	\$302,226	\$105,984	\$1,460	\$0	\$104,524	2.90%
OTHER	1143	\$39,724	\$39,724	\$0	\$0	\$53,584	-\$53,584	-1.49%
OUTPAT HOSP	73	\$149,168	\$133,593	\$15,574	\$1,293	\$0	\$14,281	0.40%
PRESCRIPTION	3	\$77	\$77	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	622	\$215,616	\$155,714	\$59,902	\$2,485	\$0	\$57,417	1.59%
RADIATION /CHEMO	400	\$1,087,802	\$823,055	\$264,747	\$36	\$0	\$264,711	7.34%
REHAB	2	\$51,571	\$37,241	\$14,330	\$0	\$0	\$14,330	0.40%
SLEEP DISORDER	9	\$505	\$505	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	10	\$152,252	\$132,213	\$20,039	\$0	\$0	\$20,039	0.56%
SURG FACILITY	295	\$3,111,299	\$2,585,796	\$525,502	\$6,198	\$0	\$519,304	14.39%
SURGERY	920	\$173,847	\$142,758	\$31,089	\$0	\$0	\$31,089	0.86%
SURGERY IP	128	\$204,326	\$165,150	\$39,177	\$0	\$0	\$39,177	1.09%
SURGERY OP	280	\$433,425	\$332,600	\$100,825	\$0	\$0	\$100,825	2.79%
THERAPY	1434	\$140,709	\$84,236	\$56,473	\$4,170	\$0	\$52,303	1.45%
URGENT CARE	29	\$7,739	\$6,901	\$838	\$200	\$0	\$638	0.02%
VISION	6	\$882	\$882	\$0	\$0	\$0	\$0	0.00%
WELLNESS	5533	\$383,733	\$307,177	\$76,557	\$0	\$0	\$76,557	2.12%
XRAY/ LAB	18098	\$2,472,818	\$2,087,258	\$385,560	\$16,100	\$0	\$369,461	10.24%
Totals:	42397	\$28,881,434	\$25,145,321	\$3,736,113	\$74,688	\$53,584	\$3,607,841	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2023 to 2/28/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1355	0	1355
2/1/2023	1320	0	1320
Total Member Days			1,337.50



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 2/28/2023

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
De Leon Spgs, FL	43	0	43
Debary, FL	38	0	38
Deland, FL	536	0	536
Deleon Springs, FL	17	0	17
Deltona, FL	391	0	391
Enterprise, FL	1	0	1
Lake Helen, FL	15	0	15
Orange City, FL	83	0	83
Osteen, FL	9	0	9
Pierson, FL	74	0	74
Seville, FL	29	0	29
Total	1237	0	1237



Tier Census by Product 2/1/2023

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	1237	545	692	0	0	0	0	1237
		Subtotal for Active:	1237	545	692	0	0	0	0	1237
		Total for Medical:	1237	545	692	0	0	0	0	1237

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:58:02 on 01 February 2023

Jv-1.28.5.0

Yes



Tier Census by Product 2/15/2023

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	1226	539	687	0	0	0	0	1226
		Subtotal for Active:	1226	539	687	0	0	0	0	1226
		Total for Medical:	1226	539	687	0	0	0	0	1226

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:54:50 on 15 February 2023

Jv-1.28.5.0

Yes



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 2/1/2023 to 2/28/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	2	959.00	959.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	83	11,951.40	16,137.20	-6,481.00	2,295.20	0.00	0.00	2,295.20	0.36%
CHIROPRACTIC	12	610.04	0.00	306.66	303.38	50.00	0.00	253.38	0.04%
COVID-19	77	8,623.87	2,142.70	5,845.88	635.29	0.00	0.00	635.29	0.10%
DIALYSIS	80	1,130,961.37	260,618.09	826,876.04	43,467.24	0.00	0.00	43,467.24	6.85%
DME/APPLIANCE	13	4,161.79	4,161.79	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1303	894,183.24	138,094.12	658,639.71	97,449.41	4,250.00	0.00	93,199.41	14.70%
INELIGIBLE	501	473,132.02	472,977.02	41.79	113.21	0.00	0.00	113.21	0.02%
INPATIENT PHYS	210	50,092.04	16,953.92	21,579.06	11,559.06	0.00	0.00	11,559.06	1.82%
IP HOSP CHARGES	52	793,300.11	37,721.20	631,005.28	124,573.63	900.00	0.00	123,673.63	19.50%
MATERNITY	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	13	16,966.45	219.45	12,773.34	3,973.66	8.63	0.00	3,965.03	0.63%
OFFICE VISIT	874	107,935.08	3,055.57	57,995.09	46,884.42	3,940.00	0.00	42,944.42	6.77%
OP PHYSICIAN	208	132,785.77	21,143.21	91,780.53	19,862.03	319.42	0.00	19,542.61	3.08%
OTHER	275	0.00	0.00	0.00	0.00	0.00	7,819.06	-7,819.06	-1.23%
OUTPAT HOSP	8	4,250.50	-3,436.10	5,616.59	2,070.01	288.85	0.00	1,781.16	0.28%
PSYCHIATRIC	112	66,251.46	0.00	57,925.09	8,326.37	480.00	0.00	7,846.37	1.24%
RADIATION /CHEMO	69	118,005.00	0.00	78,372.25	39,632.75	18.02	0.00	39,614.73	6.25%
SLEEP DISORDER	1	56.93	56.93	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	2	34,649.11	0.00	30,358.04	4,291.07	0.00	0.00	4,291.07	0.68%
SURG FACILITY	96	630,729.82	-60,010.55	590,555.81	100,184.56	1,850.00	0.00	98,334.56	15.51%
SURGERY	237	6,965.16	240.88	322.12	6,402.16	0.00	0.00	6,402.16	1.01%
SURGERY IP	31	68,436.96	16,599.96	40,231.33	11,605.67	0.00	0.00	11,605.67	1.83%
SURGERY OP	47	88,922.23	0.00	75,782.65	13,139.58	0.00	0.00	13,139.58	2.07%
THERAPY	382	34,434.00	180.00	20,173.43	14,080.57	1,060.00	0.00	13,020.57	2.05%
URGENT CARE	10	2,086.00	1,867.00	141.74	77.26	25.00	0.00	52.26	0.01%
VISION	2	310.00	310.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	873	89,165.84	6,720.41	62,330.66	20,114.77	0.00	0.00	20,114.77	3.17%
XRAY/ LAB	5109	422,577.98	-34,497.66	369,938.79	87,136.85	3,057.55	0.00	84,079.30	13.26%
Totals for 00532	10683	5,192,503.17	902,214.14	3,632,110.88	658,178.15	16,247.47	7,819.06	634,111.62	



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2022 to 2/28/2023

	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	0.02%
AMBULANCE	10	43,930.00	43,930.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	325	399,260.90	136,458.30	231,094.61	31,707.99	0.00	0.00	31,707.99	0.88%
CHIROPRACTIC	78	3,656.00	154.00	1,909.10	1,592.90	310.00	0.00	1,282.90	0.04%
COVID-19	172	38,821.42	11,386.45	24,416.15	3,018.82	0.00	0.00	3,018.82	0.08%
DIALYSIS	509	4,188,362.89	1,665,722.37	2,380,982.69	141,657.83	0.00	0.00	141,657.83	3.93%
DME/APPLIANCE	33	13,172.07	13,172.07	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	3026	4,335,014.26	1,570,828.16	2,426,556.15	337,629.95	14,540.66	0.00	323,089.29	8.96%
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	1684	897,371.66	896,961.71	198.41	211.54	0.00	0.00	211.54	0.01%
INPATIENT PHYS	1365	340,070.97	137,657.55	128,012.50	74,400.92	0.00	0.00	74,400.92	2.06%
IP HOSP CHARGES	367	8,852,178.00	1,826,283.70	5,842,718.68	1,183,175.62	7,050.00	0.00	1,176,125.62	32.60%
MATERNITY	13	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	140	73,219.44	5,274.48	50,312.12	17,632.84	446.98	0.00	17,185.86	0.48%
OFFICE VISIT	4544	622,061.79	66,567.08	307,843.13	247,651.58	20,400.00	0.00	227,251.58	6.30%
OP PHYSICIAN	1135	408,210.04	37,322.81	264,903.63	105,983.60	1,459.51	0.00	104,524.09	2.90%
OTHER	1249	39,724.00	39,724.00	0.00	0.00	0.00	53,583.86	-53,583.86	-1.49%
OUTPAT HOSP	73	149,167.54	-2,136.48	135,729.94	15,574.08	1,292.66	0.00	14,281.42	0.40%
PRESCRIPTION	3	76.98	76.98	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	622	215,615.72	64,459.15	91,254.35	59,902.22	2,485.00	0.00	57,417.22	1.59%
RADIATION /CHEMO	400	1,087,802.17	12,778.89	810,276.26	264,747.02	35.90	0.00	264,711.12	7.34%
REHAB	2	51,571.00	0.00	37,240.54	14,330.46	0.00	0.00	14,330.46	0.40%
SLEEP DISORDER	9	505.44	505.44	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	10	152,252.16	0.00	132,213.24	20,038.92	0.00	0.00	20,038.92	0.56%
SURG FACILITY	295	3,111,298.65	102,046.68	2,483,749.66	525,502.31	6,197.99	0.00	519,304.32	14.39%
SURGERY	920	173,846.99	1,159.27	141,598.23	31,089.49	0.00	0.00	31,089.49	0.86%
SURGERY IP	128	204,326.46	66,770.08	98,379.70	39,176.68	0.00	0.00	39,176.68	1.09%
SURGERY OP	280	433,424.78	15,425.00	317,174.61	100,825.17	0.00	0.00	100,825.17	2.79%
THERAPY	1434	140,709.07	2,285.00	81,950.88	56,473.19	4,170.00	0.00	52,303.19	1.45%
URGENT CARE	29	7,739.00	4,926.00	1,974.53	838.47	200.00	0.00	638.47	0.02%
VISION	6	882.35	882.35	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	5533	383,733.30	28,774.09	278,402.50	76,556.71	0.00	0.00	76,556.71	2.12%
XRAY/ LAB	18098	2,472,818.28	305,919.82	1,781,338.15	385,560.31	16,099.70	0.00	369,460.61	10.24%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 10:45:38 on 01 March 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2022 to 2/28/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	42503	28,881,434.33	7,093,495.95	18,051,825.00	3,736,113.38	74,688.40	53,583.86	3,607,841.12	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2022 to 2/28/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	9068	1,927,512.26	0.00	0.00	0.00	0.00	1,927,512.26
miCareDelton	7844	1,578,809.74	0.00	0.00	0.00	0.00	1,578,809.74
miCarePierse	610	101,519.12	0.00	0.00	0.00	0.00	101,519.12
N/A	71	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	17594	3,607,841.12	0.00	0.00	0.00	0.00	3,607,841.12



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 2/1/2023 to 2/28/2023

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	687	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 2/28/2023

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	3390	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/22 to 2/28/23

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
00532 - West Volusia Hospital Authority																
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
	Subtotal:	\$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	\$126,850.36	\$0.00	1555	\$360,093.37	\$0.00	739	\$487.27	\$298.89	\$16.73	\$0.00	\$171.65	\$0.00
miCareDeLand	02-2023	\$194,187.55	\$12,686.71	\$0.00	\$158,917.11	\$0.00	1966	\$365,791.37	\$0.00	727	\$503.15	\$267.11	\$17.45	\$0.00	\$218.59	\$0.00
	Subtotal:	\$1,177,158.42	\$70,035.45	\$0.00	\$680,257.54	\$0.00	9061	\$1,927,451.41	\$0.00	3726	\$517.30	\$315.93	\$18.80	\$0.00	\$182.57	\$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	1429	\$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	\$100,036.26	\$0.00	1304	\$227,810.33	\$0.00	543	\$419.54	\$214.98	\$20.33	\$0.00	\$184.23	\$0.00
miCareDelton	02-2023	\$100,452.86	\$13,599.53	\$0.00	\$131,806.59	\$0.00	1533	\$245,858.98	\$0.00	529	\$464.76	\$189.89	\$25.71	\$0.00	\$249.16	\$0.00
	Subtotal:	\$774,511.68	\$87,240.48	\$0.00	\$717,057.58	\$0.00	7806	\$1,578,809.74	\$0.00	2739	\$576.42	\$282.77	\$31.85	\$0.00	\$261.80	\$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
miCarePierse	02-2023	\$10,934.46	\$958.26	\$0.00	\$10,568.55	\$0.00	131	\$22,461.27	\$0.00	73	\$307.69	\$149.79	\$13.13	\$0.00	\$144.77	\$0.00
	Subtotal:	\$43,511.14	\$6,113.74	\$0.00	\$51,894.24	\$0.00	610	\$101,519.12	\$0.00	363	\$279.67	\$119.87	\$16.84	\$0.00	\$142.96	\$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
N/A	02-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	36	\$0.00	\$442,788.02	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	71	\$60.85	\$1,360,837.33	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$1,995,242.09	\$163,389.67	\$0.00	\$1,449,209.36	\$0.00	17549	\$3,607,841.12	\$1,360,837.33	6828	\$727.69	\$292.21	\$23.93	\$0.00	\$212.25	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2022-2/28/2023

Reporting Period: CLIENTYTD

Location: 000-zzzzz

** Census Count Comments: Membership is counted per location, per department, or per |

From: [Darik J. Croft](#)
To: [Stacy Tebo](#)
Cc: [Gretchen Soto](#); [Kristi Jones](#)
Subject: WVHA Board materials- February 2023 meeting
Date: Tuesday, March 7, 2023 12:12:49 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[WVHA Deland and Deltona - February 2023 Utilization Report\(1\).docx](#)
[WVHA Deland and Deltona - February 2023 Utilization Report\(1\).pdf](#)

Hi Stacy,

Please see attached WVHA miCare operational reports for February 2023. I will not be able to attend the Board Meeting this month due to COVID. My family and I are currently recovering from COVID and I won't be able to travel until our house hold is symptom free. Gretchen will be attending the meeting in Deltona and will be available to answer any operational questions the board may have regarding the clinics. If there are any administrative questions please send those my way and I can provide a written response back to the board. I apologize for the inconvenience but I have full confidence that Gretchen will be able to provide the insights and answers that the board may have after reviewing the materials. Below you will find key insights to the operating report, the response to the citizens comments submitted at the last board meeting as well as an update on the transition of medications pick up to Deltona. Let me know if you need anything further from me.

Key insights to the February WVHA miCare Operating Report

- Utilization is strong at both facilities at 80%
- There has been a decrease in no show percentage in Deltona from prior month 16% to 12%
 - 3-5% no show rates are average for the primary care industry
 - Continued education and patients are following through with appointments
- There were a total of 26 new patients who established in the WVHA miCare clinics in February
- There were 92 physicals that were completed for new and established patients
 - Health card members are engaging in preventative and wellness to improve overall health of the population
- Monthly cost avoided for Pharmacy Assistance Program was \$158,838

Citizens Comment- Responses

1. Noticed we had 5 open positions and 4 of them clinical. Do we conduct exit interviews? The 3 of the 5 clinical positions that are open are per diem positions (relief). These are positions that we hire to maintain continuity in patient care when our full time staff need to leave on PTO or other activities that take them out of the practice. There are some positions that are replacement because either the position wasn't a good fit for them or they found other opportunities that worked better for them and their families. We conduct exit interviews to gather information to ensure we are providing a culture where individuals feel valued and part of a team. We strive to find individuals who share in the core mission and vision of WVHA Health Card program to ensure success of the participants in the program.
2. Does miCare have anything similar to Google Review to gauge customer satisfaction in terms

of patients and employees? We conduct patient satisfaction surveys and provide the result with patient comments in the WVHA miCare quarterly operating reports. We utilize this information to improve operations and patient experience. We conduct annual reviews with our employees as well as frequent touch bases to ensure employees are valued and provided the tools and resources to do their jobs.

Update on the medication pick up in Deltona project and transition

- Currently working on procuring supplies to support the transition for compliant storage
- Currently working on developing and training of staff to take over the responsibilities of medication pick up
- Currently working on communication strategy to health card members to ensure they are aware of the change and where they can pick up medications in the future.
- Target go live date June 1, 2023
- Move updates will come as we move toward the implementation date.

We value the partnership and I apologize for not being able to attend the meeting in person but Gretchen will be able to speak to all of the above and answer any questions the board may have in reviewing the materials.

Regards,

Darik Croft

Chief Operating Officer- miCare miRx



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WVHA miCare Clinic Deland and Deltona

February 2023 Report

miCare Utilization

Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	180	145	81%	35	19%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	138	107	78%	31	22%

Deland and Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	318	252	80%	33	20%

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 80% of the available clinician capacity was used for scheduled appointments; 20% 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 - 5%
 - Deltona - 12%

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	265	66%	Schedulable patient activities
Total Labs	128	32%	Schedulable patient activities
Total Nurse Visits	9	2%	Schedulable patient activities
Total medication pick-up	418		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	30		Don't have a visit type and are not scheduled appointments
Total Visits	402		

DeLand

- There was a total of 402 clinic visits at the DeLand clinic in December with an additional 418 Medication pick-ups and an additional 30 med pick-ups from the PAP program
- There were **17 new patients** that established care at the DeLand clinic
- There were **50 Physicals** in February – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	189	64%	Schedulable patient activities
Total Labs	99	34%	Schedulable patient activities
Total Nurse Visits	6	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	11		Don't have a visit type and are not scheduled appointments
Total Visits	294		

Deltona

- There was a total of 294 clinic visits at the Deltona clinic in December with an additional 11 Medication pick-ups from the PAP program
- There were **9 new patients** that established care at the Deltona clinic
- There were **42 Physicals** in February – Male/Female Wellness – Established Patients



miCare Member Migration

February 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total	565	1,297	44%

*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-- February	
PAP Summary 01/24/2023-02/28/2023		
Application Approved	341	\$153,257
Application Pending Approval	5	\$1,748
Application Started but Not Submitted	9	\$3,833
Totals	355	\$158,838.00
	(Active Applications)	Monthly Savings for Feb 2023

Key Insights:

- **418 Medications were picked up at the DeLand site**
- **41 PAP medications were picked between the two locations**
- **341 patients have applications for pharmacy assistance programs**
- **WVHA avoided \$158,838 of cost for branded medication**
- **Projected annual cost avoided \$1,906,056.00.**



**Nurturing Families
Building Communities**

The House Next Door
*Serving
Volusia and Flagler Counties*

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

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

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

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

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



CREDIBILITY • INTEGRITY • ACHIEVEMENT



March 1, 2023

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of February there were 300 appointments to assist with new applications and 52 appointments to assist with pended applications from December-January. For a total of 352 Interviews with clients.

210 applications were submitted for verification and enrollment. Of these, 195 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 March 2023 for approval.

Of the 210 that were processed, 195 were approved and 9 were denied. There were 6 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



A Place with a Heart

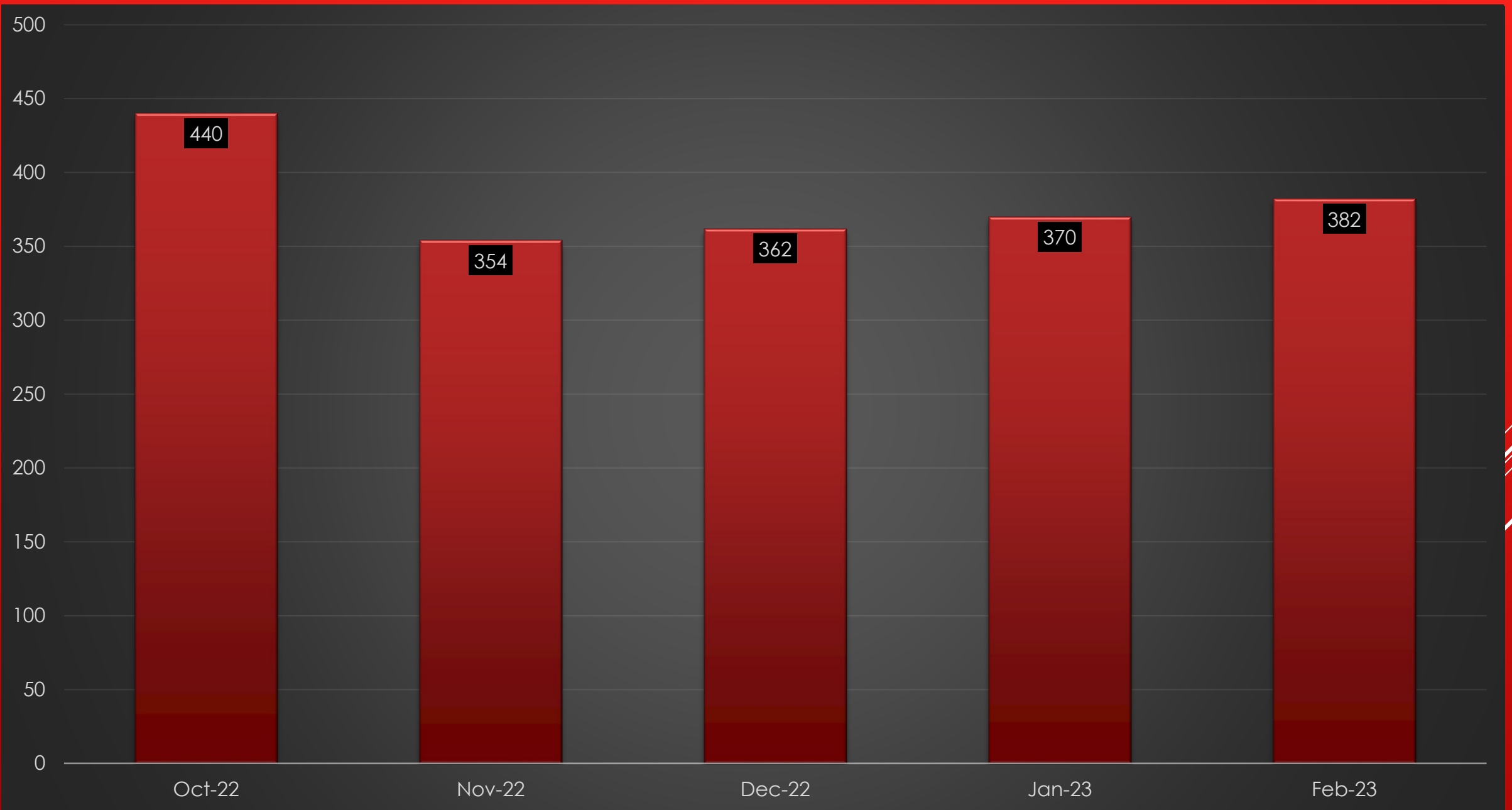
**WEST VOLUSIA HOSPITAL AUTHORITY
2022 – 2023 UTILIZATION REPORT FOR
ACCESS TO CARE PROGRAM
MARCH 17, 2023**

CASE MANAGEMENT BASED

- ▶ Medicare and Medicaid reimbursement rate for Case Management is \$61.37 per 20 minutes of service.
 - ▶ This equals \$92.05 per ½ (half hour) of service.
- ▶ Neighborhood Center provides the same Case Management services to our clients for \$25.00 per ½ (half hour) of service.

ACCESS TO CARE

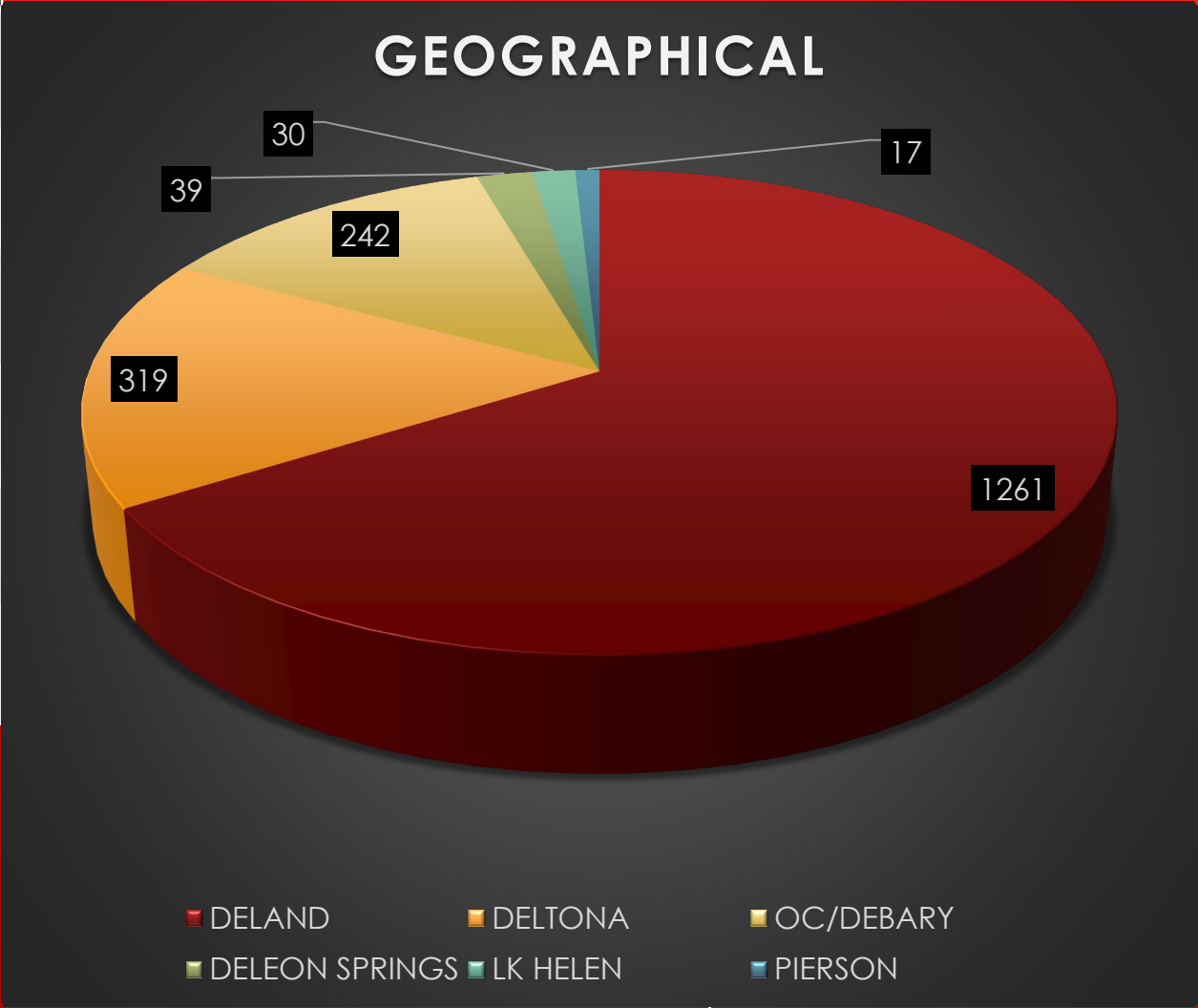




MONTHLY REFERRALS

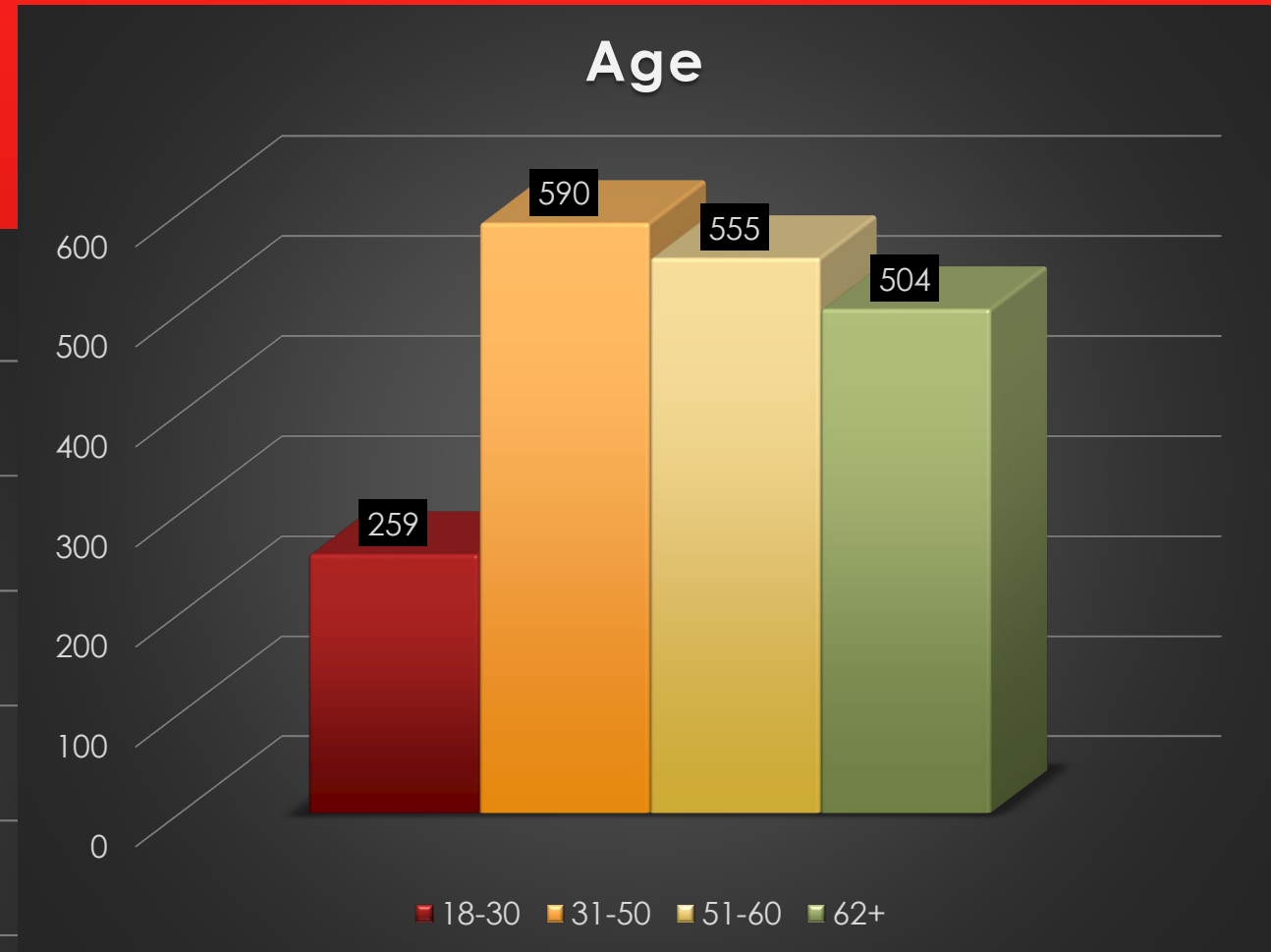
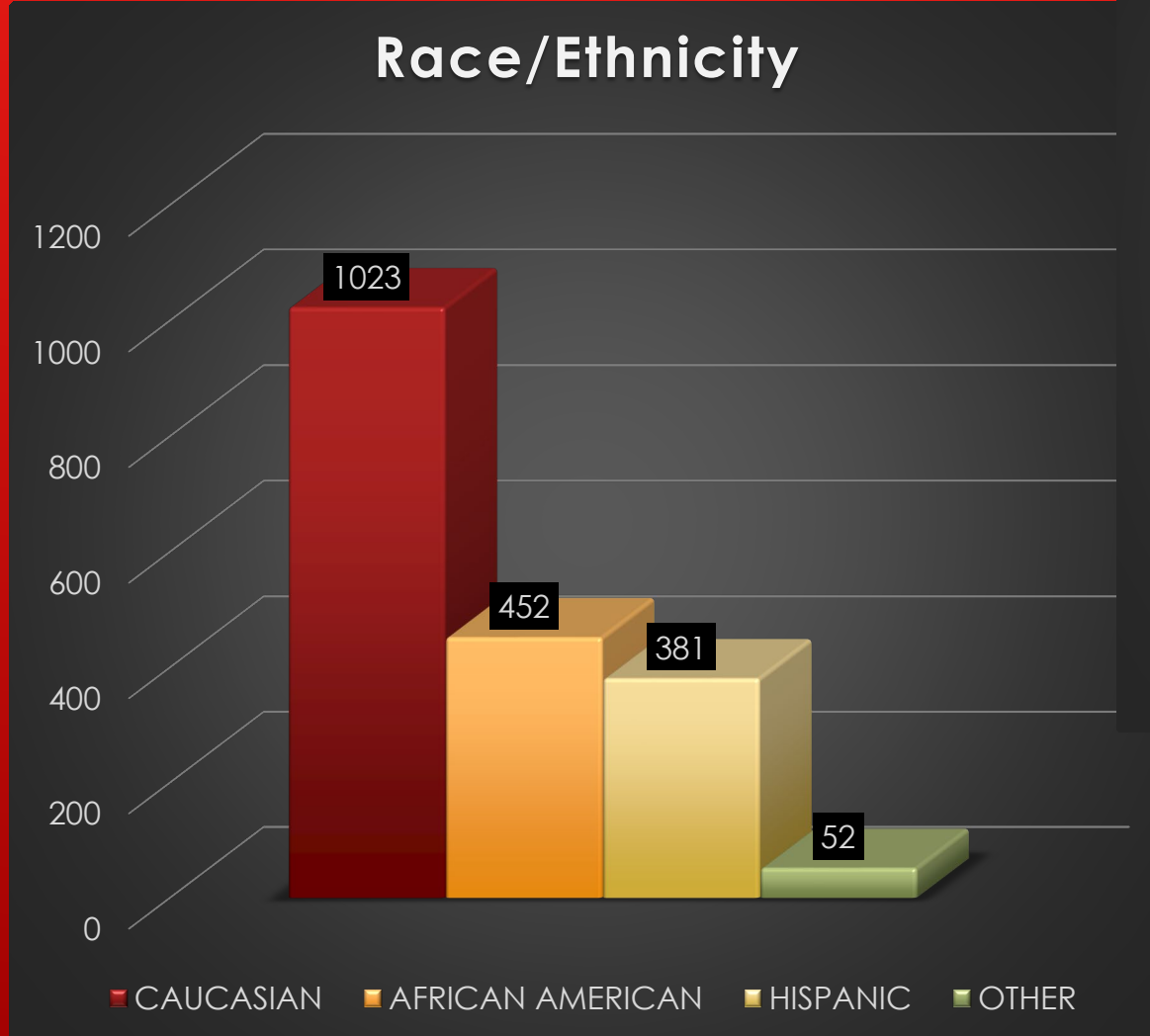
MONTH	#	\$	%
OCT	440	\$11,000	11.0
NOV	354	\$8,850	8.9
DEC	362	\$9,050	9.1
JAN	370	\$9,250	9.3
FEB	382	\$9,550	9.6
TOTAL	1908	\$47,700	47.9

UTILIZATION TO DATE
ACCESS TO CARE



CLIENT DEMOGRAPHICS

ACCESS TO CARE



MALE – 835
FEMALE – 1073

NEIGHBORHOOD CENTER PROGRAMS

Housing Programs

Emergency Shelter – 10 beds
HUD-Permanent Supportive Housing – 44 units
Family Emergency Shelter – 3 units
Joint Transitional Shelter – 8 beds
Domestic Violence Rapid Rehousing – 15 units
Seniors in Transition – 5 suites in 1 house

Bridge Shelter – 30 beds
Transitional Housing – 7 houses
NSP/HOME Programs – 9 houses
Rapid Rehousing Programs – 3
Growth and Achievement
Inmate Reintegration Program – 12 Beds

Homeless Prevention and Other Programs

Food Pantry – Non-perishable and Fresh Food
Utility Payment Assistance
Hygiene Products
Blankets and Sleeping Bags
Health Care Navigation
Lunch and Dinner Provision for All
Mercy Hour – hair cuts, hygiene products, clothes, showers, laundry, groups

Rental Payment Assistance
Bus Passes
Pet Food
Outreach Services

HOW WE IMPACT

- Assessment of Needs
- Case Management
- Support Groups
- Rapidly Rehousing
- Accountability
- Area Resources
- Cooperation
- Individual Service Plan
- Life Skills Groups
- Financial Literacy Classes
- Engagement
- Community Partners



THANK YOU



FOR HAVING IMPACT IN OUR COMMUNITY

WVHA-FDOH Dental Services Contractual Agreement Mid-year Report



Tachara Ferguson-Reid
Dental Program Manager, MPH

Our Mission

- To provide Volusia county residents exceptional patient care through the delivery of quality dental care services.

Services Provided

- Preventative (exams, x-rays, cleanings, sealants)
- Restorative (fillings, extractions)
- Education (oral hygiene instructions, nutritional and tobacco counseling)

Contract History

- FY-17/18 \$200,000 Funds exhausted
- FY-18/19 \$200,000 99% spent
- FY-19/20 \$228,000 51% spent
- FY-20/21 \$223,000 74% spent
- FY-21/22 \$150,000 88% spent
- FY-22/23 \$150,000 33% (5 months)

October 1, 2022-February 28, 2023

• Total Number of Unique Clients	130
• Total Number of Units Billed	319
• Total Number of Services	1,677
• Total Value of Services*	\$128,188.42
• Total Billed to WVHA	\$49,303.24

*value based of American Dental Association usual and customary fees

Client Comments

“Staff was friendling and polite”

“I will use the services again”

“Thank you for making me smile again”

“Without you, I wouldn't have anywhere else to go”

QUESTIONS??



West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 17, 2021

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WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

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

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

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

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

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

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

1. Residency (Article VIII).

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

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

2. Identification (Article VIII).

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

3. Income (Article IX).

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

4. Medical Coverage.

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

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

5. WVHA Affordable Care Act (ACA) Requirements

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

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

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

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

Section 2.03 Purpose

To summarize the eligibility process.

Section 2.04 Policy

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

Procedures

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

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

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

h. Available ACA Plans

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

2. Evaluation and Determination:

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

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

Article III. WVHA Application Time Standards

Section 3.01 Purpose

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

Section 3.02 Policy

Time Standards – Applications:

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

Article IV. WVHA Family Size

Section 4.01 Purpose

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

Section 4.02 Policy

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

Section 4.03 Definitions

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

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

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

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

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

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

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

Eligibility is based on the entire family unit.

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

Article V. WVHA Qualifying Levels

Section 5.01 Purpose

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

Section 5.02 Policy

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

Section 5.03 Guideline

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

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

Article VI. WVHA Termination

Section 6.01 Purpose

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

Section 6.02 Policy

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

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

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

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

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

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

Article VII. WVHA Residency

Section 7.01 Purpose

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

Section 7.02 Policy

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

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

Section 7.03 Procedures

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

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

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

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

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

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

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

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

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

Section 7.04 Definitions

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

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

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

Article VIII. WVHA Identification

Section 8.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 8.02 Policy

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

Section 8.03 Procedures

The following define acceptable documentation for proving identification.

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

Article IX. WVHA Income

Section 9.01 Purpose

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

Section 9.02 Policy

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

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

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

Section 9.03 Definitions

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

Section 9.04 Procedures

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

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

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

26. Most Recent Tax Return, 1040

27. Other income from any other source

(a) Verification of Income

1. Income verification is accomplished by submitting copies of the

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

(b) Calculation of Income

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

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

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

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

Article X. WVHA Assets

Section 10.01 Purpose

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

Section 10.02 Policy

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

Section 10.03 Procedures

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

1. Assets Excluded

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

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

2. Assets to be considered

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

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
- e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
- f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
- g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.

- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in Section 12.03.
- If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
- If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

Article XI. Appendices

Section 11.01 Appendix A – Current Federal Poverty Guidelines

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

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

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

Section 11.02 Appendix B - Asset Limits

WVHA Health Card Program

ASSET LIMITS

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

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

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

Each Additional Person \$500

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

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

West Volusia Hospital Authority Taxing District

Zip Codes

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

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



WVHA HEALTH CARD APPLICATION

Application Date:

Section 1: Applicant Information. All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

Last		First	Middle	Maiden or Other Name	
Physical Address (where you reside)					
City			County	State	Zip
Mailing Address					
City				State	Zip
How long have you lived at residence?	Temp/Perm	Rent/Own/Other	Daytime Telephone	Evening Telephone	
Date of Birth		Sex (circle one) Male Female	Social Security Number		
Previous address if less than 3 months					
City				State	Zip

Section 2: Members of the Household. List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

Name	Applying for Health Card	DOB	Relationship	SS#
1.	Yes No (circle one)			
2.	Yes No (circle one)			
3.	Yes No (circle one)			
4.	Yes No (circle one)			
5.	Yes No (circle one)			
6.	Yes No (circle one)			
7.	Yes No (circle one)			
8.	Yes No (circle one)			

Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).

All Applicants over 18 must sign below or application will be pended.

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

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

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

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

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

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date



WVHA HEALTH CARD ASSESSMENT FORM

Screened by _____
(THND Representative): _____

Instructions: Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.*

Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
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How did you hear about the WVHA Health Card Program? Check one box:

- ☐ WVHA Webpage ☐ Printed advertisement or flyer ☐ Public meeting ☐ Florida Hospital ☐ The House Next Door
☐ Rising Against All Odds ☐ The Neighborhood Center ☐ Healthy Start ☐ Hispanic Health ☐ Other

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes If Yes, please indicate Carrier and ID #: _____	<input type="checkbox"/> No
2.2 Are you eligible for COBRA Benefits from a current/prior employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Do you have Medicare A or B?	<input type="checkbox"/> Yes If Yes, please indicate which coverage you are enrolled in & effective date _____	<input type="checkbox"/> No
2.4 Do you receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes If Yes, please indicate the assistance and/or aid you receive & effective date _____	<input type="checkbox"/> No
2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident?	<input type="checkbox"/> Yes If Yes, please describe _____	<input type="checkbox"/> No

2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission

Section 3: Family Size.

3.1 Marital Status (Circle One):	Married	Separated	Divorced	Single	Widow
3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes If Yes, how many? _____	<input type="checkbox"/> No			

Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes If Yes, please provide a copy of ID	<input type="checkbox"/> No
--	---	-----------------------------

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

Non-Picture ID:

-Social Security Card

-Birth Certificate

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

Picture ID:

-Passport

-Green Card

-Form I-151

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?

☐ Yes

If Yes, please provide Property Tax Bill of current or prior year

☐ No

5.2 Do you rent?

☐ Yes

If Yes, please provide a copy of current Lease Contract or Verification of Rent Form

☐ No

5.3 Do you live in someone else's house?

☐ Yes

If Yes, please provide Verification of Support Form

☐ No

5.4 Do you consider yourself homeless?

☐ Yes

If Yes, please provide Homeless Verification Form

☐ No

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

Please circle any other proof of residency provided:

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

Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?

☐ Yes

If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form

☐ No

Employer Name

Pay Rate (circle one)

Hourly Daily Weekly Biweekly Monthly

Employer Address

City

State

Zip

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

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

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

Section 8: Assets

8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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



WVHA Homeless Verification Form

Agency Instructions: *To be printed on Agency letterhead. Please complete this form in its entirety.
Failure to provide all information on Homeless Verification Form will result in a Pended application.*

Section 1: General Information.

Date	Client Name	Date of Birth	Photo ID Number
------	-------------	---------------	-----------------

Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)

City	County	State	Zip
------	--------	-------	-----

Length of time in Volusia County

Section 3: Agency Assessment.

I, _____, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.

Agency Signature:	Date:
Client Signature:	Date:

Section 12.07 Appendix G - WVHA Verification of Support Form



WVHA Verification of Support

Instructions: Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a Pended application.

Section 1: General Information.

Date	Applicant Name	Date of Birth	Last Four Digits of SSN
------	----------------	---------------	-------------------------

Section 2: I am presently residing at.

Physical Address

City	County	State	Zip
------	--------	-------	-----

I have been residing at the above address since: _____

Section 3: My previous address was.

Address

City	County	State	Zip
------	--------	-------	-----

I lived at this previous address for: _____

Section 4: My food and/or living expenses are provided by.

Provider Name

Applicant Signature	Date
---------------------	------

Section 5: To be completed by Provider.

5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Does the applicant reside with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

- The amount listed below should be the household expenses for where the applicant resides.
- If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting.
- If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4.

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ _____

5.4 Total number of people residing in household (including the applicant) _____

5.5 In addition to the monthly household expenses, I provide \$ _____ per month to the applicant.

Provider Name	Relationship to Applicant
Provider Address	
State	Zip
Provider Phone No.	
City	

Section 6: Provider Signature & Notary.

I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.

Provider Signature:	Date:
---------------------	-------

Notary Public	Notary Public Seal:
---------------	---------------------



WVHA Verification of Rent

Instructions: Please complete this form in its entirety. *Failure to provide all information on Verification of Rent Form will result in a Pended application.*

Section 1: General Information.

Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
-------	-----------------	----------------	--------------------------

Section 2: I am presently residing at.

Physical Address			
City	County	State	Zip

2.1 The monthly rent is \$_____.

2.2 I began renting at the above location on the following date _____.

Applicant Signature	Date
---------------------	------

Section 3: Rentor/Lessor Information. Must be completed by the Rentor/Lessor

Rentor/Lessor Name	Rentor/Lessor Phone Number
--------------------	----------------------------

Rentor/Lessor Address		
City	State	Zip

Relationship to Tenant
Tenant Name

3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).

3.2 The current monthly rental rate is \$_____.

3.3 The monthly rent does / does not (circle one) include utilities.	3.4 If yes, list utilities included.
---	---

Section 4: Rentor/Lessor Signature

I, the undersigned, do hereby swear that the information contained herein is true and correct.

Rentor/Lessor Signature	Date
-------------------------	------

Section 12.09 Appendix I - ACA Pre-Qualifying Form

Affordable Care Act Enrollment Prequalifying Intake Interview 2017-18

Person Assisting _____ DATE: _____

Last Name _____ First Name _____ MI _____

Phone # _____ Zip Code _____ County _____

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

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

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

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

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

1. A Veteran? Yes___ No___ If yes, will they be willing to drop all of their coverage through VA? (If both Yes, proceed with enrollment)
2. A Native American? Yes_____ No_____ (If yes, will not qualify for subsidy.)
3. Parent of children already on Healthy Kids plan? Yes_____ No_____
4. Under age 64? Yes_____ No_____ If older, they are or soon will be covered by Medicare
5. Currently Covered by Medicaid? Yes_____ No_____
6. Do you or anyone in your household have employer coverage or been offered employer coverage? Yes___ No___ (If Yes, will not qualify for subsidy but may still shop the marketplace)
7. Do you have verifiable income? Yes___ No___ Threshold is \$11,770 for 1 person or \$15,930 for a couple.

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

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

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

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

Signature of Consumer

Signature of Person Assisting

Section 12.10 Appendix J - WVHA Self-Employment Quarterly Statement



WVHA Health Card: Self Employment Quarterly Statement

Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. *Failure to provide all information on the form will result in a Pended application.*

1. APPLICANT'S NAME: (First) (M.I.) (Last)

2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____%

3. BUSINESS OWNER NAME(S) (First) (M.I.) (Last)

4. BUSINESS NAME:

5. BUSINESS ADDRESS:

6. BUSINESS PHONE #

Section 1: -Total Gross Income- Add total monthly income and sales from your business each of the past 3 months.	MONTH 1 _____/_____ (MM) (YY)	MONTH 2 _____/_____ (MM) (YY)	MONTH 3 _____/_____ (MM) (YY)
1A: \$		2A: \$	3A: \$

Section 2: Business Expenses	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
Supplies	\$	\$	\$
Heat/Utilities/Phone			
Business property rent			
Business Equipment Rent			
Business Vehicle Expenses			
Business Taxes			
Advertising			
Insurance			
Bank Charges			
Other (specify)			
TOTAL Business Expenses	1B: \$	2B: \$	3B: \$
NET INCOME: Subtract A FROM B = C	1C: \$ (1A minus 1B)	2C: \$ (2A minus 2B)	3C: \$ (3A minus 3C)

Section 3: Calculate average monthly income

TOTAL 3 MONTHS: \$ _____ **AVERAGE 3 MONTHS:** \$ _____
(ADD 1C, 2C, 3C) (DIVIDE TOTAL 3 MONTHS BY 3)

APPLICANT SIGNATURE: Applicants must read and sign the below

I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.

Signature

Date



West Volusia Hospital Authority

March 16, 2023

Dr. Asal Johnson
340 W. Minnesota Ave.
DeLand, FL 32720

Re: Letter of Appreciation

Dear Dr. Johnson:

The WVHA Board of Commissioners would like to express its sincere appreciation for the remarkable services rendered by you as a member of the Citizens Advisory Committee (CAC).

Your dedication to the CAC and your input have been invaluable. We want to express our appreciation for all you have done on our behalf. Your efforts in volunteering with this committee impressed both the WVHA Board and your fellow CAC members.

We wish the best to you and your family in the coming years.

Sincerely,

Jennifer Coen, WVHA Chair

DELTONA CITY HALL

West Volusia

Community

Housing Fair

APRIL 15TH, 2023
10AM-2PM



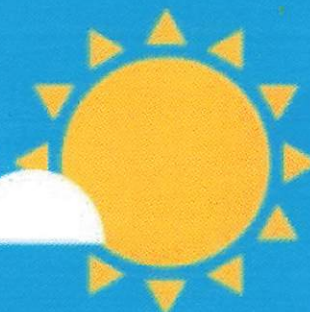
MID-FLORIDA
HOUSING PARTNERSHIP INC.



Deltona
FLORIDA



COLDWELL BANKER
REALTY



GLORY
INTERNATIONAL
REAL ESTATE



APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

NAME: Joanna Mercier_____

ADDRESS: 3990 Crestridge Dr. New Smyrna Beach, Florida 32168_____

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: I have lived in Volusia County for 39 years. I lived
in West Volusia 12 years and am currently in East Volusia. ____

HOME PHONE: NA_____CELL PHONE: 386-689-3439_____

WORK PHONE: 386-943-3102_____

EMAIL ADDRESS: joanna.mercier@yahoo.com_____

ADDITIONAL INFORMATION (COMMUNITY AFFILIATIONS,
EDUCATION, PROFESSIONAL BACKGROUND) THAT YOU FEEL
WOULD ASSIST THE BOARD OF COMMISSIONERS IN MAKING A
FINAL DETERMINATION:

I have worked in healthcare for 25 years and am currently a nurse
practitioner at AdventHealth Deland in in the Transition Care at DeLand
(TCAD) clinic which is a post-acute care clinic. Our primary goal is to
reduce the readmissions in high-risk populations which includes the
uninsured. Assisting clients in finding access to care is an important part of
this process and WVHA is an integral component. I have firsthand
knowledge of the needs of our community and feel that being a part of this
committee would allow me to further meet community needs while
ensuring fiscal responsibility of the program.

Thank you very much for your consideration.



West Volusia Hospital Authority
PO Box 940
DeLand, FL 32721-0940
386-626-4870 FAX 386-854-7618

March 7, 2023

RE: Resignation

Dear Mr. Commissioner Roger Accardi, WVHA Board, and CAC Members:

I hope this letter finds you well. I regret to inform you that I am unable to continue as a member of the Citizens Advisory Committee for the WVHA due to the change in venue location. In my email, Dec 8, 2022, I informed the administration that I was only going to be able to continue on the CAC if the meeting remained in DeLand.

Unfortunately, the new location is not feasible for me to travel to, and as a result, I will not be able to attend any further meetings or provide input to the WVHA. We have made every attempt to make the new logistics work, but I will not be able to attend the Final Ranking Meeting in Deltona, and therefore must step down. I appreciate the opportunity for the last 6 years to be a part of the committee and contribute my ideas and expertise thus far.

Please know that I remain committed to supporting the WVHA in any way possible, and I am happy to offer any assistance remotely if needed. I apologize for any inconvenience this may cause and hope that the committee will continue to thrive without my involvement.

Thank you again for including me in this important WVHA, and I wish you all the best moving forward.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jenneffer Pulapaka".

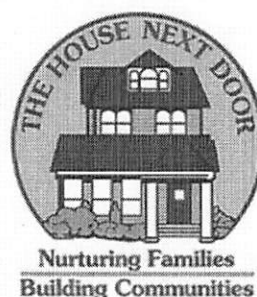
Jenneffer Pulapaka, DPM

Dr. Jenneffer Pulapaka, DPM,
DipABUM, CWSP, DABMSP, FACCS, PCWC, retd. AACFAS
Podiatric Surgeon

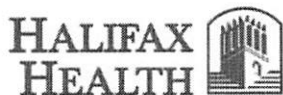
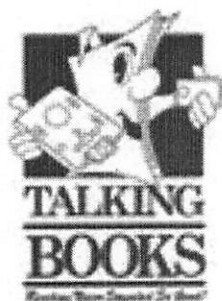
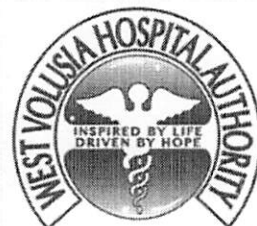
844 North Stone Street, Suite 208 DeLand, FL 32720 Phone/Fax: 386.738.3733

HEALTH RESOURCE FAIR

Learn about the health-related resources
available in West Volusia including:



Medical-Legal Partnership



MEDICAL CENTER OF DELTONA



MARCH 30, 2023

10:00 am - 2:00 pm



miCare Health Center
844 West Plymouth Ave.
DeLand, FL

From: [Theodore Small](#)
To: [Stacy Tebo](#)
Cc: [Webb Shephard](#)
Subject: WVHA--Auditor General--Draft Fraud Policy--TWS Revisions
Date: Tuesday, March 7, 2023 1:18:28 PM
Attachments: [WVHA--Auditor General--Draft Fraud Policy--TWS Revisions.pdf](#)

Stacy, I don't have any other items for a Legal Update other than the attached, which is my revision to the fraud policy that you circulated in January. I have incorporated elements from the City of DeBary and City of Deltona policies you provided as well as from the related Whistleblower policy of the Orlando Aviation Authority. As I believe you also found, the County of Volusia and City of DeLand doesn't appear to have adopted fraud policies as such.

I pre-dated the draft for approval at the May Board meeting, but the Board is not under any obligation to utilize that timeline.

Please do include this cover email in the Board packet as a summary for the Board of how this draft was developed. It definitely requires more thoughtful discussion before adoption, but I do feel comfortable that this draft is a good starting place.

Ted W. Small, Esq.
Law Office of Theodore W. Small, P.A.
PO Box 172
DeLand, FL 32721
386-740-0788 (ph)
tsmall@westvolusiahospitalauthority.org

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West Volusia Hospital Authority

Anti-Fraud Policy

Adopted 05/18/2023

BACKGROUND AND SCOPE

The objective of this policy is to advise Authority employees, contractors and funded agencies, Health Card members, Board members and members of the general public of their right to not face retaliatory action for (1) reporting violations of the law on the part of the Authority, its employees, contractors or funded agencies that creates a substantial and specific danger to the public's health, safety or welfare; or for (2) disclosing information alleging improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of the Authority, its officers, employees, contractors or funded agencies. In addition, this policy seeks to establish a procedure for receiving and investigating such reports

All with knowledge of such violations are encouraged to report suspected wrongdoing. Discouraging others from reporting would constitute a violation of this policy. It is the intent of the Authority that this policy be interpreted as consistent with enforcement of and adherence to all applicable Federal, State and Local laws, rules, regulations, and policies, including, but not limited to, the Florida Whistle-blower's Act, § 112.3187, Florida Statutes. (The Florida Whistleblower's Act prohibits the Authority from taking retaliatory action against employees who report certain types of improprieties to the Authority. The right of a Whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.)

POLICY

Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. The Administrator and Accountant will be familiar with the types of improprieties that might occur within his or her area of responsibility and be alert for any indication of irregularity. Any irregularity that is detected or suspected must be reported immediately to the Board Attorney.

ACTIONS CONSTITUTING FRAUD

Examples of actions that should be reported include, but are not limited to:

- Any dishonest or fraudulent act
- Theft of money or property
- Forgery
- Failure to provide honest information during fraud investigation
- Misappropriation of funds, securities, supplies, or other assets
- Impropriety in the handling or reporting of money or financial transactions

- Profiteering as a result of insider knowledge of company activities
- Disclosing confidential and proprietary information to outside parties
- Disclosing to other persons securities activities engaged in or contemplated by the Authority
- Misrepresentation or falsification of information concerning an injury/incident on the job
- Accepting or seeking anything of material value from contractors, vendors, or persons providing services/materials to the Authority

Exception: Gifts less than \$100 in value to the individual or any materials or services donated to the Authority regardless of value.

- Destruction, removal, or inappropriate use of records, furniture, fixtures, and equipment; and/or
- Any similar or related irregularity or any other prohibited action or conduct covered in the Code of Ethics for Public Officers.

REPORTING PROCEDURES

Anyone who discovers or suspects fraudulent activity will contact the Board Attorney immediately. Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Good faith reporting of reasonable grounds are encouraged even if the report does not result in a finding that fraud has actually occurred. However, any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as serious misconduct and could result in penalties or civil liability.

The reporting individual should be informed of the following:

- Do not contact the suspected individual in an effort to determine facts or demand restitution.
- Do not discuss the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Board Attorney.

CONFIDENTIALITY

Pursuant to Section 112.3188(1), Florida Statutes, it is the policy of the Authority to not disclose the name or identity of the person reporting information in accordance with this section absent written consent from the reporting individual or upon a determination by the Board Attorney that disclosure of the individual's identity is necessary or unavoidable. All information received by the Board Attorney related to an active investigation is confidential and exempt from disclosure under Section 119.07(1), Florida Statutes and Section 24(a), Article I, of the Florida Constitution.

INVESTIGATION RESPONSIBILITIES

The Board Attorney has the primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. Great care must be taken in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is

under way. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service or contractual relationship, position/title, or relationship to the Authority.

The Board Attorney and others that might be enlisted to assist in the investigation will have:

- Free and unrestricted access to all Authority records and premises, whether owned or rented; and
- The authority to examine, copy, and/or remove all or any portion of the contents of files, desks, cabinets, and other storage facilities on the premises without prior knowledge or consent of any individual who might use or have custody of any such items or facilities when it is within the scope of their investigation.

All inquiries concerning the activity under investigation from the suspected individual, his or her attorney or representative, or any other inquirer should be directed to the Board Attorney. No information concerning the status of an investigation will be given out. The proper response to any inquiry is: "I am not at liberty to discuss this matter." Under no circumstances should any reference be made to "the allegation," "the crime," "the fraud," "the forgery," "the misappropriation," or any other specific reference.

If the investigation substantiates that fraudulent activities have occurred, the Board Attorney will issue a report to the Board of Commissioners along with a summary of potential options for remedial action, up to including termination of employment or contractual relationship. In all cases involving monetary losses to the Authority, it is the Authority's policy to pursue recovery of such losses to the extent reasonable considering the costs. Decisions to refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made by the Board of Commissioners, as will final decisions on disposition of the case.

ADOPTED AS BOARD POLICY

West Volusia Hospital Authority Chair

Date

From: [Theodore Small](#)
To: [Stacy Tebo](#)
Cc: [Jennifer Coen](#)
Subject: FW: WVHA: Questions re: Plymouth Avenue Complex
Date: Tuesday, March 7, 2023 1:23:28 PM
Attachments: [WEST VOLUSIA PROFESSIONAL CENTER INC..pdf](#)
[Fully Executed Fourth Amendment to Covenants.pdf](#)

Please include this material in the Board meeting packet and add it to the Discussion agenda as a follow-up item.

From: Tyler Spore <tyler.spore@virtechsystems.com>
Sent: Thursday, February 16, 2023 3:11 PM
To: Theodore Small <tsmall@westvolusiahospitalauthority.org>
Cc: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Subject: Re: WVHA: Questions re: Plymouth Avenue Complex

Good Afternoon; as you mentioned in your email below, please look at our responses in red.

At its January meeting the WVHA Board directed me to follow-up and get clarification on your exchanges with its Administrator, Stacy Tebo concerning governance of the Plymouth Avenue Complex (the "Complex").

First, here's what I know already. I recall the ballot election from 2015 and your election to replace Stephen Spore on the Architectural Committee. I also recall Eileen Long circulating notice on April 21, 2021 that Tory Slaughter and Danny Trivet had been replaced by Dr. Wrable and Dr. Rawji on the Architectural Committee along with other decisions.

What isn't clear is how those 2021 replacements and renaming decisions were authorized under the recorded covenants governing the Complex. Although it certainly appears that you, along with Dr. Wrable and Dr. Rawji, own a majority of ownership interests in the complex and would certainly have the ability to control the Architectural Committee, I don't recall WVHA receiving any notice of those 2021 vacancies nor any ballot where it had an opportunity to vote on those replacements. I also don't recall receiving any explanation as to how the renaming and reauthorization of the covenant decisions (mentioned in your email below) track back to powers granted to the Architectural Committee within the recorded covenants.

Per Item 1. and Item 7. of the "Covenants, Mutual Parking

Septic Tank Agreements, and Party Wall Agreement," notice is not required as long as the majority of ownership executes the change. A *"Fourth Amendment to Covenants, Mutual Parking, and Septic Tank Agreements, and Party Wall Agreement"* were drafted, signed, and notarized replacing Dr. Slaughter and Trivett with Dr. Rawji and Dr. Wrable, in writing on April 20th, 2021. At this time, within the same document, we also chose to change the previous naming convention from the *"Architectural Committee"* to the *"Managing Committee."*

Practically, if these matters had been presented to WVHA with reasonable notice and opportunity for input I don't think the Board would have objected to these substantive outcomes. However, the Board must be able to explain to auditors its expenditure of public monies based on the recorded covenants and how those covenants indicate governance of the Complex shall be decided. This is particularly concerning now that you have directed that WVHA make payments based on a different pro-rata percentage and that WVHA redirect those payments to a new entity that cannot be tracked back to the recorded covenants.

Per Item 7. The *"Managing Committee"* by majority chose to forego paying a property manager and form the non-profit *"West Volusia Professional Center Inc."* which consists of each legally appointed member of the *"Managing Committee"* as managing members of the non-profit. That includes Dr. Rawji, Dr. Wrable, and myself. The decision was made in part to avoid the unnecessary cost burden of having to utilize and pay for a property manager and to internalize the oversight of the *"Common Area's"* day-to-day business.

Referencing the *"Covenants, Mutual Parking Septic Tank Agreements, and Party Wall Agreement,"* Item 7. A majority decision by the *"Architectural Committee,"* now the *"Managing Committee,"* is needed to make decisions

on matters related to the Common Area. Since the vacant corner lot owners are not required to contribute to the distributive "*Common Area*" expenses, and since each building owner has always paid their shared expenses at a 1/9th *per/unit* interest, we chose to reflect that in a way to simplify merely.

The responsibility to manage and maintain the "*Common Area*" falls on the "*Managing Committee*." We are working diligently to improve the complex and address issues as they arise. Legal counsel was sought prior to each decision and was always comprised of the majority.

Your board's obligation to explain the use of public monies is understood. We make a point to include everyone in the complex when upcoming changes are coming, special assessments are needed, or when problems arise.

As a majority, we decided to make some much-needed changes. We plan to continue improving the overall aesthetic of the West Volusia Professional Center Inc. and, at the same time, drive down our cost in doing so.

The "*Managing Committee's*" goal is to continue improving our shared space and maintaining the uniformity of the buildings in the complex, which is necessary to preserve the look and maintain our property value.

From your email below it appears that the Architectural Committee has obtained the assistance of an attorney concerning all these changes. If you obtained a written legal opinion that will clear up these questions, kindly forward it to me. If not, I'd very much appreciate if you or your attorney can reply with sufficient detailed explanations as to how all the changes in membership and changes in governance track back to the powers granted with the recorded covenants.

Ted, we have always been diligent and forthcoming when communicating about matters that involve the West Volusia Professional Center. Good communication has been important in solving problems such as repairs, special assessments, and other matters like arrests and trespasses. As you referenced above, the email to Eileen Long is just an example of that continued commitment. We have also spoken and emailed Gretchen Soto and Stacy Tebo as of late. Anytime matters pertaining to the "Complex" need to be addressed, we personally reach out. If there is a better way of accomplishing this, please advise.

For your edification, I have attached a copy of the Fourth Amendment to the *"Covenants, Mutual Parking, Septic Tank Agreements, and Party Wall Agreement,"* along with the Sunbiz filing for the new non-profit to assuage any further concerns.

Please let me know if I can be of any further assistance.

Regards,

Tyler Spore

Juddson "Tyler" Spore

Chief Executive Officer

VirTech Systems

858 W Plymouth Ave

Deland, FL 32720

Phone: (386) 227-6004

Email: tyler.spore@virtechsystems.com

www.virtechsystems.com

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On Fri, Feb 3, 2023 at 10:47 AM Theodore Small <tsmall@westvolusiahospitalauthority.org> wrote:

Good morning Tyler, I think you are already aware that I am the Attorney for the West Volusia Hospital Authority ("WVHA").

At its January meeting the WVHA Board directed me to follow-up and get clarification on your exchanges with its Administrator, Stacy Tebo concerning governance of the Plymouth Avenue Complex (the "Complex").

First, here's what I know already. I recall the ballot election from 2015 and your election to replace Stephen Spore on the Architectural Committee. I also recall Eileen Long circulating notice on April 21, 2021 that Tory Slaughter and Danny Trivet had been replaced by Dr. Wrable and Dr. Rawji on the Architectural Committee along with other decisions.

What isn't clear is how those 2021 replacements and renaming decisions were authorized under the recorded covenants governing the Complex. Although it certainly appears that you along with Dr. Wrable and Dr. Rawji own a majority of ownership interests in the complex and would certainly have the ability to control the Architectural Committee, I don't recall WVHA receiving any notice of those 2021 vacancies nor any ballot where it had an opportunity to vote on those replacements. I also don't recall receiving any explanation as to how the renaming and reauthorization of the covenant decisions (mentioned in your email below) track back to powers granted to the Architectural Committee within the recorded covenants.

Practically, if these matters had been presented to WVHA with reasonable notice and opportunity for input I don't think the Board would have objected to these substantive outcomes. However, the Board must be able to explain to auditors its expenditure of public monies based on the recorded covenants and how those covenants indicate governance of the Complex shall be

decided. This is particularly concerning now that you have directed that WVHA make payments based on a different pro-rata percentage and that WVHA redirect those payments to a new entity that cannot be tracked back to the recorded covenants.

From your email below it appears that the Architectural Committee has obtained the assistance of an attorney concerning all these changes. If you obtained a written legal opinion that will clear up these questions, kindly forward it to me. If not, I'd very much appreciate if you or your attorney can reply with sufficient detailed explanations as to how all the changes in membership and changes in governance track back to the powers granted with the recorded covenants.

Regards, ts

From: Tyler Spore <tyler.spore@virtechsystems.com>

Sent: Thursday, January 12, 2023 2:48 PM

To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Subject: Following-up

Good afternoon, Stacy; let me clarify this to help your meeting.

On December 7th, 2015, a vacant seat became available on the Architectural Committee. Todd Swann's office circulated a ballot to fill the vacant seat. The ballot listed the only two qualified members available to fill the vacant seat: the WVHA and J T Spore. The vote took place in September 2016, and the results were forwarded to everyone in the complex, including Ted Small.

In 2020, we hired attorney Ray Biernacki to legally assist in several matters involving the Common Area, its Covenants, and its members. At this time, Dr. Slaughter and Bee Trivett stepped down and were replaced by Dr. Wrable and Dr. Rawji. The changes to the pro-rata and other "Management Committee" related matters occurred after that.

We have already decided to renew the Covenants for another ten years.

I hope this helps.

Warmest Regards,

Juddson "Tyler" Spore

Chief Executive Officer

VirTech Systems

858 W Plymouth Ave

Deland, FL 32720

Phone: (386) 227-6004

Email: tyler.spore@virtechsystems.com

www.virtechsystems.com

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Detail by Entity Name

Florida Not For Profit Corporation
WEST VOLUSIA PROFESSIONAL CENTER INC

Filing Information

Document Number N23000000265
FEI/EIN Number NONE
Date Filed 01/05/2023
Effective Date 12/31/2022
State FL
Status ACTIVE

Principal Address

858 W. PLYMOUTH AVENUE
DELAND, FL 32720

Mailing Address

858 W. PLYMOUTH AVENUE
DELAND, FL 32720

Registered Agent Name & Address

VIRTECH SYSTEMS LLC
858 W PLYMOUTH AVENUE
DELAND, FL 32720

Officer/Director Detail

Name & Address

Title MGR

WRABLE, ROBERT
856 W. PLYMOUTH AVENUE
DELAND, FL 32720

Title MGR

RAWJI, HUSSAIN
850 W. PLYMOUTH AVENUE
DELAND, FL 32720

Title MGR

SPORE, JUDDSON T
858 W. PLYMOUTH AVENUE
DELAND, FL 32720

Annual Reports

No Annual Reports Filed

Document Images

[01/05/2023 -- Domestic Non-Profit](#)

[View image in PDF format](#)

**FOURTH AMENDMENT TO COVENANTS, MUTUAL PARKING
AND SEPTIC TANK AGREEMENTS AND PARTY WALL AGREEMENT**

This Fourth Amendment to the Covenants, Mutual Parking and Septic Tank Agreements, and Party Wall Agreement, recorded in Official Records Book 1975, Page 1189, Public Records of Volusia County, Florida, as amended by amendments recorded in Official Records Book 2220, Page 861, Official Records Book 6513, Page 80, and Official Records Book 7903, Page 4935, all in the Public Records of Volusia County, Florida and collectively referred to hereinafter as the "Covenants", is entered into by the undersigned, being a majority of the owners of the lots, as prescribed in paragraph 7 of the Covenants (the "Parties").


WHEREAS, paragraph 7 of the Covenants provides that the Covenants can be changed, in whole or in part, by a majority of the then owners of the lots; and

WHEREAS, the Covenants provide that that the real property subject to the Covenants ("Subject Property") shall be developed and managed by an Architectural Committee originally composed of Dannie W. Trivett ("Trivett"), Charles T. Slaughter, III ("Slaughter") and Stephen S. Spore ("Spore"). Spore is deceased and his successor is J.T. Spore. The Parties desire to replace Trivett and Slaughter as members of the Architectural Committee and to change the name of the Architectural Committee to the "Managing Committee".


NOW THEREFORE, the Parties hereby change the name of the Architectural Committee to the Managing Committee and name J.T. Spore, Hussain Rawji, M.D. and Robert J. Wrable, D.M.D., as the members of the Managing Committee, replacing Trivett, Slaughter and Spore. J.T. Spore, Hussain Rawji, M.D. and Robert J. Wrable, D.M.D., as the Committee Members, shall be responsible for managing the common areas of the Subject Property, for assuring the compatible and uniform development of the Subject Property, and otherwise performing the duties and responsibilities stated in the Covenants.

Signature Page to Fourth Amendment to the Covenants, Mutual Parking and Septic Tank Agreements,
and Party Wall Agreement

Signed, sealed and delivered in the presence of:



Witness



Witness

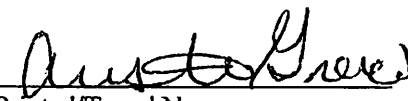
State of Florida
County of Volusia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20 day of April, 2021, by J. T. SPORE, in his capacity as Manager for DELAND REO, LLC. He is ☒ personally known to me or ☐ has produced _____ as identification.

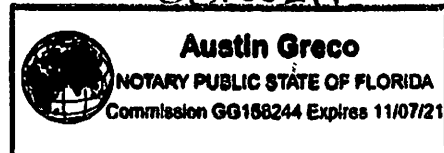
DELAND REO, LLC



By: J. T. SPORE, Manager



Printed/Typed Name: _____ (SEAL)
Notary Public-State of FL
Commission Number: GG158244



Signed, sealed and delivered in the presence of:



Witness



Witness

State of Florida
County of Volusia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20 day of April, 2021, by J. T. SPORE, in his capacity as Manager for JTS

JTS FINANCIAL LLC



By: J. T. SPORE, Manager

FINANCIAL LLC. He is ☒ personally known to me or ☐ has produced _____ as identification.

Signed, sealed and delivered in the presence of:

[Signature]
Witness

Austin Greco
Witness

State of Florida
County of Volusia

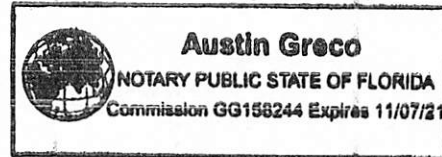
The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20 day of April, 2021, by HUSSAIN RAWJI, M.D., in his capacity as Manager for 850 W. PLYMOUTH AVE, L.L.C. He is ☐ personally known to me or ☐ has produced _____ as identification.

Signed, sealed and delivered in the presence of:

[Signature]
Witness

Austin Greco
Witness

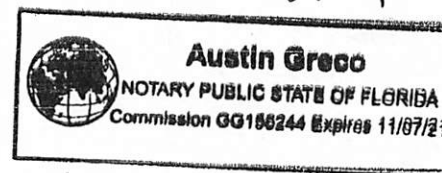
Austin Greco (SEAL)
Printed/Typed Name:
Notary Public-State of FL
Commission Number: GG158244



850 W. PLYMOUTH AVE, L.L.C.

[Signature]
By: HUSSAIN RAWJI, M.D., Manager

Austin Greco (SEAL)
Printed/Typed Name:
Notary Public-State of FL
Commission Number: GG158244



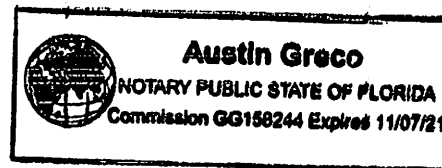
WRABLE DENTAL PLLC

[Signature]
By: ROBERT J. WRABLE, Manager

State of Florida
County of Volusia

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20 day of April, 2021, by ROBERT J. WRABLE, in his capacity as Manager for WRABLE DENTAL PLLC. He is ☐ personally known to me or ☐ has produced _____ as identification.

Austin Greco (SEAL)
Printed/Typed Name: _____
Notary Public-State of FL
Commission Number: GG158244



WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

FEBRUARY 28, 2023



ACCOUNTANTS' COMPILATION REPORT

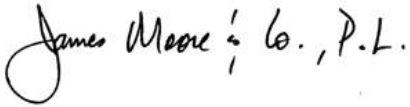
To the Board of Commissioners,
West Volusia Hospital Authority:

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 February 28, 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
March 16, 2023



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
FEBRUARY 28, 2023**

ASSETS

Ameris Bank - operating	\$ 10,833,125
Ameris Bank - MM	292,745
Ameris Bank - Medicaid MM	2,509,855
Ameris Bank - payroll	47,250
Mainstreet Community Bank - escrow	200,000
Mainstreet Community Bank - MM	1,711,559
Surety Bank - MM	7,495,787
Mainstreet Community Bank - Certificates of deposit	9,080,462
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 32,172,783</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 32,172,783</u></u>
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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 FIVE MONTHS ENDED FEBRUARY 28, 2023

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 521,915	\$ 14,091,672	\$ 15,900,000	\$ 1,808,328	89%
Interest income	37,201	94,070	45,000	(49,070)	209%
Other income	-	-	-	-	0%
Total revenues	559,116	14,185,742	15,945,000	1,759,258	89%
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	176,774	602,910			
AdventHealth	157,113	774,187			
Total hospitals	333,887	1,377,097	3,000,000	1,622,903	46%
Specialty Care Services					
Specialty Care - ER	7,195	43,403			
Specialty Care - Non-ER	293,411	1,482,029			
Total Specialty Care Services	300,606	1,525,432	3,000,000	1,474,568	51%
Emergency Room Care	70,079	308,960	1,000,000	691,040	31%
Primary Care	141,064	1,180,454	2,500,000	1,319,546	47%
Pharmacy	51,657	281,993	900,000	618,007	31%
Florida Dept of Health Dental Svcs	12,297	50,890	150,000	99,110	34%
Hispanic Health Initiatives	6,800	28,600	75,000	46,400	38%
Community Legal Services	6,526	24,430	105,794	81,364	23%
Rising Against All Odds	18,450	77,400	145,140	67,740	53%
HSCFV - Outreach	6,901	10,822	81,560	70,738	13%
HSCFV - Fam Services	803	36,057	76,331	40,274	47%
The House Next Door	2,993	11,768	60,000	48,232	20%
SMA - Homeless Program	8,378	41,889	78,336	36,447	53%
SMA - Residential Treatment	56,895	210,115	550,000	339,885	38%
SMA - Baker Act - Match	7,291	272,576	300,000	27,424	91%
H C R A - In County	-	43,761	400,000	356,239	11%
H C R A - Outside County	-	69,513	400,000	330,487	17%
The Neighborhood Center	9,250	38,150	100,000	61,850	38%
Healthy Communities Kid Care Outreach	5,042	28,640	72,202	43,562	40%
Other Healthcare Expenditures	-	-	370,000	370,000	0%
Total healthcare expenditures	1,038,919	5,618,547	13,364,363	7,745,816	42%
Personnel services					
Regular salaries and wages	5,425	27,125	65,588	38,463	41%
FICA	468	2,306	5,017	2,711	46%
Retirement	646	2,174	8,467	6,293	26%
Life and Health Insurance	951	6,512	12,000	5,488	54%
Workers Compensation Claims	-	21,757	25,000	3,243	87%
Total personnel services	7,490	59,874	116,072	56,198	52%
Other expenditures					
Legal Counsel	11,835	36,541	85,000	48,459	43%
Outside Legal Counsel	6,000	30,000	72,000	42,000	42%
Outside Legislative Advisory	6,000	30,000	72,000	42,000	42%
Audit	-	19,170	20,000	830	96%
General Accounting	9,000	45,000	108,000	63,000	42%
Application Screening - THND	37,205	179,615	447,364	267,749	40%
Application Screening - RAAO	5,376	17,856	81,452	63,596	22%
TPA Services (EBMS)	-	159,699	682,000	522,301	23%
Building Occupancy Costs	-	-	100,000	100,000	0%
Advertising	500	1,325	10,000	8,675	13%
Other Operating Expenditures	10,659	20,744	30,000	9,256	69%
Office Supplies	-	-	6,749	6,749	0%
Tax Collector & Appraiser Fee	154,932	422,862	650,000	227,138	65%
City of DeLand Tax Increment District	111,805	111,805	100,000	(11,805)	112%
Total other expenditures	353,312	1,074,617	2,464,565	1,389,948	44%
Total expenditures	1,399,721	6,753,038	15,945,000	9,191,962	42%
Excess (deficiency) of revenues over expenditures	\$ (840,605)	\$ 7,432,704	\$ -	\$ (7,432,704)	0%

See accountants' compilation report.