

West Volusia Hospital Authority
BOARD OF COMMISSIONERS and the CITIZENS ADVISORY COMMITTEE
(CAC) JOINT MEETING
April 20, 2023
DeLand City Hall
120 S. Florida Avenue, DeLand, FL
5:00 p.m.

AMENDED AGENDA

1. Call to Order Joint Meeting
2. Opening Observance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes - Regular Meeting March 16, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee, Taylor Hibel, Chair
 - A. Regular Meeting/Applicant Workshop Minutes March 7, 2023
7. Reporting Agenda
 - A. EBMS March Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona March Report - Written Submission
 1. 2023 Quarter One Report
 - C. The House Next Door March Application Processing Report
8. Discussion Items
 - A. Contractual Site Visit Review Write Up FYE 2022
 1. The House Next Door HealthCard Program
 - B. WVHA Funding Applications Received Spreadsheet 2023-2024
 - C. Approval of Estoppel Certificate for Justin Square Lease
 - D. Tentatively Scheduled Meetings 2023 (attached)
 1. Initial Budget Hearing September 6, 2023 at The Center at Deltona
 2. Final Budget Hearing September 21, 2023 at Sanborn Center
 - E. Letter of Appreciation for CAC Member Dr. Jenneffer Pulapaka
 - F. Senate Bill 1718 / House Bill 1617 and Suggested WVHA Health Card Wording Change
 - G. Supplemental Retainer Agreement with Phelps Dunbar Regarding Second County Medicaid Lawsuit
9. Follow Up Items
 - A. Anti-Fraud Policy
 - B. Eligibility Guidelines
 1. Supplemental Engagement with James Moore for Consulting Services
10. Administrator Report
11. Finance Report
 - A. March 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**

The Center at Deltona – Activity Room 1
1640 Dr. Martin Luther King Blvd., Deltona, FL
5:00 P.M.
March 16, 2023

Those in Attendance:

Commissioner Voloria Manning
Commissioner Donna Pepin
Commissioner Jennifer Coen
Commissioner Judy Craig (arrived at 5:40 p.m.)

Absent:

Commissioner Roger Accardi

CAC Members Present:

Jacquie Lewis
Christian Brown

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 Center at Deltona in Activity Room 1, located at 1640 Dr. Martin Luther King Blvd., Deltona, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:05 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Amended Agenda

Motion 024 – 2023 Commissioner Manning moved to approve the amended agenda as presented. Commissioner Pepin seconded the motion. The motion passed 3-0-2.

Consent Agenda

Approval of Minutes – Regular Meeting Minutes February 16, 2023

Motion 025 – 2023 Commissioner Manning moved to approve the Consent Agenda. Commissioner Pepin seconded the motion. The motion passed 3-0-2.

Citizen Comments

Barb Girtman spoke about substance abuse services and Foundations to Freedom.

CAC Member Jacquie Lewis informed everyone about a new bill regarding immigration (SB 1718).

**Citizens Advisory Committee (CAC) Taylor Hibel, Chair
CAC Regular/Applicant Workshop March 7, 2023 (Verbal Update)**

Ms. Tebo explained that Chair Hibel was on call at Stetson and provided an update of the recent CAC meeting.

Reporting Agenda

EBMS February Report – Written Submission

Ms. Tebo noted that EBMS shortened the report as requested to remove “Costs of Major” and “Costs of Minor” sections.

WVHA miCare Clinic DeLand/Deltona February Report – Gretchen Soto, miCare Practice Manager

Ms. Soto stated that all clinic employees were educated on the services available to card holders; the employees were emailed, and it was also discussed at staff meetings. She added that the WVHA brochures are handed out to patients in both clinics to ensure they are aware of all benefits available to them as card holders.

The House Next Door (THND) February HealthCard Application Report

The reports were received and made part of the record.

Contractual Verbal Utilization Report to the WVHA Board of Commissioners Waylan Niece, The Neighborhood Center

Mr. Niece introduced TNC’s Grant Manager, Joshua Vizcaino, to the Board to make the presentation. Mr. Vizcaino explained the presentation and answered questions from the Board and audience.

There was discussion regarding SB 1718 and its possible impact on everyone.

Tachara Ferguson-Reid, Dental Program Manager, Florida Department of Health

Ms. Ferguson Reid explained the services provided by the dental program. She gave her presentation and entertained questions. She noted there was an issue with patients missing their appointments, and transportation was often the underlying problem.

Discussion Items

Eligibility Guidelines

Terrell Irvin, Director of Client Services at The House Next Door (THND), explained the recommendations emailed earlier in the day and answered questions from the Board.

THND Chief Operating Officer Gail Hallmon noted that the Medicaid denial verbiage recommended was identical to the discussion held at the February meeting.

Attorney Small said he would look into the recommendations provided by THND, and the Board could discuss the guidelines further at the next meeting.

Letter of Appreciation for CAC Member Dr. Asal Johnson

Motion 026 – 2023 Commissioner Craig moved to approve the letter of appreciation and send it to Dr. Johnson. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

Check Pick Up by Funded Agencies (Commissioner Manning)

Commissioner Manning voiced concern regarding checks being lost in the mail and said the funded agencies should be allowed to pick up their checks. Ms. Tebo said that she would be mailing the checks approved at the meeting on Friday, and she would need to hear from anyone wanting pick up that evening.

Motion 027 – 2023 Commissioner Manning moved to allow funded agencies to pick up their checks at their own request. Commissioner Craig seconded the motion. The motion passed 4-0-1.

West Volusia Community Housing Fair at Deltona City Hall on April 15th

Ms. Tebo stated that the event is free for the WVHA to participate in, and the event will be held from 10 to 2. She added that a table would be provided, and she could display the WVHA and funded agency brochures.

Motion 028 – 2023 Commissioner Manning moved to approve WVHA participation in the West Volusia Community Housing Fair on April 15th. Commissioner Craig seconded the motion. The motion passed 4-0-1.

CAC Appointment – Commissioner Accardi – Joanna Mercier

Chair Coen noted that Dr. Jenneffer Pulapaka's resignation letter was included in the agenda packet, and Commissioner Accardi nominated Joanna Mercier for appointment to the CAC.

Motion 029 – 2023 Commissioner Pepin moved to appoint Joanna Mercier to the CAC. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Health Resource Fair on March 30th at miCare DeLand Clinic (Chair Coen)

There was discussion regarding promotion of the event and the consideration of including food in the advertisement to encourage more participation. Chair Coen volunteered to coordinate the food.

Motion 030 – 2023 Commissioner Craig moved to approve food expenses up to \$500 for the health resource fair. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Roll call:

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

Follow Up
Anti-Fraud Policy

Attorney Small stated it was a joint effort with Ms. Tebo, and they contacted multiple entities to obtain copies of their anti-fraud policies. He added that many of the contacted local governments had not adopted such policies. He said that this was a first draft for Board consideration and discussion. He said he planned on adding in an alternative reporting mechanism, and they would discuss it further at the April meeting.

West Volusia Professional Center

Attorney Small said the Board previously asked him to determine how they moved from an architectural committee to a management committee. He pointed out the information contained in the email he received from Tyler Spore, and said he had not yet responded to Mr. Spore. He suggested the language he might use in a possible response.

Motion 031 – 2023 Commissioner Pepin move to instruct Attorney Small to reply to Mr. Spore in the way he suggested. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Administrator Report

Ms. Tebo updated the Board on the statistics for the Health Resource Fair Facebook ad. She also informed the Board and audience that the website had been updated to allow applicants to fill out the health card application and the health card assessment forms online. She added that when the applicant clicks “Submit”, the information is emailed to THND.

Finance Report

February Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financials and estimated expenditures for the Board. She noted that reclassification of certain expenditures was needed because primary care is overstated, and TPA is understated.

Motion 032 – 2023 Commissioner Craig moved to approve, 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 \$1,276,930.21. Commissioner Manning 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 at 7:39 p.m.

Adjournment

Jennifer Coen, Chair

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
THE CHISHOLM CENTER
520 S. CLARA AVENUE DELAND, FL
MARCH 7, 2023 - 5:30 PM
MINUTES**

CAC Members/Attendance:

Lyda Kiser
Christian Brown
Taylor Hibel
Jacquie Lewis
Patrick Rogers (arrived at 5:35 p.m.)
Lorna Owens
Maria Valdivia

Absent:

Ella Ran (Excused)
Althea King (Excused)

Others Present:

Commissioner Jennifer Coen
Commissioner Voloria Manning
WVHA Administrator Stacy Tebo

Call to Order / Opening Observance

Chair Hibel called the CAC Meeting to order at 5:32 p.m. and established that there was a quorum present. The meeting began with The Pledge of Allegiance and a moment of silence.

Approval of Agenda

Member Kiser moved to approve the agenda. Member Lewis seconded the motion. The motion passed by a 6-0-3 vote.

CAC Organization/Orientation Meeting Minutes February 7, 2023

Member Lewis moved to approve the agenda. Member Kiser seconded the motion. The motion passed by a 6-0-3 vote

Citizens Comments

Barb Girtman introduced Foundations to Freedom Executive Director Katherine Russell and said they received a WVHA application to apply for funding this year. Ms. Girtman invited the CAC Members to tour the facility located at 339 E. New York Avenue on Friday, March 17th at 2:00 p.m.

Ms. Russell explained the services that Foundations to Freedom provides to individuals who are seeking recovery from the disease of addiction. She added that they aim to help people maintain sustained recovery, grow personally, and become productive members of society.

CAC Members posed questions to Ms. Russell regarding the staff and halfway houses that they operate. She stated they have 53 beds in seven houses in DeLand.

CAC Review/Overview of Funding Application
Non-Primary Care Funding Application
CAC Ranking Sheet
Funding Application Calendar
Steps in Funding Review Process

Ms. Tebo noted the application remains the same as the previous year, but the dates have been updated. She stated the due date is noon on April 6th. She added that the application is available on the WVHA website, and may be downloaded in Word. She said she would email the application to the WVHA Board Members and the CAC members.

There was a question from the audience regarding the number of applicants in 2022 and the number of funded applications. Ms. Tebo replied that all agencies that applied last year were funded and listed the agencies on the ranking sheet. She told the CAC members that the ranking sheet to be used this year would look the same as the one in their packets.

Current Funding Agreements & Adopted Budget Emailed 2/20/23

Ms. Tebo stated that she emailed the agreements and budget to the members for reference.

Applicant Workshop - Question & Answer Session Between
Applicants and CAC Members

William Feyk of Good Samaritan Clinic explained the free services that the non-profit organization provides. He stated that all medical care, dental care, medications, diabetic counseling and mental health counseling is free of charge to their qualified patients. He explained that patient incomes must be at or below 200% of the Federal Poverty Level. He elaborated on the Elder Services support program begun in 2019 that provides free dentures, glasses, and hearing aids to qualified patients that are 55 and older and have limited income and no insurance. He noted that his organization worked with the WVHA in the past.

CAC Comments

Adjournment

There being no further business before the Committee, the meeting was adjourned at 6:13 p.m.

Taylor Hibel, CAC Chair



EBMS

April 20, 2023

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

3/1/2023 to 3/31/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	10594		Charges	\$6,766,066	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$5,747,931	Duplicate Charges	\$352,158	5.20%
Medical	\$1,002,816	\$797	Allowed	\$1,018,135	Plan Limitations	-\$157,992	-2.34%
Professional	\$397,669	\$316	less Member	\$19,926	Cost Savings	\$5,546,742	81.98%
Facility	\$605,147	\$481	less Adjustments	-\$4,608	UCR Reductions	\$244	0.00%
PBM	\$0	\$0	Paid Benefit	\$1,002,816	Other	\$6,780	0.10%
Vision	\$0	\$0	plus Admin Costs	\$273,299	Total:	\$5,747,931	84.95%
Total Plan Paid:	\$1,002,816	\$797	Total Plan Paid:	\$1,276,115			

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	28	22	50	0	0	0	0	50	0	0
20 to 25	18	25	43	0	0	0	0	43	0	0
26 to 29	27	26	53	0	0	0	0	53	0	0
30 to 39	103	92	195	0	0	0	0	195	0	0
40 to 49	130	166	296	0	0	0	0	296	0	0
50 to 59	169	214	383	0	0	0	0	383	0	0
60 to 64	70	97	167	0	0	0	0	167	0	0
65 and Older	26	46	72	0	0	0	0	72	0	0
Totals	571	688	1259	0	0	0	0	1259	0	0
Average Age	46.04	48.49	47.38	0.00	0.00	0.00	0.00	47.38	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2023	Employee	Spouse	Dependent
Halifax Hospital Medical	15	\$168,104	0 to 19	\$14,192	\$0	\$0
Adventhealth Fish	79	\$145,129	20 to 25	\$21,214	\$0	\$0
Adventhealth Deland	125	\$130,476	26 to 29	\$15,794	\$0	\$0
Florida Cancer Specialists	145	\$80,708	30 to 39	\$49,955	\$0	\$0
Deland Dialysis	140	\$64,420	40 to 49	\$287,633	\$0	\$0
Medical Center Of Deltona	26	\$57,547	50 to 59	\$416,332	\$0	\$0
Gastroenterology Of	100	\$23,727	60 to 64	\$109,327	\$0	\$0
Quest Diagnostics Tampa	397	\$21,843	65 and Older	\$88,369	\$0	\$0
6 Radiology Associates	159	\$19,338	Totals	\$1,002,816	\$0	\$0
Orange City Dialysis	18	\$15,094				

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	\$20,523	55	\$1,128,765
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,128,765
March 23	\$1,002,816				
Total:	\$4,610,657				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

3/1/2023 to 3/31/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$690	\$460	\$230	\$0	\$0	\$230	0.02%
AMBULANCE	3	\$3,567	\$3,567	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	112	\$174,294	\$147,120	\$27,174	\$0	\$0	\$27,174	2.71%
CHIROPRACTIC	4	\$284	\$156	\$127	\$10	\$0	\$117	0.01%
COVID-19	47	\$16,104	\$13,512	\$2,592	\$0	\$0	\$2,592	0.26%
DIALYSIS	201	\$891,114	\$805,200	\$85,914	\$0	\$0	\$85,914	8.57%
DME/APPLIANCE	13	\$1,925	\$1,925	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	584	\$942,202	\$849,242	\$92,960	\$4,250	\$0	\$88,710	8.85%
HOME HEALTH CARE	2	\$444	\$444	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	1	\$18,087	\$18,087	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	546	\$226,213	\$226,019	\$194	\$0	\$0	\$194	0.02%
INPATIENT PHYS	366	\$103,575	\$77,251	\$26,324	\$0	\$0	\$26,324	2.62%
IP HOSP CHARGES	87	\$2,051,778	\$1,786,695	\$265,083	\$1,600	\$0	\$263,483	26.27%
MEDICAL MISC	43	\$26,989	\$23,121	\$3,869	\$106	\$0	\$3,763	0.38%
OFFICE VISIT	1001	\$156,013	\$91,480	\$64,533	\$5,640	\$0	\$58,893	5.87%
OP PHYSICIAN	299	\$62,169	\$35,331	\$26,839	\$421	\$0	\$26,418	2.63%
OTHER	271	\$0	\$0	\$0	\$0	-\$4,608	\$4,608	0.46%
OUTPAT HOSP	15	\$13,688	\$13,486	\$202	\$102	\$0	\$100	0.01%
PSYCHIATRIC	139	\$77,033	\$58,786	\$18,247	\$585	\$0	\$17,662	1.76%
RADIATION /CHEMO	91	\$174,040	\$108,323	\$65,717	\$0	\$0	\$65,717	6.55%
SLEEP DISORDER	1	\$57	\$57	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	5	\$300	-\$4,031	\$4,331	\$5	\$0	\$4,326	0.43%
SURG FACILITY	105	\$959,598	\$785,219	\$174,379	\$1,700	\$0	\$172,679	17.22%
SURGERY	251	\$73,155	\$66,025	\$7,130	\$0	\$0	\$7,130	0.71%
SURGERY IP	31	\$51,988	\$45,296	\$6,692	\$0	\$0	\$6,692	0.67%
SURGERY OP	37	\$53,158	\$40,509	\$12,649	\$0	\$0	\$12,649	1.26%
THERAPY	416	\$40,405	\$25,873	\$14,532	\$1,250	\$0	\$13,282	1.32%
URGENT CARE	6	\$1,442	\$1,006	\$436	\$123	\$0	\$313	0.03%
VISION	6	\$931	\$931	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1077	\$49,705	\$38,907	\$10,798	\$0	\$0	\$10,798	1.08%
XRAY/ LAB	5823	\$595,118	\$487,934	\$107,184	\$4,135	\$0	\$103,050	10.28%
Totals:	11584	\$6,766,066	\$5,747,931	\$1,018,135	\$19,926	-\$4,608	\$1,002,816	



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 3/31/2023
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	53115		Charges	\$35,647,500	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$30,893,251	Addl Info Not Provided	\$447,032	1.25%
Medical	\$4,610,657	\$610	Allowed	\$4,754,249	Duplicate Charges	\$641,943	1.80%
Professional	\$1,820,655	\$241	less Member	\$94,615	Plan Limitations	\$6,144,231	17.24%
Facility	\$2,790,002	\$369	less Adjustments	\$48,976	Cost Savings	\$23,596,797	66.19%
Other	\$0	\$0	Paid Benefit	\$4,610,657	UCR Reductions	\$1,480	0.00%
PBM	\$0	\$0	plus Admin Costs	\$1,634,136	Other	\$61,768	0.17%
Vision	\$0	\$0	Total Plan Paid:	\$6,244,793	Total:	\$30,893,251	86.66%
Total Plan Paid:	\$4,610,657	\$610					

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	28	22	50	0	0	0	0	50	0	0
20 to 25	18	25	43	0	0	0	0	43	0	0
26 to 29	27	26	53	0	0	0	0	53	0	0
30 to 39	103	92	195	0	0	0	0	195	0	0
40 to 49	130	166	296	0	0	0	0	296	0	0
50 to 59	169	214	383	0	0	0	0	383	0	0
60 to 64	70	97	167	0	0	0	0	167	0	0
65 and Older	26	46	72	0	0	0	0	72	0	0
Totals	571	688	1259	0	0	0	0	1259	0	0
Average Age	46.04	48.49	47.38	0.00	0.00	0.00	0.00	47.38	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2023	Employee	Spouse	Dependent
Adventhealth Deland	604	\$826,534	0 to 19	\$27,409	\$0	\$0
Adventhealth Fish	480	\$654,821	20 to 25	\$112,861	\$0	\$0
Halifax Hospital Medical	95	\$637,399	26 to 29	\$42,508	\$0	\$0
Florida Cancer Specialists	632	\$391,687	30 to 39	\$290,032	\$0	\$0
Medical Center Of Deltona	141	\$380,913	40 to 49	\$1,247,399	\$0	\$0
Deland Dialysis	429	\$164,409	50 to 59	\$1,778,778	\$0	\$0
Quest Diagnostics Tampa	2530	\$158,326	60 to 64	\$670,765	\$0	\$0
6 Radiology Associates	945	\$117,947	65 and Older	\$440,905	\$0	\$0
Orange City Surgery	124	\$70,683	Totals	\$4,610,657	\$0	\$0
Gastroenterology Of	453	\$65,459				

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	\$20,523	55	\$1,128,765
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,128,765
March 23	\$1,002,816				
Total:	\$4,610,657				



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 3/31/2023
 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	5	\$3,090	\$2,026	\$1,064	\$0	\$0	\$1,064	0.02%
AMBULANCE	13	\$47,497	\$47,497	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	437	\$573,555	\$514,673	\$58,882	\$0	\$0	\$58,882	1.28%
CHIROPRACTIC	82	\$3,940	\$2,219	\$1,720	\$320	\$0	\$1,400	0.03%
COVID-19	219	\$54,925	\$49,314	\$5,611	\$0	\$0	\$5,611	0.12%
DIALYSIS	710	\$5,079,477	\$4,851,905	\$227,572	\$0	\$0	\$227,572	4.94%
DME/APPLIANCE	46	\$15,097	\$15,097	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	3610	\$5,277,216	\$4,846,626	\$430,590	\$18,791	\$0	\$411,799	8.93%
HOME HEALTH CARE	7	\$23,655	\$23,655	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	3	\$18,087	\$18,087	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	2230	\$1,123,585	\$1,123,179	\$406	\$0	\$0	\$406	0.01%
INPATIENT PHYS	1731	\$443,646	\$342,921	\$100,725	\$0	\$0	\$100,725	2.18%
IP HOSP CHARGES	454	\$10,903,956	\$9,455,697	\$1,448,259	\$8,650	\$0	\$1,439,609	31.22%
MATERNITY	13	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	183	\$100,209	\$78,707	\$21,502	\$553	\$0	\$20,948	0.45%
OFFICE VISIT	5545	\$778,075	\$465,890	\$312,185	\$26,040	\$0	\$286,145	6.21%
OP PHYSICIAN	1434	\$470,379	\$337,557	\$132,822	\$1,880	\$0	\$130,942	2.84%
OTHER	1413	\$39,724	\$39,724	\$0	\$0	\$48,976	-\$48,976	-1.06%
OUTPAT HOSP	88	\$162,856	\$147,080	\$15,776	\$1,394	\$0	\$14,382	0.31%
PRESCRIPTION	3	\$77	\$77	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	761	\$292,649	\$214,500	\$78,149	\$3,070	\$0	\$75,079	1.63%
RADIATION /CHEMO	491	\$1,261,842	\$931,379	\$330,464	\$36	\$0	\$330,428	7.17%
REHAB	2	\$51,571	\$37,241	\$14,330	\$0	\$0	\$14,330	0.31%
SLEEP DISORDER	10	\$562	\$562	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	15	\$152,552	\$128,182	\$24,370	\$5	\$0	\$24,365	0.53%
SURG FACILITY	400	\$4,070,896	\$3,371,015	\$699,881	\$7,898	\$0	\$691,983	15.01%
SURGERY	1171	\$247,002	\$208,782	\$38,220	\$0	\$0	\$38,220	0.83%
SURGERY IP	159	\$256,314	\$210,446	\$45,868	\$0	\$0	\$45,868	0.99%
SURGERY OP	317	\$486,583	\$373,109	\$113,474	\$0	\$0	\$113,474	2.46%
THERAPY	1850	\$181,114	\$110,108	\$71,005	\$5,420	\$0	\$65,585	1.42%
URGENT CARE	35	\$9,181	\$7,907	\$1,274	\$323	\$0	\$951	0.02%
VISION	12	\$1,813	\$1,813	\$0	\$0	\$0	\$0	0.00%
WELLNESS	6610	\$433,438	\$346,083	\$87,355	\$0	\$0	\$87,355	1.89%
XRAY/ LAB	23921	\$3,067,936	\$2,575,192	\$492,745	\$20,234	\$0	\$472,510	10.25%
Totals:	53980	\$35,647,500	\$30,893,251	\$4,754,249	\$94,615	\$48,976	\$4,610,657	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2023 to 3/31/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1356	0	1356
2/1/2023	1335	0	1335
3/1/2023	1349	0	1349
Total Member Days			
1,346.67			



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 3/31/2023

City, State	Employee Count	Dependent Count	Total Count
De Leon Spgs, FL	48	0	48
Debary, FL	40	0	40
Deland, FL	550	0	550
Deleon Springs, FL	20	0	20
Deltona, FL	385	0	385
Enterprise, FL	1	0	1
Lake Helen, FL	16	0	16
Orange City, FL	85	0	85
Osteen, FL	9	0	9
Pierson, FL	75	0	75
Seville, FL	30	0	30
Total	1259	0	1259



Tier Census by Product 3/1/2023

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	1228	547	681	0	0	0	0	1228
		Subtotal for Active:	1228	547	681	0	0	0	0	1228
		Total for Medical:	1228	547	681	0	0	0	0	1228

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:59:06 on 01 March 2023



Tier Census by Product 3/15/2023

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	1246	558	688	0	0	0	0	1246
		Subtotal for Active:	1246	558	688	0	0	0	0	1246
		Total for Medical:	1246	558	688	0	0	0	0	1246

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:24 on 15 March 2023

Jv-1.28.5.0

Yes



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 3/1/2023 to 3/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	690.00	0.00	460.23	229.77	0.00	0.00	229.77	0.02%
AMBULANCE	3	3,567.00	3,567.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	112	174,294.20	28,014.00	119,106.34	27,173.86	0.00	0.00	27,173.86	2.71%
CHIROPRACTIC	4	283.70	0.00	156.25	127.45	10.00	0.00	117.45	0.01%
COVID-19	47	16,103.61	1,544.05	11,967.63	2,591.93	0.00	0.00	2,591.93	0.26%
DIALYSIS	201	891,114.05	-757,971.56	1,563,171.64	85,913.97	0.00	0.00	85,913.97	8.57%
DME/APPLIANCE	13	1,925.14	1,925.14	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	584	942,201.79	120,377.70	728,864.19	92,959.90	4,250.00	0.00	88,709.90	8.85%
HOME HEALTH CARE	2	444.33	444.00	0.33	0.00	0.00	0.00	0.00	0.00%
HOSPICE CARE	1	18,086.85	18,086.85	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	546	226,213.04	225,731.45	287.52	194.07	0.00	0.00	194.07	0.02%
INPATIENT PHYS	366	103,575.00	27,610.00	49,641.14	26,323.86	0.00	0.00	26,323.86	2.62%
IP HOSP CHARGES	87	2,051,777.80	570,163.20	1,216,531.63	265,082.97	1,600.00	0.00	263,482.97	26.27%
MEDICAL MISC	43	26,989.26	2,552.26	20,568.30	3,868.70	106.07	0.00	3,762.63	0.38%
OFFICE VISIT	1001	156,013.02	4,301.30	87,178.68	64,533.04	5,640.00	0.00	58,893.04	5.87%
OP PHYSICIAN	299	62,169.22	-103,144.74	138,475.38	26,838.58	420.96	0.00	26,417.62	2.63%
OTHER	307	0.00	0.00	0.00	0.00	0.00	-4,607.59	4,607.59	0.46%
OUTPAT HOSP	15	13,688.05	-14,044.72	27,531.01	201.76	101.68	0.00	100.08	0.01%
PSYCHIATRIC	139	77,032.93	388.63	58,397.39	18,246.91	585.00	0.00	17,661.91	1.76%
RADIATION /CHEMO	91	174,040.00	0.00	108,323.42	65,716.58	0.00	0.00	65,716.58	6.55%
SLEEP DISORDER	1	56.93	56.93	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	5	300.00	0.00	-4,031.39	4,331.39	5.00	0.00	4,326.39	0.43%
SURG FACILITY	105	959,597.59	136,347.45	648,871.36	174,378.78	1,700.00	0.00	172,678.78	17.22%
SURGERY	251	73,155.32	0.00	66,024.88	7,130.44	0.00	0.00	7,130.44	0.71%
SURGERY IP	31	51,987.99	20,154.75	25,141.58	6,691.66	0.00	0.00	6,691.66	0.67%
SURGERY OP	37	53,158.14	0.00	40,509.06	12,649.08	0.00	0.00	12,649.08	1.26%
THERAPY	416	40,404.71	3,076.00	22,796.62	14,532.09	1,250.00	0.00	13,282.09	1.32%
URGENT CARE	6	1,442.00	0.00	1,006.35	435.65	123.06	0.00	312.59	0.03%
VISION	6	931.00	931.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1077	49,705.11	-564.99	39,471.74	10,798.36	0.00	0.00	10,798.36	1.08%
XRAY/ LAB	5823	595,117.87	-3,617.73	491,551.28	107,184.32	4,134.60	0.00	103,049.72	10.28%
Totals for 00532	11620	6,766,065.65	285,927.97	5,462,002.56	1,018,135.12	19,926.37	-4,607.59	1,002,816.34	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 14:20:37 on 01 April 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2022 to 3/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	5	3,090.00	0.00	2,025.51	1,064.49	0.00	0.00	1,064.49	0.02%
AMBULANCE	13	47,497.00	47,497.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	437	573,555.10	164,472.30	350,200.95	58,881.85	0.00	0.00	58,881.85	1.28%
CHIROPRACTIC	82	3,939.70	154.00	2,065.35	1,720.35	320.00	0.00	1,400.35	0.03%
COVID-19	219	54,925.03	12,930.50	36,383.78	5,610.75	0.00	0.00	5,610.75	0.12%
DIALYSIS	710	5,079,476.94	907,750.81	3,944,154.33	227,571.80	0.00	0.00	227,571.80	4.94%
DME/APPLIANCE	46	15,097.21	15,097.21	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	3610	5,277,216.05	1,691,205.86	3,155,420.34	430,589.85	18,790.66	0.00	411,799.19	8.93%
HOME HEALTH CARE	7	23,655.33	23,625.00	30.29	0.04	0.00	0.00	0.04	0.00%
HOSPICE CARE	3	18,086.85	18,086.85	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	2230	1,123,584.70	1,122,693.16	485.93	405.61	0.00	0.00	405.61	0.01%
INPATIENT PHYS	1731	443,645.97	165,267.55	177,653.64	100,724.78	0.00	0.00	100,724.78	2.18%
IP HOSP CHARGES	454	10,903,955.80	2,396,446.90	7,059,250.31	1,448,258.59	8,650.00	0.00	1,439,608.59	31.22%
MATERNITY	13	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	183	100,208.70	7,826.74	70,880.42	21,501.54	553.05	0.00	20,948.49	0.45%
OFFICE VISIT	5545	778,074.81	70,868.38	395,021.81	312,184.62	26,040.00	0.00	286,144.62	6.21%
OP PHYSICIAN	1434	470,379.26	-65,821.93	403,379.01	132,822.18	1,880.47	0.00	130,941.71	2.84%
OTHER	1556	39,724.00	39,724.00	0.00	0.00	0.00	48,976.27	-48,976.27	-1.06%
OUTPAT HOSP	88	162,855.59	-16,181.20	163,260.95	15,775.84	1,394.34	0.00	14,381.50	0.31%
PRESCRIPTION	3	76.98	76.98	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	761	292,648.65	64,847.78	149,651.74	78,149.13	3,070.00	0.00	75,079.13	1.63%
RADIATION /CHEMO	491	1,261,842.17	12,778.89	918,599.68	330,463.60	35.90	0.00	330,427.70	7.17%
REHAB	2	51,571.00	0.00	37,240.54	14,330.46	0.00	0.00	14,330.46	0.31%
SLEEP DISORDER	10	562.37	562.37	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	15	152,552.16	0.00	128,181.85	24,370.31	5.00	0.00	24,365.31	0.53%
SURG FACILITY	400	4,070,896.24	238,394.13	3,132,621.02	699,881.09	7,897.99	0.00	691,983.10	15.01%
SURGERY	1171	247,002.31	1,159.27	207,623.11	38,219.93	0.00	0.00	38,219.93	0.83%
SURGERY IP	159	256,314.45	86,924.83	123,521.28	45,868.34	0.00	0.00	45,868.34	0.99%
SURGERY OP	317	486,582.92	15,425.00	357,683.67	113,474.25	0.00	0.00	113,474.25	2.46%
THERAPY	1850	181,113.78	5,361.00	104,747.50	71,005.28	5,420.00	0.00	65,585.28	1.42%
URGENT CARE	35	9,181.00	4,926.00	2,980.88	1,274.12	323.06	0.00	951.06	0.02%
VISION	12	1,813.35	1,813.35	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	6610	433,438.41	28,209.10	317,874.24	87,355.07	0.00	0.00	87,355.07	1.89%
XRAY/ LAB	23921	3,067,936.15	302,302.09	2,272,889.43	492,744.63	20,234.30	0.00	472,510.33	10.25%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 14:27:52 on 01 April 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2022 to 3/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	54123	35,647,499.98	7,379,423.92	23,513,827.56	4,754,248.50	94,614.77	48,976.27	4,610,657.46	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 3/1/2023 to 3/31/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	2485	461,346.10	0.00	0.00	0.00	0.00	461,346.10
miCareDelton	1700	472,409.97	0.00	0.00	0.00	0.00	472,409.97
miCarePierse	189	69,060.27	0.00	0.00	0.00	0.00	69,060.27
N/A	31	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	4406	1,002,816.34	0.00	0.00	0.00	0.00	1,002,816.34



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2022 to 3/31/2023

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
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	11553	2,388,858.36	0.00	0.00	0.00	0.00	2,388,858.36
miCareDelton	9544	2,051,219.71	0.00	0.00	0.00	0.00	2,051,219.71
miCarePierse	799	170,579.39	0.00	0.00	0.00	0.00	170,579.39
N/A	102	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	22000	4,610,657.46	0.00	0.00	0.00	0.00	4,610,657.46



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 3/1/2023 to 3/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	709	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 3/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	4099	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/22 to 3/31/23

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
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
Deltona	03-2023	\$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	729	\$501.77	\$266.38	\$17.40	\$0.00	\$217.99	\$0.00
miCareDeLand	03-2023	\$258,863.08	\$16,989.08	\$0.00	\$185,493.94	\$0.00	2477	\$461,346.10	\$0.00	760	\$607.03	\$340.61	\$22.35	\$0.00	\$244.07	\$0.00
	Subtotal:	\$1,436,021.50	\$87,024.53	\$0.00	\$865,751.48	\$0.00	11538	\$2,388,797.51	\$0.00	4488	\$532.26	\$319.97	\$19.39	\$0.00	\$192.90	\$0.00
miCareDeltona	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
miCareDeltona	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
miCareDeltona	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
miCareDeltona	01-2023	\$116,734.39	\$11,039.68	\$0.00	\$100,036.26	\$0.00	1304	\$227,810.33	\$0.00	544	\$418.77	\$214.59	\$20.29	\$0.00	\$183.89	\$0.00
miCareDeltona	02-2023	\$100,452.86	\$13,599.53	\$0.00	\$131,806.59	\$0.00	1533	\$245,858.98	\$0.00	533	\$461.27	\$188.47	\$25.52	\$0.00	\$247.29	\$0.00
miCareDeltona	03-2023	\$266,048.91	\$15,203.47	\$0.00	\$191,157.59	\$0.00	1691	\$472,409.97	\$0.00	539	\$876.46	\$493.60	\$28.21	\$0.00	\$354.65	\$0.00
	Subtotal:	\$1,040,560.59	\$102,443.95	\$0.00	\$908,215.17	\$0.00	9497	\$2,051,219.71	\$0.00	3283	\$624.80	\$316.95	\$31.20	\$0.00	\$276.64	\$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
miCarePierse	03-2023	\$14,142.55	\$2,243.76	\$0.00	\$52,673.96	\$0.00	188	\$69,060.27	\$0.00	69	\$1,000.87	\$204.96	\$32.52	\$0.00	\$763.39	\$0.00
	Subtotal:	\$57,653.69	\$8,357.50	\$0.00	\$104,568.20	\$0.00	798	\$170,579.39	\$0.00	432	\$394.86	\$133.46	\$19.35	\$0.00	\$242.06	\$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
N/A	03-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	30	\$0.00	\$273,298.66	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	101	\$60.85	\$1,634,135.99	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$2,534,296.63	\$197,825.98	\$0.00	\$1,878,534.85	\$0.00	21936	\$4,610,657.46	\$1,634,135.99	8203	\$761.28	\$308.95	\$24.12	\$0.00	\$229.01	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2022-3/31/2023

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

March 2023 Report

miCare Utilization

Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deland					
2023	199	160	80%	39	20%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deltona					
2023	155	118	76%	37	24%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deland and Deltona					
2023	354	278	78%	76	22%

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 78% of the available clinician capacity was used for scheduled appointments; 22% of clinician time was available for walk-ins and other patient care activities
- "No Shows" is where patient didn't attend their scheduled clinic appointment
 - DeLand - 7%
 - Deltona - 10%

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	282	68%	Schedulable patient activities
Total Labs	123	30%	Schedulable patient activities
Total Nurse Visits	11	3%	Schedulable patient activities
Total medication pick-up	571		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	34		Don't have a visit type and are not scheduled appointments
Total Visits	416		

DeLand

- There was a total of 416 clinic visits at the DeLand clinic in March with an additional 571 Medication pick-ups and an additional 34 med pick-ups from the PAP program
- There were **24 new patients** that established care at the DeLand clinic
- There were **50 Physicals** in March – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	217	69%	Schedulable patient activities
Total Labs	87	28%	Schedulable patient activities
Total Nurse Visits	10	3%	Schedulable patient activities
Total medication pick-up	0		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	13		Don't have a visit type and are not scheduled appointments
Total Visits	314		

Deltona

- There was a total of 314 clinic visits at the Deltona clinic in March with an additional 13 Medication pick-ups from the PAP program
- There were **10 new patients** that established care at the Deltona clinic
- There were **47 Physicals** in March – Male/Female Wellness – Established Patients



miCare Member Migration

March 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total	620	1,324	47%

*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.

	March 2023	
PAP Summary 3/1/2023-3		
Application Approved	340	\$152,339
Application Pending Approval	5	\$2,003
Application Started but Not Submitted	10	\$5,483
Totals	355	\$159,825
	(Active Applications)	Monthly Savings for March

Key Insights:

- 571 Medications were picked up at the DeLand site
- 47 PAP medications were picked between the two locations
- 355 patients have applications for pharmacy assistance programs
- WVHA avoided \$159,825 of cost for branded medication
- Projected annual cost avoided \$1,917,899.00.



WVHA miCare Clinic Deland and Deltona

Quarter One Report

January 1st – March 31st 2023

Clinical Utilization

Deland Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled	Total Available Unscheduled Time	Total % Available Time
2022	581	416	72%	165	28%
2023	510	425	83%	85	17%

Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled	Total Available Unscheduled Time	Total % Available Time
2022	481	365	76%	116	24%
2023	446	350	78%	96	22%

Deland and Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled	Total Available Unscheduled Time	Total % Available Time
2022	1,062	781	74%	226	26%
2023	956	775	81%	181	19%

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

No Show Rate

Q1	DeLand	Deltona
2022	6%	18%
2023	6%	11%

miCare Member Migration

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total 2022	913	1,267	72%
Total 2023	882	1,334	66%

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

Key Insights:

- There was an overall increase in utilization both sites in 2023
- Between the two clinics 81% of the available clinician capacity was used for scheduled appointments; 19% 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 - 6%
 - Deltona -11%
 - Overall Member Migration is 66%
 - Survey results for Q4 show an overall rating of 4.8 stars

miCare Visit Type Frequency

DeLand

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	Number of visits	%	Notes
Total Provider visits	836	67%	Schedulable patient activities
Total Labs	384	31%	Schedulable patient activities
Total Nurse Visits	35	3%	Schedulable patient activities
Total medication pick-up	1431		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	82		Don't have a visit type and are not scheduled appointments
Total Visits	1255		

- There was a total of 1,255 clinic visits at the DeLand clinic in Q1 2023, with an additional 1,431 Medication pick-ups and 82 med pick-ups from the PAP program
- There were 60 new patients that established care at the DeLand clinic in this quarter

Deltona

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	646	68%	Schedulable patient activities
Total Labs	279	29%	Schedulable patient activities
Total Nurse Visits	23	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	39		Don't have a visit type and are not scheduled appointments
Total Visits	948		

- There was a total of 646 clinic visits at the Deltona clinic in Q1 2023, with an additional 39 Medication pick-ups from the PAP program
- There were 40 new patients that established care at the Deltona clinic in this quarter

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

	Q1 - 2023	
PAP Summary 01/1/2023-3/27/2023		
Application Approved	1,009	\$453,745.00
Application Pending Approval	18	\$6,957.00
Application Started but Not Submitted	24	\$11,563.00
Totals	1,051	\$472,265.00
	(Active Applications)	Quarterly Savings for Q1 2023

ER Diversion Results

Total ER visits Q1 2023	
Halifax	9
Advent	104
Total ER visits	113
Appropriate ER Visits	80
PCP Appropriate	33
Established Patients (miCare)	105
Follow up scheduled at miCare	82
Follow up completed at miCare	71

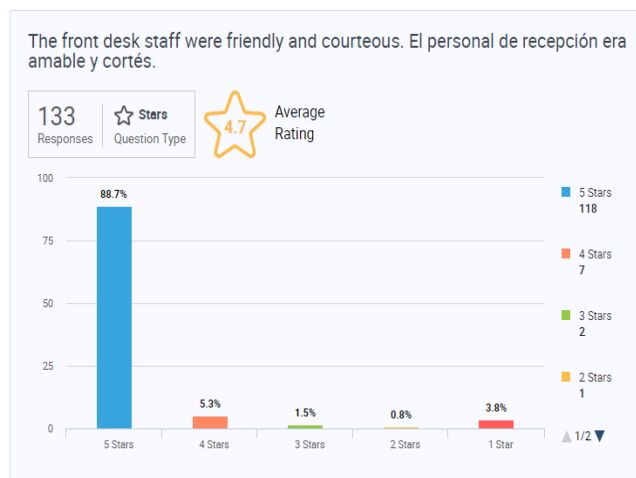
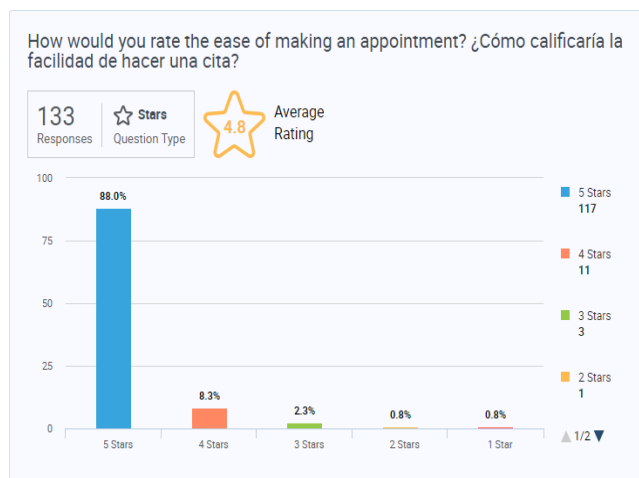
Key Insights:

- Total patients between Halifax and Advent were 113 (9 Halifax and 104 Advent)
- Out of the 113 patients that went to the ER, 105 of them had established at miCare
- Out of the 113 patients that sought care in the ER, 80 were appropriate and 33 could have been seen outside of the ER
- Out of the 113 patients, 82 scheduled follow up appointments and 71 people completed their follow up in the clinic

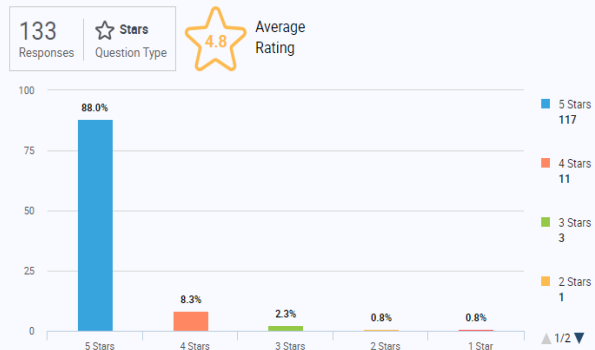
Post Visit Survey Results

Q1

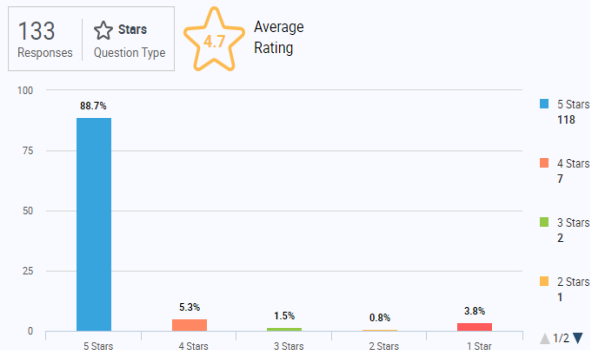
January – March 2023



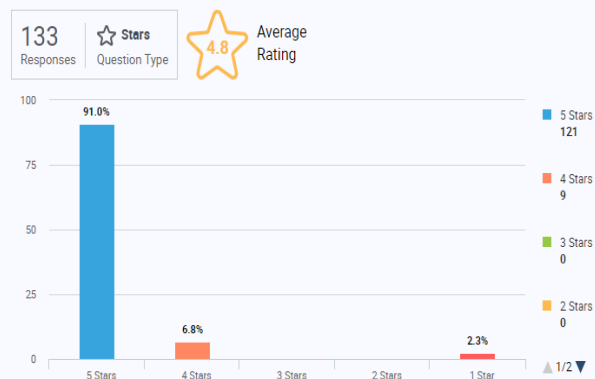
How would you rate the ease of making an appointment? ¿Cómo calificaría la facilidad de hacer una cita?



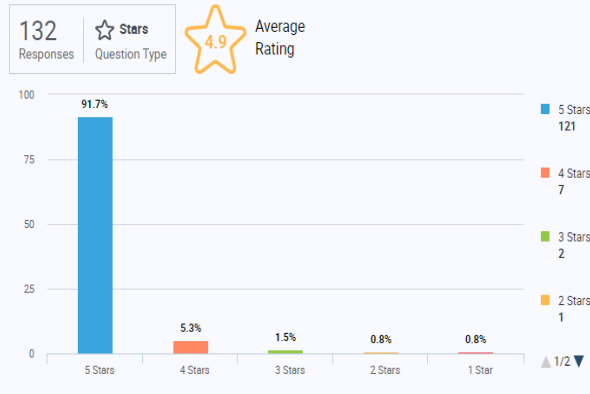
The front desk staff were friendly and courteous. El personal de recepción era amable y cortés.



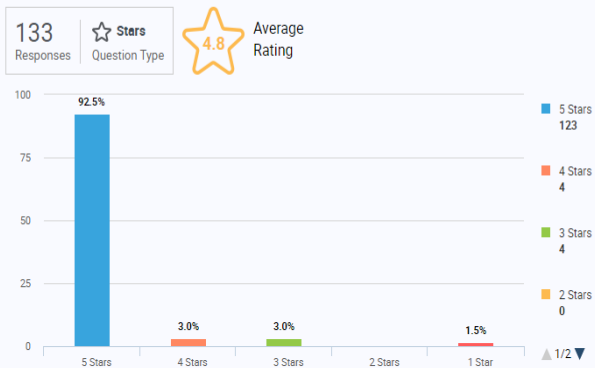
The clinical staff listened and were attentive while I explained the reason for my visit. El personal clínico me escuchó y estuvo atento mientras les explicaba el motivo de mi visita.



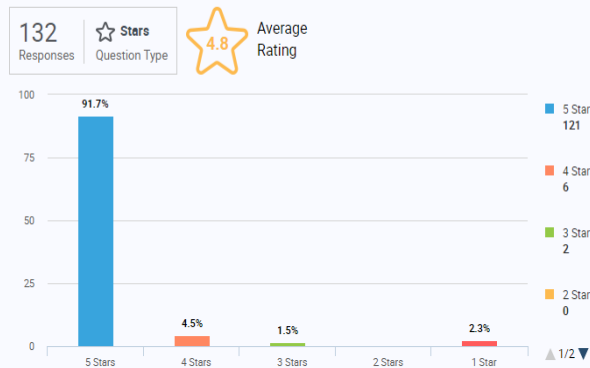
The exam room was clean and welcoming. La sala de examen estaba limpia y acogedora.

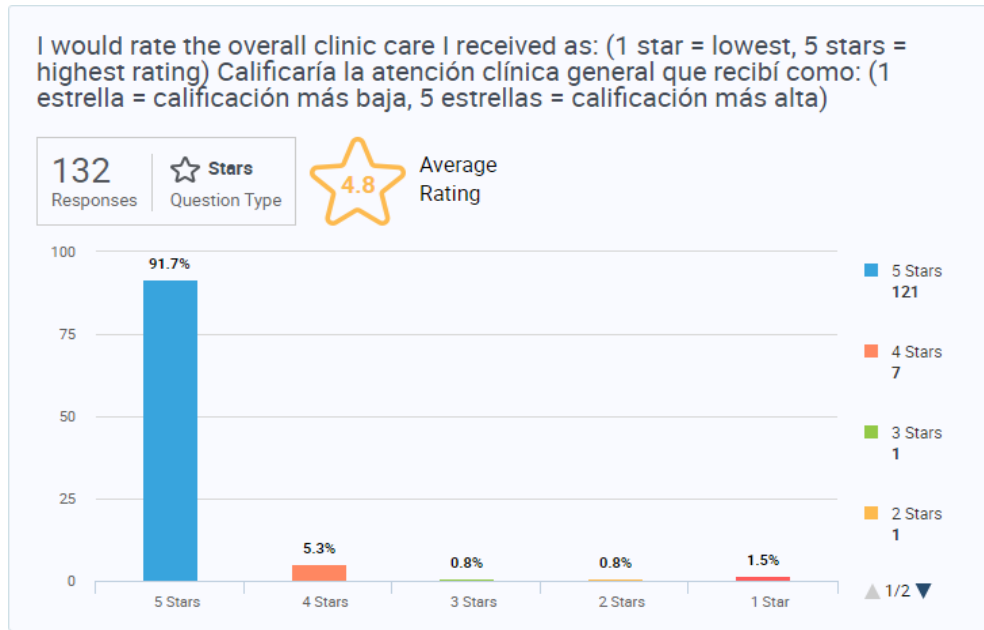


My provider spent enough time with me to address my needs and answered all of my questions. Mi proveedor pasó suficiente tiempo conmigo para atender mis necesidades y respondió a todas mis preguntas.



Upon leaving, I understood my diagnosis and treatments recommended by my provider. Al salir, entendí mi diagnóstico y los tratamientos recomendados por mi proveedor.





Survey Results- Comments

- Nikki is the person who did my blood draw. She was so kind and gentle. She did an excellent job!! Even made my next appointment for me. She is an asset to the Office. Crystal is the sweetest kindest employee there. You can hear her smile. She does an excellent job with every patient and shows how much she cares.
- I saw Dr. Patel for the first time. What a great Doctor !!!
- Excelente servicio
- Thank you! Dr Sherry is awesome
- Excellent service
- No need to contact me. I like the potted plants in the waiting room. The new provider seems very good.
- I wasn't happy that they did not allow my husband to come back with me. Otherwise the provider was very caring and listened.
- I do not wish to be contacted; instead I would like the entire staff in this office to be contacted. Please let them know how much I appreciate their exceptional service, professionalism, efficiency, attentive service and smiles. Thank you very much.



**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



April 3, 2023

West Volusia Hospital Authority

Monthly Enrollment Report

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

286 applications were submitted for verification and enrollment. Of these, 249 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 April 2023 for approval.

Of the 286 that were processed, 249 were approved and 17 were denied. There were 21 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

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

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

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

The procedures and the associated findings are as follows:

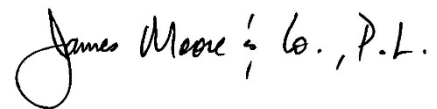
1. Inquire and document as to the funded agency's monitoring procedures with respect to contract compliance:
 - a. Each month THND provides to WVHA an invoice detailing total number of WVHA HealthCard (HC) initial screenings, total number of pending assisted applications, number of applications processed,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

- e. THND provided income documentation for 100% of clients selected, however, a calculation sheet of income eligibility was not kept on file by THND. We were able to eventually determine that 100% of clients selected were income eligible, based on calculations we performed using documentation that was kept on file by THND, but the original calculation of income eligibility was not kept on file by THND.
 - f. THND provided Health Insurance Marketplace letters for 100% of clients selected for review.
 - g. During our inspection of documentation for Medicaid denials, 100% of clients selected were in compliance with the requirements.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners:
- a. The Utilization Report which details clients served and demographic data with respect to those clients, which THND provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. The annual budget for THND for the year-ended September 30, 2022 was \$417,590 and the actual amount funded was \$409,370. Since 100% of clients selected did not have a sheet showing how THND calculated income eligibility, \$409,370 is the amount funded under THND HealthCard Program which was potentially not supported in the files by reasonably expected documentation, when extrapolated to the entire population. To further clarify, we were able to determine that each applicant was income eligible based on various other documents in the files, but the original calculation of income eligibility was not maintained in THND files.
 - c. THND's medical files appear to be complete and organized when reviewed for verification of services provided.
 - d. THND's ID screening met the requirements of the funding agreement.
 - e. THND's residency verification met the requirements of the funding agreement.
 - f. THND's income and assets verification met the requirements of the funding agreement.
 - g. We recommend THND establish processes to ensure all income eligibility calculations are kept on file, readily available for review.
 - h. THND's Medicaid denial documentation met the requirements of the funding agreement.

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

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

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



Daytona Beach, Florida
January 19, 2023

2023-2024 Funding Applications received by date and time

Agency name-CAC Review	Date Received	Time	Amount Requested	Last Year	Difference +/-
Florida Department of Health (FDOH) Dental Services	3/30/2023	11:00 AM	150,000.00	150,000.00	0.00
The Neighborhood Center (TNC) Outreach-Access to Care	3/30/2023	8:30 AM	125,000.00	100,000.00	25,000.00
The House Next Door (THND) Therapeutic Services	4/6/2023	9:30 AM	45,000.00	60,000.00	-15,000.00
SMA Baker Act	4/4/2023	8:35 AM	300,000.00	300,000.00	0.00
SMA Psychiatric/Homeless Services	4/4/2023	8:35 AM	90,000.00	78,336.00	11,664.00
SMA Residential Treatment Beds	4/4/2023	8:35 AM	550,000.00	550,000.00	0.00
Community Legal Services of Mid-Florida (CLSMF) MLP Services	4/4/2023	3:20 PM	105,833.00	105,794.00	39.00
Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach	4/6/2023	10:12 AM	81,560.00	81,560.00	0.00
HSCFV FSC	4/6/2023	10:12 AM	76,331.00	76,331.00	0.00
Creative Living Inc.	4/6/2023	9:40 AM	100,000.00	0.00	100,000.00
Foundations to Freedom, Inc.	4/6/2023	11:46 AM	250,000.00	0.00	250,000.00
Hispanic Health Initiative (HHI)	4/6/2023	9:45 AM	75,000.00	75,000.00	0.00
Rising Against All Odds (RAAO) HIV/Aids/Outreach	4/5/2023	4:11 PM	167,682.52	145,140.00	22,542.52
Sub-Total			2,116,406.52	1,722,161.00	394,245.52

Administrative Applications-Board of Commissioner Review	Date Received	Time	Amount Requested	Last Year	Difference +/-
THND HealthCard Program	4/6/2023	9:30 AM	521,989.00	464,885.00	57,104.00
RAAO Prescreening	4/5/2023	4:11 PM	86,746.38	81,452.00	5,294.38
Healthy Communities Outreach	4/5/2023	4:00 PM	72,202.52	72,202.52	0.00
Sub-Total			680,937.90	618,539.52	62,398.38

Combined Totals 2,797,344.42 2,340,700.52 456,643.90

THROUGH March 31, 2023

FYE APPROVED 2023 Budget	YTD Actual 2023	Difference +/-
150,000.00	60,728.00	89,272.00
100,000.00	47,700.00	52,300.00
60,000.00	13,446.00	46,554.00
300,000.00	277,645.00	22,355.00
78,336.00	51,674.00	26,662.00
550,000.00	253,328.00	296,672.00
105,794.00	29,961.00	75,833.00
81,560.00	17,096.00	64,464.00
76,331.00	42,485.00	33,846.00
0.00	0.00	0.00
0.00	0.00	0.00
75,000.00	34,250.00	40,750.00
145,140.00	94,550.00	50,590.00
1,722,161.00	922,863.00	799,298.00

FYE 2023 Budget	YTD Actual 2023	Difference +/-
464,885.00	216,296.00	248,589.00
81,452.00	21,120.00	60,332.00
72,202.00	33,525.00	38,677.00
618,539.00	270,941.00	347,598.00

2,340,700.00 1,193,804.00 1,146,896.00



March 15, 2023

Dear Tenant,

I hope this letter finds you well. As soon as possible, I need you to execute the attached document - an estoppel letter - as specified in the lease.

Justin Square is being sold. In approximately one month, you will have a new landlord.

The terms of your lease will not change. The estoppel letter is fundamentally restating the terms of the existing lease, as it's transferred to the new owner.

Please read the enclosed letter, confirm all details, then sign it in the presence of a notary. To ease this process, you may visit the office of Booker & Associates, PA, and they'll make a notary available for you to use, free of cost.

Booker & Associates, PA
1019 Town Center Dr,
Orange City, FL 32763
(386) 774-6552

Your next rent payment, for April, should be paid the same way it has been in the past. The following rent payment, for May, will be paid to the new landlord, who will contact you with payment instructions.

If you have any questions, you may reach out to manager@justinsquare.com.

I greatly value you as a tenant and wish you all the best in the future.

Sincerely,

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

Justin Kent, Manager

Justin Square, LLC

ESTOPPEL CERTIFICATE

TO: **West Volusia Hospital Authority**
840 Deltona Boulevard, Unit M
Deltona, Florida 32725

Re: Commercial/Industrial Building Lease dated November 1, 2020, Justin Square, LLC, a Florida limited liability company, whose address is 1060 Woodcock Road, Orlando, Florida 32803-3607 ("Lessor"), and West Volusia Hospital Authority ("Lessee") (the "Lease"), with respect to 840 Deltona Boulevard, Unit M, Deltona, Florida 32725 (the "Leased Premises").

The undersigned Lessee acknowledges that it has been informed by Lessor that WeissmanCorp LLC, a Delaware limited liability company ("Purchaser"), is under contract to purchase the Leased Premises from Lessor, which contract anticipates the assignment of the Lease from Lessor to Purchaser.

In connection therewith, the undersigned Lessee hereby certifies to Purchaser and Lender and agrees with Purchaser and Lender as follows:

1. The Lease documents listed above contain the entire agreement between Lessor and Lessee with respect to the Leased Premises. Other than as set forth in the Lease documents listed above, the Lease has not been assigned, modified, supplemented, altered or amended in any respect and is the only lease or agreement between Lessor and Lessee affecting the Leased Premises.
2. Lessee is in sole and exclusive possession of the Leased Premises, which measures approximately 2,800 square feet.
3. The term of the Lease commenced on November 1, 2020, and expires on September 30, 2023.
4. Lessee is currently obligated to pay Lessor base rent in the amount of \$3,700.00 on the first day of each month, together with appropriate Florida sales tax thereon. Lessee has paid all rent due through the month of March 2023, and has paid no rent for any periods thereafter.
5. There is a security deposit held by Lessor in the amount of \$3,500.00.
6. Lessee has deposited with Lessor as Last Month's Rent, the sum of \$3,700.00.
7. Lessee has no option or preferential right to renew or extend the Lease, to expand the Leased Premises, to purchase the Leased Premises or the building containing the Leased Premises, or to acquire any other right, title or interest therein other than as Lessee under the Lease.
8. The Lease is presently in full force and effect, has not been assigned or transferred or sublet to anyone in whole or in part, and has not been amended or modified except as noted above.

9. Lessor owes Lessee no rent offsets, abatements, concessions or Lessee improvement reimbursements.
10. Lessee has no charge, lien, cause of action, claim or right of offset, under the Lease or otherwise, against Lessor or against the payment of rent or other charges due or to become due under the Lease. Any obligations of Lessor under the Lease have been fully completed and Lessee has accepted Lessor's performance thereunder.
11. Lessee is not in default under the Lease and Lessor is not in default under the Lease, and no event has occurred which, with the passage of time or the giving of notice or both, would constitute an event of default by Lessor or Lessee under the Lease or otherwise.
12. Lessee has not filed and is not the subject of any filing for bankruptcy or reorganization under federal bankruptcy laws.
13. Nothing in this Estoppel Certificate shall be deemed to amend the Lease. The statements made herein may only be used estop Lessee or its agents from asserting facts inconsistent with the statements contained herein and shall not serve as a basis for any liability on the part of Lessee or its agents.

Executed as of the _____ day of _____, 2023.

“Lessee”

West Volusia Hospital Authority

By: Manager, its _____

WEST VOLUSIA HOSPITAL AUTHORITY
SCHEDULED MEETINGS – 2023

Citizens Advisory Committee Meetings

Tuesdays at 5:30pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

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

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

January 19 - Organizational/Regular
DeLand City Hall

February 16 (HSCFV)
Sanborn Center

March 16
(TNC/FDOH) The Center at Deltona

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

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

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

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

May 18 (SMA/RAAO) Sanborn Center
(TPA to Attend)

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

July (CAC Hiatus)

August (CAC Hiatus)

September (CAC Hiatus)

October (CAC Hiatus)

November (CAC Hiatus)

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

August 17 (HHI/CLSMF) Sanborn Center

Sept. 6– Tentative Budget Hearing 5:05 PM
The Center at Deltona

Sept. 21- Final Budget Hearing/Regular
Meeting 5:05 PM Sanborn Center

October 19 Sanborn Center

November 16 Sanborn Center

***WVHA Commissioner to attend CAC Meeting**

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

INVOICE

The City of Deltona

The Center at Deltona
1640 Dr. Martin Luther King Blvd.
Deltona, FL 32725
Tel. 386-878-8875

Invoice No : 090623-02**Date :** 04.05.23**Updated:****Customer #:** 750000661**West Volusia Hospital Authority**

PO Box 940
Deland, FL 32721-0940

Contact: Stacy Tebo**Tel. No.:** 386.456.1252**Alt. No.:****Email:**

stebo@westvolusiahos
pitalauthority.org

Event Date: Wednesday - September 6th, 2023**Type of Event:** Meetings**Time:** 5pm - 7pm**Guest No.:** 55

Center Contact Notes

Chanelle Smiley

Any and all amenities included are listed below, if you require any additional amenities (subject to availability) please notify your sales associate

Quantity	Description	Unit Price	Line Total
Your Rental Includes:			
All Tables & Chairs (set-up & breakdown)			
2	Activity Room 1 (05.02 5pm - 7pm)	\$	90.00
	Audio/Visual Equipment (microphones, speakers)	\$	35.00
Continual Discount (-10% Off Room Rate)			\$ (18.00)
Commercial Room Tax 6.0%			TAX EXEMPTION
Sales Tax 6.5%			TAX EXEMPTION
Subtotal			\$ 107.00
Damage Deposit			ROLLOVER #031623-02
TOTAL			\$ 107.00

Make all checks payable to The City of Deltona.

THANK YOU FOR YOUR BUSINESS!

Client Signature

The Center at Deltona Representative

Date

Date

SANBORN ACTIVITY CENTER**FACILITY USE CONTRACT
SINGLE-USE AGREEMENT**

Phone: (386) 626-7300

Fax: (386) 736-5033

Web: www.deland.org

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY

<input type="checkbox"/> BS&A	<input checked="" type="checkbox"/> Tax Exempt
<input type="checkbox"/> Outlook	<input checked="" type="checkbox"/> NA Catering
<input type="checkbox"/> Board	<input type="checkbox"/> PAID IN FULL
BILLED	

EVENT DATE 9-21-23 CONTRACT # _____DAY OF WEEK: Thursday DATE CONTRACTED: 4/6/23ROOM RENTED: Ballroom A**MULTIPLE DATES IF APPLICABLE** *Continuous contracts receive a 15% savings over comparable rentals (6 or more).

Renter Name: WVHA**Physical Address:** _____

*If refunded, this is the address where the damage deposit will be mailed. Please notify Activity Center management of any address changes.

Renter Phone Numbers, including area codes. Please indicate (*) preferred number.

Phone: _____ Fax or Email: _____

Name of Group/Event (Bride's last name/Groom's last name when applicable): _____

Event Contact (if different from Renter): Stacy Tebo

Phone Number of Contact: _____

Type of Activity: _____ **Number of Attendees:** _____***** COMPLETE WITH THE ASSISTANCE OF ACTIVITY CENTER STAFF *****

RENTAL PERIOD - Please review the Rental Rates (hourly and block) to determine the most appropriate Rental Period for your event based on the time needed to include setup and cleanup. For all weekend rentals, the Sanborn Activity Center is only open during the hours stated below. The Rental Party is responsible for communicating with all vendors regarding the times they are permitted to enter the facility, and the time they must be out.

_____ Daytime Block: Monday – Thursday 8:00 a.m. – 4:30 p.m.

_____ Daytime Block: Friday 8:00 a.m. – 2:00 p.m.

☒ Evening Block: Monday – Thursday ~~6:00 p.m. – 10:00 p.m.~~ 5pm - 9pm

_____ Friday: Any 7 hr. block between 2:00 p.m. and 12:00 midnight.

_____ Saturday: Any 8 hr. block between 10:00 a.m. and 12:00 midnight.

_____ Sunday or Holiday Blocks: Any 8 hr. block between 10:00 a.m. and 11:00 p.m.

_____ Hourly: 1st Entry: _____ Exit: _____ **TOTAL HRS** _____

(see breakdown below)

Caterers ENTER: _____ Caterers EXIT: _____

Time Actual Ceremony/Event Begins: _____ Event ends/Guests exit BY: _____

Rehearsal Info: A one hour block for rehearsals is included in your Rental Rate. Rehearsals may be scheduled 30 days in advance and must take place Monday through Thursday (excluding Holidays) between 9:00am and 3:30pm based on availability.

Rental Rate Breakdown

\$240.00	Hourly rate or Block charge	FACILITY: BR A		
	Number of hours (if applicable)			
\$240.00	Subtotal Facility #1			
\$	Hourly rate or Block charge	FACILITY:		
	Number of hours (if applicable)			
\$	Subtotal Facility #2			
\$	Hourly rate or Block charge	FACILITY:		
	Number of hours (if applicable)			
\$	Subtotal Facility #3			
\$240.00	Subtotal of all facilities/items rented			
	Discount	**IF applicable**		
	Subtotal			
(\$13.58)	Sales Tax (6.0%) **if exempt, please provide CERTIFICATE OF EXEMPTION**			
\$226.42	Subtotal			
ON FILE	Damage Deposit			
\$226.42	TOTAL		Make Check Payable To: CITY OF DELAND	
	AMOUNT PAID	DATE PAID	RECEIPT NUMBER	BALANCE DUE
	\$			
	\$			
	\$			

Rental Fee and Security/Damage Deposit

A **minimum** Rental Fee Deposit of fifty percent (50%) of the **Subtotal**, together with a signed Facility Use Contract, will secure your Event Date. The balance of the Rental Fee (including tax) and Security/Damage Deposit is due no less than **thirty (30) days** prior to your Event Date. The Sanborn Activity Center reserves the right to cancel the Facility Use Contract if the Rental Fee balance and Security/Damage Deposit are not paid when due.

ALL REFUNDS WILL BE ISSUED BY CHECK FROM THE CITY OF DELAND. Damage deposit refund will be mailed to the address on the contract typically within 2-6 weeks of your event if there is no damage or excessive cleaning required by City staff to any part of the rented building or equipment.

*Sales tax is subject to change as determined by Volusia County and/or the Florida Department of Revenue.



West Volusia Hospital Authority

April 20, 2023

Dr. Jenneffer Pulapaka
844 N. Stone St. #208
DeLand, FL 32720

Re: Letter of Appreciation

Dear Dr. Pulapaka:

The WVHA Board of Commissioners would like to express its sincere appreciation for the remarkable services rendered by you for six years 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



JOHN D. MULLEN
Partner
(813) 472-7867
John.Mullen@phelps.com

April 13, 2023

Phelps Dunbar LLP
100 South Ashley Drive
Suite 2000
Tampa, FL 33602
813 472 7550

Via Email to stebo@westvolusiahospitalauthority.org

Jennifer Coen, Board Chair
West Volusia Hospital Authority
c/o Stacy Tebo, Administrator
1006 North Woodland Boulevard
DeLand, FL 32720

**Re: Proposed Second Letter of Representation / Agreement in connection with
Section 409.915, Florida Statutes**

Dear Chair Coen:

Phelps Dunbar continues to be proud and pleased to serve West Volusia Hospital Authority as its legal counsel. Our representation began in October 2021 and is ongoing with the appeal that remains pending before Florida's Fifth District Court of Appeal.

We were retained to advocate for WVHA before the Volusia County Council with respect to the annual "Medicaid Match Allocation" the County of Volusia has historically imposed on WVHA, and to handle any litigation and appeal that would result from WVHA's non-payment of the County's assessment on WVHA for the 2021-22 fiscal year. After the County filed a Complaint for Writ of Mandamus against WVHA in the Volusia County Circuit Court, we filed a Motion to Dismiss and argued that the Medicaid Match assessment was legally unjustified pursuant to the language of Section 409.915, Florida Statutes. After the Circuit Court ruled in favor of the County, we filed a Notice of Appeal to the Fifth District Court of Appeal. The extensive appellate briefing that followed was completed in November and the dispute remains before the Fifth District awaiting a decision. We do not know when the appellate court will render its decision.

In December 2022 the County filed a new lawsuit, with another Complaint for Writ of Mandamus, premised on WVHA's non-payment of the County's Medicaid Match assessment for FY 2022-23. We responded with a Motion to Stay the new lawsuit, arguing that the legal issues raised by the County's new lawsuit were substantively identical to the lawsuit that is already pending on appeal. The Fifth District Court of Appeal's decision on the first lawsuit will, very likely, govern how the second lawsuit should be resolved: if WVHA wins the appeal, the County will need to concede that its second lawsuit is untenable; if WVHA loses the appeal, WVHA will need to pay the annual assessments. The County opposed our Motion to Stay the second lawsuit, but the Court partially agreed with our position. Judge Weston entered an Order staying the second lawsuit until March 31, 2023, but indicating that if the appellate court did not render its decision by that date, WVHA is required to respond to the second lawsuit on or before April 19, 2023.

While the appeal remains pending, the County has created more work for us than originally anticipated by filing the second lawsuit and opposing our Motion to Stay the second lawsuit in deference to the first. The County's actions expand upon the terms of our original, First Letter of Representation. In responding to the second lawsuit, we will not be "reinventing the wheel," of course, given the similarity of the issues raised in the two lawsuits, but we must file legal papers in response to the County's second Complaint, argue any issues before the Circuit Court, and address any resulting Orders issued by the Circuit Court. We expect that if the Circuit Court rules against WVHA a second time, it will be necessary to file a second appeal and a motion to consolidate the second appeal with the first appeal already pending. It is unfortunate that the County decided to increase the litigation costs to taxpayers by filing the second lawsuit, when it could easily have deferred filing its second lawsuit until the first one is resolved on appeal, or agreed to stay the second lawsuit until the Fifth District renders its decision.

Our representation of WVHA in the first lawsuit has already included substantial "ancillary work" in addition to the extensive legal filings and appellate briefs. Prominent among this work has been assisting WVHA in responding to multiple, burdensome Public Records Requests submitted by the County, and our own preparation of Public Records Requests to the County, other hospital authorities and districts, and digesting the responses to our Public Records Requests. We believe this work has redounded to WVHA's benefit, particularly obtaining information from more than two dozen hospital districts and authorities from around the state.

Phelps Dunbar's accounting department has advised us that the firm has far exceeded the budgeted hours we allocated to representing WVHA consistent with our First Letter of Representation / Agreement with WVHA. Given the County's expansion of its litigation efforts with its second lawsuit, the firm respectfully requests that WVHA agree to a Second Letter of Representation to govern our litigation and appeal efforts going forward. We are able to offer a \$30,000 fixed-fee arrangement, payable in monthly installments of \$5,000 each, to continue after the original \$6,000 monthly payments under our First Letter of Representation are completed.

Like before, costs will be charged for any court filing fees, travel expenses (mileage only, if required to attend a meeting or court hearing, at 56 cents per mile) and photocopies at 15 cents per page. No other costs or administrative overhead will be charged. Phelps Dunbar will invoice the Authority monthly, and the Authority will pay Phelps Dunbar \$5,000 per month as long as a balance exceeding that amount is due, until our representation is concluded. WVHA's engagement of Phelps Dunbar will authorize us to take all appropriate actions to further WVHA's interests in this matter, unless directed otherwise by the Board or the WVHA Attorney. Either party may terminate this Agreement upon thirty (30) days' notice to the other party, subject to Phelps Dunbar's professional ethics obligations relating to the termination of a legal representation, which ultimately requires court approval if a matter is in pending litigation.

We appreciate the Board's consideration of this Second Letter of Representation. If the Board requires any additional information or specification of terms for our representation, please let us know. We greatly value our relationship with WVHA and look forward to continuing our

April 13, 2023

Page 3

representation until a conclusion of all of the "Medicaid Match Allocation" legal disputes with the County.

Sincerely,

PHELPS DUNBAR LLP

A handwritten signature in blue ink, appearing to read "John D. Mullen", is written over the typed name.

John D. Mullen

Karl J. Brandes

JDM:bms

cc: Theodore W. Small, Esq.

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

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 20, 2023

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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 states that the applicant is ineligible or likely ineligible in whatever wording is being utilized to indicate an interim determination of Medicaid ineligibility: e.g., "likely not eligible due to the state the applicant resides in". The WVHA Enrollment Certifying Agent also 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 renter/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. Children who are Members of the Household of an adult applicant, but are too young to have a middle or high school photo I.D. may satisfy this requirement with their birth certificate along with verification of the photo I.D. of both parents. 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

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$14,580	\$21,870
2	\$19,720	\$29,580
3	\$24,860	\$37,290
4	\$30,000	\$45,000
5	\$35,140	\$52,710
6	\$40,280	\$60,420
7	\$45,420	\$68,130
8	\$50,560	\$75,840
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 property 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 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
------	----------------	---------------	--------

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 <i>If Yes, please indicate Carrier and ID #:</i> _____	<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 <i>If Yes, please indicate which coverage you are enrolled in & effective date</i> _____	<input type="checkbox"/> No
2.4 Do receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes <i>If Yes, please indicate the assistance and/or aid you receive & effective date</i> _____	<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 <i>If Yes, please describe</i> _____	<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 <i>If Yes, how many?</i> _____	<input type="checkbox"/> No

Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i>	<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

	<i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>	
8.2 Do you own a Business?	<input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i>	<input type="checkbox"/> No
8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, & provide any outstanding mortgage documentation outside of your permanent residence</i>	<input type="checkbox"/> No
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.4 Have you sold or transferred title to any property in the last 3 years?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i>	<input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	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	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i>	
8.6 Do you own any recreational vehicles?	<input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i>	<input type="checkbox"/> No
Section 9: List All Sources of Assets for the Household (i.e., IRAs, CDs, Inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below.		
Asset Type	Source of Asset	Amount
		Monthly or Lump Sum <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
		<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
		<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
		<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
		<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	City
------------------	------


State	Zip	Provider Phone No.
-------	-----	--------------------

Section 6: Provider Signature & Notary.

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

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

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

 <h2 style="display: inline;">WVHA Verification of Rent</h2>			
Instructions: Please complete this form in its entirety. <i>Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.</i>			
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: Renter/Lessor Information. Must be completed by the Renter/Lessor			
Renter/Lessor Name		Renter/Lessor Phone Number	
Renter/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: Renter/Lessor Signature			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Renter/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.

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES

AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$14580	\$21870
2	\$19720	\$29580
3	\$24860	\$37290
4	\$30000	\$45000
5	\$35140	\$52710
6	\$40280	\$60420
7	\$45420	\$68130
8	\$50560	\$75840
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: \$ _____ (ADD 1C, 2C, 3C)	AVERAGE 3 MONTHS: \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3)

APPLICANT SIGNATURE: Applicants must read and sign the below	
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.	
Signature _____	Date _____

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

MARCH 31, 2023



ACCOUNTANTS' COMPILATION REPORT

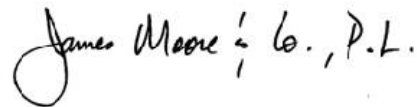
To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of March 31, 2023, and the related statement of revenues 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
April 20, 2023



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

ASSETS

Ameris Bank - operating	\$ 9,984,608
Ameris Bank - MM	293,209
Ameris Bank - Medicaid MM	2,513,832
Ameris Bank - payroll	40,572
Mainstreet Community Bank - escrow	200,000
Mainstreet Community Bank - MM	1,714,468
Surety Bank - MM	7,497,060
Mainstreet Community Bank - Certificates of deposit	9,107,230
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 31,352,979</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 31,352,979</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 SIX MONTHS ENDED MARCH 31, 2023

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 241,519	\$ 14,333,191	\$ 15,900,000	\$ 1,566,809	90%
Interest income	35,392	129,462	45,000	(84,462)	288%
Total revenues	276,911	14,462,653	15,945,000	1,482,347	91%
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	96,184	699,094			
AdventHealth	158,682	932,869			
Total hospitals	254,866	1,631,963	3,000,000	1,368,037	54%
Specialty Care Services					
Specialty Care - ER	4,850	48,253			
Specialty Care - Non-ER	308,901	1,790,930			
Total Specialty Care Services	313,751	1,839,183	3,000,000	1,160,817	61%
Emergency Room Care	54,904	363,864	1,000,000	636,136	36%
Primary Care	188,084	1,368,538	2,500,000	1,131,462	55%
Pharmacy	45,449	327,442	900,000	572,558	36%
Florida Dept of Health Dental Svcs	9,838	60,728	150,000	89,272	40%
Hispanic Health Initiatives	5,650	34,250	75,000	40,750	46%
Community Legal Services	5,531	29,961	105,794	75,833	28%
Rising Against All Odds	17,150	94,550	145,140	50,590	65%
HSCFV - Outreach	6,274	17,096	81,560	64,464	21%
HSCFV - Fam Services	6,428	42,485	76,331	33,846	56%
The House Next Door	1,678	13,446	60,000	46,554	22%
SMA - Homeless Program	9,785	51,674	78,336	26,662	66%
SMA - Residential Treatment	43,213	253,328	550,000	296,672	46%
SMA - Baker Act - Match	5,069	277,645	300,000	22,355	93%
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	9,550	47,700	100,000	52,300	48%
Healthy Communities Kid Care Outreach	4,885	33,525	72,202	38,677	46%
Other Healthcare Expenditures	-	-	370,000	370,000	0%
Total healthcare expenditures	982,105	6,600,652	13,364,363	6,763,711	49%
Personnel services					
Regular salaries and wages	5,425	32,550	65,588	33,038	50%
FICA	415	2,490	5,017	2,527	50%
Retirement	646	3,051	8,467	5,416	36%
Life and Health Insurance	952	7,464	12,000	4,536	62%
Workers Compensation Claims	-	21,757	25,000	3,243	87%
Total personnel services	7,438	67,312	116,072	48,760	58%
Other expenditures					
Legal Counsel	5,226	41,767	85,000	43,233	49%
Outside Legal Counsel	6,000	36,000	72,000	36,000	50%
Outside Legislative Advisory	6,000	36,000	72,000	36,000	50%
Audit	-	19,170	20,000	830	96%
General Accounting	9,000	54,000	108,000	54,000	50%
Application Screening - THND	36,681	216,296	447,364	231,068	48%
Application Screening - RAAO	3,264	21,120	81,452	60,332	26%
TPA Services (EBMS)	32,755	192,454	682,000	489,546	28%
Building Occupancy Costs	-	-	100,000	100,000	0%
Advertising	1,078	2,403	10,000	7,597	24%
Other Operating Expenditures	2,411	23,155	30,000	6,845	77%
Office Supplies	-	-	6,749	6,749	0%
Tax Collector & Appraiser Fee	4,757	427,619	650,000	222,381	66%
City of DeLand Tax Increment District	-	111,805	100,000	(11,805)	112%
Total other expenditures	107,172	1,181,789	2,464,565	1,282,776	48%
Total expenditures	1,096,715	7,849,753	15,945,000	8,095,247	49%
Excess (deficiency) of revenues over expenditures	\$ (819,804)	\$ 6,612,900	\$ -	\$ (6,612,900)	0%

See accountants' compilation report.