

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
November 16, 2023
5:00 PM
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
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
 1. Regular Meeting held October 19, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Reporting Agenda
 - A. EBMS October Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona October Report – Darik Croft, COO of miCare and miRx
 - C. The House Next Door October Application Processing Report
 - D. Emergency Services 3rd Quarter of 2023 (July – Sept)
 1. Halifax Health | UF Health – Medical Center of Deltona
 2. Advent Health DeLand & Advent Health Fish Memorial
 3. EMPros
7. Discussion Items
 - A. Specialty Care Referrals
 - B. One Voice for Volusia Membership (Tabled on 10/19/23)
 - C. Review and Adoption of Investment Policy
 - D. Resolution 2023-008 - Amending Budget for FY 2022-2023
 - E. Response to AG Preliminary and Tentative Audit Findings
 - F. Tentative Schedule for 2024 Meeting Dates
 - G. CAC Appointments – Commissioners Craig, Manning and Pepin
 - H. Suspend or Modify Resolution Regarding Automatic Memorial Resolutions
 - I. Purchase of Tent and Table for Events (Commissioner Manning)
8. Follow Up
 1. CAC Recommendations for Improvements to Funding Application Process
 2. Medicaid Match Litigation
9. Administrator Report
10. Finance Report
 - A. October Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Adjournment

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

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

Sanborn Center Ballroom A
815 S. Alabama Avenue, DeLand, FL
October 19, 2023
5:00 PM

Those in Attendance:

Commissioner Voloria Manning
Commissioner Roger Accardi
Commissioner Judy Craig (arrived at 5:35)
Commissioner Jennifer Coen

Those Absent:

Commissioner Donna Pepin

Others Present:

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

Call to Order

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:09 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Agenda

Motion 093 – 2023 Commissioner Manning moved to approve the agenda as presented. Commissioner Accardi seconded the motion. The motion passed 3-0-2.

Consent Agenda – Approval of Minutes

**Final Budget Hearing held September 21, 2023
Regular Meeting held September 21, 2023**

Motion 094 – 2023 Commissioner Accardi moved to approve the Consent Agenda. Commissioner Manning seconded the motion. The motion passed 3-0-2.

Citizen Comments

None.

**Presentation of Community Health Improvement Plan and Progress Update by Carrie Baird
– One Voice for Volusia and Tarayn Korkus-Nix – Volusia County Department of Health**

Ms. Baird and Ms. Korkus-Nix gave their presentation and provided a progress update. They entertained questions from Board members and the audience.

EBMS September Report – Written Submission

WVHA miCare Clinic DeLand/Deltona September Report – Written Submission

WVHA miCare Clinic DeLand/Deltona 3rd Quarter Report – Written Submission

The House Next Door September Application Processing Report

All reports were received into the written record.

Discussion Items

One Voice for Volusia Membership

The item was tabled until the next meeting.

Amendment to Hispanic Health Initiative, Inc. 2022-2023 Funding Agreement

Attorney Small explained that the amendment formalized the funding increase approved by the Board at the September regular meeting.

Motion 095 – 2023 Commissioner Accardi moved to approve the first amendment to the Hispanic Health Initiative, Inc. 2022-2023 funding agreement. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Maturity of 1-Year and 2-Year CDs at Mainstreet Bank

Chair Coen read aloud the staff memo from CPA Webb Shephard regarding the two CDs maturing on November 24, 2023.

Ms. Tebo explained that the new one-year CD would also be part of the CDARS program.

Motion 096 – 2023 Commissioner Craig moved to approve opening a one-year \$5 million CD in the CDARS program at Mainstreet Bank from the funds in the two CDs maturing on November 24, 2023, and to transfer the remainder into the Mainstreet Bank money market account. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Roll call:

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

Funding Agreements for 2023-24

- Community Legal Services, Inc. Medical-Legal Partnership Program
- Healthy Communities – Kidcare Outreach
- Hispanic Health Initiative, Inc.’s Taking Care of My Health
- Rising Against All Odds, Inc. - HIV/AIDS Outreach and Case Management
- Rising Against All Odds, Inc. - Health Card Enrollment & Retention Services
- SMA Healthcare - Baker Act Match
- SMA Healthcare - Homeless Program
- SMA Healthcare - Level II Residential Treatment
- The Healthy Start - Access to Healthcare Services
- The Healthy Start - Family Services Coordinator
- The House Next Door - Therapeutic/Mental Health Services
- The House Next Door - HealthCard Program - Eligibility Determination Svcs
- The Neighborhood Center of West Volusia - Access to Care
- Volusia County Health Dept - Florida Department of Health (Dental Care)

Attorney Small pointed out the changes made since last year and recommended approval.

Motion 097 – 2023 Commissioner Manning moved to approve the funding agreements for 2023-2024 listed as #1 through #14 under Discussion Item D. Commissioner Craig seconded the motion. The motion passed 3-1-1, with Commissioner Accardi dissenting.

Follow Up

CAC Recommendations for Improvements to Funding Application Process

Ms. Tebo said she had grouped the recommendations relating to the application (numbers one through sixteen) separately from those internal to CAC operations. She pointed out that everything in red on the application was a change to the current approved application. She explained the suggestions in numerical order.

There was discussion on number five (applicable to page eight of the application), and there was consensus to leave the requirement as is for support documentation.

On number ten, she said that some agencies had written a lengthy narrative, and the CAC felt like it could be shortened. Chair Coen suggested that the word “narrative” could be deleted from the title of page eight, and they could also delete the wording “Attach in narrative form” and replace it with “List”.

There was much discussion on number eleven regarding financial documentation requested under 4a on page nine of the application. There was consensus that the vague wording “or most current organizational financial statement” should be deleted. There was discussion that a 990 is only applicable to non-profits, and the wording “PDF of 990 or tax return” might be added.

Attorney Small advised that the Board give thought to the CAC’s suggestion regarding not accepting incomplete applications.

Chair Coen said that the items listed in the first CAC suggestion should be addressed by Ms. Tebo at the mandatory applicant meeting, and they should not rely on the CAC Chair to communicate requirements to the applicants.

There was discussion but no consensus regarding transitioning to a paperless application at this time.

Chair Coen said she would like to see the grid (suggestion number fifteen) incorporated into page four of the application.

Ms. Tebo asked the members to communicate to her any further ideas in the next month.

Medicaid Match Litigation

Attorney Small noted they received an email update from Attorney John Mullen, and he was recommending WVHA pay the FY 2022-2023 Medicaid Match and the three invoices received for July, August, and September of 2023. He added that WVHA would pay these invoices under protest, specifically stating that the legality of the County’s allocation is a question currently pending before the Court, pursuant to WVHA’s pending Counterclaim.

Attorney Small voiced agreement with Attorney Mullen’s recommendation for the WVHA to authorize payment of the Medicaid Match invoices, and that WVHA include a cover letter with the payments as follows:

“WVHA continues to object and dispute the validity of the County’s right to allocate WVHA any part of the County’s Medicaid Match allocation for the reasons stated in the enclosed “WVHA Position Statement—Medicaid Match Litigation” and forwarded to the County Manager and County Council on February 17, 2023, and in its pending Counterclaim. The enclosed payment is made under protest, specifically reserving WVHA’s right to obtain a declaratory judgment on the question currently pending before the Court concerning the applicability of Fla. Stat. 409.915(5).”

Motion 098 – 2023 Commissioner Accardi moved to accept Attorney John Mullen’s recommendation to authorize the payments to be sent in the form described in his email. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Roll call:

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

Administrator Report

Ms. Tebo said she attended an event the previous Friday evening at Manatee Cove Elementary to promote WVHA and partner agencies. She said there would be a similar event in December at Enterprise Elementary School. She reminded the Board of the event at New Hope Church in Deltona on November 4th from 9 a.m. to noon.

Finance Report

September Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financials and estimated expenditures for the Board. She pointed out that there would be a \$3 million transfer from Surety Bank to Ameris Operating to provide for the payment of the Medicaid Match recommended by Attorney John Mullen. She added there was also a transfer from the Ameris Money Market to Ameris Operating included.

Chair Coen suggested that James Moore & Co. edit the title “Mainstreet Community Bank - Escrow” on the Fund Balance page to reflect the purpose of the account more accurately. Attorney Small said he could assist with more appropriate wording.

Motion 099– 2023 Commissioner Manning 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 \$8,544,380. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small informed the Board that he was recently contacted by The House Next Door CEO about receiving a community award.

There being no further business to come before the Board, the meeting was adjourned at 7:44 p.m.

Adjournment

Jennifer Coen, Chair



EBMS

November 16, 2023

Submission Report for
WVHA Board Members

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Claims paid by Month15

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2023 to 10/31/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6252		Charges	\$5,581,662	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,970,197	Addl Info Not Provided	-\$1,202,628	-21.55%
Medical	\$598,474	\$446	Allowed	\$611,466	Duplicate Charges	\$41,076	0.74%
Professional	\$234,185	\$175	less Member	\$9,985	Plan Limitations	\$2,902,633	52.00%
Facility	\$364,289	\$271	less Adjustments	\$3,007	Cost Savings	\$3,159,287	56.60%
PBM	\$0	\$0	Paid Benefit	\$598,474	UCR Reductions	\$221	0.00%
Total Plan Paid:	\$598,474	\$446	plus Admin Costs	\$294,578	Other	\$69,607	1.25%
			Total Plan Paid:	\$893,052	Total:	\$4,970,197	89.05%

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
10/31/2023										
0 to 19	25	23	48	0	0	0	0	48	0	0
20 to 25	22	36	58	0	0	0	0	58	0	0
26 to 29	31	24	55	0	0	0	0	55	0	0
30 to 39	124	108	232	0	0	0	0	232	0	0
40 to 49	134	174	308	0	0	0	0	308	0	0
50 to 59	169	215	384	0	0	0	0	384	0	0
60 to 64	85	98	183	0	0	0	0	183	0	0
65 and Older	30	44	74	0	0	0	0	74	0	0
Totals	620	722	1342	0	0	0	0	1342	0	0
Average Age	46.07	47.69	46.94	0.00	0.00	0.00	0.00	46.94	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 10/31/2023	Employee	Spouse	Dependent
Halifax Hospital Medical	19	\$200,849	0 to 19	\$5,460	\$0	\$0
Adventhealth Deland	80	\$52,085	20 to 25	\$8,879	\$0	\$0
Adventhealth Fish	45	\$36,557	26 to 29	\$14,221	\$0	\$0
Medical Center Of Deltona	20	\$35,564	30 to 39	\$43,257	\$0	\$0
Deland Dialysis	20	\$30,816	40 to 49	\$75,252	\$0	\$0
Florida Cancer Specialists	104	\$26,549	50 to 59	\$318,487	\$0	\$0
Quest Diagnostics Tampa	313	\$19,006	60 to 64	\$103,331	\$0	\$0
6 Radiology Associates	114	\$13,131	65 and Older	\$29,589	\$0	\$0
Quest Diagnostics Nichols	57	\$10,308	Totals	\$598,474	\$0	\$0
Florida Orthopaedic	62	\$7,652				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 23	\$598,474	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
Total:	\$598,474	Medical	\$21,989	54	\$1,187,406
		Vision	\$0	19	\$0
		RX	\$0	0	\$0
		Total:			\$1,187,406



Executive Summary for 00532

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

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	1	\$3,301	\$3,301	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	81	\$124,653	\$114,067	\$10,585	\$0	\$0	\$10,585	1.77%
CHIROPRACTIC	17	\$1,292	\$1,156	\$136	\$50	\$0	\$86	0.01%
COVID-19	1	\$551	\$551	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	36	\$917,959	\$881,067	\$36,891	\$0	\$0	\$36,891	6.16%
DME/APPLIANCE	16	\$7,756	\$7,756	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	428	\$637,651	\$558,548	\$79,103	\$2,776	\$0	\$76,327	12.75%
HOME HEALTH CARE	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	502	\$773,376	\$773,376	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	210	\$62,921	\$50,383	\$12,538	\$0	\$0	\$12,538	2.09%
IP HOSP CHARGES	51	\$1,276,806	\$1,082,866	\$193,940	\$500	\$0	\$193,440	32.32%
MATERNITY	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	6	\$970	\$840	\$130	\$9	\$0	\$121	0.02%
OFFICE VISIT	639	\$101,212	\$61,110	\$40,101	\$3,310	\$0	\$36,791	6.15%
OP PHYSICIAN	198	\$86,100	\$69,410	\$16,690	\$358	\$0	\$16,332	2.73%
OTHER	183	\$550	\$550	\$0	\$0	\$3,007	-\$3,007	-0.50%
OUTPAT HOSP	7	\$2,925	\$2,908	\$17	\$17	\$0	\$0	0.00%
PSYCHIATRIC	99	\$27,555	\$18,806	\$8,749	\$385	\$0	\$8,364	1.40%
RADIATION /CHEMO	37	\$89,696	\$76,516	\$13,180	\$0	\$0	\$13,180	2.20%
SUBS ABUSE	4	\$47,084	\$47,084	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	56	\$627,643	\$557,841	\$69,802	\$850	\$0	\$68,952	11.52%
SURGERY	173	\$53,204	\$46,298	\$6,906	\$0	\$0	\$6,906	1.15%
SURGERY IP	23	\$55,574	\$50,743	\$4,831	\$0	\$0	\$4,831	0.81%
SURGERY OP	36	\$67,896	\$55,378	\$12,518	\$0	\$0	\$12,518	2.09%
THERAPY	305	\$34,566	\$21,648	\$12,918	\$1,020	\$0	\$11,898	1.99%
URGENT CARE	13	\$3,698	\$2,712	\$986	\$200	\$0	\$786	0.13%
VISION	1	\$200	\$200	\$0	\$0	\$0	\$0	0.00%
WELLNESS	497	\$71,292	\$52,215	\$19,077	\$4	\$0	\$19,073	3.19%
XRAY/ LAB	3065	\$505,231	\$432,864	\$72,367	\$505	\$0	\$71,862	12.01%
Totals:	6687	\$5,581,662	\$4,970,197	\$611,466	\$9,985	\$3,007	\$598,474	



Executive Summary for 00532

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

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Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6252		Charges	\$5,581,662	Disallowed Category	Amount	% of Gross
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Totals:	6687	\$5,581,662	\$4,970,197	\$611,466	\$9,985	\$3,007	\$598,474	

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2023 to 10/31/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1358	0	1358
2/1/2023	1336	0	1336
3/1/2023	1379	0	1379
4/1/2023	1369	0	1369
5/1/2023	1360	0	1360
6/1/2023	1397	0	1397
7/1/2023	1422	0	1422
8/1/2023	1439	0	1439
9/1/2023	1446	0	1446
10/1/2023	1419	0	1419
Total Member Days			1,392.50

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 10/31/2023

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
De Leon Springs, FL	95	0	95
Debary, FL	35	0	35
Deland, FL	613	0	613
Deltona, FL	371	0	371
Enterprise, FL	2	0	2
Lake Helen, FL	13	0	13
Orange City, FL	84	0	84
Osteen, FL	11	0	11
Pierson, FL	86	0	86
Seville, FL	29	0	29
Total	1340	0	1340



Tier Census by Product 10/1/2023

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	1327	609	718	0	0	0	0	1327
		Subtotal for Active:	1327	609	718	0	0	0	0	1327
		Total for Medical:	1327	609	718	0	0	0	0	1327

Requested by: ReportScheduler from p316 data [P316]

Generated at: 05:47:11 on 01 October 2023

Jv-1.28.5.0

Yes



Tier Census by Product 10/15/2023

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	1340	617	723	0	0	0	0	1340
		Subtotal for Active:	1340	617	723	0	0	0	0	1340
		Total for Medical:	1340	617	723	0	0	0	0	1340

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:04 on 15 October 2023

Jv-1.28.5.0

Yes



Benefit Analysis Summary

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

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	1	3,301.00	3,301.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	81	124,652.80	52,842.00	61,225.40	10,585.40	0.00	0.00	10,585.40	1.77%
CHIROPRACTIC	17	1,292.00	1,003.50	152.35	136.15	50.00	0.00	86.15	0.01%
COVID-19	1	551.25	551.25	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	36	917,958.50	66,389.59	814,677.75	36,891.16	0.00	0.00	36,891.16	6.16%
DME/APPLIANCE	16	7,755.87	7,755.87	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	428	637,651.25	29,152.76	529,395.45	79,103.04	2,776.36	0.00	76,326.68	12.75%
HOME HEALTH CARE	1	0.26	0.26	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	502	773,375.85	773,375.85	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	210	62,921.01	32,648.23	17,735.16	12,537.62	0.00	0.00	12,537.62	2.10%
IP HOSP CHARGES	51	1,276,805.70	-250,472.20	1,333,338.24	193,939.66	500.00	0.00	193,439.66	32.33%
MATERNITY	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	6	970.02	396.02	443.89	130.11	8.68	0.00	121.43	0.02%
OFFICE VISIT	639	101,211.89	9,317.34	51,793.10	40,101.45	3,310.00	0.00	36,791.45	6.15%
OP PHYSICIAN	198	86,099.78	11,071.39	58,338.48	16,689.91	358.33	0.00	16,331.58	2.73%
OTHER	189	550.00	100.00	450.00	0.00	0.00	3,071.81	-3,071.81	-0.51%
OUTPAT HOSP	7	2,924.98	2,262.00	645.77	17.21	17.21	0.00	0.00	0.00%
PSYCHIATRIC	99	27,554.96	13,200.00	5,605.95	8,749.01	385.00	0.00	8,364.01	1.40%
RADIATION /CHEMO	37	89,695.91	0.00	76,515.51	13,180.40	0.00	0.00	13,180.40	2.20%
SUBS ABUSE	4	47,084.18	31,571.53	15,512.65	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	56	627,643.01	182,679.15	375,162.22	69,801.64	850.00	0.00	68,951.64	11.52%
SURGERY	173	53,204.20	10,654.00	35,644.25	6,905.95	0.00	0.00	6,905.95	1.15%
SURGERY IP	23	55,573.91	24,561.88	26,181.14	4,830.89	0.00	0.00	4,830.89	0.81%
SURGERY OP	36	67,896.34	9,507.00	45,871.31	12,518.03	0.00	0.00	12,518.03	2.09%
THERAPY	305	34,566.00	170.00	21,478.16	12,917.84	1,020.00	0.00	11,897.84	1.99%
URGENT CARE	13	3,698.00	414.00	2,298.05	985.95	200.00	0.00	785.95	0.13%
VISION	1	200.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	497	71,292.31	654.38	51,560.66	19,077.27	4.48	0.00	19,072.79	3.19%
XRAY/ LAB	3065	505,231.27	111,932.99	320,931.31	72,366.97	504.63	0.00	71,862.34	12.01%
Totals for 00532	6693	5,581,662.25	1,125,239.79	3,844,956.80	611,465.66	9,984.69	3,071.81	598,409.16	



Benefit Analysis Summary

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

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	1	3,301.00	3,301.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	81	124,652.80	52,842.00	61,225.40	10,585.40	0.00	0.00	10,585.40	1.77%
CHIROPRACTIC	17	1,292.00	1,003.50	152.35	136.15	50.00	0.00	86.15	0.01%
COVID-19	1	551.25	551.25	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	36	917,958.50	66,389.59	814,677.75	36,891.16	0.00	0.00	36,891.16	6.16%
DME/APPLIANCE	16	7,755.87	7,755.87	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	428	637,651.25	29,152.76	529,395.45	79,103.04	2,776.36	0.00	76,326.68	12.75%
HOME HEALTH CARE	1	0.26	0.26	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	502	773,375.85	773,375.85	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	210	62,921.01	32,648.23	17,735.16	12,537.62	0.00	0.00	12,537.62	2.10%
IP HOSP CHARGES	51	1,276,805.70	-250,472.20	1,333,338.24	193,939.66	500.00	0.00	193,439.66	32.33%
MATERNITY	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	6	970.02	396.02	443.89	130.11	8.68	0.00	121.43	0.02%
OFFICE VISIT	639	101,211.89	9,317.34	51,793.10	40,101.45	3,310.00	0.00	36,791.45	6.15%
OP PHYSICIAN	198	86,099.78	11,071.39	58,338.48	16,689.91	358.33	0.00	16,331.58	2.73%
OTHER	189	550.00	100.00	450.00	0.00	0.00	3,071.81	-3,071.81	-0.51%
OUTPAT HOSP	7	2,924.98	2,262.00	645.77	17.21	17.21	0.00	0.00	0.00%
PSYCHIATRIC	99	27,554.96	13,200.00	5,605.95	8,749.01	385.00	0.00	8,364.01	1.40%
RADIATION /CHEMO	37	89,695.91	0.00	76,515.51	13,180.40	0.00	0.00	13,180.40	2.20%
SUBS ABUSE	4	47,084.18	31,571.53	15,512.65	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	56	627,643.01	182,679.15	375,162.22	69,801.64	850.00	0.00	68,951.64	11.52%
SURGERY	173	53,204.20	10,654.00	35,644.25	6,905.95	0.00	0.00	6,905.95	1.15%
SURGERY IP	23	55,573.91	24,561.88	26,181.14	4,830.89	0.00	0.00	4,830.89	0.81%
SURGERY OP	36	67,896.34	9,507.00	45,871.31	12,518.03	0.00	0.00	12,518.03	2.09%
THERAPY	305	34,566.00	170.00	21,478.16	12,917.84	1,020.00	0.00	11,897.84	1.99%
URGENT CARE	13	3,698.00	414.00	2,298.05	985.95	200.00	0.00	785.95	0.13%
VISION	1	200.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	497	71,292.31	654.38	51,560.66	19,077.27	4.48	0.00	19,072.79	3.19%
XRAY/ LAB	3065	505,231.27	111,932.99	320,931.31	72,366.97	504.63	0.00	71,862.34	12.01%
Totals for 00532	6693	5,581,662.25	1,125,239.79	3,844,956.80	611,465.66	9,984.69	3,071.81	598,409.16	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:00:29 on 01 November 2023



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

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

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1548	230,320.94	0.00	0.00	0.00	0.00	230,320.94
miCareDelton	1117	355,684.44	0.00	0.00	0.00	0.00	355,684.44
miCarePierse	101	12,468.94	0.00	0.00	0.00	0.00	12,468.94
N/A	58	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2824	598,474.32	0.00	0.00	0.00	0.00	598,474.32



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

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

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1548	230,320.94	0.00	0.00	0.00	0.00	230,320.94
miCareDelton	1117	355,684.44	0.00	0.00	0.00	0.00	355,684.44
miCarePierse	101	12,468.94	0.00	0.00	0.00	0.00	12,468.94
N/A	58	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2824	598,474.32	0.00	0.00	0.00	0.00	598,474.32



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

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

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	447	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: 10/1/2023 to 10/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	447	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

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

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
miCareDeLand	10-2023	\$91,816.35	\$13,613.00	\$0.00	\$124,891.59	\$0.00	1532	\$230,320.94	\$0.00	838	\$274.85	\$109.57	\$16.24	\$0.00	\$149.04	\$0.00
	Subtotal:	\$91,816.35	\$13,613.00	\$0.00	\$124,891.59	\$0.00	1532	\$230,320.94	\$0.00	838	\$274.85	\$109.57	\$16.24	\$0.00	\$149.04	\$0.00
miCareDelton	10-2023	\$240,491.90	\$15,991.46	\$0.00	\$99,201.08	\$0.00	1115	\$355,684.44	\$0.00	510	\$697.42	\$471.55	\$31.36	\$0.00	\$194.51	\$0.00
	Subtotal:	\$240,491.90	\$15,991.46	\$0.00	\$99,201.08	\$0.00	1115	\$355,684.44	\$0.00	510	\$697.42	\$471.55	\$31.36	\$0.00	\$194.51	\$0.00
miCarePierso	10-2023	\$818.41	\$2,657.79	\$0.00	\$8,992.74	\$0.00	101	\$12,468.94	\$0.00	71	\$175.62	\$11.53	\$37.43	\$0.00	\$126.66	\$0.00
	Subtotal:	\$818.41	\$2,657.79	\$0.00	\$8,992.74	\$0.00	101	\$12,468.94	\$0.00	71	\$175.62	\$11.53	\$37.43	\$0.00	\$126.66	\$0.00
N/A	10-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	58	\$0.00	\$294,578.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	58	\$0.00	\$294,578.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$333,126.66	\$32,262.25	\$0.00	\$233,085.41	\$0.00	2806	\$598,474.32	\$294,578.05	1419	\$629.35	\$234.76	\$22.74	\$0.00	\$164.26	\$0.00

Parameters

Beginning Location:

Ending Location:

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

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

October 2023 Report

miCare Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	205	188	92%	17	8%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	170	119	70%	51	30%

Deland and Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	375	307	81%	68	19%

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

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

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 81% of the available clinician capacity was used for scheduled appointments; 19% of clinician time was available for walk-ins and other patient care activities.
- "No Shows" is where patients didn't attend their scheduled clinic appointment.
 - DeLand - 7%
 - Deltona -6%

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	342	39%	Schedulable patient activities
Total Labs	194	22%	Schedulable patient activities
Total Nurse Visits	28	3%	Schedulable patient activities
Total medication pick-up	285		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	25		Don't have a visit type and are not scheduled appointments
Total Visits	874		

DeLand

- There was a total of 564 clinic visits at the DeLand clinic in October plus 285 medication pick-ups and an additional **25** med pick-ups from the PAP program.
- There were 30 **new patients** that established care at the DeLand clinic.
- There were 63 **Physicals** in October – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	213	39%	Schedulable patient activities
Total Labs	69	13%	Schedulable patient activities
Total Nurse Visits	19	4%	Schedulable patient activities
Total medication pick-up	222		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	18		Don't have a visit type and are not scheduled appointments
Total Visits	541		

Deltona

- There was a total of 301 clinic visits at the Deltona clinic in October plus 222 medication pick-ups from Deltona as well as 18 med pick-ups from the PAP program.
- There were 24 **new patients** that established care at the Deltona clinic.
- There were 31 **Physicals** in October – Male/Female Wellness – Established Patients



miCare Member Migration

October 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total	675	1,3455	50%

*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.

	October 2023	
PAP Summary 10/1/2023- 10/31/2023		
Application Approved	345	\$164,315
Application Pending Approval	4	\$1,826
Application Started but Not Submitted	11	\$5,778
Totals	360	\$171,919
	(Active Applications)	Monthly Savings for October

Key Insights:

- 507 medications were picked up between both sites.
- 43 PAP medications were picked between the two locations.
- 360 patients had applications for pharmacy assistance programs last month.
- WVHA avoided \$171,919 of cost for branded medication in September.
- Projected annual cost avoided \$2,063,026.



**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



CREDIBILITY • INTEGRITY • ACHIEVEMENT



Volusia-Flagler Counties

November 1, 2023

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of October there were 215 appointments to assist with new applications and 11 appointments to assist with pending applications from August-September. For a total of 226 Interviews with clients.

209 applications were submitted for verification and enrollment.

Of these, 209 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 November 2023 for approval.

Of the 209 that were processed, 181 were approved and 17 were denied. There were 11 pending 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.
- Attending Events

Respectfully submitted by Gail Hallmon /Terrell Irvin

Halifax Health Quarterly Report to West Volusia Hospital Authority

Halifax Health continues to provide exceptional care for WVHA cardholders. The Halifax Health case management teams continue to work with MiCare to ensure hospital inpatients are transitioned appropriately. Halifax Health continues to support WVHA members by providing an expansive list of services within the WVHA district.

The Halifax Health | UF Health Medical Center of Deltona is Deltona's only full-service hospital. With a six-story medical facility that includes a 24-hour emergency room, surgical operating rooms, the latest in diagnostic equipment and plentiful hospital rooms, along with a two-story medical office annex available to service WVHA member needs.

The Halifax Health | UF Medical Center of Deltona provides the following services and more: Cardiology, Gastroenterology, Pediatrics, Infusion Therapy, Radiology, Psychiatry, and Primary Care. Expect new services to be added at the Halifax Health | UF Medical Center of Deltona to better serve patients within the WVHA district as we will inform WVHA as announcements become public.

[The remainder of this page is intentionally left blank. See next pages for statistics.]

WVHA Members Served at Halifax Health Hospital Facilities

		Patient Type		
	Month	Inpatient	Outpatient	Grand Total
2022	Jan	8	30	38
	Feb	6	26	32
	Mar	5	33	38
	Apr	5	33	38
	May	5	33	38
	Jun	1	32	33
	Jul	3	28	31
	Aug	3	27	30
	Sep	6	23	29
	Oct	5	22	27
	Nov	5	26	31
	Dec	1	26	27
	2022 Total	53	339	392
2023	Jan	6	31	37
	Feb	4	26	30
	Mar	5	23	28
	Apr	6	31	37
	May	2	18	20
	Jun	5	20	25
	Jul	1	14	15
	Aug	6	23	29
	Sep	1	33	34
	Oct	6	27	33
	2023 Total	42	246	288

Uninsured Patients Served at Medical Center of Deltona

	Month	Patient Type		Grand Total
		Inpatient	Outpatient	
2022	Jan	11	132	143
	Feb	4	98	102
	Mar	13	126	139
	Apr	3	140	143
	May	8	180	188
	Jun	18	187	205
	Jul	4	200	204
	Aug	4	178	182
	Sep	9	158	167
	Oct	10	165	175
	Nov	8	161	169
	Dec	4	156	160
	2022 Total	96	1,881	1,977
2023	Jan	7	186	193
	Feb	3	134	137
	Mar	4	150	154
	Apr	13	146	159
	May	10	167	177
	Jun	10	165	175
	Jul	5	170	175
	Aug	12	199	211
	Sep	7	203	210
	Oct	13	245	258
	2023 Total	84	1,765	1,849

**WVHA Members Served by
Halifax Health Physicians
2022**

Specialty	Visits
Hospitalist	195
Emergency Medicine	142
Cardiovascular Disease	123
Critical Care: Intensive	75
Psychiatry	36
Cardiology	27
Pulmonary Disease	16
Family Medicine	15
Phys. Med. & Rehab.	14
Wound Care	14
Gastroenterology	9
Internal Medicine	8
Ophthalmology	8
Infectious Disease	6
Gynecological/Oncology	5
Radiation Oncology	4
Clinical Cardiac Electrophysiology	2
Hematology/Oncology	2
Neurology	1
Pulmonary Critical Care	0
Transplant Surgery	0
Urology	0
Total	702

**WVHA Members Served by
Halifax Health Physicians
2023**

Specialty	Visits
Hospitalist	121
Emergency Medicine	118
Cardiovascular Disease	91
Critical Care: Intensive	82
Hematology/Oncology	50
Internal Medicine	43
Psychiatry	39
Wound Care	30
Cardiology	19
Gastroenterology	13
Gynecological/Oncology	12
Phys. Med. & Rehab.	7
Infectious Disease	7
Family Medicine	6
Ophthalmology	6
Neurology	6
Pulmonary Disease	5
Clinical Cardiac Electrophysiology	5
Radiation Oncology	2
Pulmonary Critical Care	2
Urology	2
Transplant Surgery	1
Total	667

	Age Mix	
	Patients	Percent
>20	18	3%
20-29	52	9%
30-39	84	14%
40-49	159	27%
50-59	232	40%
60-69	119	20%
70-79	12	2%
80+	4	1%
Total	680	100%



West Volusia Hospital Authority Board of Commissioners,

I wanted to provide a quick summary of Q3 2023 and 2023 YTD data for AdventHealth DeLand and AdventHealth Fish Memorial. Below is a summary of key volumes and statistics for West Volusia Hospital Authority members:

Q3 2023

Patient Mix	
DeLand	
Emergency	83
Inpatient	35
Outpatient	94
Total	212
Fish Memorial	
Emergency	71
Inpatient	15
Outpatient	43
Total	129

Originating Zip Code		
32720	78	23%
32724	73	21%
32738	41	12%
32130	36	11%
32725	34	10%
32763	33	10%
32180	15	4%
32190	8	2%
32117	5	1%
32744	5	1%
Other*	13	4%

*Zip codes with less than 5 patients each.

Age Mix		
>20	5	1%
20-29	22	6%
30-39	44	13%
40-49	65	19%
50-59	113	33%
60-69	87	26%
70+	5	1%
Total	341	100%

YTD 2023

Patient Mix		Originating Zip Code		
Deland				
Emergency	311	32720	240	22%
Inpatient	109	32724	239	22%
Outpatient	250	32738	136	13%
Total	670	32725	135	12%
Fish Memorial		32130	109	10%
Emergency	217	32763	74	7%
Inpatient	57	32180	53	5%
Outpatient	143	32190	30	3%
Total	417	32713	14	1%
		32744	9	1%
		32764	6	1%
		32117	6	1%
		32112	5	0%
		32721	5	0%
		Other	26	2%

*Zip codes with less than 5 patients each.

Age Mix		
>20	11	1%
20-29	56	5%
30-39	128	12%
40-49	239	22%
50-59	361	33%
60-69	253	23%
70+	39	4%
Total	1,087	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:

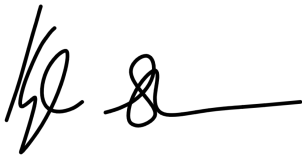
- Both hospitals maintained Leapfrog Grade A ratings. The details of these ratings can be viewed here:
 - <https://www.hospitalsafetygrade.org/h/adventhealth-fish-memorial>
 - <https://www.hospitalsafetygrade.org/h/adventhealth-deland>
- Both hospitals are CMS 4-Star facilities.
- Both hospitals maintained top quartile mortality rates.

We also continue to make a significant investment in our community through various financial programs. So far in 2023, our charity and Medicaid unreimbursed costs in West Volusia total over \$41M:

- \$17M at AdventHealth DeLand
- \$24M 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 'KG' followed by a stylized flourish and a horizontal line.

Kyle Glass

Vice President | Chief Financial Officer
AdventHealth - West Volusia Market

From: [Elizabeth LaFond](#)
To: [Stacy Tebo](#)
Cc: [Maureen France](#)
Subject: RE: 3rd Quarterly report to WVHA - November 16th agenda
Date: Monday, November 6, 2023 2:23:36 PM
Attachments: [image002.png](#)
[image003.png](#)

Stacy-

Please see our 3Q 2023 information below as of 10/31/2023

	# of visits	Total Charges	Total Pmts
Received to Date			
WVHA cardholders	205	\$368,112	\$26,339.45
Other Self Pay/Uninsured	3,223	\$5,358,342	\$151,326.48

Elizabeth LaFond
Controller



emergency medicine professionals, p.a.

Elizabeth.lafond@emprosonline.com

1530 Cornerstone Blvd.

Suite 120

Daytona Beach, FL 32117

Office: 386.310.3521

Fax: 386.310.2106



WVHA miCare Clinic Referrals Deland and Deltona

January 1st – September 30 2023

miCare provider referrals- Total

Specialty	Claims	Health Card Members	Paid Amounts
Medical Oncology	1,509	104	\$ 195,937
Diagnostic Radiology	1,089	425	\$ 90,928
Pulmonary Disease	545	92	\$ 30,287
Anatomic Pathology & Clinical Pathology	350	110	\$ 16,809
Cardiovascular Disease	268	79	\$ 23,820
Foot & Ankle Surgery	227	52	\$ 15,498
Endocrinology, Diabetes & Metabolism	200	104	\$ 17,664
Pain Medicine	175	33	\$ 11,991
Interventional Cardiology	174	54	\$ 16,352
Gastroenterology	135	81	\$ 25,709
Neurology	130	58	\$ 10,063
Vascular & Interventional Radiology	124	83	\$ 14,046
Nephrology	70	51	\$ 7,149
Mental Health	65	5	\$ 4,307
Gynecologic Oncology	57	34	\$ 7,402
Rheumatology	49	23	\$ 3,558
Psych/Mental Health, Adult	48	16	\$ 5,288
Vascular Surgery	44	18	\$ 2,310
Infectious Diseases	38	25	\$ 4,393
Dermatopathology	26	16	\$ 1,617
Clinical Cardiac Electrophysiology	23	6	\$ 1,420
Interventional Pain Medicine	21	11	\$ 1,652
Psych/Mental Health	16	10	\$ 1,710
Sleep Medicine	16	7	\$ 2,498
Psychiatry	12	4	\$ 546
Otolaryngology/Facial Plastic Surgery	11	4	\$ 1,265
Neuromuscular Medicine	8	1	\$ 386
Gynecology	6	3	\$ 333
Hematology & Oncology	4	2	\$ 117
Pediatric Gastroenterology	3	1	\$ 224
MOHS-Micrographic Surgery	1	1	\$ 671
Total	5,444	1,513	\$ 515,949.41



miCare Top 15 Referrals by Specialty

Specialty	Claims	Health Card Members	Paid Amounts
Medical Oncology	1,509	104	\$ 195,937
Diagnostic Radiology	1,089	425	\$ 90,928
Pulmonary Disease	545	92	\$ 30,287
Anatomic Pathology & Clinical Pathology	350	110	\$ 16,809
Cardiovascular Disease	268	79	\$ 23,820
Foot & Ankle Surgery	227	52	\$ 15,498
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Neurology	130	58	\$ 10,063
Vascular & Interventional Radiology	124	83	\$ 14,046
Nephrology	70	51	\$ 7,149
Mental Health	65	5	\$ 4,307
Gynecologic Oncology	57	34	\$ 7,402
Total	5,118	1,365	487,961

Key Insights:

- Specialty referrals are initiated from two different sources. miCare primary care providers and specialist to specialist (The data only references miCare initiated referrals to specialist and provider paid charges)
- Total Referrals 5,118 that impacted 1,365 health card participants
- The top 4 specialty referrals are Medical Oncology, Diagnostic Radiology, Pulmonary Disease, and Anatomic Pathology & Clinical Pathology
- This demonstrates the importance of a contracted specialty network. This allows primary care providers the tools and resources to partner with specialists to achieve the most optimal health outcomes while managing the overall health of the WVHA Health Card participants
- 80% of WVHA Health Card participants have had a care interaction in the clinic. The referral patterns demonstrate health care needs are starting in a primary care setting for these individuals. The contracted network acts as resource to ensure patients receive care for both their primary care and specialty care needs to ensure the most optimal health outcomes



miCare vs Specialty Care

*There are certain medical conditions that can be identified and treated in a primary care setting. Patients diagnosed with chronic conditions can be treated collaboratively between primary care providers (lead, guide, and motivate patient to follow through with care recommendations) and specialty care providers (provide feedback and recommendations on next steps in care). This collaborative approach provides each patient with the tools to effectively manage their conditions and live a fuller happier life.

miCare Care Opportunities

miCare Provider Care Opportunities

Specialty	Claims	% of Change	miCare Claims	Health Card Members	Paid Amounts	Estimated Cost Avoided
Pulmonary Disease	545	10%	54.50	92	\$ 30,287	\$ 3,029
Cardiovascular Disease	268	10%	26.80	79	\$ 23,820	\$ 2,382
Endocrinology, Diabetes & Metabolism	200	10%	20.00	104	\$ 17,664	\$ 1,766
Gastroenterology	135	20%	27.00	81	\$ 25,709	\$ 5,142
Nephrology	70	20%	14.00	51	\$ 7,149	\$ 1,430
Total	1,218		142	407	\$ 104,629	\$ 13,749
			12%			13%

Key Insights:

- Pulmonary Disease, Cardiovascular Disease, Diabetes, Gastroenterology, and Nephrology are conditions primary care providers can take a more active role in managing in their primary care practices
- Primary care providers can assess, gather diagnostics, diagnose, and treat patients who present to the clinic with these conditions
- miCare has a seasoned medical leadership to support our primary care providers. A Medical Director who oversees the strategy and care delivered in the WVHA miCare clinic. A supervising physician who works directly with our practitioners on developing their clinical skills and supporting them in diagnoses and treatment. The ensures that we are providing the right care in the appropriate care setting and engaging patients to follow through with their care.
- There is opportunity to migrate care including 142 claims impacting 407 members to the providers at the WVHA miCare clinic, 12% of current claims
- The estimated cost avoided is \$13,749 or 13% from current cost

Membership

One Voice for Volusia members come together with the common goal of improving the quality of life in Volusia County and surrounding areas using the power of research, consensus building and collaboration in order to drive systemic social change. Our membership represents an organization of nonprofit leaders working in concert with businesses, government, and philanthropies to mobilize on the issues and initiatives that matter most to this community, based on current data and best practice approaches.

Come join other local agencies, organizations, businesses and individuals who are dedicated to connecting our community to the highest quality health and human services available.

Our Annual Subscribers:

- Attend, network at, and contribute to monthly coalition meetings with 90+ community leaders in attendance learning about timely initiatives and professional development strategies with a topical structure.
- Participate in local initiatives by developing and implementing community improvement strategies through priority setting and consensus building.
- Promote their organization's news, job postings, events and highlights out on our Community Connector with over 2,000 subscribers interested in the Health and Human Services community.
- Feature their link on the One Voice for Volusia Website and receive a listing in the published membership directory
- Receive discounts on One Voice for Volusia events and sponsorship opportunities.
- Rapidly engage and mobilize one another on important topics, initiatives and grant opportunities
- Advocate for the efficient and effective use of community resources through a community model
- Highlight their programs as trainers, featured partners and annual Health and Human Services vendors
- Build partnerships that strengthen their position in the community, enhance their services and improve client outcomes

Benefits of Membership:

- Participate in Coalition meetings and connect with community leaders in the health and human services field
- Share information about your organization through the Member Spotlight at a Coalition meeting

- Send messages about your events, job postings or announcements through the Community Connector (reaching over 2,500 individuals)
- Your organization's events will be posted on the One Voice for Volusia online calendar
- Your organization's logo and or website will be linked to the One Voice for Volusia website (over 1,000 hits per month)
- Your organization's Facebook messages will be shared on One Voice for Volusia's Facebook page (1,700+ followers)
- Receive Community Connector messages catering to your interests
- Receive discounts at One Voice for Volusia sponsored events and trainings
- Provide input on important community issues to impact local, state, and national policy and action

Membership runs from July 1, 2023 to June 30, 2024

***Subscription Levels:**

Individual/ Student: \$50

Non-Profit Organization (Single): \$150 (1 representative)

Non-Profit Organization (Unlimited): \$200 (unlimited representatives)

Corporate Unlimited: \$300 (unlimited representatives)

Learn more about the benefits of each subscriber level [here](#)

If you have any questions, please contact us at 386-947-8301 or email Executive Director, Kristy Amburgey at kristy@ovfv.org

WEST VOLUSIA HOSPITAL AUTHORITY AGENDA MEMO

TO: WVHA Commissioners
FROM: Webb Shephard, Contracted CPA for the WVHA
RE: Investment Policy
DATE: November 16, 2023

The WVHA's Investment Policy Statement is attached with a proposed update to state that it may be revisited at your discretion or on an as-needed basis rather than having an annual update requirement. Previously, number 16 stated that "the Board will review, update and/or ratify this investment policy on an annual basis at the last regularly scheduled meeting of each calendar year." This has been revised to delete the provision for an annual update at the last meeting of the year as follows:

Written Investment Policies – This policy may be revisited at the discretion of the Authority's Board of Commissioners or on an as-needed basis when impacted by Governmental Accounting Standards, Florida Statutes, or other formal guidance which may necessitate for it to be amended.

Staff recommends adopting the updated policy.



WEST VOLUSIA HOSPITAL AUTHORITY
Investment Policy Statement
November 16, 2023

Purpose: To provide a policy for the prudent investment of fixed income funds to generate a competitive return.

- 1) **Investment Guidelines and Policy:** The Commissioners of the West Volusia Hospital Authority, Volusia County Florida (the Authority) sets forth the following investment objectives and parameters for the management of its surplus funds. These policies are designed to ensure the prudent management of the Authority's funds, the availability of funds when needed, and an investment return with comparable funds and financial market indices. This investment policy applies to all surplus cash and investments controlled by the West Volusia Hospital Authority, Volusia County Florida.
- 2) **Investment Objectives**
 - a) ***Safety of Capital*** - the foremost objective is the safety of the principal.
 - b) ***Liquidity of Capital*** - portfolios are to be designed to provide anticipated cash flow and sufficient liquidity for efficient operations.
 - c) ***Return on Investments*** - portfolios shall have the objective of attaining fair market returns based on acceptable conservative investment risk.
- 3) **Performance Measurement**
 - a) Benchmarks will be used by the Commission to measure investment returns against other investors with similar conservative investment risk.
 - b) Performance returns shall be calculated consistent with the Association for Investment Management and Research (AIMR) standards or other nationally recognized methods.

4) **Prudence and Ethical Standards**

- a) ***“Prudent Person Rule”*** – Investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived from the investment.” This rule shall be applied in the context of managing the overall investment portfolio.
- b) Any person, or firm, hired or retained to invest, monitor, or advise concerning these assets shall be held to the higher standard of “Prudent Expert.”

5) **Listing of Authorized Investments**

- a) Direct obligations of the U.S. Government
- b) Obligations guaranteed by the U.S. Government as to principal and interest.
- c) Time deposits and demand deposit accounts in banks and savings and loan associations that are qualified public depositories as defined in s.280.02 Florida Statutes.
- d) Mutual Funds, open end or closed end, which invest in repurchase agreements fully collateralized by such U.S. Government obligations.
- e) Repurchase agreements done through a commercial bank or government securities dealer, the underlying collateral of which shall be any U.S. Government security in which the market value is equal to at least 102% of the agreement.

6) **Maturity and Liquidity Requirements**

- a) Average maturity of the investment portfolio should generally not exceed one year but may exceed one year when the risk reward perspective looks attractive within the investment objectives; provided however, the investment portfolio must be structured in such a manner as to provide sufficient liquidity to pay obligations as they come due.
- b) The longest maturity of any individual security should not exceed five years.

7) **Portfolio Composition**

The following are guidelines which represents the maximum percentage of authorized investment holdings in each category:

1. U.S. Treasury Bills/Notes/Bonds	100%
2. Other U.S. Government Agencies	100%
3. Repurchase Agreements	50%
4. Certificates of Deposit	100%

8) **Risk and Diversification**

Assets shall be diversified to control risk of loss resulting from over concentration.

9) **Authorized Investment Institutions and Dealers**

- a) **Banks** – Certificates of deposit will be purchased from Qualified Public Depositories of the State of Florida (QPD) and/or reinvested by the QPD in compliance with Fl. Statute 218.415(23).
- b) **Broker/Dealer Approvals** - primary dealers, banks, regional investment advisory firms and other recognizable brokerage firms in the general securities business.

10) **Third-Party Custodial Agreements**

- a) Securities shall be held in the name of the Authority
- b) Securities transactions involving purchase or sale of securities by transfer of monies or securities must be made on a “delivery v. payment” basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.
- c) Securities shall be held in safekeeping by a third party custodial bank or other custodial institution, chartered by the U.S. Government or the State of Florida.
- d) Custodian will provide at least quarterly detailed reports.

11) **Master Repurchase Agreement** - All approved institutions and dealers transacting repurchase agreements shall execute and perform as stated in the Master Repurchase Agreement which is a document widely used by the government and the broker/dealer community.

- 12) **Bid Requirement** – Competitive bids for investment counsel and/or investment returns while not required, should be obtained when deemed appropriate by the Commissioners.
- 13) **Internal Controls** – Proper controls should be established and maintained for investments and shall be reviewed by independent auditors as a part of any financial audit periodically required of the Authority. All transfer or payment of funds from bank of original receipt (operating bank account) shall require signatures of two commissioners. All funds held in investment accounts shall be transferred only to Authority's bank operating account.
- 14) **Continuing Education** – A Commissioner, if someone is so appointed, or designated investment oversight administrator, shall annually complete a minimum 8 hours of continuing education in subjects or courses of study related to investment practices and products.
- 15) **Reporting** – Annually or more often as needed a detailed portfolio report shall be presented by a representative of the investment counsel used for the period being reported.
- 16) **Written Investment Policies** – This policy may be revisited at the discretion of the Authority's Board of Commissioners or on an as-needed basis when impacted by Governmental Accounting Standards, Florida Statutes, or other formal guidance which may necessitate for it to be amended.
- 17) **Investment Authority** – the Board may employ an investment manager (counsel), such manager must be registered under the Investment Advisors Act of 1940. The manager will be reviewed and ratified for retaining on an annual basis at the last regularly scheduled meeting of each calendar year.

WEST VOLUSIA HOSPITAL AUTHORITY

AGENDA MEMO

TO: WVHA Commissioners

FROM: Webb Shephard, Contracted CPA for the WVHA

RE: Budget Amendment 2023-008

DATE: November 16, 2023

Resolution 2023-008 is attached to formally amend the original FY 2022-2023 budget and allow for the County Medicaid payments, while keeping the General Fund in compliance with its budgetary requirements. The detail of these payments is as follows:

Date	Name	Memo/Description	Account	Split	Amount
08/29/2023	County of Volusia	July 2021 - June 2022 Medicaid Expense	001.562.3470 County Medicaid Reimbursement	001.000.1016 Ameris - Oper	2,496,810
09/30/2023	County of Volusia	July 2022 - June 2023 Medicaid Expense	001.562.3470 County Medicaid Reimbursement	Accounts Payable (A/P)	2,543,978
09/30/2023	County of Volusia	July 2023 Medicaid Expense	001.562.3470 County Medicaid Reimbursement	Accounts Payable (A/P)	234,200
09/30/2023	County of Volusia	August 2023 Medicaid Expense	001.562.3470 County Medicaid Reimbursement	Accounts Payable (A/P)	234,200
09/30/2023	County of Volusia	September 2023 Medicaid Expense	001.562.3470 County Medicaid Reimbursement	Accounts Payable (A/P)	234,200
					5,743,390

Staff recommends adopting Budget Amendment Resolution 2023-008.

**RESOLUTION OF THE WEST VOLUSIA HOSPITAL
AUTHORITY AMENDING THE BUDGET FOR THE
FISCAL YEAR BEGINNING OCTOBER 1, 2022, AND
ENDING SEPTEMBER 30, 2023**

RESOLUTION 2023-008

WHEREAS, the Board of Commissioners of the West Volusia Hospital Authority, has determined that the Budget for Fiscal Year 2022-2023 should be amended; and

WHEREAS, Florida Statutes, Section 189.016(7) requires the governing body amend the budget in the same manner as the original budget is adopted; and

WHEREAS, the Board of Commissioners of the West Volusia Hospital Authority adopted the final budget for fiscal year 2022-2023 through resolution on September 22, 2022.

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

SECTION 1: That the Budget for the West Volusia Hospital Authority, and Fiscal Year 2022-2023 is hereby amended for an amount totaling \$5,743,390 as indicated in the budget which is attached hereto and made part of this Resolution by reference.

SECTION 2: Effective Date. This Resolution shall take effect immediately.

ADOPTED and subscribed to this 16th day of November 2023 at a public meeting as required.

CHAIR, Jennifer L. Coen
West Volusia Hospital Authority

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

SECRETARY, Voloria L. Manning
West Volusia Hospital Authority



West Volusia Hospital Authority

Sherrill F. Norman, CPA
Auditor General
State of Florida
Claude Denson Pepper Building, Suite G74
111 West Madison Street
Tallahassee, Florida 32399-1450

Dear Ms. Norman:

We received the Auditor General's preliminary and tentative audit findings and recommendations on October 30, 2023, resulting from your follow-up audit of the West Volusia Hospital Authority. We appreciate your team's diligence and review during the audit process and we are pleased that the audit did not discover any instances of fraud or violations of WVHA's internal controls to avoid fraud. A focus of my time as chair, which began in January 2022, is to promote more transparency of internal practices and procedures for budgeting and operations, and your findings have been a useful tool.

WVHA appreciates that the Auditor General has now deemed "corrected" all of its Findings for Items 1-4, 7,8 & 9. As suggested by the audit team, WVHA will only provide responses on Findings 5 (which the audit team indicated it was okay for us to "agree to disagree") and 6 (which the audit team deemed as a "strong partially corrected").

Sincerely,

Jennifer Coen
Chair, West Volusia Hospital Authority

West Volusia Hospital Authority's Response to the Florida Auditor General's Preliminary and Tentative Audit Findings

The Board of Commissioners of the West Volusia Hospital Authority appreciates the follow-up audit performed by staff of the Auditor General and their recommendations. The West Volusia Hospital Authority (WVHA) funds local agencies that serve the health care needs of our community. It operates as an independent special taxing district for the purpose of providing access *no-cost* primary and hospital care, *low co-pay* specialty care, and *low-cost* prescriptions for working poor residents of West Volusia. To qualify for access to this unique network of low or no-cost healthcare, applicants must first demonstrate that they are not eligible for Medicare, Medicaid, Affordable Care Act, SSI or any other governmental or private health care program. WVHA is a payer of last resort for those who would otherwise fall through the cracks. Instead of burdening taxpayers with the operational expense and liabilities of owning and operating hospital facilities, WVHA appropriates \$4 million dollars each year to reimburse for hospital and emergency room expenses of Health Card members, with no balance billing, at three privately owned and operated hospitals: AdventHealth DeLand, AdventHealth Fish Memorial, or HalifaxHealth| UF Health Medical Center of Deltona. Outside of funding for staffing local hospitals, WVHA funding ***supports over 150 employees*** of local agencies — people who live and work right here in West Volusia. WVHA also encourages funded agencies to work together to combine resources and reduce costs. Our goal is to keep costs down and keep local tax dollars close to home.

The Board of Commissioners has thoroughly reviewed the follow-up audit findings and recommendations made by the Auditor General. We are pleased that the audit findings did not discover any fraud or violations of WVHA's existing internal controls to avoid fraud. This is consistent with the "clean" audit findings WVHA has received over the last sixteen years of yearly outside audits, currently conducted by Powell & Jones and previously James Moore & Company and Moore, Stephens Lovelace, P.A. Similarly, as to WVHA's compliance with the statutory budget process during this timeframe, WVHA has consistently received findings of "no violations" of the TRIM (Truth in Millage) certifications requirements by the Director of Property Tax Oversight Program.

We continuously look for ways to improve our budget and operational practices, while keeping costs down for taxpayers.

Below are our written explanations to the findings presented to us for your follow-up audit of the West Volusia Hospital Authority.

Finding 5: The Authority did not approve health care services agreements between the Authority's third-party administrator and health care providers that obligated the Authority to pay for the health care services.

The WVHA reimburses its Third-Party Administrator (“TPA”) on a fee-for-service basis for the hospital and specialty care services needed by Health Card members. The TPA is responsible for establishing its own hospital and specialty care networks, based on contracts that it negotiates directly with providers. In public meetings as required by law, WVHA approves its TPA agreements, determines an overall budget for the hospital and specialty care services, and also determines a maximum potential reimbursement rate tied to comparable Medicaid or Medicare rates, but WVHA’s agreement with the TPA permits and provides incentives for the TPA to negotiate lower rates with individual providers. While approving health care provider agreements at a publicly noticed Board meeting would enhance transparency, WVHA has learned based on its own experience with actually trying to negotiate these provider contracts in past public meetings that it would also limit the negotiating power of our TPA and increase overall costs of providing healthcare to taxpayers. Once one provider knows what other providers are willing to accept, the WVHA loses the ability to get the most competitive reimbursement rates with other providers. To reiterate, this lesson learned is based on actual past experience of the Authority, not merely some opinion of WVHA’s contracted Attorney.

The alternative, recommended approach would be akin to WVHA contracting (in a public meeting) with Florida BCBS for indigent residents to receive care at contracted reimbursement rates in the Florida BCBS’s PPO network. If WVHA were to then insist that Florida BCBS present its PPO contracts with providers for approval at WVHA meetings, it is likely that either Florida BCBS would terminate the contract entirely to avoid having to disclose publicly its proprietary rates with individual providers OR Florida BCBS would end up having to charge WVHA a higher contracted reimbursement rate after some individual providers which had agreed to accept lower rates become aware that other providers have negotiated higher rates with Florida BCBS.

WVHA is deeply committed to transparency in government, particularly where it is required by State laws such as the Public Records and Sunshine Law. But, WVHA is also deeply committed to reducing the costs of reimbursements for indigent health care services to taxpayers. Because the audit team acknowledged during the exit interview that there is no legal requirement that WVHA directly approves these individual provider agreements between the TPA and its network of providers, WVHA will continue allowing the publicly contracted TPA to negotiate for lower rates with its own network of providers and passing along those savings to taxpayers.

Finding 6: The Authority accumulated significant resources that may be in excess of amount necessary for the Authority to fulfill its duties and responsibilities.

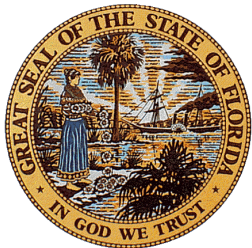
Based upon the advice and a recommendation from its new accounting firm, James Moore & Co., P.L., the Authority has adopted a written policy that establishes a target range of unassigned/assigned fund balance and has implemented a plan to move the unassigned/assigned fund balance toward that target range. The accounting and fiscal policy adopted 11/17/22 was emailed to the State.

In addition to the items noted in the *Prior Audit Follow-Up Report* to reduce the total unrestricted fund balance, the Authority has also taken the following measures to further reduce the total unrestricted fund balance:

- Decreased millage rate from 1.4073 mills for the year-ending September 30, 2022, to 1.0816 mills for the year-ending September 30, 2023, a decrease of 0.3257 mills, or 23%.
- Amended the final budget for the year-ended September 30, 2023, by \$5,743,390 for actual County Medicaid Reimbursement expenditures incurred.
- Decreased millage rate from 1.0816 mills for the year-ending September 30, 2023, to 0.9806 mills for the year-ending September 30, 2024, a decrease of 0.1010 mills, or 9%.
 - This resulted in a budgeted use of \$2,800,000 reserves for the year-ending September 30, 2024.

The following is a projected systematic reduction in fund balance and estimated Unrestricted Fund Balance as a % of Expenditures through September 30, 2024:

23,457,782	Fund Balance at September 30, 2022
(4,204,000)	Estimated use of fund balance for the year-ended September 30, 2023
19,253,782	Estimated Fund Balance at September 30, 2023
20,216,838	Estimated Actual Total Expenditures for the year-ended September 30, 2023
95%	Estimated Unrestricted Fund Balance as a % of Expenditures at September 30, 2023
(2,800,000)	Budgeted Use of Fund Balance for the year-ended September 30, 2024
16,453,782	Estimated Fund Balance at September 30, 2024
18,900,000	Budgeted Expenditures for the year-ended September 30, 2024
87%	Estimated Unrestricted Fund Balance as a % of Expenditures at September 30, 2024



Sherrill F. Norman, CPA
Auditor General

AUDITOR GENERAL STATE OF FLORIDA

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111 West Madison Street
Tallahassee, Florida 32399-1450



Phone: (850) 412-2722
Fax: (850) 488-6975

October 30, 2023

Ms. Jennifer Coen, Board Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, Florida 32721-0940

Dear Ms. Coen:

Enclosed is a list of 9 preliminary and tentative audit findings and recommendations that may be included in a report to be prepared on our operational audit of the West Volusia Hospital Authority (Authority).

Pursuant to Section 11.45(4)(d), Florida Statutes, you are required to submit within 30 days after receipt of this list a written statement of explanation concerning all of the findings, including therein your actual or proposed corrective actions. If within the 30-day period you have questions or desire further discussion on any of the preliminary and tentative audit findings and recommendations, please contact this Office.

Your written explanation should be submitted electronically in source format (e.g., Word) and should be accompanied by a cover letter with your digitized signature. For quality reproduction purposes, if you are not submitting your response in source format, please convert your response to PDF and not scan to PDF. If technical issues make an electronic response not possible, a hard copy (paper) response will be acceptable.

Please e-mail this Office at flaudgen_audrpt_lg@aud.state.fl.us to indicate receipt of the list of preliminary and tentative audit findings and recommendations. Absent such receipt, delivery of the enclosed list is presumed, by law, to be made when it is delivered to your office.

Sincerely,

A handwritten signature in blue ink that reads "Sherrill F. Norman".

Sherrill F. Norman

SFN/bk

Enclosure

c: Authority Board Members
Stacy Tebo, Board Administrator
Theodore Small, Board Attorney
Webb Shephard, CPA

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT****SUMMARY**

In our operational audit report No. 2022-174 of the West Volusia Hospital Authority (Authority), we noted 9 findings related to various functions and activities. This operational audit focused on the progress that the Authority had made, or was in the process of making, in addressing the findings and recommendations in report No. 2022-174.

Our audit disclosed that the Authority had:

- Corrected 7 findings (Findings 1, 2, 3, 4, 7, 8, 9).
- Partially corrected 1 finding (Finding 6).
- Not corrected 1 finding (Finding 5).

BACKGROUND

The West Volusia Hospital Authority (Authority) is an independent special district in Volusia County, created in 1957 to provide access to health care for the qualified indigent residents within the Authority's geographic boundaries, the western portion of Volusia County (West Volusia). The Authority is governed by a five-member Board of Commissioners (Board), each elected for 4-year terms.¹ The commissioners elect a chair, vice-chair, secretary, and treasurer on an annual basis. The Authority has also established a Citizens Advisory Committee (CAC), which is composed of ten members appointed by the Board and who serve at the pleasure of the Board. The CAC makes recommendations to the Board on how to serve and meet the health care needs of West Volusia residents.

The Authority does not directly own or manage any hospital or clinic. The Authority levies ad valorem (property) taxes to provide funding to hospitals and contracted agencies to support health care for low-income residents of West Volusia. The Authority has one employee, an Administrator responsible for creating and publishing the Authority Board agendas, reviewing submitted invoices for accuracy and compliance with funding agreements and contracts, and performing other administrative tasks on behalf of the Board. The Board contracted with an accounting firm to perform its accounting functions, an attorney for legal work, and a third-party administrator (TPA) to provide health care network access and related administrative services.

¹ Chapter 2004-421, Section 3, Charter Section 2, Laws of Florida, provides that, to stagger Board member 4-year terms, elections are held every 2 years by identifying Commissioners as either Group A (three Commissioners) or Group B (two Commissioners). Group A Commissioners are elected in one election cycle, and Group B Commissioners are elected in the next election cycle.

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT****FINDINGS AND RECOMMENDATIONS****Finding 1: Significant Constraints Imposed on Audit****Previously Reported**

Contrary to State law,² the Authority did not provide requested records needed to achieve all the objectives of our audit, thereby imposing significant constraints on the conduct of our audit.

We recommended that, in future audits, the Authority demonstrate a commitment to accountability and comply with all auditor requests when such requests are made in accordance with Federal and State laws.

Result of Follow-Up Procedures

The Authority corrected this finding. During the course of our audit, the Authority employee, and the health care provider agency responsible for providing human immunodeficiency virus (HIV) testing and counseling, health behavior and education, and non-clinical support to West Volusia's indigent population for the 2022-23 fiscal year provided all requested records.

Finding 2: Monitoring – Human Immunodeficiency Virus Services Agreement**Previously Reported**

The Authority should enhance its oversight and monitoring procedures to provide greater assurance that grantees provide services consistent with the Board's intent and that payments to grantees are appropriate, properly supported, and in compliance with agreement terms and conditions.

We recommended that the Authority enhance its oversight and monitoring procedures to provide greater assurance that grantees provide services consistent with the Board's intent and that payments to grantees are appropriate, properly supported, and in compliance with grant agreement terms and conditions. In addition, we recommended that the Authority:

- Include provisions in future health care provider agency (HIV Grantee) agreements requiring the Grantee to provide records, including records supporting the clients served, the services provided, and test results, in sufficient detail to enable the Board to effectively monitor and evaluate Grantee performance.
- Consider establishing the frequency of HIV testing and other services eligible for reimbursement in the grant agreement and periodically verify the HIV Grantee's compliance with such limits.

² Section 11.47(1), Florida Statutes.

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT****Result of Follow-Up Procedures**

The Authority corrected this finding. Our examination of Authority records and discussions with Authority personnel disclosed that the Board enhanced its oversight and monitoring procedures to provide greater assurance that grantees provide services pursuant to the Board's intent by:

- Assigning certain monitoring responsibilities, such as the review of invoices and supporting records provided by the HIV Grantee, to the Administrator hired in June 2022.
- Engaging a CPA firm in June 2022 to obtain documentation, review grantee invoices provided, and provide such information to the Board for their consideration prior to approving payment to the grantees.

Further, in October 2022, the Authority entered into a new agreement with the HIV Grantee requiring the HIV Grantee to provide records, including a de-identified listing of clients served that includes the number of services provided by the grantee to each client in the 3 month period preceding the invoice date. Our examination of the funding agreement and discussions with Authority personnel disclosed that the HIV Grantee was not required, nor expected, to provide the HIV test results to the Authority. In response to our inquiries, Authority personnel indicated the funding agreement supports the Board's intent to facilitate preventative testing, treatment, and prevention of HIV transmission. Authority personnel indicated that if the Board wanted to obtain an individual's test results, the Health Insurance Portability and Accountability Act (HIPAA) and State Law³ would require the HIV Grantee to obtain individual consent from those tested prior to providing the results. The Board believes that, should such information be entered into the public records, the effectiveness of the program would be reduced.

To determine the adequacy of the Board's current monitoring procedures over the HIV Grantee, we examined the nine invoices totaling \$157,488 submitted for payment by the HIV Grantee during the period October 2022 through June 2023 and determined that the invoices were at the level of detail required by the funding agreement. Further, to determine whether the HIV Grantee tested the same individual three or more times within a 3 month period, we examined the records supporting the 791 tests performed. Our examination disclosed that 21 individuals were tested three or more times between January 2023 and June 2023; however, none of the individuals received three or more tests within a 3 month period.

Finding 3: Grantee Compliance Monitoring**Previously Reported**

The Authority did not have adequate policies and procedures to ensure that grantee compliance review reports contained all information necessary for the Authority to make fully informed decisions on reported

³ Chapter 381.004(2), Florida Statutes.

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT**

results. Additionally, the Authority Board did not always take appropriate action of record to resolve deficiencies identified in those reports.

We recommended that the Board require its accounting firm to include in the compliance reports the amounts received by grantees. In addition, we recommended the Board adopt written policies and procedures to ensure that the compliance reports include all factors and information, including questioned costs and a reasonable estimate of the potential total exceptions and deficiencies, necessary for the Board's informed consideration of grantee performance.

We also recommended that the policies and procedures require the Board to take appropriate actions based upon findings and recommendations noted in compliance reports, such as waiving or requiring repayment of questioned costs and determining whether additional compliance testing is warranted.

Result of Follow-Up Procedures

The Authority corrected this finding. Our examination of Authority records disclosed that the Board adopted policies⁴ in July 2023 that required the grantee compliance reports issued by the accounting firm to include factors and information necessary for the Board's informed consideration of grantee performance, including actual noted deficiencies questioned costs and reasonable estimates of potential total deficiencies and questioned costs to provide sufficient context of the results of the compliance reports to the Board for consideration. Further, the adopted policies require the Board to consider the compliance reports and take appropriate actions to compel grantee corrective actions, as deemed necessary.

To determine whether the compliance reports included all required elements necessary for the Board's informed consideration of grantee performance and whether the Board took appropriate actions regarding deficiencies and questioned costs noted in the reports, we examined the six compliance reports issued by the accounting firm during the period January 2023 through June 2023. We noted that the compliance reports were presented to the Board and included the information necessary for the Board's informed consideration of grantee performance and that, as necessary, the Board considered the results of the reports and what action, if any, was appropriate. For example, one of the compliance reports issued noted that the grantee did not maintain a worksheet evidencing how the grantee calculated income eligibility for clients served and indicated that this exception affected the entire program and population. However, because the report also indicated that the accounting firm was able to verify eligibility based on other grantee documentation, the Board decided to not take any action regarding the deficiency.

⁴ West Volusia Hospital Authority Additional Policies.

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT****Finding 4: Monitoring Contracted Services****Previously Reported**

The Authority paid a grantee for medical services pursuant to invoices not supported by the detailed records required by the grant agreement.

We recommended that the Authority require the grantee providing pharmacy services to provide the invoice supporting information required by the funding agreements and ensure that the information is utilized for payment processing and accomplishing the Authority's contract monitoring responsibilities. Alternatively, if the Board determined that such documentation was not necessary to support grantee invoices, the Board should remove the requirements from the funding agreements and establish alternate payment and monitoring procedures to ensure that the grantee is providing the contracted services in accordance with the Board's expectations.

Result of Follow-Up Procedures

The Authority corrected this finding. In June 2020, the Authority amended its agreement with its third-party administrator (TPA) to include pharmacy services in addition to primary care services provided by the TPA.

To determine whether the invoices submitted by the TPA were in accordance with the agreement between the Authority and the TPA, we examined the seven invoices totaling \$307,555 submitted by the TPA for pharmacy services during the period January 2023 through June 2023. Our examination disclosed that the submitted invoices were in accordance with the Board-approved agreement and reviewed by the TPA and the accounting firm for accuracy prior to submission for Board approval.

Finding 5: Contract Approval**Previously Reported**

The Board did not approve health care services agreements between the Authority's TPA and health care providers that obligated the Authority to pay for the health care services.

We recommended that the Board adopt policies and procedures to require contracts negotiated by the TPA on the Board's behalf be Board-approved at a publicly noticed meeting.

Result of Follow-Up Procedures

The Authority did not correct this finding. Our examination of Authority records and discussions with Authority personnel disclosed that the Board did not adopt written policies and procedures that require the Board to approve contracts negotiated by the TPA on the Board's behalf at publicly noticed meetings.

In response to our inquiries, Authority personnel indicated that, according to the Authority's contracted attorney, public discussion and approval of the TPA-negotiated contracts with health care providers would

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT**

limit the TPA's negotiating power with health care providers and increase overall costs of providing health care to taxpayers. In addition, the attorney indicated that there is no legal requirement that the Board directly approve TPA-negotiated health care provider agreements.

Notwithstanding this response, acknowledging and approving the health care provider agreements at a publicly noticed Board meeting would enhance transparency; affirm that the agreements meet the intent of the Board; and reduce the potential for misunderstandings and disagreements among the Board, TPA, and health care providers.

Recommendation: We continue to recommend that the Board adopt policies and procedures to require contracts negotiated by the TPA on the Board's behalf be Board-approved at a publicly noticed meeting.

Finding 6: Accumulation of Resources

Previously Reported

The Authority accumulated significant resources that may be in excess of amounts necessary for the Authority to fulfill its duties and responsibilities.

We recommended that the Authority adopt a written policy that establishes minimum and maximum levels of unrestricted fund balance. We also recommended the Board establish a plan to address any excessive General Fund resources, for example, the Board could reduce ad valorem tax levies or expand health care services to West Volusia Residents

Result of Follow-Up Procedures

The Authority partially corrected this finding. On November 17, 2022, the Board adopted policies⁵ that meet Government Finance Officers Association (GFOA) recommended guidelines.⁶ Specifically, the policies require the Authority to maintain an operating reserve of at least 25 percent, with a target range of 40 to 60 percent of 1 year of operating expenditures. As shown in Table 1, our follow-up audit procedures disclosed that the Authority maintained an unrestricted fund balance of \$21 million for the 2021-22 fiscal year, which was 150 percent of the Authority's 2021-22 fiscal year expenditures, which is significantly higher than the policy target rate of 40 to 60 percent. In addition, the 2021-22 fiscal year unrestricted fund balance increased by 22 percent from the 2019-20 fiscal year amount.

⁵ *Accounting and Fiscal Policies.*

⁶ GFOA Best Practice: *Fund Balance Guidelines for the General Fund*, September 2015, recommends at a minimum, that general-purpose governments, regardless of size, maintain unrestricted budgetary fund balance in their general fund of no less than 2 months of the regular general fund operating revenues or regular general fund operating expenses.

PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT

Table 1
Revenues, Expenditures, and Fund Balances by Fiscal Year
For the 2019-20 Through 2021-22 Fiscal Years

	2019-20	2020-21	2021-22
Ad Valorem Tax Revenue	\$19,507,765	\$17,072,528	\$17,520,345
Other Revenue	217,927	119,041	117,674
Total Revenue	19,725,692	17,191,569	17,638,019
Total Expenditures, Health care and Other	15,496,057	14,748,013	13,977,734
Net Change in Fund Balance	4,229,635	2,443,556	3,660,285
Fund Balance, Beginning	13,124,306	17,353,941	19,797,497
Fund Balance, Ending	<u>\$17,353,941</u>	<u>\$19,797,497</u>	<u>\$23,457,782</u>
Fund Balance:			
Nonspendable	\$133,626	\$2,000	\$2,000
Committed	-	-	2,496,809
Assigned, Subsequent Year's Budget	2,000,000	1,177,700	-
Unassigned	15,220,315	18,617,797	20,958,973
Total Fund Balance	<u>\$17,353,941</u>	<u>\$19,797,497</u>	<u>\$23,457,782</u>
Property Tax Millage	1.908	1.5035	1.4073
Unrestricted Fund Balance (Assigned and Unassigned)	\$17,220,315	\$19,795,497	\$20,958,973
Unrestricted Fund Balance as a % of Expenditures	111%	134%	150%

Source: Authority Records

In an effort to reduce the total unrestricted fund balance, the Authority decreased its millage rate from 1.5035 for the 2020 property tax year to 1.4073 mills for the 2021 property tax year, a decrease of .5007 mills (26 percent). Additionally, as shown in Table 1, as of September 30, 2022, the Board had committed \$2.5 million, which represented funds held back in the event the Authority lost its appeal of the outcome of a lawsuit with Volusia County (County) regarding Medicaid funding. In June 2022, the Seventh Judicial Circuit Court ordered the Authority to pay the \$2.5 million to the County and become current with the County's monthly statements of the Authority's Medicaid financial responsibility. The Circuit Court's order was affirmed by the Fifth District Court of Appeal in August 2023. A similar lawsuit filed by the County is currently pending against the Authority, and it is likely that the Authority will have to pay the Authority's share of the County Medicaid match on an ongoing basis, estimated as \$2.7 million in the 2023-24 fiscal year.

Notwithstanding, as the Authority's 2021-22 fiscal year unrestricted fund balance of \$21 million significantly exceeded the policy target range, the Authority may have retained resources in excess of

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT**

the amount needed to achieve its purpose of providing health care access to qualified indigent residents within the Authority's geographic boundaries.

Recommendation: We recommend that the Board consider the Authority's Medicaid financial responsibility and continue efforts to bring the ending unrestricted fund balance into the Authority's target range of 40 to 60 percent of 1 year of operating expenditures.

Finding 7: Budget Preparation**Previously Reported**

The Authority had not established written budget preparation policies and procedures. Additionally, contrary to State law,⁷ the 2015-16 through 2020-21 fiscal year budgets generally did not include estimated beginning or ending fund balances.

We recommended that the Authority establish written budget policies and procedures that require budgets to include balances brought forward from prior fiscal years as required by State law.

Result of Follow-Up Procedures

The Authority corrected this finding. Our examination of Authority records and discussions with Authority personnel disclosed that the Board adopted policies⁸ requiring the adopted budgets to include the fund balance from the previous fiscal year. The budget adopted for the 2022-23 fiscal year included a \$20 million carryforward fund balance from the 2021-22 fiscal year, which approximated the \$21 million carryforward fund balance in the audited financial statements.

Finding 8: Citizens Advisory Committee (CAC) Member Removal**Previously Reported**

The Authority had not established policies and procedures governing the removal of Citizens Advisory Committee (CAC) members. In addition, in May 2019, the Authority Board removed a CAC member at a public meeting without placing the member's removal on the agenda, which limited the opportunity for public involvement.

To promote transparency of Authority operations and encourage community involvement, we recommended that the Board:

- Publicly notice in advance all proposed Board actions, including those that may be deemed controversial.
- Amend its bylaws or otherwise establish policies and procedures for removing CAC members.

⁷ Section 189.016(3), Florida Statutes.

⁸ *West Volusia Hospital Authority Additional Policies.*

**PRELIMINARY AND TENTATIVE AUDIT FINDINGS
NOT AN AUDIT REPORT****Result of Follow-Up Procedures**

The Authority corrected this finding. Our examination of Authority records disclosed that in January 2023 the CAC By-Laws were updated to establish the process for removing CAC members, including a requirement that any such removal be noticed on a published agenda prior to the Authority Board meeting. Further, our examination of the six Authority Board meetings held during the period January 2023 through June 2023 disclosed that the Authority Board did not remove any CAC members and only took action on matters noticed in the agendas made available to Authority Board members and the public prior to the meetings.

Finding 9: Anti-Fraud Policies and Procedures**Previously Reported**

The Authority had not established anti-fraud policies or procedures.

We recommended that the Board establish policies and procedures for communicating, investigating, and reporting known or suspected fraud and that such policies and procedures:

- Define fraud and provide examples of acts constituting fraud.
- Require individuals to communicate and report known or suspected fraud.
- Provide for anonymous reporting of known or suspected fraud.
- Require officials to keep accurate records of known or suspected fraud reported.
- Assign responsibility for investigating potential incidents of fraud and for taking appropriate action.
- Provide guidance for investigating potential and actual incidents of fraud; reporting evidence obtained by the investigation to the appropriate authorities; and protecting the reputations of persons suspected but determined not guilty of fraud.

Result of Follow-Up Procedures

The Authority corrected this finding. In May 2023, the Board adopted anti-fraud policies and procedures⁹ that adequately addressed our recommendations.

End of Preliminary and Tentative Audit Findings.

⁹ West Volusia Hospital Authority Anti-Fraud Policy.

WEST VOLUSIA HOSPITAL AUTHORITY
SCHEDULED MEETINGS – 2024

Citizens Advisory Committee Meetings

Tuesdays at 5:30pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

January 16 – CAC Organizational/Orientation
***Judy Craig Sanborn Center**

January 18
Sanborn Center

February 6 – Mandatory Applicant Meeting
***Jennifer Coen Center at Deltona**

February 15 (HSCFV)
Center at Deltona

March 21 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding
Application Review Sanborn Center

April 23 – Mandatory Applicant Workshop Q & A
***Donna Pepin Center at Deltona**

April 18 (TNC/FDOH)
Center at Deltona

May 7 – Preliminary Ranking
***Voloria Manning Sanborn Center**

May 16 (SMA/RAAO) Sanborn Center

May 21 or 28 – Final Ranking Meeting
***Jennifer Coen Center at Deltona**

June 20 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations
Sanborn Center

July (CAC Hiatus)

July 18 (4:00 p.m.) Budget
Workshop Followed by Regular
(THND/Healthy Comm) Center
at Deltona

August (CAC Hiatus)

August 15 (HHI/CLSMF) Sanborn Center

September (CAC Hiatus)

Sept. – Tentative Budget Hearing 5:05 PM
TBD

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

October (CAC Hiatus)

October 17 Center at Deltona

November (CAC Hiatus)

November 21 Sanborn Center

***WVHA Commissioner to attend CAC Meeting**

The Sanborn Center 815 S Alabama Avenue DeLand, FL 32720
The Center at Deltona 1640 Dr. Martin Luther King Blvd., Deltona, FL 32725

Follow Up Items

- **Resolution 2014 - 008 Memorial Resolution (attached)**

Chair Ferrari explained that this Resolution is a blank draft for future memorial resolutions that the Board needs to approve or accept.

10 of 13 pages

Regular Meeting – Minutes

November 20, 2014

Motion 231 - 2014 Commissioner Dickinson motioned to accept the draft Memorial Resolution 2014 - 008. Commissioner Mann seconded the motion. The motion passed unanimously.

- **Resolution 2014 - 009 Memorial Resolution Betty Beaman (attached)**

Chair Ferrari explained that this is the Memorial Resolution honoring Betty Beaman that included reflections on her life and service.

Motion 232 - 2014 Commissioner Shepard motioned to adopt Resolution 2014 - 009 as written. Commissioner Mann seconded the motion. The motion passed unanimously.

**RESOLUTION APPROVING FORM FOR MEMORIAL RESOLUTIONS OF
THE WEST VOLUSIA HOSPITAL AUTHORITY TO HONOR DECEASED
MEMBERS OF THE BOARD OF COMMISSIONERS OR
CITIZENS ADVISORY COMMITTEE**

RESOLUTION 2014-08

BE IT RESOLVED by the Board of Commissioners of the West Volusia Hospital Authority, an independent special taxing district in Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that WVHA hereby approves the following quoted form for Memorial Resolutions to honor deceased members of the Board of Commissioners or Citizens Advisory Committee Members:

“MEMORIAL RESOLUTION HONORABLE [INSERT NAME]

BE IT RESOLVED by the Board of Commissioners of the West Volusia Hospital Authority, an independent special taxing district in Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that WVHA hereby honors the service of the late [insert Commissioner or CAC Member and name].

Whereas [insert name only], a resident of West Volusia County, Florida since [insert year from candidate materials], passed from this life on [insert date of death].

Whereas [insert title and name] served the citizens of West Volusia as [insert titles and years in office separated by semicolons for all elected or appointed positions that the honoree held where residents of West Volusia were a part or all of the constituency]

Whereas [insert title and name] voluntarily and actively served the West Volusia Hospital Authority as [list titles and years of service for all positions and offices held on the Citizens Advisory Committee and Board of Commissioners]

NOW THEREFORE, BE IT RESOLVED by the Board of Commissioners of the West Volusia Hospital Authority on this [insert date of death], that we honor our deceased colleague [insert name] with this Resolution, which shall be entered into our official minutes. Copies of the Resolution shall be signed by our Chairman and Secretary, affixed with the official seal of the West Volusia Hospital Authority and then furnished to the members of [insert title and name]'s family.

Further Resolved that WVHA shall make a donation in honor of [insert title and name] to an agency that provides health care or access to health care for indigent residents of West Volusia.

This Memorial Resolution shall take effect immediately upon the death of any Commissioner of the West Volusia Hospital Authority or Member of the Citizen Advisory Board.”

Further ordered that the Attorney and Contracted Administrative Support for the West Volusia Hospital Authority shall work collaboratively to insert the relevant factual details into the form and finalize a Memorial Resolution with WVHA’s official seal affixed for each member of the Board of Commissioners or the Citizens Advisory Committee whose death occurs after this Resolution becomes effective.

Further ordered that the Contracted Administrative Support for the West Volusia Hospital Authority shall as soon as practicable after the death of a member of the Board of Commissioners or the Citizens Advisory Committee, contact the Personal Representative or family member responsible for memorial services to determine a preference for which agency providing health care or access to health care to indigent residents of West Volusia shall receive a One Hundred Dollar (\$100.00) donation from WVHA to honor the service of the deceased member.

This Resolution shall take effect immediately upon adoption.

ADOPTED and subscribed to this 20th day of November, 2014, at a duly noticed public meeting.

CHAIRMAN, Andrew N. Ferrari
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its monthly regular meeting, and held on Thursday, November 20, 2014 at 5:00 p.m. at 1006 N. Woodland Blvd, DeLand, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Ross N. Dickinson (yes/no), Commissioner Andrew N. Ferrari (yes/no), Robert L. Mann (yes/no) and Commissioner Kathie D. Shepard (yes/no).

SECRETARY, Kathie D. Shepard
West Volusia Hospital Authority

Application Process Suggestions

1. Hold a mandatory applicant meeting on 2/6/24 after the application is released 1/23/24 to ensure applicants are aware of requirements, stressing that there is a hard deadline for submittal of ALL documents with the application on 3/7/24. Affirm that incomplete applications will not be accepted or scored. **(Page 1)**
2. Include a checklist to ensure a complete packet is submitted.
3. Use the rubric for scoring which includes how much weight goes to different components of the application and explain it at the mandatory applicant meeting on 2/6/24.
4. Require one set of financials per agency to save paper/cost/time. **(Page 9)**
5. Include a question on their most recent site visit results for returning agencies. If they were not in compliance, specify what was done to rectify issues. **(Page 5)**
6. For returning agencies, require documentation on final outcome measurements for previous year funded. **(Page 5)**
7. Use bullet points on the application rather than a lengthy narrative. **(Page 8)**
8. Require balance sheet and profit and loss statement for previous year and PDF of 990 or tax return. **(Page 9)**
9. Specify percentage of funding request allocated to salaries. **(Already part of page 6)**. Agencies should not include everyone working at the agency in other programs not funded by WVHA. **(Page 8)**
10. Budget: have separate columns for cash and in-kind income and expense. **(Page 6)**
11. Agency budgets should be tied to deliverables specific to WVHA funding. Identify in the budget what the funds from WVHA would be supporting. Agencies should not include their overall budget for other programs. **(Page 6)**
12. Include a grid for number predicted and number actually served in previous year, current year-to-date and application year, such as below. **(Page 4)**

Grant Year	WVHA number proposed served	Actual WVHA numbers served
Previous Grant Application year		
Current Grant year Oct. thru YTD		
2024 – 2025		

13. Require outcomes instead of outputs. Outcomes for the project funded by WVHA should not be the same as the oversight agency requires. They must be specific to the WVHA funding. **(Page 4)**

Internal CAC Operating Suggestions

14. At the mandatory meeting, we should stress that agencies ask themselves if their goals align with the purpose of the WVHA before applying.
15. Site visit results (Supply each agency with blank site visit form so they are informed on what the CPA will be looking for in the site visit.)
16. Structure CAC meetings with time limits amongst organizations to ensure fairness.
17. Timed event – 10 minutes for a presentation, 10 minutes for questions, and no generalized statements from CAC members about the organization or their work.
18. Since all CAC members do not have the opportunity to do site visits, those who do could provide feedback.
19. All agency deficiencies experienced in recent years should be shared with other CAC members to assist in decision making.
20. Develop a marketing strategy to reach the population we serve.

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

APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, THURSDAY, MARCH 7, 2024

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

ELIGIBLE APPLICANTS

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

ELIGIBLE SERVICES

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

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font. All questions must be answered. Use N/A if non-applicable. Incomplete applications will not be accepted or scored.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, March 7, 2024**, a strictly enforced deadline, at the following address:

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

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

APPLICATION REVIEW

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

REPORTING REQUIREMENTS/INVOICES

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

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

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

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

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

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

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

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

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

Mission of your Agency:

SECTION I – PROPOSAL (See Appendix A)

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

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

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

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

Grant Year	WVHA number proposed served	Actual WVHA numbers served
Previous Grant Application year		
Current Grant year Oct. thru YTD		
2024 – 2025		

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address? Outcomes for the WVHA funded project should not be the same as the oversight agency requires. They must be specific to WVHA funding.

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

1. If industry standards are used, identify source: _____

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

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

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

4. If you are a returning agency, please attach documentation on final outcome measurements for previous year funded.

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

G. If you are a returning agency, were you in compliance with your most recent site visit? If not, specify what was done to rectify the issue(s).

SECTION II - AGENCY ORGANIZATION

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

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

Remainder of this page intentionally blank

SECTION III – FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. Do not include your overall budget for other programs. Agency budgets should be tied to deliverables specific to WVHA funding. Prior to finalization of the funding agreement, the West Volusia Hospital Authority may request a copy of the Agency Operating Budget.

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

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

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

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

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

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

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

BUDGET

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

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position. Do not include personnel working in other programs.

Contracted Services:

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

Administrative and Other Services:

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

Medical:

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

Pharmacy:

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

Other:

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

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2024-2025, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on March 7, 2024 with all other parts of the completed application:
 - a) Basic Financial Statements, Audit Reports and Management Letter from an independent audit for the previous fiscal year (if an audit was performed) or balance sheet and profit & loss statement for previous year and PDF of 990 or tax return. Provide one set of financials per agency if you have multiple program applications.
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.

6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

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

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

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

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

APPENDIX A

Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

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

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

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

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

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

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

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

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

The following rubric will be used to score each of the eight areas:

1. Demonstration of need for funding as it pertains to the current Volusia County Community Health Needs Assessment
2. Description of project including intended goals and outcomes
3. Description of the work
4. Budget aligned to goals/outcomes
5. Identification of target population
6. Monitoring method to assess agency goals
7. Detail, completeness, and clarity of the budget
8. Alignment of goals within grant application to the mission and goals of the WVHA

ORGANIZATION / AGENCY _____

CAC MEMBER NAME _____

TOTAL SCORE _____

	1 Point - Needs Improvement	2 Points - Average	3 Points - Very Good	4 Points - Exceptional	Score
Section 1: Demonstration of Need as it Pertains to Current CHNA	Description of need is hard to understand, verbose, or uses jargon. <ul style="list-style-type: none"> It is not clear what the specific need is, and no data or information is included to support justifying need. 	Description depicting the need is somewhat clear and minimally explains why funding is needed. <ul style="list-style-type: none"> There is some data or information to support need. 	Description depicts the need for the project well and language clearly describes current status. <ul style="list-style-type: none"> Data or additional information supports narrative and shows clear need. 	Description is very clear, concise, and easy to understand. <ul style="list-style-type: none"> Information and data are attached, and clearly supports need. Additional data or information complete a big picture explanation for need. 	
Section 2: Description of Project Including Intended Goals and Outcomes	The description of the project is vague or unclear. <ul style="list-style-type: none"> The goals of the grant are not addressed or clearly stated. The goals do not align with the need stated. No outcomes are described. 	The description of the project is somewhat clear and includes details. <ul style="list-style-type: none"> The goals of the grant are addressed but not clearly stated. Goals and desired outcomes are minimally described and are somewhat aligned with the need described. 	The description of the project is very clear with detailed descriptions of the work to be completed. <ul style="list-style-type: none"> The goals of the grant are clearly stated. Outcomes of moderate impact and value are described. There lacks some specificity in what is measurable in outcomes. 	The description of the project is exceptionally clear and provides detailed information <ul style="list-style-type: none"> The goals of the grant are clearly stated. Significant outcomes are described. The specific outcomes of each goal are stated clearly and are directly aligned to the described need. All goals and outcomes are measurable both qualitatively and quantitatively. 	
Section 3: Description of the Work	The description of the overall work is hard to understand. <ul style="list-style-type: none"> Alignment between goals, outcomes, and the description of work is vague. 	Description of the work to be completed is addressed but vague at times. <ul style="list-style-type: none"> There is alignment between goals and the description of work. A more clear and concise description of overall work to be completed is needed. 	The description of the overall work to be completed is clearly stated. <ul style="list-style-type: none"> Work or project described is sound and overall is aligned to grant's goals. Describes a feasible timeframe for achieving goals. 	The description of work is clear and concise. <ul style="list-style-type: none"> The work is strongly aligned to the grant's goals. Describes a feasible timeframe for achieving goals. 	

Section 4: Alignment of Budget to Description of Work and Goals/Outcomes	Little to no alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	Somewhat of an alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	A significant alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	A clear and strong alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	
Section 5: Identification of Target Population	Target population is marginally identified, and agency has no previous experience serving this population.	Target population is somewhat identified, and agency has little previous experience serving this population.	Target population is somewhat identified, and agency has demonstrated some experience serving this population.	Target population is clearly identified, and agency has demonstrated experience in serving this population.	
Section 6: Monitoring Method to Assess Agency Goals	Very limited or no monitoring to ensure a clear focus on goals. • Limited or weak plan for evaluating impact of the work in achieving annual grant goals. • No data collection plan in place to measure impact of grants actions.	Somewhat of a monitoring plan to ensure a clear focus on goals. • Somewhat of a plan created for evaluating impact of the work in achieving annual grant goals. • Some data collection	A significant monitoring plan created to ensure a clear focus on goals. • Clear and strong plan created and executed for evaluating impact of the work in achieving annual goals. • Significant and strong data collection processes are in place to measure impact of grant's actions.	Exceptionally designed monitoring plan to ensure a clear focus on goals. • Comprehensive systemic plan created and executed for evaluating impact of the work in achieving annual grant goals. • Exceptional data collection processes are in place to measure impact of grant's actions.	
Section 7: Detail, Completeness and Clarity of the Budget	The program budget is incomplete and is unclear how it supports the work outlined.	Somewhat vague budget information. Appears to somewhat support the work outlined.	Adequate budget information. Appears to support the work outlined.	A comprehensive and clear Budget is detailed, complete and clearly supports the work outlined. Revenue/expense seems reasonable.	
Section 8: Alignment Between WVHA's Mission and Grant Goals	Lack of alignment between the WVHA's mission and the goals of the work described in the grant application.	Somewhat of an alignment between the WVHA's mission and the goals of the work described in the grant application.	Significant evidence of an alignment between the WVHA's mission and the goals of the work described in the grant application.	Clear and strong alignment between the WVHA's mission and the goals of the work described in the grant application.	

Things to consider:

Past issues with compliance in the application process or with the organization as a whole

What progress has been made since the last application period?

Finance evaluation (Red flags from a finance perspective.)

Healthcare evaluation (Red flags from a healthcare/mental health perspective.)

Community evaluation (Red flags from a community perspective.)

Site visit evaluation

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

OCTOBER 31, 2023



ACCOUNTANTS' COMPILATION REPORT

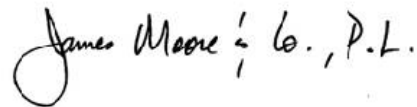
To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of October 31, 2023, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

DeLand, Florida
November 16, 2023



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

ASSETS

Ameris Bank - operating	\$ 818,614
Ameris Bank - MM	2,325,167
Ameris Bank - payroll	87,656
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	1,735,950
Surety Bank - MM	4,570,532
Mainstreet Community Bank - Certificates of deposit	9,314,831
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 19,054,750</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 19,054,750</u></u>
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See accountants' compilation report.

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

	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues				
Ad valorem taxes	\$ 152,163	\$ 15,700,000	\$ 15,547,837	1%
Interest income	24,266	400,000	375,734	6%
Other income	910	-	(910)	0%
Total revenues	<u>177,339</u>	<u>16,100,000</u>	<u>15,922,661</u>	<u>1%</u>
Expenditures				
Healthcare expenditures				
Hospitals				
Halifax Hospital	15,055			
AdventHealth	<u>28,908</u>			
Total hospitals	<u>43,963</u>	3,000,000	2,956,037	1%
Specialty Care Services				
Specialty Care - ER	2,404			
Specialty Care - Non-ER	<u>160,803</u>			
Total Specialty Care Services	<u>163,207</u>	3,500,000	3,336,793	5%
Emergency Room Care	48,049	1,000,000	951,951	5%
Primary Care	67,869	2,500,000	2,432,131	3%
Pharmacy	-	900,000	900,000	0%
Florida Dept of Health Dental Svcs	-	150,000	150,000	0%
Hispanic Health Initiatives	-	75,000	75,000	0%
Community Legal Services	-	105,833	105,833	0%
Rising Against All Odds	-	167,683	167,683	0%
HSCFV - Outreach	-	81,560	81,560	0%
HSCFV - Fam Services	-	76,331	76,331	0%
The House Next Door	-	45,000	45,000	0%
SMA - Homeless Program	-	90,000	90,000	0%
SMA - Residential Treatment	-	550,000	550,000	0%
SMA - Baker Act - Match	-	300,000	300,000	0%
County Medicaid Reimbursement	-	2,810,405	2,810,405	0%
H C R A - In County	-	400,000	400,000	0%
H C R A - Outside County	-	400,000	400,000	0%
The Neighborhood Center	-	125,000	125,000	0%
Healthy Communities Kid Care Outreach	-	72,203	72,203	0%
Other Healthcare Expenditures	-	126,183	126,183	0%
Total healthcare expenditures	<u>323,088</u>	<u>16,475,198</u>	<u>16,152,110</u>	<u>2%</u>
Personnel services				
Regular salaries and wages	5,588	67,556	61,968	8%
FICA	427	5,168.0	4,741	8%
Retirement	758	9,843	9,085	8%
Life and Health Insurance	-	12,000	12,000	0%
Workers Compensation Claims	-	25,000	25,000	0%
Total personnel services	<u>6,773</u>	<u>119,567</u>	<u>112,794</u>	<u>6%</u>
Other expenditures				
Legal Counsel	6,053	70,000	63,947	9%
Outside Legal Counsel	-	10,000	10,000	0%
Outside Legislative Advisory	6,000	72,000	66,000	8%
Audit	-	20,500	20,500	0%
General Accounting - Recurring	-	114,000	114,000	0%
General Accounting - Nonrecurring	-	10,000	10,000	0%
Application Screening - THND	-	521,989	521,989	0%
Application Screening - RAAO	-	86,746	86,746	0%
TPA Services (EBMS)	33,628	500,000	466,372	7%
Building Occupancy Costs	-	100,000	100,000	0%
Advertising	-	10,000	10,000	0%
Other Operating Expenditures	599	15,000	14,401	4%
Office Supplies	-	-	-	0%
Tax Collector & Appraiser Fee	69	650,000	649,931	0%
City of DeLand Tax Increment District	-	125,000	125,000	0%
Total other expenditures	<u>46,349</u>	<u>2,305,235</u>	<u>2,258,886</u>	<u>2%</u>
Total expenditures	<u>376,210</u>	<u>18,900,000</u>	<u>18,523,790</u>	<u>2%</u>
Excess (deficiency) of revenues over expenditures	<u>\$ (198,871)</u>	<u>\$ (2,800,000)</u>	<u>\$ (2,601,129)</u>	<u>7%</u>

See accountants' compilation report.

From: [Ted Small](#)
To: [Stacy Tebo](#)
Cc: [Theodore Small](#)
Subject: Legal Update re: Reconsideration of Automatic Memorial Resolutions
Date: Tuesday, November 7, 2023 11:25:51 AM
Attachments: [WVHA--Memorial Resolution--Form.doc](#)

Hi Stacy, Please include the finally approved version of the attached draft of Board Resolution on Memorial Resolutions and this email as my Legal Update for the upcoming meeting. Please label the Discussion item as: Suspend or Modify Resolution re: Automatic Memorial Resolutions

Going forward, the Board should consider whether to suspend entirely or modify significantly this Resolution. We do not currently have a database of past dates of service or offices held for past or current members of the CAC, Board or both. Further, it is not clear that the grieving families of ALL past Board or CAC members would even appreciate or permit this type of resolution to be read during their memorial services or other gatherings. Instead, I recommend that going forward, the Board decide on a case by case basis when it desires to pass such a resolution or it receives a specific request from a family member or a CAC/Board colleague of the deceased.

The only other item that you should put on the Follow-up Discussion agenda is "Medicaid Match Litigation" again. I've reached out to John Mullen to see if there is anything he wants to present to the Board for consideration at this last meeting of the year. Let's put the item on for now just in case he has something.

Thanks, ts