

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
May 18, 2023
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
5:00 p.m.
AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda – Approval of Minutes – Joint Meeting with the CAC on April 20, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee – Chair Taylor Hibel – Verbal Update on May 2nd Q & A Meeting and May 9th Ranking Workshop
7. Annual Contractual Utilization Reports to the WVHA Board of Commissioners
 - A. Jennifer Stephenson, SMA Healthcare
 - B. Brenda Flowers, Rising Against All Odds
8. Reporting Agenda
 - A. EBMS April Report – Rose Alberts, Director of Implementation for Veracity Benefits / EMBS
 - B. WVHA miCare Clinic DeLand/Deltona April Report – Written Submission
 - C. The House Next Door April Application Processing Report
 - D. Emergency Services 1st Quarter of 2023 (January – March)
 1. Halifax Health | UF Health – Medical Center of Deltona
 2. Advent Health DeLand & Advent Health Fish Memorial
 3. EMPros
9. Discussion Items
 - A. WVHA miCare Clinic Phone System (Commissioner Manning)
 - B. Board Review of Administrative Applications
 1. Halifax Healthy Communities
 2. THND HealthCard Program
 3. RAAO Prescreening
10. Follow Up Items
 - A. Anti-Fraud Policy
 - B. Eligibility Guidelines
11. Administrator Report
12. Finance Report
 - A. April Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
13. Legal Update
14. 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 and the CITIZENS ADVISORY
COMMITTEE (CAC) JOINT MEETING**

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
5:00 p.m.
April 20, 2023

Those in Attendance:

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

Absent:

Commissioner Judy Craig

CAC Members Present:

Jacquie Lewis
Christian Brown
Taylor Hibel
Althea King
Patrick Rogers
Maria Valdivia
Lorna Owens
Joanna Mercier
Lyda Kiser

CAC Members Absent:

Ella Ran

Others Present:

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

Call to Order Joint Meeting

Chair Coen called the meeting to order. The meeting took place at DeLand City Hall Commission Chambers, located at 120 S. Florida Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:06 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Amended Agenda

Motion 033 – 2023 Commissioner Accardi moved to approve the amended agenda as presented. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

Consent Agenda

Approval of Minutes – Regular Meeting Minutes March 16, 2023

Motion 034 – 2023 Commissioner Pepin moved to approve the Consent Agenda. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Citizen Comments

There were none.

Citizens Advisory Committee, Taylor Hibel, Chair Regular Meeting/Applicant Workshop Minutes March 7, 2023

Chair Coen welcomed the CAC members, thanked them for attending the joint meeting, and explained the purpose of the meeting.

Chair Hibel provided an update of the recent CAC meeting and noted that The Good Samaritan Clinic and Foundations to Freedom were present.

Chair Hibel moved to approve the CAC minutes of March 7, 2023. CAC Member Lewis seconded the motion. The motion passed 9-0-1.

Reporting Agenda

EBMS March Report – Written Submission

WVHA miCare Clinic DeLand/Deltona March Report – Written Submission 2023 Quarter One Report

Gretchen Soto, miCare Practice Manager, stated that the transition was in process to provide medication pick up in Deltona, and the start date is June 1st.

Chair Coen discussed the surveys included in the quarterly report.

The House Next Door (THND) March HealthCard Application Report

The reports were received and made part of the record.

Discussion Items

Contractual Site Visit Review Write Up FYE 2022

The House Next Door HealthCard Program

The site visit report was received and made part of the record.

WVHA Funding Applications Received Spreadsheet 2023-2024

Chair Coen explained the schedule and purpose of the future CAC meetings.

Attorney Small advised the CAC on the application review process.

Chair Coen clarified that the spreadsheet contained an accounting coding error on the Healthy Start programs resulting in an overstatement of one and an understatement of the other. Ms. Tebo added that she requested an updated budget to actual spreadsheet made on an accrual basis from James Moore & Co., and it would be ready for the CAC meeting on May 2nd.

The CAC members introduced themselves individually to the Board and audience.

Citizen Comments

Barb Girtman, representing Foundations to Freedom, offered the CAC and Board Members an opportunity to tour the property. She entertained questions from the members.

Approval of Estoppel Certificate for Justin Square Lease

Ms. Tebo stated the document was emailed to her in mid-March from Booker & Associates representing the seller; that the property was sold on March 31st; that the document affirms the existing lease remains the same after the transfer of ownership; and that she crossed out “March” in paragraph four and wrote in “April” on the original because the WVHA had already paid the April rent.

Attorney Small noted that it was confirmed there are no ongoing disputes with the lease.

Motion 035 – 2023 Commissioner Pepin moved to approve the estoppel certificate and authorize the Chair to sign with the change noted in paragraph four. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Tentatively Scheduled Meetings 2023 (attached)

Tentative Budget Hearing September 6, 2023 at The Center at Deltona

Final Budget Hearing September 21, 2023 at Sanborn Center

Ms. Tebo noted the Board previously approved all dates except September because budget hearing dates could not be selected until the County and School Board had scheduled their meetings.

Motion 036 – 2023 Commissioner Manning moved to approve the locations and associated expenses for the September meeting dates. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Roll call:

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

Letter of Appreciation for CAC Member Dr. Jenneffer Pulapaka

Motion 037 – 2023 Commissioner Accardi moved to approve the appreciation letter. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Senate Bill 1718 / House Bill 1617 and Suggested WVHA Health Card Wording Change

Attorney Small explained that he contacted Heffley & Associates to determine the implications for the WVHA relative to the bill. He said that the piece that could be relevant is the issuance of identification cards. He pointed out that there is currently a statement on the back of the WVHA health card that references the words “for identification only” and recommended the words be changed as follows. “This card is to verify health card membership only and does not guarantee coverage or payment.”

Motion 038 – 2023 Commissioner Pepin moved to approve the wording change to the back of the health card going forward. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Supplemental Retainer Agreement with Phelps Dunbar Regarding Second County Medicaid Lawsuit

Citizens Comment

Tanner Andrews said he thought the WVHA was getting a good deal.

Attorney Small said the retainer began in 2021 with the initial Medicaid lawsuit, and the County filed a second lawsuit; that Phelps Dunbar filed a motion to stay on the 2nd lawsuit without the supplemental retainer being in place; and that the WVHA would be agreeing to pay a fixed fee amount of \$30,000 spread out in monthly payments of \$5,000.

Motion 039 – 2023 Commissioner Accardi moved to approve the supplemental retainer agreement with Phelps Dunbar as presented. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

Roll call:

Commissioner Manning	Yes
Chair Coen	Yes
Commissioner Accardi	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 explained how the process would work, with him being the point of contact for anyone having concerns regarding possible fraud. He said that Chair Coen had contacted him with some suggested changes, and he would like to incorporate those and bring it back in May for final consideration.

Eligibility Guidelines

Chair Coen noted that Attorney Small had incorporated the items previously discussed in March by The House Next Door on pages eight and fifteen. Ms. Tebo added that the income tables had also been updated for 2023 Federal Poverty Level guidelines.

Chair Coen asked Ms. Tebo to check the references on page twenty to make sure they are correct.

There was discussion on the program asset limits and the difference from Medicaid asset limits. Commissioner Accardi suggested they be careful referencing Medicaid, and he has had experience in his practice with Medicaid overreach. Attorney Small said it had been placed in the guidelines years earlier, and it is not critical to leave it in the document.

Motion 040 – 2023 Commissioner Accardi moved to remove the reference to Medicaid on the bottom of page 22. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Commissioner Manning voiced concern regarding the cost of living and wondered if the program limit should be raised to 200% of the Federal Poverty Level.

There was discussion regarding the possible cost of widening program eligibility, and there was consensus not to address it at this time.

Supplemental Engagement with James Moore for Consulting Services

Chair Coen stated that the two engagement letters were for additional services related to THND and The Farm Workers Association.

Motion 041 – 2023 Commissioner Manning moved to approve the engagement letters with James Moore & Co. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

Administrator Report

Ms. Tebo informed the Board that she had dropped WVHA brochures at the colleges and Joyce Cusack Resource Center. She provided an update on the recent Health Resource Fair and the Deltona Housing Fair. Chair Coen informed everyone that she invited some of the organizations present at the Deltona Housing Fair to attend the WVHA meetings in the future.

Finance Report

March Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financials and estimated expenditures for the Board.

Motion 042 – 2023 Commissioner Pepin 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 \$1,862,252.81. Commissioner Manning seconded the motion. The motion passed 3-0-2 (Commissioner Accardi briefly stepped out of the Chambers).

Legal Update

Attorney Small spoke about enrollment numbers and how covid affected them over the last few years. He noted that in the past, the Board was provided with yearly poverty figures for Volusia County that would assist the Board in determination of qualification issues. He suggested that Ms. Tebo research the issue to obtain local poverty reports to assist the Board.

There being no further business to come before the Board, the meeting was adjourned at 7:16 p.m.

Adjournment

Jennifer Coen, Chair

Residential Treatment Services

Service Description:

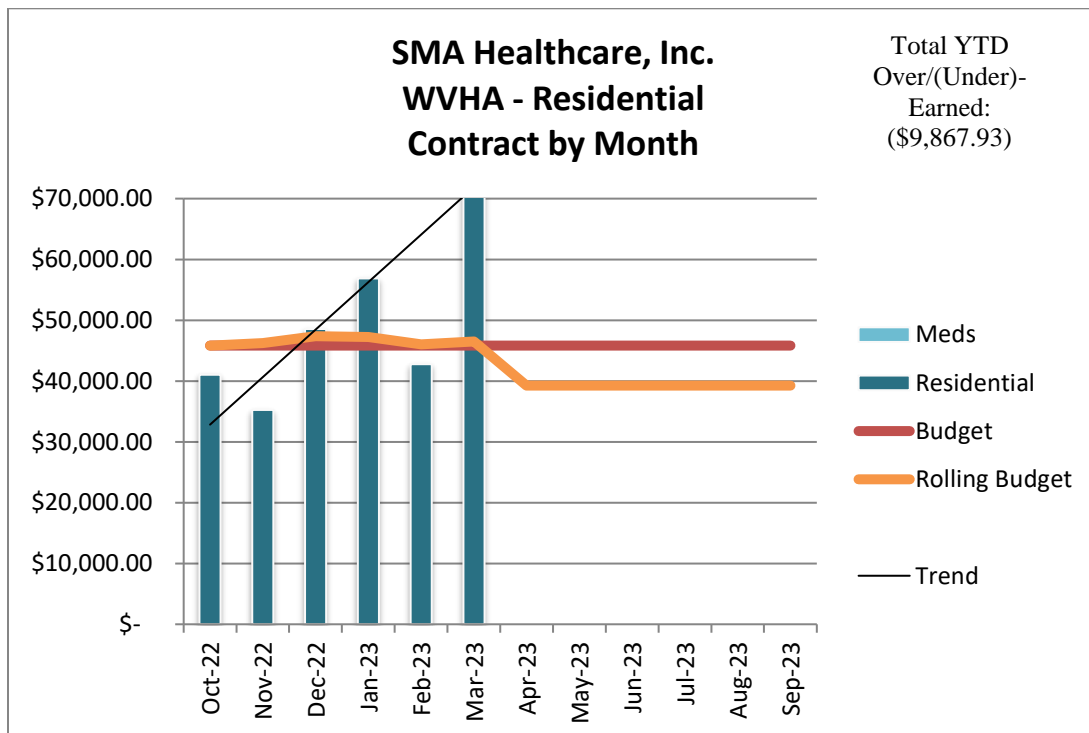
SMA Healthcare provides residential substance use treatment to residents of the WVHA service area at Deland Men's Residential Treatment (DMRT). DMRT is a 54 bed, male-only, long-term treatment facility focusing on treatment for primary substance use and co-occurring disorders. FY 22-23 WVHA funding is \$550,000. Services provided include individual and group therapy, relapse prevention, job skills, family education, sober support meetings, and more.

Need Statement:

The residential treatment services provided at DMRT are critical to the community as it is the only publicly funded residential addictions treatment program of its kind in Volusia County. These residential services prevent inappropriate utilization of the emergency room of hospitals in our county and allow for an expeditious transfer of individuals in need of behavioral health services.

Number of Persons Served:

October 22- March 23: 81



Psychiatric Services Clinic for Homeless Individuals

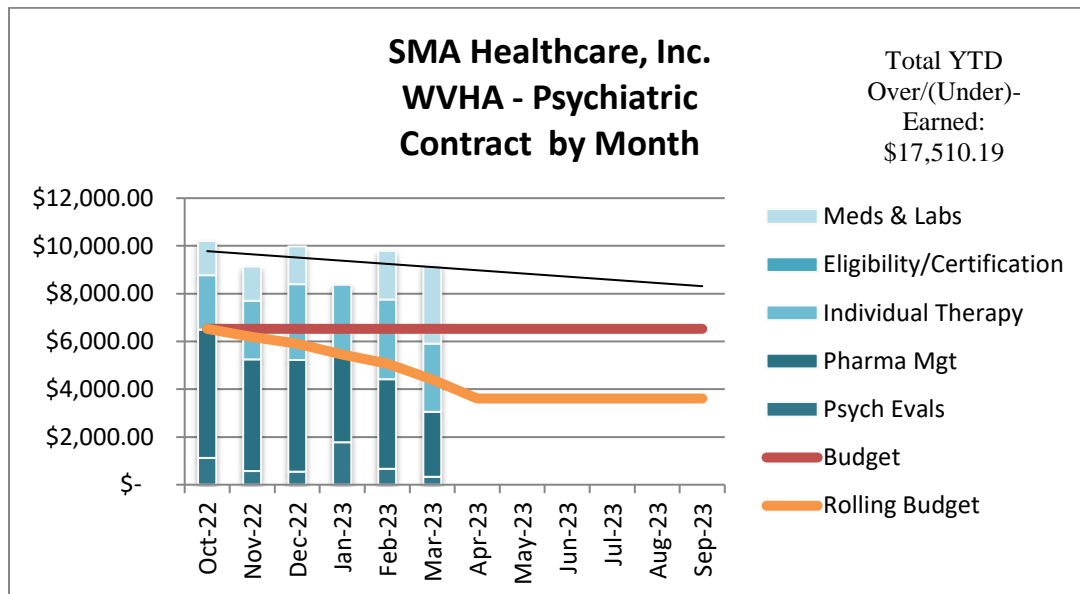
Service Description:

Uninsured individuals typically seek out or are referred to care at an emergency room for psychiatric services. SMA provides psychiatric services and physical health screenings at SMA's Calvin Street clinic and on-site at Deland Men's Residential Treatment. SMA also partners with MiCare, Deland, to provide onsite services one day per week to members seeking psychiatric services. Providing accessible services prevents the deterioration of an individual's mental and/or physical health thereby decreasing the need for emergency room visits and hospitalization.

Services provided include: psychiatric evaluation and treatment planning; psychotropic medication prescription and management; monitoring for side effects and tardive dyskinesia; ordering of lab work; crisis intervention, including initiation of Baker and Marchman Acts; medication prescriptions for clients filled through the SMA Pharmacy. Funding from this grant is used to cover the cost of medications from initial prescription through Patient Assistance Program (PAP) approval along with any co-pays. FY 22-23 WVHA funding is \$78,336.

Number of Persons Served:

October 22- March 23: Psychiatric Evaluation – 35; Medication Management – 128; Individual Therapy – 39



Baker Act/ Emergency Behavioral Health Services

Service Description:

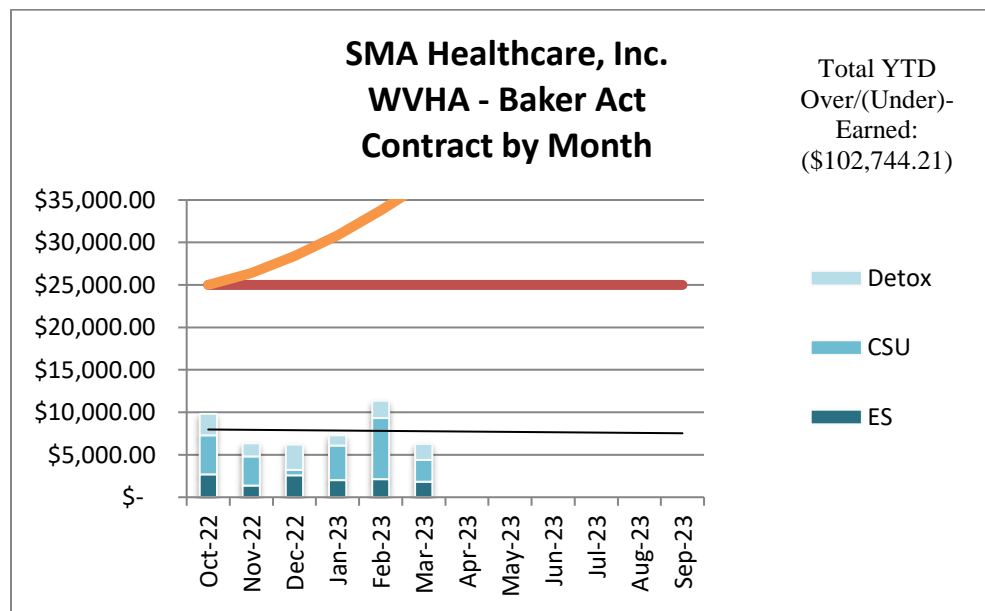
SMA Healthcare's Chet Bell Crisis Center houses three distinct units. The Emergency Screening Unit provides public access to crisis services via a face-to-face assessment 24 hours per day. The Crisis Stabilization Unit offers 30 beds for people who need acute psychiatric care and the Detox Unit has 19 beds for people who need a medically monitored detoxification from addictive substances. Each unit is staffed around the clock with registered nurses, behavioral health technicians, and clinical staff working under the supervision of a physician. A psychiatrist and or psychiatric APRN assesses clients on the CSU seven days a week and is available by phone 24 hours per day, including weekends and holidays. The Detox Unit medical staff consists of one APRN with MD oversight. It is also staffed 365 days a year, with 24 hours a day on-call availability. FY 22-23 WVHA funding is \$300,000.

Need Statement:

SMA's Crisis Stabilization Unit is a licensed Baker Act Receiving Facility and the Detox Unit is a licensed Marchman Act Receiving Facility. The CBCC has the only public receiving facilities in Volusia and Flagler Counties. These services are primarily funded through a contract with the Florida Department of Children and Families and require local match. WVHA funding serves as a portion of the 25% local match requirement.

Number of WVHA funded Persons Served:

October 22- March 23: Emergency Services/Crisis Stabilization – 160; Detox – 33



Intergovernmental Transfer/Low Income Pool (LIP)

The Low Income Pool (LIP) provides government support to providers for the costs of uncompensated charity care for low income individuals who are uninsured. Funding for the LIP program comes from intergovernmental transfers (IGTs) and federal matching funds.

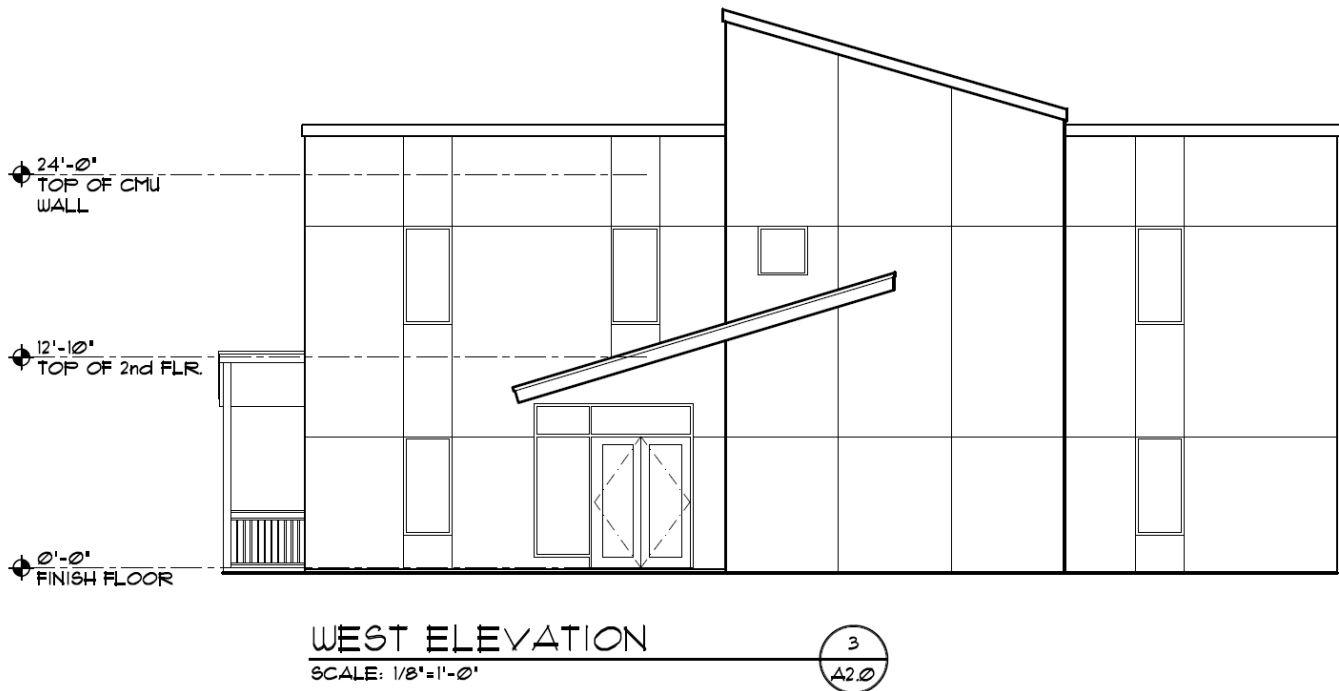
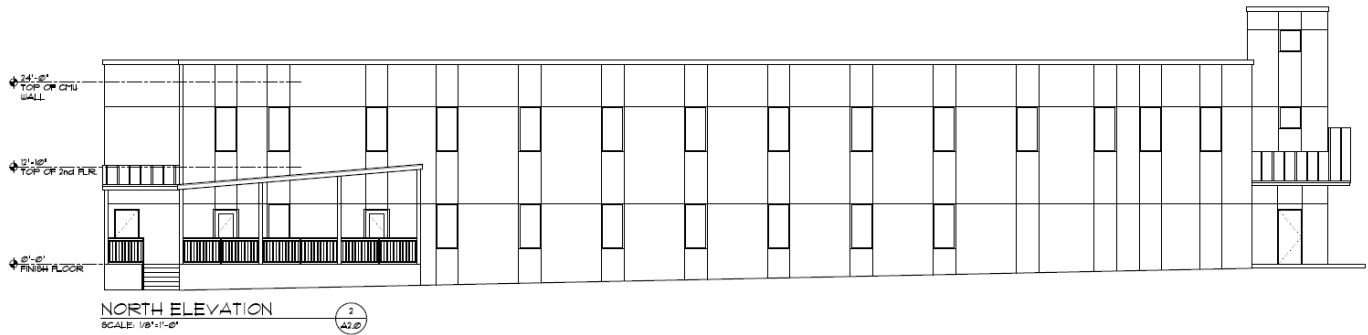
SMA utilizes funds provided by the WVHA for Baker Act Emergency Services for this purpose. WVHA and AHCA have a contracted letter of agreement that allows AHCA to invoice the WVHA for these funds directly. SMA is able to leverage this and receives match funding from AHCA.

FY 21-22: WVHA IGT (\$257,582) + AHCA match (\$528,448) = \$786,030 (67.23% match)

FY 22-23: WVHA IGT (\$265,285) + AHCA match (\$493,758) = \$759,041 (65.05% match)

If awarded funding this year, SMA is hoping the WVHA will allow for the Residential Contract to also be utilized as IGT funds for AHCA match next year (up to \$850,000 total). **Thus allowing SMA to receive AHCA match dollars up to approximately \$1,570,000 without additional cost to Volusia County/WVHA.**

Coming Soon--SMA Outpatient DeLand





Rising Against All Odds (RAAO)

West Volusia Hospital Authority
2023 RAO Verbal Presentation

Key Affected Population (KAP)

KAPs that are particularly vulnerable and disproportionately affected by HIV due to:

- certain risk behaviors
- marginalization
- structural factors such as stigma, discrimination, violence, human right violations, and criminalization--

All which contribute to a lack of access to health services.



Social Issue at Hand

RAAO addresses the following social issues for KAP

- The welfare of Deland's indigent population
- The health concerns of marginalized groups



1 pill a day
\$3,200 average per month
or
\$38,400 per year
estimated
\$420,285 an average lifetime

Financial Efficacy of RAAO's Programs: “Reduction of Medical Costs in West Volusia”

Investing in Culturally relevant HIV Prevention and Education is a cost saving. Every one (1) Person prevented from getting HIV is a savings of \$38,400 per year for medication alone.

Increased Awareness

- Removing Social Barriers and improving patient literacy level
- Providing education based on culturally competent information.
- Rendering services in a comfortable non-clinical environment
- Addressing social determinants and removing barriers related to HIV stigma

Increased Access to Care

- Contracted Infectious Disease Provider
- Contracted pharmacies partnerships
- Mobile Testing Unit
- After hours, local HIV testing
- RAAO Medical Support Transportation to doctor, labs and appointments
- No cost medical care and treatment for people living with HIV, Hep C, PReP

Collaborative Community Support

- The WVHA Funded Agencies
 - The House Next Door
 - miCare Clinic
 - The Neighborhood Center
- Department of Health
- Electrolytes Charity Club
- Spring Hill Resource Center
- Farm Workers Association (Pierson)
- Stetson University
- Florida Technical College
- St. Annis Primitive Baptist Church
- 7th Day Adventist (Deltona)
- New Hope (Deltona)
- Foundation For Freedom
- And Many More

Purpose and Focus



Purpose: Optimizing Treatment and Prevention for Individual Persons Living with or at Risk for HIV

Increase support and ensure health of indigent population



Focus: spread HIV awareness of testing and treatment

Linkage as engagement into care within 2 days of diagnosis.

S

WEAKNESSES

O

THREATS

STRENGTHS

W

OPPORTUNITIES

T

Strengths

- Experience and expertise
- Convenient locations
- Well-known amongst clients



Weaknesses

- Limited marketing efforts
 - Insufficient in getting the community to volunteer
- High number of HIV cases
- Need exceeds staff
- Low wages





Opportunities

- Decreasing HIV stigma
 - Support from churches
- High number of HIV cases
 - Volusia County HIV rate
- High number of uninsured marginalize in community



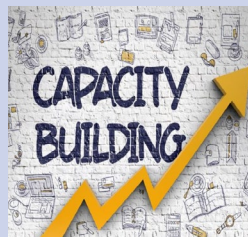
Threats (Both Programs)

- Lack of volunteers in Florida
 - FL ranks 50th out of 50 states
- Lack of enough resources to support the indigent population
 - DeLand's high poverty rate

Agency Goals



Substance abuse treatment. Effective substance abuse treatment that helps drug users stop injecting eliminates the risk of HIV transmission through injection drug use.

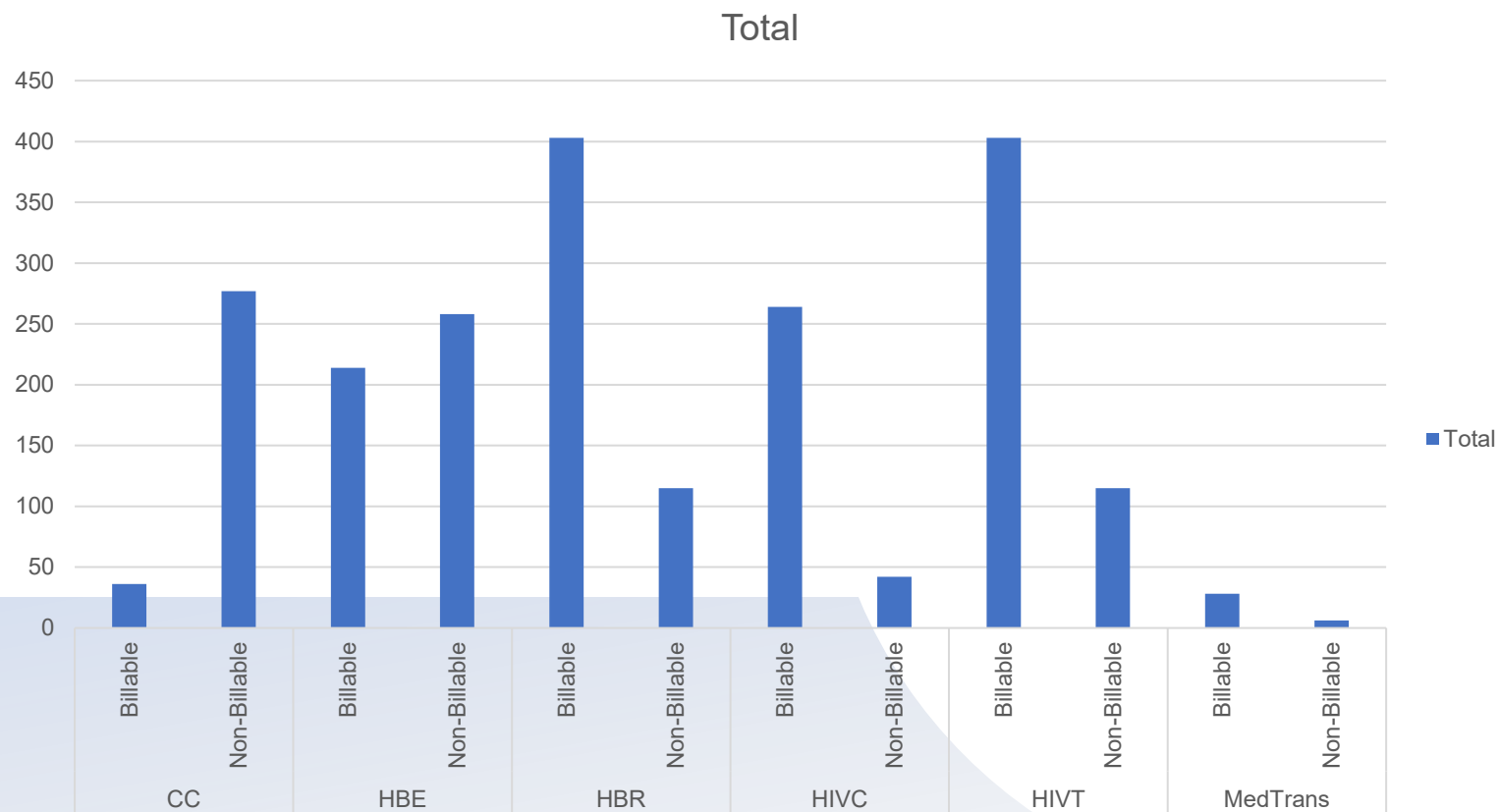


Training resources: to improve the knowledge, skills, and competencies building RAAO's grassroots HIV prevention workforce (e.g., professional, technical, clinical, and managerial)



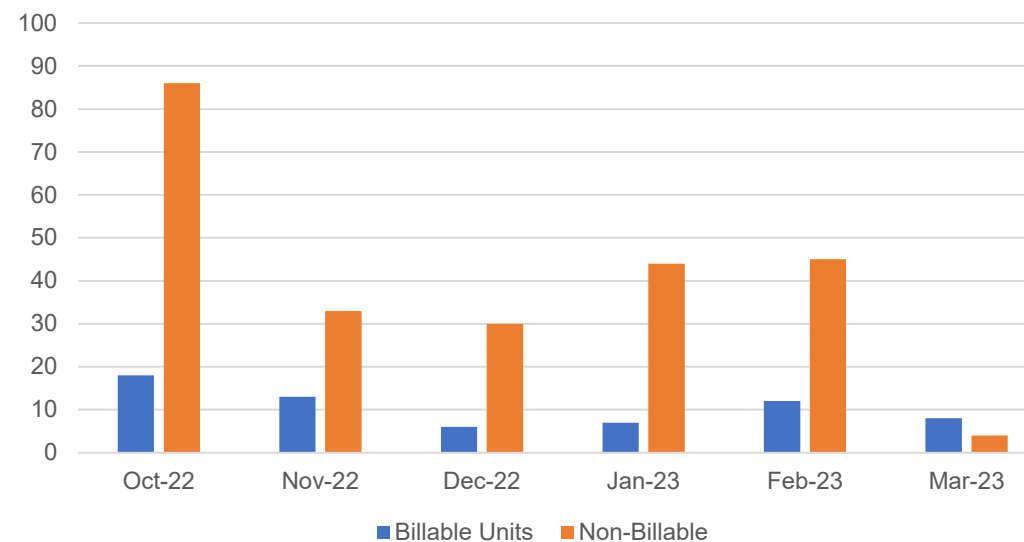
Identifying and engaging with community stakeholders: Achieve a coordinated efforts that address the HIV epidemic among all WVHA Funded partners and other stakeholders

Oct 2022-Mar 2023 Overview



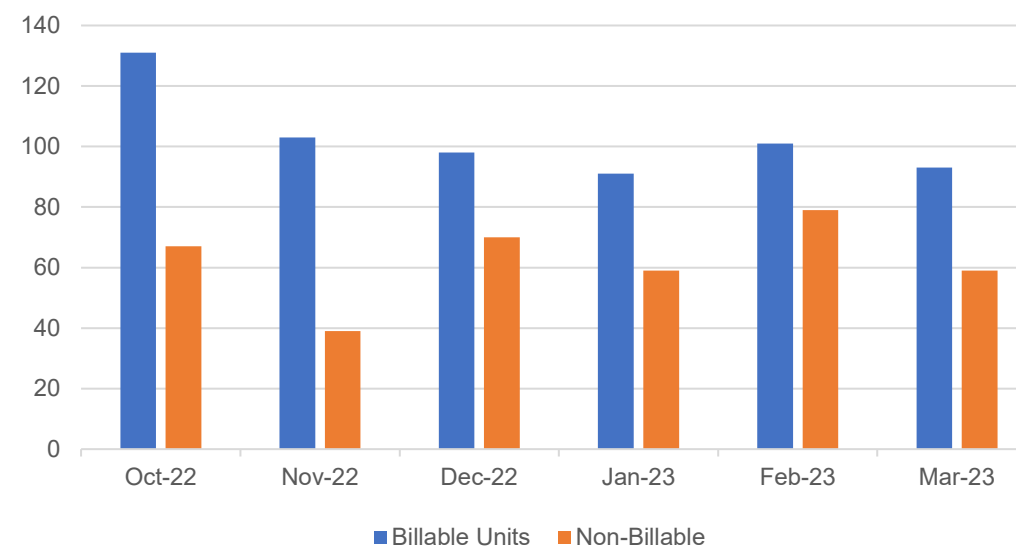
CC stand for Contuum of Caree, this code is used for casemanagement,

CC			
Month	Billable Units	Non-Billable	Total
Oct-22	18	86	\$450
Nov-22	13	33	\$325
Dec-22	6	30	\$150
Jan-23	7	44	\$175
Feb-23	12	45	\$300
Mar-23	8	4	\$200
Total	64	242	\$1,600.00

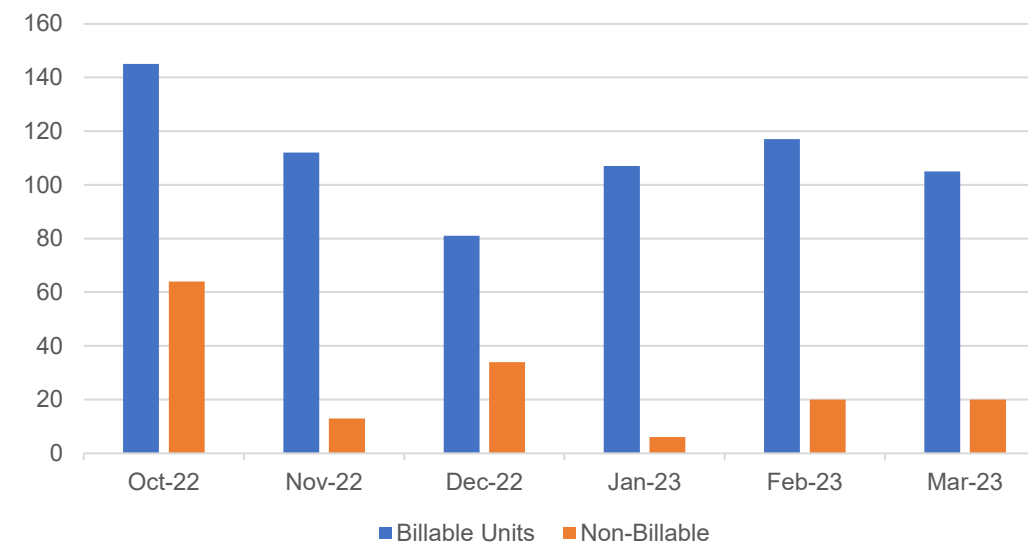


HBE

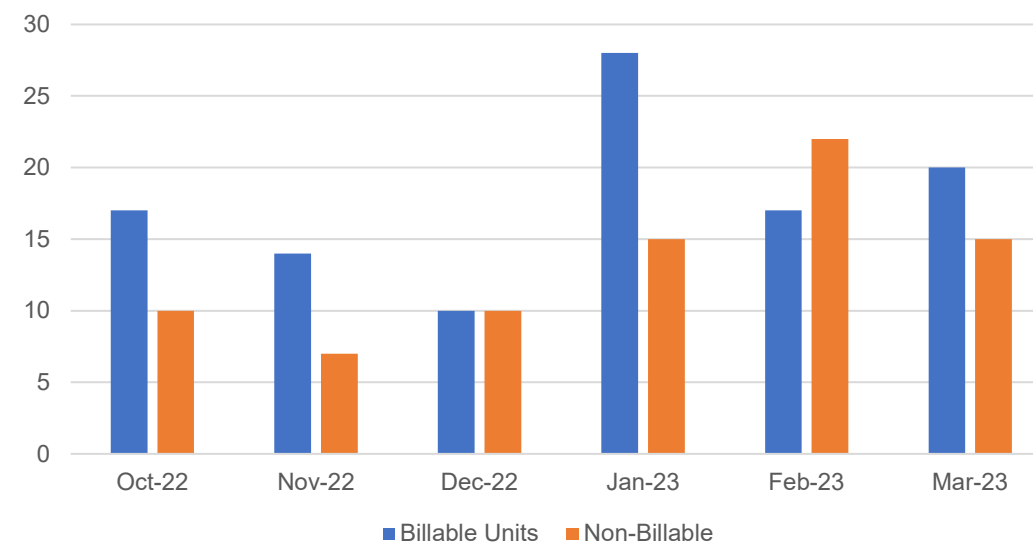
Month	Billable Units	Non-Billable	Total
Oct-22	131	67	\$6,550
Nov-22	103	39	\$5,150
Dec-22	98	70	\$4,900
Jan-23	91	59	\$4,550
Feb-23	101	79	\$5,050
Mar-23	93	59	
Total	617	373	\$30,850



HIVT/HIVC			
Month	Billable Units	Non-Billable	Total
Oct-22	145	64	\$14,500
Nov-22	112	13	\$11,200
Dec-22	81	34	\$8,100
Jan-23	107	6	\$10,700
Feb-23	117	20	\$11,700
Mar-23	105	20	\$10,500
Total	667	157	\$66,700.00
Monthly Avg	111	26	



WVHA			
Month	Billable Units	Non-Billable	Total
Oct-22	17	10	\$3,264
Nov-22	14	7	\$2,688
Dec-22	10	10	\$1,920
Jan-23	28	15	\$5,376
Feb-23	17	22	\$3,264
Mar-23	20	15	\$3,840
Total	106	79	\$20,352.00
Monthly Avg	18	13	



HIV OUTREACH PROGRAM UTILIZATION				
Month	Description of Services		Utilization	Reimbursement Totals
Oct-22	Case Mgmt / Cont of Care / Trans		32 25	\$800.00
	Health Behavior & Education		131 50	\$6,550.00
	HIV Test / Counseling - Individual		145	\$14,500.00
		Total Reimbursement Requested:		\$21,850.00
Nov-22	Case Mgmt / Cont of Care / Trans		19	
	Health Behavior & Education		101	
	HIV Test / Counseling - Individual		112	
		Total Reimbursement Requested:		\$16,825.00
Dec	Case Mgmt / Cont of Care / Trans		10 \$	250.00
	Health Behavior & Education		97 \$	4,850.00
	HIV Test / Counseling - Individual		80 \$	8,000.00
		Total Reimbursement Requested: \$18,450.00	\$	13,100.00
Jan-23	Case Mgmt / Cont of Care / Trans		10	\$250.00
	Health Behavior & Education		91	\$4,550.00
	HIV Test / Counseling - Individual		107	\$10,700.00
		Total Reimbursement Requested:		\$18,450.00
Feb-23	Case Mgmt / Cont of Care / Trans		16	\$400.00
	Health Behavior & Education		101	\$5,050.00
	HIV Test / Counseling - Individual		117	\$11,700.00
		Total Reimbursement Requested:		\$17,150.00
Mar-23	Case Mgmt / Cont of Care / Trans		12.5	\$312.50
	Health Behavior & Education		94	\$4,700.00
	HIV Test / Counseling - Individual		106	\$10,600.00
		Total Reimbursement Requested:		\$15,612.50

WVHA Prescreening Health Card Program

Month	Units of Service Prescreening Intake	Non-Billable Units of Service	Total Reimbursement
Oct 2022	17	10	\$3,264.00
Nov 2022	14	7	\$2,668.00
Dec 2022	10	10	\$1,920.00
Jan 2023	28	15	\$5,376.00
Feb 2-23	17	22	\$3,264.00
Mar 2023	20	15	\$3,840.00
			\$20,332.00

HOPE

 It's Powerful.
IT'S REAL.
IT'S ALL WE GOT.
CURE HIV / AIDS



THANK YOU

Questions?



EBMS

May 18, 2023

Submission Report for
WVHA Board Members

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Claims paid by Month16



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

4/1/2023 to 4/30/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6201		Charges	\$5,127,864	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,580,278	Addl Info Not Provided	-\$101,097	-1.97%
Medical	\$537,130	\$424	Allowed	\$547,586	Duplicate Charges	\$529,364	10.32%
Professional	\$155,497	\$123	less Member	\$10,555	Plan Limitations	-\$1,308,523	-25.52%
Facility	\$381,633	\$301	less Adjustments	-\$100	Cost Savings	\$5,457,051	106.42%
Other	\$0	\$0	Paid Benefit	\$537,130	UCR Reductions	\$102	0.00%
PBM	\$0	\$0	plus Admin Costs	\$262,330	Other	\$3,381	0.07%
Total Plan Paid:	\$537,130	\$424	Total Plan Paid:	\$799,460	Total:	\$4,580,278	89.32%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
4/30/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	25	51	0	0	0	0	51	0	0
20 to 25	18	24	42	0	0	0	0	42	0	0
26 to 29	27	19	46	0	0	0	0	46	0	0
30 to 39	99	99	198	0	0	0	0	198	0	0
40 to 49	124	175	299	0	0	0	0	299	0	0
50 to 59	166	219	385	0	0	0	0	385	0	0
60 to 64	79	98	177	0	0	0	0	177	0	0
65 and Older	25	44	69	0	0	0	0	69	0	0
Totals	564	703	1267	0	0	0	0	1267	0	0
Average Age	46.39	48.41	47.51	0.00	0.00	0.00	0.00	47.51	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 4/30/2023	Employee	Spouse	Dependent
Adventhealth Deland	76	\$133,936	0 to 19	\$748	\$0	\$0
Deland Dialysis	199	\$102,745	20 to 25	\$6,293	\$0	\$0
Adventhealth Fish	35	\$61,443	26 to 29	\$2,240	\$0	\$0
Ormond Beach Dialysis	118	\$52,377	30 to 39	\$42,462	\$0	\$0
Florida Cancer Specialists	67	\$17,790	40 to 49	\$132,327	\$0	\$0
6 Radiology Associates	110	\$12,612	50 to 59	\$185,064	\$0	\$0
Halifax Hospital Medical	7	\$11,377	60 to 64	\$94,373	\$0	\$0
Orange City Surgery	18	\$9,869	65 and Older	\$73,623	\$0	\$0
Medical Center Of Deltona	12	\$8,607	Totals	\$537,130	\$0	\$0
Quest Diagnostics Tampa	171	\$8,446				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$19,994	56	\$1,119,664
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,119,664
March 23	\$1,002,816				
April 23	\$537,130				
Total:	\$5,147,788				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

4/1/2023 to 4/30/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	10	\$3,173	\$3,173	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	45	\$84,796	\$75,861	\$8,935	\$0	\$0	\$8,935	1.66%
CHIROPRACTIC	4	\$265	\$146	\$119	\$30	\$0	\$89	0.02%
COVID-19	22	\$3,717	\$3,570	\$147	\$0	\$0	\$147	0.03%
DIALYSIS	333	\$1,219,772	\$1,062,371	\$157,401	\$0	\$0	\$157,401	29.30%
DME/APPLIANCE	4	\$3,700	\$3,700	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	358	\$581,371	\$530,192	\$51,179	\$2,652	\$0	\$48,527	9.03%
HOME HEALTH CARE	3	\$444	-\$530	\$974	\$0	\$0	\$974	0.18%
INELIGIBLE	551	\$719,559	\$719,559	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	312	\$79,259	\$64,585	\$14,674	\$0	\$0	\$14,674	2.73%
IP HOSP CHARGES	47	\$1,304,977	\$1,168,109	\$136,869	\$950	\$0	\$135,919	25.30%
MEDICAL MISC	15	\$3,224	\$2,698	\$526	\$50	\$0	\$476	0.09%
OFFICE VISIT	692	\$82,326	\$54,287	\$28,039	\$2,390	\$0	\$25,649	4.78%
OP PHYSICIAN	282	\$88,380	\$80,806	\$7,574	\$146	\$0	\$7,428	1.38%
OTHER	261	\$0	\$0	\$0	\$0	-\$100	\$100	0.02%
OUTPAT HOSP	35	\$2,736	\$2,676	\$59	\$19	\$0	\$40	0.01%
PRESCRIPTION	6	\$142	\$142	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	59	\$27,517	\$16,255	\$11,262	\$240	\$0	\$11,022	2.05%
RADIATION /CHEMO	65	\$58,006	\$45,323	\$12,683	\$8	\$0	\$12,675	2.36%
SLEEP DISORDER	2	\$107	\$107	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	2	\$37,140	\$33,443	\$3,697	\$0	\$0	\$3,697	0.69%
SURG FACILITY	62	\$413,325	\$367,592	\$45,732	\$975	\$0	\$44,757	8.33%
SURGERY	219	\$26,061	\$22,931	\$3,131	\$0	\$0	\$3,131	0.58%
SURGERY IP	20	\$19,329	\$12,932	\$6,397	\$0	\$0	\$6,397	1.19%
SURGERY OP	25	\$31,357	\$26,923	\$4,434	\$0	\$0	\$4,434	0.83%
THERAPY	200	\$17,804	\$10,636	\$7,169	\$630	\$0	\$6,539	1.22%
URGENT CARE	12	\$3,786	\$2,888	\$898	\$225	\$0	\$673	0.13%
WELLNESS	884	\$29,840	\$24,005	\$5,835	\$0	\$0	\$5,835	1.09%
XRAY/ LAB	1926	\$285,752	\$245,900	\$39,853	\$2,240	\$0	\$37,613	7.00%
Totals:	6456	\$5,127,864	\$4,580,278	\$547,586	\$10,555	-\$100	\$537,130	



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 4/30/2023
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	59514		Charges	\$40,775,364	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$35,473,529	Addl Info Not Provided	\$345,935	0.85%
Medical	\$5,147,788	\$580	Allowed	\$5,301,835	Duplicate Charges	\$1,171,307	2.87%
Professional	\$1,976,152	\$223	less Member	\$105,170	Plan Limitations	\$4,835,707	11.86%
Facility	\$3,171,636	\$358	less Adjustments	\$48,877	Cost Savings	\$29,053,848	71.25%
Other	\$0	\$0	Paid Benefit	\$5,147,788	UCR Reductions	\$1,582	0.00%
PBM	\$0	\$0	plus Admin Costs	\$1,896,466	Other	\$65,149	0.16%
Vision	\$0	\$0	Total Plan Paid:	\$7,044,254	Total:	\$35,473,529	87.00%
Total Plan Paid:	\$5,147,788	\$580					

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
4/30/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	25	51	0	0	0	0	51	0	0
20 to 25	18	24	42	0	0	0	0	42	0	0
26 to 29	27	19	46	0	0	0	0	46	0	0
30 to 39	99	99	198	0	0	0	0	198	0	0
40 to 49	124	175	299	0	0	0	0	299	0	0
50 to 59	166	219	385	0	0	0	0	385	0	0
60 to 64	79	98	177	0	0	0	0	177	0	0
65 and Older	25	44	69	0	0	0	0	69	0	0
Totals	564	703	1267	0	0	0	0	1267	0	0
Average Age	46.39	48.41	47.51	0.00	0.00	0.00	0.00	47.51	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 4/30/2023	Employee	Spouse	Dependent
Adventhealth Deland	680	\$960,470	0 to 19	\$28,157	\$0	\$0
Adventhealth Fish	515	\$716,264	20 to 25	\$119,154	\$0	\$0
Halifax Hospital Medical	102	\$648,776	26 to 29	\$44,748	\$0	\$0
Florida Cancer Specialists	699	\$409,477	30 to 39	\$330,324	\$0	\$0
Medical Center Of Deltona	153	\$389,520	40 to 49	\$1,381,269	\$0	\$0
Deland Dialysis	628	\$267,154	50 to 59	\$1,964,470	\$0	\$0
Quest Diagnostics Tampa	2701	\$166,772	60 to 64	\$765,138	\$0	\$0
6 Radiology Associates	1055	\$130,559	65 and Older	\$514,528	\$0	\$0
Orange City Surgery	142	\$80,553	Totals	\$5,147,788	\$0	\$0
Ormond Beach Dialysis	165	\$71,203				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$19,994	56	\$1,119,664
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,119,664
March 23	\$1,002,816				
April 23	\$537,130				
Total:	\$5,147,788				



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 4/30/2023
 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	23	\$50,670	\$50,670	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	482	\$658,352	\$590,534	\$67,817	\$0	\$0	\$67,817	1.32%
CHIROPRACTIC	86	\$4,205	\$2,365	\$1,840	\$350	\$0	\$1,490	0.03%
COVID-19	241	\$58,642	\$52,884	\$5,757	\$0	\$0	\$5,757	0.11%
DIALYSIS	1043	\$6,299,249	\$5,914,276	\$384,973	\$0	\$0	\$384,973	7.48%
DME/APPLIANCE	50	\$18,797	\$18,797	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	3968	\$5,858,587	\$5,376,818	\$481,769	\$21,443	\$0	\$460,326	8.94%
HOME HEALTH CARE	10	\$24,099	\$23,126	\$974	\$0	\$0	\$974	0.02%
HOSPICE CARE	3	\$18,087	\$18,087	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	2781	\$1,843,144	\$1,842,738	\$406	\$0	\$0	\$406	0.01%
INPATIENT PHYS	2043	\$522,905	\$407,506	\$115,399	\$0	\$0	\$115,399	2.24%
IP HOSP CHARGES	501	\$12,208,933	\$10,623,806	\$1,585,127	\$9,600	\$0	\$1,575,527	30.61%
MATERNITY	13	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	198	\$103,433	\$81,405	\$22,027	\$603	\$0	\$21,424	0.42%
OFFICE VISIT	6237	\$860,401	\$520,177	\$340,224	\$28,430	\$0	\$311,794	6.06%
OP PHYSICIAN	1716	\$558,759	\$418,363	\$140,396	\$2,027	\$0	\$138,369	2.69%
OTHER	1673	\$39,724	\$39,724	\$0	\$0	\$48,877	-\$48,877	-0.95%
OUTPAT HOSP	123	\$165,591	\$149,756	\$15,835	\$1,413	\$0	\$14,422	0.28%
PRESCRIPTION	9	\$219	\$219	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	820	\$320,165	\$230,754	\$89,411	\$3,310	\$0	\$86,101	1.67%
RADIATION /CHEMO	556	\$1,319,848	\$976,702	\$343,146	\$44	\$0	\$343,102	6.67%
REHAB	2	\$51,571	\$37,241	\$14,330	\$0	\$0	\$14,330	0.28%
SLEEP DISORDER	12	\$669	\$669	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	17	\$189,692	\$161,625	\$28,067	\$5	\$0	\$28,062	0.55%
SURG FACILITY	462	\$4,484,221	\$3,738,607	\$745,613	\$8,873	\$0	\$736,740	14.31%
SURGERY	1390	\$273,064	\$231,713	\$41,350	\$0	\$0	\$41,350	0.80%
SURGERY IP	179	\$275,643	\$223,378	\$52,265	\$0	\$0	\$52,265	1.02%
SURGERY OP	342	\$517,940	\$400,032	\$117,908	\$0	\$0	\$117,908	2.29%
THERAPY	2050	\$198,918	\$120,744	\$78,174	\$6,050	\$0	\$72,124	1.40%
URGENT CARE	47	\$12,967	\$10,794	\$2,173	\$548	\$0	\$1,624	0.03%
VISION	12	\$1,813	\$1,813	\$0	\$0	\$0	\$0	0.00%
WELLNESS	7494	\$463,278	\$370,088	\$93,191	\$0	\$0	\$93,191	1.81%
XRAY/ LAB	25847	\$3,353,689	\$2,821,091	\$532,598	\$22,475	\$0	\$510,123	9.91%
Totals:	60435	\$40,775,364	\$35,473,529	\$5,301,835	\$105,170	\$48,877	\$5,147,788	

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2023 to 4/30/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1356	0	1356
2/1/2023	1334	0	1334
3/1/2023	1375	0	1375
4/1/2023	1333	0	1333
Total Member Days 1,349.50			



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 4/30/2023

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
De Leon Spgs, FL	52	0	52
Debary, FL	39	0	39
Deland, FL	542	0	542
Deleon Springs, FL	22	0	22
Deltona, FL	372	0	372
Enterprise, FL	1	0	1
Lake Helen, FL	15	0	15
Orange City, FL	79	0	79
Osteen, FL	11	0	11
Pierson, FL	77	0	77
Seville, FL	30	0	30
Total	1241	0	1241



Tier Census by Product 4/1/2023

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	1257	571	686	0	0	0	0	1257
		Subtotal for Active:	1257	571	686	0	0	0	0	1257
		Total for Medical:	1257	571	686	0	0	0	0	1257

Requested by: ReportScheduler from p316 data [P316]

Generated at: 13:27:33 on 01 April 2023

Jv-1.28.5.0

Yes



Tier Census by Product 4/15/2023

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	1275	571	704	0	0	0	0	1275
		Subtotal for Active:	1275	571	704	0	0	0	0	1275
		Total for Medical:	1275	571	704	0	0	0	0	1275

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:13 on 15 April 2023

Jv-1.28.5.0

Yes



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 4/1/2023 to 4/30/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	10	3,172.50	3,172.50	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	45	84,796.40	38,945.00	36,916.02	8,935.38	0.00	0.00	8,935.38	1.66%
CHIROPRACTIC	4	265.30	0.00	145.88	119.42	30.00	0.00	89.42	0.02%
COVID-19	22	3,716.77	1,981.50	1,588.70	146.57	0.00	0.00	146.57	0.03%
DIALYSIS	333	1,219,772.35	-2,039,530.02	3,101,900.94	157,401.43	0.00	0.00	157,401.43	29.30%
DME/APPLIANCE	4	3,700.00	3,700.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	358	581,370.80	139,981.96	390,210.08	51,178.76	2,651.94	0.00	48,526.82	9.03%
HOME HEALTH CARE	3	444.00	-21,627.00	21,097.44	973.56	0.00	0.00	973.56	0.18%
INELIGIBLE	551	719,558.81	719,156.16	402.65	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	312	79,258.74	40,586.96	23,998.05	14,673.73	0.00	0.00	14,673.73	2.73%
IP HOSP CHARGES	47	1,304,977.17	333,103.13	835,005.43	136,868.61	950.00	0.00	135,918.61	25.30%
MEDICAL MISC	15	3,224.00	132.00	2,566.06	525.94	50.00	0.00	475.94	0.09%
OFFICE VISIT	692	82,325.83	15,080.11	39,206.42	28,039.30	2,390.00	0.00	25,649.30	4.78%
OP PHYSICIAN	282	88,379.56	-209,975.65	290,781.53	7,573.68	146.17	0.00	7,427.51	1.38%
OTHER	265	0.00	0.00	0.00	0.00	0.00	-99.54	99.54	0.02%
OUTPAT HOSP	35	2,735.54	-1,752.74	4,429.17	59.11	18.99	0.00	40.12	0.01%
PRESCRIPTION	6	141.87	141.87	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	59	27,516.62	0.00	16,254.61	11,262.01	240.00	0.00	11,022.01	2.05%
RADIATION /CHEMO	65	58,006.16	244.00	45,079.37	12,682.79	8.10	0.00	12,674.69	2.36%
SLEEP DISORDER	2	106.93	106.93	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	2	37,140.03	0.00	33,443.04	3,696.99	0.00	0.00	3,696.99	0.69%
SURG FACILITY	62	413,324.58	30,016.49	337,575.85	45,732.24	975.00	0.00	44,757.24	8.33%
SURGERY	219	26,061.28	935.52	21,995.25	3,130.51	0.00	0.00	3,130.51	0.58%
SURGERY IP	20	19,328.76	2,153.00	10,779.24	6,396.52	0.00	0.00	6,396.52	1.19%
SURGERY OP	25	31,356.98	263.83	26,659.20	4,433.95	0.00	0.00	4,433.95	0.83%
THERAPY	200	17,804.43	426.25	10,209.41	7,168.77	630.00	0.00	6,538.77	1.22%
URGENT CARE	12	3,786.00	764.00	2,123.58	898.42	225.00	0.00	673.42	0.13%
WELLNESS	884	29,839.98	305.50	23,699.02	5,835.46	0.00	0.00	5,835.46	1.09%
XRAY/ LAB	1926	285,752.43	44,251.79	201,647.77	39,852.87	2,240.28	0.00	37,612.59	7.00%
Totals for 00532	6460	5,127,863.82	-897,436.91	5,477,714.71	547,586.02	10,555.48	-99.54	537,130.08	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 16:06:24 on 01 May 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2022 to 4/30/2023

	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	23	50,669.50	50,669.50	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	482	658,351.50	203,417.30	387,116.97	67,817.23	0.00	0.00	67,817.23	1.32%
CHIROPRACTIC	86	4,205.00	154.00	2,211.23	1,839.77	350.00	0.00	1,489.77	0.03%
COVID-19	241	58,641.80	14,912.00	37,972.48	5,757.32	0.00	0.00	5,757.32	0.11%
DIALYSIS	1043	6,299,249.29	-1,131,779.21	7,046,055.27	384,973.23	0.00	0.00	384,973.23	7.48%
DME/APPLIANCE	50	18,797.21	18,797.21	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	3968	5,858,586.85	1,831,187.82	3,545,630.42	481,768.61	21,442.60	0.00	460,326.01	8.94%
HOME HEALTH CARE	10	24,099.33	1,998.00	21,127.73	973.60	0.00	0.00	973.60	0.02%
HOSPICE CARE	3	18,086.85	18,086.85	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	2781	1,843,143.51	1,841,849.32	888.58	405.61	0.00	0.00	405.61	0.01%
INPATIENT PHYS	2043	522,904.71	205,854.51	201,651.69	115,398.51	0.00	0.00	115,398.51	2.24%
IP HOSP CHARGES	501	12,208,932.97	2,729,550.03	7,894,255.74	1,585,127.20	9,600.00	0.00	1,575,527.20	30.61%
MATERNITY	13	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	198	103,432.70	7,958.74	73,446.48	22,027.48	603.05	0.00	21,424.43	0.42%
OFFICE VISIT	6237	860,400.64	85,948.49	434,228.23	340,223.92	28,430.00	0.00	311,793.92	6.06%
OP PHYSICIAN	1716	558,758.82	-275,797.58	694,160.54	140,395.86	2,026.64	0.00	138,369.22	2.69%
OTHER	1821	39,724.00	39,724.00	0.00	0.00	0.00	48,876.73	-48,876.73	-0.95%
OUTPAT HOSP	123	165,591.13	-17,933.94	167,690.12	15,834.95	1,413.33	0.00	14,421.62	0.28%
PRESCRIPTION	9	218.85	218.85	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	820	320,165.27	64,847.78	165,906.35	89,411.14	3,310.00	0.00	86,101.14	1.67%
RADIATION /CHEMO	556	1,319,848.33	13,022.89	963,679.05	343,146.39	44.00	0.00	343,102.39	6.67%
REHAB	2	51,571.00	0.00	37,240.54	14,330.46	0.00	0.00	14,330.46	0.28%
SLEEP DISORDER	12	669.30	669.30	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	17	189,692.19	0.00	161,624.89	28,067.30	5.00	0.00	28,062.30	0.55%
SURG FACILITY	462	4,484,220.82	268,410.62	3,470,196.87	745,613.33	8,872.99	0.00	736,740.34	14.31%
SURGERY	1390	273,063.59	2,094.79	229,618.36	41,350.44	0.00	0.00	41,350.44	0.80%
SURGERY IP	179	275,643.21	89,077.83	134,300.52	52,264.86	0.00	0.00	52,264.86	1.02%
SURGERY OP	342	517,939.90	15,688.83	384,342.87	117,908.20	0.00	0.00	117,908.20	2.29%
THERAPY	2050	198,918.21	5,787.25	114,956.91	78,174.05	6,050.00	0.00	72,124.05	1.40%
URGENT CARE	47	12,967.00	5,690.00	5,104.46	2,172.54	548.06	0.00	1,624.48	0.03%
VISION	12	1,813.35	1,813.35	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	7494	463,278.39	28,514.60	341,573.26	93,190.53	0.00	0.00	93,190.53	1.81%
XRAY/ LAB	25847	3,353,688.58	346,553.88	2,474,537.20	532,597.50	22,474.58	0.00	510,122.92	9.91%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 16:01:58 on 01 May 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2022 to 4/30/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	60583	40,775,363.80	6,481,987.01	28,991,542.27	5,301,834.52	105,170.25	48,876.73	5,147,787.54	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 4/1/2023 to 4/30/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	2	-106.03	0.00	0.00	0.00	0.00	-106.03
miCareDeLand	1849	362,007.00	0.00	0.00	0.00	0.00	362,007.00
miCareDelton	949	146,646.69	0.00	0.00	0.00	0.00	146,646.69
miCarePierse	121	28,582.42	0.00	0.00	0.00	0.00	28,582.42
N/A	69	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2990	537,130.08	0.00	0.00	0.00	0.00	537,130.08



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2022 to 4/30/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	3	-106.03	0.00	0.00	0.00	0.00	-106.03
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	13402	2,750,865.36	0.00	0.00	0.00	0.00	2,750,865.36
miCareDelton	10493	2,197,866.40	0.00	0.00	0.00	0.00	2,197,866.40
miCarePierse	920	199,161.81	0.00	0.00	0.00	0.00	199,161.81
N/A	171	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	24990	5,147,787.54	0.00	0.00	0.00	0.00	5,147,787.54



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 4/1/2023 to 4/30/2023

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	676	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 4/30/2023

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	4775	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/22 to 4/30/23

Location Name	Month	Hospital	Laboratory	PCP	Speciality	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Speciality 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
DeLand	04-2023	\$0.00	\$0.00	\$0.00	(\$106.03)	\$0.00	2	(\$106.03)	\$0.00	1	(\$106.03)	\$0.00	\$0.00	\$0.00	(\$106.03)	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	(\$106.03)	\$0.00	3	(\$106.03)	\$0.00	1	(\$106.03)	\$0.00	\$0.00	\$0.00	(\$106.03)	\$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	728	\$502.46	\$266.74	\$17.43	\$0.00	\$218.29	\$0.00
miCareDeLand	03-2023	\$258,863.08	\$16,989.08	\$0.00	\$185,493.94	\$0.00	2477	\$461,346.10	\$0.00	767	\$601.49	\$337.50	\$22.15	\$0.00	\$241.84	\$0.00
miCareDeLand	04-2023	\$125,789.99	\$7,089.53	\$0.00	\$229,127.48	\$0.00	1841	\$362,007.00	\$0.00	745	\$485.92	\$168.85	\$9.52	\$0.00	\$307.55	\$0.00
	Subtotal:	\$1,561,811.49	\$94,114.06	\$0.00	\$1,094,878.96	\$0.00	13379	\$2,750,804.51	\$0.00	5239	\$525.06	\$298.11	\$17.96	\$0.00	\$208.99	\$0.00
miCareDelton	10-2022	\$268,532.42	\$25,763.65	\$0.00	\$201,416.00	\$0.00	1836	\$495,712.07	\$0.00	563	\$880.48	\$476.97	\$45.76	\$0.00	\$357.75	\$0.00
miCareDelton	11-2022	\$191,566.04	\$22,902.70	\$0.00	\$176,900.74	\$0.00	1704	\$391,369.48	\$0.00	555	\$705.17	\$345.16	\$41.27	\$0.00	\$318.74	\$0.00
miCareDelton	12-2022	\$97,225.97	\$13,934.92	\$0.00	\$106,897.99	\$0.00	1429	\$218,058.88	\$0.00	549	\$397.19	\$177.10	\$25.38	\$0.00	\$194.71	\$0.00
miCareDelton	01-2023	\$116,734.39	\$11,039.68	\$0.00	\$100,036.26	\$0.00	1304	\$227,810.33	\$0.00	544	\$418.77	\$214.59	\$20.29	\$0.00	\$183.89	\$0.00
miCareDelton	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
miCareDelton	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
miCareDelton	04-2023	\$82,075.50	\$7,159.91	\$0.00	\$57,411.28	\$0.00	944	\$146,646.69	\$0.00	519	\$282.56	\$158.14	\$13.80	\$0.00	\$110.62	\$0.00
	Subtotal:	\$1,122,636.09	\$109,603.86	\$0.00	\$965,626.45	\$0.00	10441	\$2,197,866.40	\$0.00	3802	\$578.08	\$295.28	\$28.83	\$0.00	\$253.98	\$0.00
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	04-2023	\$17,552.02	\$899.05	\$0.00	\$10,131.35	\$0.00	118	\$28,582.42	\$0.00	68	\$420.33	\$258.12	\$13.22	\$0.00	\$148.99	\$0.00
	Subtotal:	\$75,205.71	\$9,256.55	\$0.00	\$114,699.55	\$0.00	916	\$199,161.81	\$0.00	500	\$398.32	\$150.41	\$18.51	\$0.00	\$229.40	\$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
N/A	04-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	62	\$0.00	\$262,330.13	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	163	\$60.85	\$1,896,466.12	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$2,759,714.14	\$212,974.47	\$0.00	\$2,175,098.93	\$0.00	24903	\$5,147,787.54	\$1,896,466.12	9542	\$738.24	\$289.22	\$22.32	\$0.00	\$227.95	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2022-4/30/2023

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

April 2023 Report

miCare Utilization

Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deland					
2023	217	169	78%	48	22%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deltona					
2023	155	122	79%	33	21%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
Deland and Deltona					
2023	372	291	78.5%	81	21.5%

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 % of the available clinician capacity was used for scheduled appointments; % of clinician time was available for walk-ins and other patient care activities.
- "No Shows" is where patients didn't attend their scheduled clinic appointment.
 - DeLand - 7%
 - Deltona - 11%

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

- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represents 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	286	64%	Schedulable patient activities
Total Labs	150	34%	Schedulable patient activities
Total Nurse Visits	11	2%	Schedulable patient activities
Total medication pick-up	429		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	31		Don't have a visit type and are not scheduled appointments
Total Visits	447		

DeLand

- There was a total of **447** clinic visits at the DeLand clinic in April with an additional **429** Medication pick-ups and an additional 31 med pick-ups from the PAP program.
- There were **38 new patients** that established care at the DeLand clinic.
- There were **48 Physicals** in April – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	218	67%	Schedulable patient activities
Total Labs	89	28%	Schedulable patient activities
Total Nurse Visits	16	5%	Schedulable patient activities
Total medication pick-up	0		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	22		Don't have a visit type and are not scheduled appointments
Total Visits	323		

Deltona

- There was a total of **323** clinic visits at the Deltona clinic in April with an additional **22** Medication pick-ups from the PAP program.
- There were **23 new patients** that established care at the Deltona clinic.
- There were **40 Physicals** in April – Male/Female Wellness – Established Patients



miCare Member Migration

April 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total	597	1,302	46%

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

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

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

	April 2023	
PAP Summary 4/1/2023-4/30/2023		
Application Approved	338	\$151,813
Application Pending Approval	5	\$2,432
Application Started but Not Submitted	7	\$3,362
Totals	350	\$157,607
	(Active Applications)	Monthly Savings for April

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 \$157,607 of cost for branded medication
- Projected annual cost avoided \$1,891,287



**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



May 1, 2023

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of April there were 250 appointments to assist with new applications and 32 appointments to assist with pended applications from February-March. For a total of 282 Interviews with clients.

186 applications were submitted for verification and enrollment. Of these, 164 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 May 2023 for approval.

Of the 186 that were processed, 164 were approved and 16 were denied. There were 6 pended remaining.

Currently applications are being processed, approved and the client enrolled in 7 business days. Current enrollment with EBMS is taking up to 7-14 days to appear active in system.

Outreach Efforts:

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

Respectfully submitted by Gail Hallmon /Terrell Irvin

Halifax Health 2023 Quarter 2 Report to West Volusia Hospital Authority

Halifax Health continues to provide exceptional care for WVHA cardholders. The Halifax Health case management teams collaborates closely with MiCare to ensure hospital inpatients are transitioned appropriately. Halifax Health supports WVHA members by providing an expansive suite of services within the WVHA district. The Halifax Health | UF Health Medical Center of Deltona is Deltona's only full-service hospital, with a six-story medical facility that includes a 24-hour emergency room, surgical operating rooms, the latest in diagnostic equipment and plentiful hospital rooms, along with a two-story medical office annex available to service WVHA member needs. The Halifax Health | UF Medical Center of Deltona provides the following services and more: Cardiology, Gastroenterology, Pediatrics, Infusion Therapy, Radiology, Psychiatry, and Primary Care. Expect new services to be added at the Halifax Health | UF Medical Center of Deltona to better serve patients within the WVHA district as we will inform WVHA as announcements become public. Halifax Health has been named a Top 50 hospital in the nation for cardiovascular care by IBM Watson Health for three consecutive years out of 980 hospitals nationwide. The American Heart Association honored us with it Gold Plus status for our comprehensive stroke program. Becker's Healthcare also name Halifax Health a Top Place to Work in Healthcare 2023.

WVHA Members Served at Halifax Health Hospital Facilities

		Patient Type	
	Month	Inpatient	Outpatient
2022	Jan	8	30
	Feb	6	26
	Mar	5	33
	Apr	5	33
	May	5	33
	Jun	1	32
	Jul	3	29
	Aug	3	27
	Sep	6	24
	Oct	5	22
	Nov	5	26
	Dec	1	26
2023	Jan	6	31
	Feb	4	26
	March	5	22
	April	6	27
Total		74	447

Uninsured Patients Served at Medical Center of Deltona

		Patient Type	
	Month	Inpatient	Outpatient
2022	Jan	6	21
	Feb	3	18
	Mar	5	19
	Apr	3	25
	May	4	22
	Jun	1	17
	Jul	2	21
	Aug	1	19
	Sep	3	13
	Oct	2	14
	Nov	1	18
	Dec	0	13
2023	Jan	1	24
	Feb	1	19
	March	1	11
	April	3	14
Total		37	288

WVHA Members Served by Halifax Health Physicians

	Specialty	Visits
Jan. 1, 2022 - April 30, 2023	Hospitalist	439
	Emergency Medicine	354
	Cardiovascular Disease	167
	Critical Care: Intensive	94
	Psychiatry	87
	Family Medicine	70
	Internal Medicine	50
	Phys. Med. & Rehab.	42
	Cardiology	41
	Wound Care	35
	General Practice	30
	Infectious Disease	29
	Gastroenterology	23
	Pulmonary Disease	18
	Palliative Care	13
	Gynecological/Oncology	12
	Ophthalmology	9
	Hematology/Oncology	7
	Clinical Cardiac Electrophysiology	5
	Radiation Oncology	4
	Neurology	3
	General Surgery	2
	Urology	1
Total		1,535

Age Mix		
	Count	Percent
>20	16	3%
20-29	43	8%
30-39	64	12%
40-49	127	24%
50-59	181	35%
60-69	75	14%
70+	15	3%
Total	521	100%

Patient Residence		
City	Count	Percent
Deltona	208	39.9%
Deland	154	29.6%
Orange City	37	7.1%
Debary	31	6.0%
Daytona Beach	19	3.6%
Pierson	19	3.6%
De Leon Springs	13	2.5%
Lake Helen	12	2.3%
Osteen	10	1.9%
Seville	5	1.0%
Hammond	2	0.4%
Jefferson	2	0.4%
Ocala	2	0.4%
Paisley	2	0.4%
Port Orange	2	0.4%
Astor	1	0.2%
Holly Hill	1	0.2%
Ormond Beach	1	0.2%



West Volusia Hospital Authority Board of Commissioners,

I wanted to provide a quick summary of Q1 2023 for AdventHealth DeLand and AdventHealth Fish Memorial. Below is a summary of key volumes and statistics for West Volusia Hospital Authority members:

Patient Mix		Originating Zip Code		
DeLand		32724	87	24%
Emergency	109	32720	81	22%
Inpatient	38	32738	56	15%
Outpatient	76	32725	49	13%
Total	223	32130	25	7%
Fish Memorial		32763	21	6%
Emergency	65	32180	14	4%
Inpatient	18	32190	12	3%
Outpatient	59	Other*	20	5%
Total	142			

*Zip codes with less than 5 patients each.

Age Mix		
>20	7	2%
20-29	12	3%
30-39	41	11%
40-49	96	26%
50-59	109	30%
60-69	82	22%
70+	18	5%
Total	365	100%

In addition to the care provided for the above population of West Volusia Hospital Authority patients so far in 2023, our two facilities continue to focus on provide high-quality care to the community of West Volusia:

- Both hospitals maintained Leapfrog Grade A ratings.
- AdventHealth DeLand is a CMS 5-Star facility.
- AdventHealth Fish Memorial is a CMS 4-Star facility.
- Both hospitals maintained top quartile mortality rates.

We also continue to make a significant investment in our community through various financial programs. In Q1, our charity and Medicaid unreimbursed costs in West Volusia totaled \$17M:

- \$9M at AdventHealth DeLand
- \$8M at AdventHealth Fish Memorial

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

Thank you for entrusting us with your patients.

A handwritten signature in black ink, appearing to read 'Kyle Glass', with a long horizontal line extending to the right.

Kyle Glass

Vice President | Chief Financial Officer
AdventHealth - West Volusia Market

Stacy-

Please see our 1Q 2023 information below:

	# of visits	Total Charges	Total Pmts Received to Date
WVH cardholders	213	\$376,774	\$23,814.89
Other Self Pay/Uninsured	2553	\$4,276,857	\$168,718.21

If you have any questions, please let me know.

Thank you-

Elizabeth LaFond
Controller



Elizabeth.lafond@emprosonline.com

1530 Cornerstone Blvd.

Suite 120

Daytona Beach, FL 32117

Office: 386.310.3521

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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

Anyone with knowledge of such violations is 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 Whistleblower'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, her, their or its 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 (currently Ted Small at tsmall@businessemploymentlawyer.com). Alternatively, if the suspected fraud concerns the Board Attorney, a report must be made immediately to the Board Accountant (currently Webb.Shephard@jmco.com).

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 should contact the Board Attorney (or the Accountant if it involves the 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. All reports brought in good faith with 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 or Account if report concerns the 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 as set forth in Section 119.07(1), Florida Statutes and Section 24(a), Article I, of the Florida Constitution. After the investigation is completed and there is no exemption, information about the investigation may be disclosed.

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](#)).

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 11.02](#).
 - 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

Section 11.03 Appendix C - WVHA Taxing District (Zip Codes Included in District)

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
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How did you hear about the WVHA Health Card Program? Check one box:

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

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes <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
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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	_____ <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; margin-left: 10px;">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	\$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 people, add \$5,140 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

APRIL 30, 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 April 30, 2023, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

DeLand, Florida
May 18, 2023

**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
APRIL 30, 2023**

ASSETS

Ameris Bank - operating	\$ 9,098,704
Ameris Bank - MM	293,659
Ameris Bank - Medicaid MM	2,517,692
Ameris Bank - payroll	33,894
Mainstreet Community Bank - escrow	200,000
Mainstreet Community Bank - MM	1,717,289
Surety Bank - MM	7,498,293
Mainstreet Community Bank - Certificates of deposit	9,136,971
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 30,498,502</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 30,498,502</u></u>
---------------------------	------------------------------------

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND SEVEN MONTHS ENDED APRIL 30, 2023

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 570,806	\$ 14,903,997	\$ 15,900,000	\$ 996,003	94%
Interest income	38,104	167,566	45,000	(122,566)	372%
Total revenues	608,910	15,071,563	15,945,000	873,437	95%
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	136,924	703,300			
AdventHealth	206,544	1,028,108			
Total hospitals	343,468	1,731,408	3,000,000	1,268,592	58%
Specialty Care Services					
Specialty Care - ER	7,228	55,481			
Specialty Care - Non-ER	442,135	1,954,163			
Total Specialty Care Services	449,363	2,009,644	3,000,000	990,356	67%
Emergency Room Care	81,208	445,072	1,000,000	554,928	45%
Primary Care	237,750	1,241,922	2,500,000	1,258,078	50%
Pharmacy	62,302	260,145	900,000	639,855	29%
Florida Dept of Health Dental Svcs	10,821	63,616	150,000	86,384	42%
Hispanic Health Initiatives	6,225	34,025	75,000	40,975	45%
Community Legal Services	7,004	32,866	105,794	72,928	31%
Rising Against All Odds	15,613	102,988	145,140	42,152	71%
HSCFV - Outreach	7,214	40,778	81,560	40,782	50%
HSCFV - Fam Services	9,641	27,318	76,331	49,013	36%
The House Next Door	1,673	13,748	60,000	46,252	23%
SMA - Homeless Program	9,205	56,678	78,336	21,658	72%
SMA - Residential Treatment	89,998	314,926	550,000	235,074	57%
SMA - Baker Act - Match	-	277,645	300,000	22,355	93%
H C R A - In County	-	20,399	400,000	379,601	5%
H C R A - Outside County	-	9,067	400,000	390,933	2%
The Neighborhood Center	10,900	58,600	100,000	41,400	59%
Healthy Communities Kid Care Outreach	7,064	32,374	72,202	39,828	45%
Other Healthcare Expenditures	-	-	370,000	370,000	0%
Total healthcare expenditures	1,349,449	6,773,219	13,364,363	6,591,144	51%
Personnel services					
Regular salaries and wages	5,425	37,975	65,588	27,613	58%
Payroll taxes	415	3,136	5,017	1,881	63%
Retirement	646	3,466	8,467	5,001	41%
Life and Health Insurance	952	6,012	12,000	5,988	50%
Workers Compensation Claims	-	9,764	25,000	15,236	39%
Total personnel services	7,438	60,353	116,072	55,719	52%
Other expenditures					
Legal Counsel	2,115	36,997	85,000	48,003	44%
Outside Legal Counsel	6,000	42,000	72,000	30,000	58%
Outside Legislative Advisory	6,000	42,000	72,000	30,000	58%
Audit	-	19,170	20,000	830	96%
General Accounting	9,000	54,000	108,000	54,000	50%
Application Screening - THND	37,820	220,382	447,364	226,982	49%
Application Screening - RAAO	3,840	20,352	81,452	61,100	25%
TPA Services (EBMS)	28,774	184,440	682,000	497,560	27%
Building Occupancy Costs	-	-	100,000	100,000	0%
Advertising	-	2,402	10,000	7,598	24%
Other Operating Expenditures	1,536	24,690	30,000	5,310	82%
Office Supplies	-	-	6,749	6,749	0%
Tax Collector & Appraiser Fee	11,415	439,034	650,000	210,966	68%
City of DeLand Tax Increment District	-	111,805	100,000	(11,805)	112%
Total other expenditures	106,500	1,197,272	2,464,565	1,267,293	49%
Total expenditures	1,463,387	8,030,844	15,945,000	7,914,156	50%
Excess (deficiency) of revenues over expenditures	\$ (854,477)	\$ 7,040,719	\$ -	\$ (7,040,719)	0%

See accountants' compilation report.

From: [Theodore Small](#)
To: [Stacy Tebo](#)
Cc: [Jennifer Coen](#); [Webb Shephard](#)
Subject: FINAL and Redlined Revision of Anti-Fraud Policy/Legal Objections as to Form of Proposed EBMS Amendment No. 2
Date: Tuesday, May 9, 2023 1:38:50 PM
Attachments: [WVHA--Auditor General--Fraud Policy--FINAL as of 5-9-23.docx](#)
[WVHA--Auditor General--Draft Fraud Policy--TWS Revised Draft as of 5-9-23.docx](#)

Stacy, I don't have anything to provide a written legal update except for the attached, one version of the proposed new Anti-fraud Policy in FINAL form and another Revised Draft showing changes since the one circulated to the Board in March and April.

Because EBMS may not get us back a revised version of their proposed Amendment No. 2 to the Administrative Services Agreement, I'm am pasting here an except of my earlier email to you and Webb with my paragraph by paragraph analysis of their proposal as of today:

My points for clarification or removal of proposed numbered paragraphs in Amendment No. 2 are as follows:

1. *Ok as is*
2. What is meant by "timely"
3. What is meant by "timely" and "sufficient notice"
4. *Ok as is*
5. This proposed amendment cannot be agreed. Paragraph 2 in Amendment No. 1 is a Florida Law requirement for WVHA to include in all WVHA agreements to ensure compliance with the Government-in-the-Sunshine Law. WVHA cannot agree to any variance with that statutory requirement to allow EBMS to destroy records on its own retention schedule. Any destruction of records must be in accordance with State law retention of records guidelines, which needs to be coordinated with Stacy Tebo as the new WVHA's Records Custodian.
6. I'm uncomfortable with a deleting and replacing Schedule A in its entirety without further clarification as to what specific terms that were specifically negotiated as a part of that overall original 2020 agreement are being amended and why those parts should not be specifically highlighted paragraph by paragraph as we are doing for the remainder of this proposed Amendment.

Please include this email and both attachments in the Meeting Materials in lieu of a formal Legal Update. You can also email to Board members in advance of the meeting if you believe that would be for their convenience.

Thanks, ts

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tsmall@westvolusiahospitalauthority.org

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