

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
August 21, 2025 5 PM
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
AMENDED 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
 - A. Budget Workshop on July 17, 2025
 - B. Regular Meeting on July 17, 2025
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Introduction to True Health – Dr. Karenn Senors, Chief Medical Officer and Nurez Madhany, Chief Operations Officer
7. Contractual Annual Utilization Reports to the WVHA Board of Commissioners
 - A. Community Legal Services of Mid-Florida, Christina Russo Walters, Senior Managing Attorney
 - B. Hispanic Health Initiatives, Peter Willems, Executive Director
8. Reporting Agenda
 - A. EBMS June & July Reports – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona July Report – Written Submission
 - C. The House Next Door July Application Processing Report
 - D. Hospital Services 2nd Quarter of 2025 (April – June)
 1. Halifax Health | UF Health – Medical Center of Deltona
 2. AdventHealth DeLand & AdventHealth Fish Memorial
 3. EMPros
9. Discussion Items
 - A. LIP Funding for SMA Healthcare – Eric Horst
 - B. Card Member Survey Questions (Commissioner Moore – Tabled on 7/17/25)
 - C. Mobile Health Clinic Plan (Commissioner Moore – Tabled on 7/17/25)
 - D. Review Proposed Budget 2025-2026
 - E. Review of Benefit Plan for WVHA
 - F. Performance Goals/Objectives for WVHA Activities in FY 2025-2026
 - G. Lien Reduction Request from Dan Newlin Injury Attorneys
 - H. Amendment Four to the Administrative Services Agreement with EBMS
 - I. WVHA Administrator Salary
10. Follow Up Item – miCare Clinic Consolidation/Lease Renewal
11. Administrator Report
12. Finance Report
 - A. July Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
13. Legal Update
14. Upcoming Meetings – Tentative Budget Hearing on 9/3/25 and Final Budget Hearing & Regular Meeting on 9/18/25
15. 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
BUDGET WORKSHOP**

Sanborn Center Ballroom B
815 S. Alabama Avenue, DeLand, FL
July 17, 2025

Board Members in Attendance:

Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Rakeem Ford
Commissioner Judy Craig

Board Members Absent:

Commissioner Jennifer Moore

Others Present:

Accountant for the Authority: CPA Webb Shephard of James Moore & Co
WVHA Administrator Stacy Tebo
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
(participating via Zoom)

Call to Order

Chair Coen called the workshop to order. The workshop took place at the Sanborn Center Ballroom B, 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 4:03 p.m.

Approval of Proposed Agenda

Motion 047 – 2025 Commissioner Manning moved to approve the proposed agenda. Commissioner Craig seconded. The motion passed 4-0-1.

Citizen Comments

Jalene Serwanski voiced concern regarding the WVHA's reserves.

Ms. Tebo read Tanner Andrew's email regarding Medicaid aloud to the Board, as he was unable to attend in person.

Reserve Spending Plan

Mr. Shephard discussed the reserve spending plan and said they were getting closer to the target range of forty to sixty percent in the fund balance policy. He explained that if the Board was inclined to arrive at the target range quickly, they could reduce the millage all the way down to eat up the excess fund balance; he added that the downside would be afterward, they would have to drastically increase the millage rate to catch revenues up with the projected expenditures. He reminded everyone that the Board increased the rate last year and used about a half million dollars of reserves. He said that for fiscal years 2026, 2027, and 2028 one option would be to stay at the rolled-back rate, and they would likely arrive at a fund balance within the target range. He added they would be around 80% at the end of fiscal year 2025 and around 73% at the end of fiscal year 2026 if they chose the rolled-back rate.

Mr. Shephard apologized for the error in the initial working budget he sent out and said he caught it the previous day. He confirmed that the rolled-back rate is 0.9897. He noted his original

projection of the use of reserves has been corrected to reflect \$1.5 million at the end of 2026 if they chose the rolled-back rate shown in Option A. He pointed out that he provided three options for the Board, but the options are limitless. He invited the commissioners to make their own suggestions for alternative options. He stated that Option B is the flat rate of 1.048, which is the same as the current rate utilizing \$300,000 of reserves.

Commissioner Ford asked Mr. Shephard when he expected they would need a tax increase if they chose the rolled-back rate. Mr. Shephard responded that he estimated three years. He also asked if they would need to adjust the rest of the budget if they decided not to fund any of the applications. Mr. Shephard answered yes, and it was up to the Board how and if the applications would be funded and included in the budget.

Commissioner Manning asked Mr. Shephard to explain Option C. Mr. Shephard said that the option does not include use of reserves, and it matches revenues to expenditures.

Attorney Small confirmed the statement made by Chair Coen earlier in the workshop that they could lower the millage rate later in September but could not easily increase it. He added that they should be realistic in determining what the highest rate might be. He pointed out that the reserves bulked up during the Medicaid litigation when the Board was not budgeting for the Medicaid expenditure.

WVHA 2025-2026 Budget Forecast

Chair Coen said that every year they must reconcile WVHA's income with its expenditures, and there is a \$1.5 million increase in expenditures in the projected budget. She noted the \$1 million increase in specialty care and said it had increased yearly between ten and twelve percent.

Commissioner Manning suggested the increase might be due to the large number of people moving to the area.

Chair Coen noted there are other options for indigent primary care such as Family Health Source or Good Samaritan Clinic, and WVHA is the payer of last resort. She said she had recently toured the Good Samaritan clinic, and their eligibility standards are easier for people to meet. She noted they have limited access to surgeries and hospital care through AdventHealth, but they do refer people to WVHA for services they are unable to provide. She suggested that WVHA is meeting the specialty care needs in the community, and it is illustrated by the steady increase in the budget.

Sue Wayte, Senior Account Executive at miCare Health Centers, summarized the email from Director of Clinical Partnerships and miCare Operations Laura Rookhuizen regarding specialty care referrals. She explained the two sources of referrals. She pointed out that EBMS has access to a nationally recognized risk scoring model called MARA; that the WVHA aggregate risk score is 1.69, and the EBMS book of business is 0.94; and that this illustrates that the WVHA population is 44% more at risk than the rest of the EBMS population.

Commissioner Craig stated that the Board has a fiduciary responsibility to control spending, and she suggested that referrals from specialist to specialist be monitored systematically to ensure appropriateness. She added that they might try it on a trial basis to evaluate if the process led to a reduction in referrals.

Chair Coen said a checkpoint could save money, but it would require more administration by miCare staff. Ms. Wayte stated they would need some time to evaluate how best to formulate a process for monitoring the referrals. She said the other option to control spending would be to evaluate the types of specialty care covered under the plan.

Chair Coen asked about mental health counseling through specialty care listed in the EBMS report under psychiatry. Ms. Wayte said it might have been something that was needed immediately, but she needed to check into it.

Chair Coen noted that the pharmacy line item was under budget in the current fiscal year and suggested the budget might be reduced next year. There was Board consensus to reduce pharmacy expenses in the working budget to \$700,000.

County's Proposed Medicaid Reimbursement Expense

Mr. Shephard pointed out that \$3.8 million listed in the working budget for the Medicaid contribution is an estimate because of the delay in the State passing its budget June 30th. Commissioner Ford asked Mr. Shephard how he arrived at the estimate. Mr. Shephard answered it was a collaborative effort with Ms. Tebo, and the current year's expenditure is \$3.4 million.

Millage Rate

There was consensus that the rolled-back rate was preferred for fiscal year 2025-2026.

Funding Applications and Amounts Requested

Commissioner Ford said he did not think the application from Having Incredible Victory should be funded.

Commissioner Manning said she thought Having Incredible Victory would be a good resource for marketing WVHA to let the community know what is available through the program.

Commissioner Craig said she was only in favor of funding Easterseals as one of the three new applications submitted.

Adjournment

There being no further business to come before the Board, the workshop was adjourned at 5:23 p.m.

Adjournment - Jennifer Coen, Chair

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS REGULAR MEETING
Commencing Upon the Conclusion of the Budget Workshop
Sanborn Center Ballroom B
815 S. Alabama Avenue, DeLand, FL
July 17, 2025

Board Members in Attendance:

Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Rakeem Ford
Commissioner Judy Craig

Board Members Absent:

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Others Present:

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WVHA Administrator Stacy Tebo
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
(participating via Zoom)

Call to Order

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom B, 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 5:24 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 048 – 2025 Commissioner Ford moved to approve the proposed agenda. Commissioner Craig seconded. The motion passed 4-0-1.

Consent Agenda – Approval of Minutes – Joint Meeting with the CAC on June 17, 2025

Motion 049 – 2025 Commissioner Craig moved to approve the Consent Agenda. Commissioner Ford seconded. The motion passed 4-0-1.

Citizen Comments

Jalene Serwanski voiced support for the rolled-back rate proposed in Option A of the working budget for the next year.

Contractual Annual Utilization Reports to the WVHA Board of Commissioners
Chris Booker, COO of The House Next Door – Therapeutic Services

Mr. Booker outlined his report for the Board.

Kimberly Fulcher, Healthy Communities Executive Director – KidCare

Ms. Fulcher introduced herself and distributed copies of their report to the Board. She invited Jeannette Pubill, Florida KidCare Outreach Counselor, up to the podium to present the report. Ms. Pubill entertained questions and provided her business card to the Board members.

Reporting Agenda

EBMS June Report – Written Submission

Chair Coen noted the EBMS report included in the packet was for the previous month, and there was Board consensus to consider the June report at the next meeting.

**WVHA miCare Clinic DeLand/Deltona June Report – Sue Wayte, Senior Account Executive at miCare Health Centers and Practice Manager Gretchen Soto
Quarter 3 (April – June) Report**

Commissioner Craig pointed out that psychiatry was in the top five categories of specialty referrals and asked Ms. Wayte to report back on it. Ms. Wayte said that imaging was left out of the top five referral categories as it is continually the number one referral category.

Commissioner Ford asked about the tactics used for ER diversion. Ms. Wayte responded that it revolves around educating patients and explained the program. Chair Coen asked Ms. Wayte if she could add a rolling twelve-month look back on future reports.

Commissioner Manning asked Ms. Wayte to explain the care plan for card members that have went to the ER or have been hospitalized.

The miCare reports were received into the written record.

The House Next Door (THND) June HealthCard Report

The report was received into the written record.

Discussion Items

Resolution #2025-001 – Adopting a Preliminary Millage Rate for FY 2025/2026

Commissioner Craig said that considering the extensive discussion during the earlier workshop, she believed they should adopt the rolled-back rate.

Commissioner Ford and Chair Coen agreed that Option A was best.

Chair Coen read Resolution #2025-001 aloud and entertained a motion.

Motion 050 – 2025 Commissioner Manning moved to approve Resolution #2025-001 adopting a preliminary millage rate of 0.9897 for FY 2025-2026 and setting a date, time and place for the first public budget hearing. Commissioner Ford seconded. The motion passed 4-0-1.

Roll Call:

Commissioner Ford	Yes
Commissioner Craig	Yes
Commissioner Manning	Yes
Chair Coen	Yes

Motion 051 – 2025 Commissioner Craig moved to ask EBMS to provide a report regarding instituting a gatekeeper for specialty care referrals from specialist to specialist, with preliminary information in August and a follow-up in September. Commissioner Manning seconded. The motion passed 4-0-1.

EBMS/Veracity Official Notice of Renewal Fees Effective October 1, 2025 (email dated 5/21/25 attached)

Chair Coen asked Mr. Shephard if he included the renewal rates in his working budget. Mr. Shephard answered yes.

Mobile Health Clinic Plan (Commissioner Moore)

Due to Commissioner Moore's absence, the item was tabled. Chair Coen asked Ms. Tebo to update the Board on the meeting with SCORE.

Ms. Tebo said that she and Commissioner Moore met with the SCORE mentor via Zoom, and he sent the two documents included in the packet to provide parameters for the Board's consideration as they researched the idea of creating a mobile medical facility. She said she asked the mentor about SCORE's funding being cut by Congress, and he said as a retired volunteer, cuts would not affect his ability to serve as a mentor. She added that he had mentioned other mentors willing to help with the project.

Commissioner Craig noted that dental services should be removed as the health department already provides the service to card members. She said the mission statement on the business plan was good, and she liked it as written.

Chair Coen said that the Good Samaritan Clinic was also interested in a mobile clinic. She noted that they have a medical examination chair located at the Joyce Cusack Resource Center, and they might think about forming a partnership.

Commissioner Ford said it was early in the process, but he was concerned about the startup costs and break-even timeline. He suggested teaming up with another organization to reduce costs.

Survey Questions for Card Members and Funded Agencies (Commissioner Moore)

Ms. Tebo said the questions sent by Commissioner Moore were intended for card members and not funded agencies as she had listed on the agenda.

Chair Coen asked if the questions were a collaborative effort with SCORE. Ms. Tebo responded that she did not think so, and they only discussed the mobile clinic during the meeting. She added that Commissioner Moore had mentioned a few of her questions during the last Board meeting.

Chair Coen noted that Attorney Small had proposed a survey question during the pre-Board meeting regarding asking card members how they get to the miCare clinics.

Chair Coen said she was not sure how helpful the second question would be to the Board. She suggested that the survey questions could be sent to SCORE for review.

The item was tabled to the next meeting.

Contractual Site Visit Review Write Ups FYE 2024 – THND Eligibility Services and Therapeutic Services

Mr. Shephard said the only issue in testing for eligibility services were the four files that had screenshots from the Medicaid website portal in lieu of Medicaid denial letters. He added they were not in compliance with the eligibility guidelines in effect during fiscal year 2024. He noted the guidelines did not include the recent update approved by the Board at the last meeting.

Commissioner Craig read aloud the section passed at the last meeting regarding Medicaid denial letters.

Mr. Shephard clarified there was not an issue with the testing of the therapeutic services program.

The site visit reports were received into the written record.

Follow Up Item – miCare Clinic Consolidation / Lease Renewal

Attorney Small outlined the options laid out in his legal update.

Commissioner Manning said she did not feel they needed to make any changes at this time. Commissioner Craig agreed and said they should do nothing with the lease. Commissioner Ford added that they should let the lease renew automatically.

There was Board consensus to allow the automatic lease renewal.

Administrator Report

Ms. Tebo informed the Board that they received a check from Dan Newlin for \$6,540.61 for a subrogation claim. She said State Representative Tramont and his legislative aide came to the DeLand clinic to meet with her and Chair Coen. She summarized a webinar sponsored by the National Association of Special Districts and noted they were promoting passage of the Special District Fairness & Accessibility Act. She said she had a meeting earlier in the day at AdventHealth Fish Memorial to meet their new Government Relations Representative Josh Goerger. She added that Chair Coen, Gretchen Soto, and Sue Wayte also participated in the meeting.

Commissioner Manning said she would like to hear about anyone wanting a meeting ahead of time so that all commissioners could provide input in advance of the meeting. Chair Coen said she mentioned Representative Tramont earlier in the year when she gave a recap of the Legislative Delegation Meeting, and his office scheduled the meeting the day before it happened.

Commissioner Ford asked if the overall meeting went well with Representative Tramont. Ms. Tebo said she thought it was valuable to meet with him as a fairly new representative to educate him about WVHA.

Finance Report

June Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Mr. Shephard asked the Board if there were any questions, and there were none.

Motion 052-2025 Commissioner Craig moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co., the \$1.5 million transfer from Ameris Money Market to Ameris Operating, and estimated expenditures for the next month totaling \$3,325,750. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small advised that he thought they should revisit the section in the eligibility guidelines discussed earlier pertaining to Medicaid denial letters at the next meeting.

Attorney Small reminded the Board that individual members can speak to anyone they would like to, but they cannot speak on behalf of the whole Board.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 7:08 p.m.

Adjournment - Jennifer Coen, Chair

Legal Access For All

COMMUNITY

LEGAL SERVICES

A blue line-art illustration of Lady Justice, the personification of the law. She is depicted as a woman wearing a blindfold, holding a pair of scales in her raised right hand, and holding a book in her left hand. The illustration is positioned to the right of the word 'COMMUNITY' and partially overlaps with the word 'LEGAL'.

West Volusia MLP
2025 Report to the Board

The Justice Gap Report

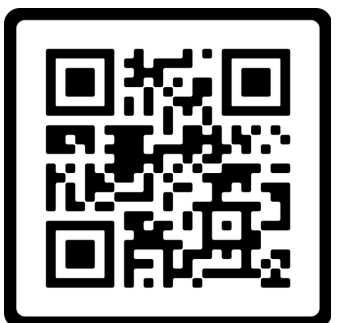
EXAMINING THE DIFFERENCE BETWEEN THE CIVIL LEGAL NEEDS OF LOW-INCOME AMERICANS AND THE RESOURCES AVAILABLE TO MEET THOSE NEEDS.

74%

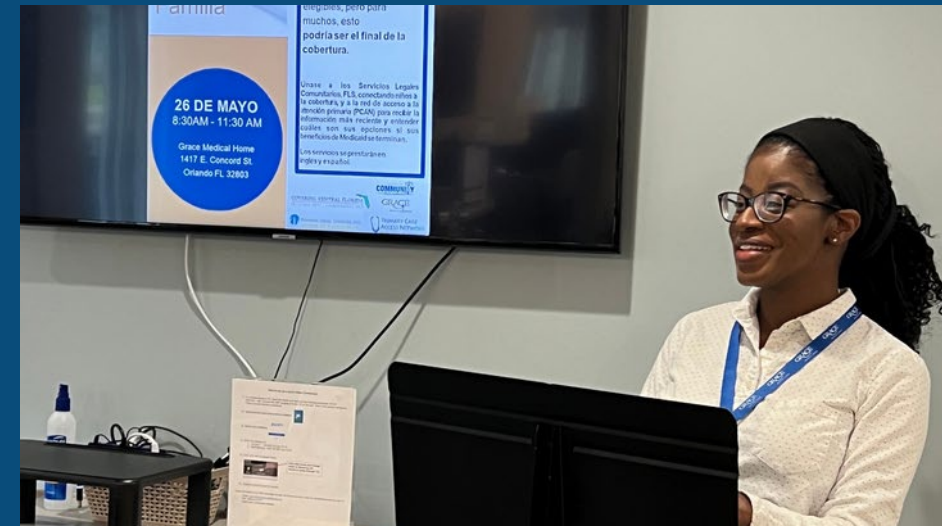
experienced 1 or more civil
legal problems in the past year

92%

of the civil legal needs go
without any or enough help



Who We Are



Community Legal Services (CLS) is the primary provider of no-cost civil legal services to the most vulnerable in Central Florida, helping them to protect their families, health, and livelihoods.

Our advocates provide no-cost legal advice, and representation, to more than 10,000 people each year.

Areas of Assistance



HOUSING LAW



CONSUMER LAW



CHILDREN'S RIGHTS



FAIR HOUSING



FAMILY LAW &
DOMESTIC VIOLENCE



PUBLIC & VETERAN'S
BENEFITS



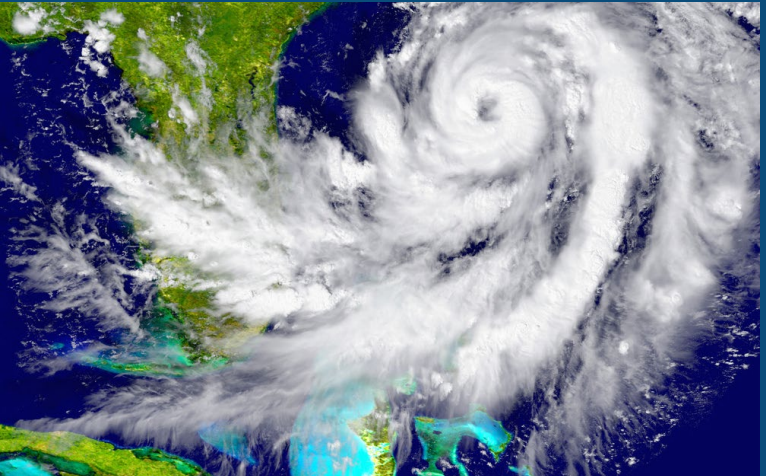
HOUSING & CONSUMER
COUNSELING



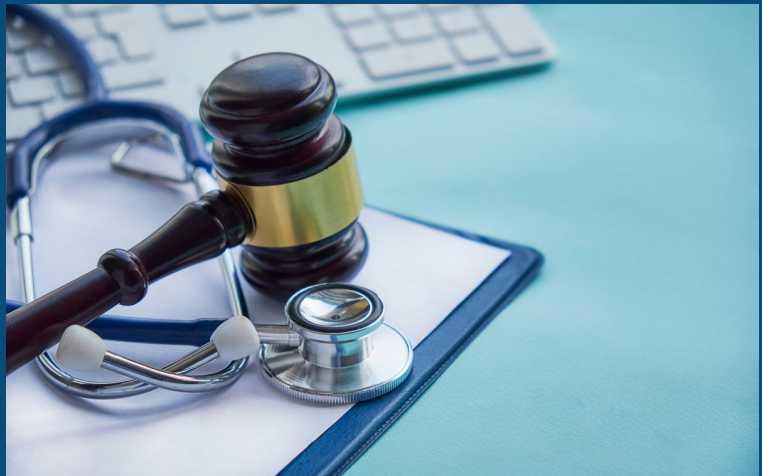
COMMUNITY ECONOMIC
DEVELOPMENT



ELDER ADVOCACY



DISASTER RELIEF



MEDICAL-LEGAL
PARTNERSHIPS



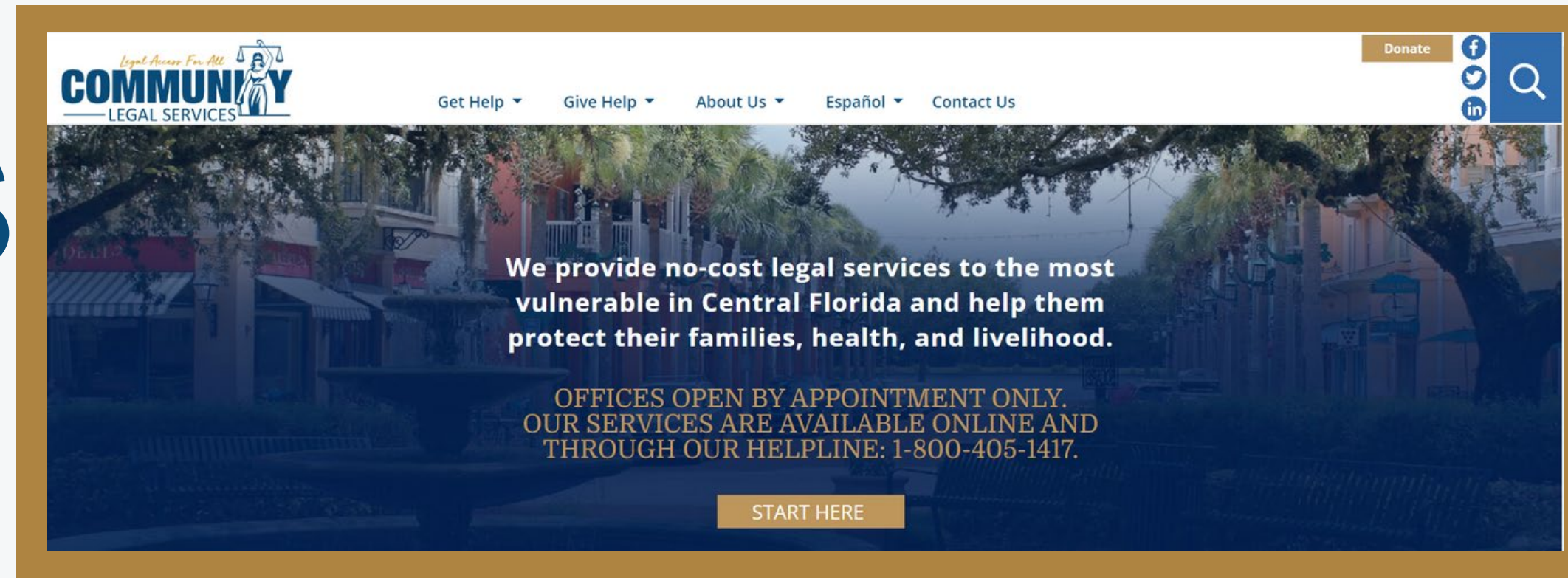
HEIRS PROPERTY

Contact Us

HELPLINE

1-800-405-1417

MONDAY AND THURSDAY 8:30-4:30
TUESDAY AND WEDNESDAY 8:30-6:30
FRIDAY 8:30-3:30



Visit our website
LegalAccessForAll.org
for more information
including self-help materials

Online Application
Self-Help Chatbot
available
24 HOURS/7 DAYS A WEEK



West Volusia MLP

FUNDED ACTIVITIES

ACCESS TO HEALTHCARE

Resolve legal issues preventing cardholders from qualifying for alternative types of healthcare

MEDICAL DEBT COLLECTIONS

Defend against collection attempts for emergency department services at Advent Health DeLand, Fish Memorial, or Halifax Deltona

Use non-WVHA funds for other activities including outreach, partnership building, and other areas of law, when available.

October 1, 2024 - July 31, 2025

39 UNIQUE CARDHOLDERS SERVED IN 39 CASES

38 Social Security Disability

1 Hospital Collections

CASE STATUS

16 cases currently open, pending a resolution (all SSA)

21 cases closed (22 SSA, 1 Collections)

2 cases shifted to other funding as client no longer WVHA

CASE OUTCOMES

6 cardholders now with access to alternative health coverage

\$6,414.86 in monthly benefits awarded

\$95,047.69 in retroactive benefits awarded

\$6,658.02 in Emergency Department bills waived

Since 2016

43 cardholders

now with access to alternative health coverage

\$34,340.72 in monthly benefits awarded

\$586,871.94 in retroactive benefits awarded

\$161,673.89 in Emergency Department bills waived

Return on Investment

\$501	Cost per member per month*
x43	Cardholders with alternative health coverage
<hr/>	
\$21,543	WVHA's Monthly cost avoidance
x12	
<hr/>	
\$258,516	WVHA's Annual cost avoidance
-\$88,500	Current funded amount
<hr/>	
\$170,016	Annual Return on Investment

*EBMS July 24, 2025 Submission Report for WVHA Board Members

AUGUST 12, 2025

“Cuidando Mi Salud/Taking Care of My Health”

A Chronic Disease Awareness, Prevention And Self-Management Program

WVHA GRANT 2024-2025
UTILIZATION REPORT

Submitted to:

West Volusia Hospital Authority

Submitted by:

HISPANIC HEALTH INITIATIVES, INC.
70 Spring Vista Dr. Unit# 1, Debary, FL 32713



EDUCATE • ADVOCATE • CONNECT

*Building Healthier Communities
One Person At A Time!*

On behalf of the Board, staff, and volunteers of Hispanic Health Initiatives, we commend the WVHA Board for their foresight in taking a proactive approach to the health and well-being of the west Volusia residents they serve.

The "Cuidando Mi Salud/Taking Care of My Health" (CMS/TCMH) program enhances access to healthcare by conveniently delivering relevant health information and services directly into the community. Throughout the program year, HHI hosts numerous one-on-one, face-to-face outreach and screening events across West Volusia for county residents. HHI's successful initiatives are rooted in a community-centered approach, reaching target populations at venues such as food pantries, soup kitchens, churches, community events, and partner agencies. The CMS/TCMH program effectively eliminates barriers that restrict West Volusia's indigent residents from accessing competent health and social services. By providing programming that emphasizes culturally sensitive and linguistically appropriate health information and services, and by engaging with the community where they live, work, play, and pray, HHI is significantly improving health outcomes within our community.

The CMS/TCMH face-to-face encounters aim to create meaningful opportunities for individuals and families to learn, advocate for themselves, and connect with essential health information and services. HHI's programs enable participants to immediately and often unexpectedly discover and begin addressing their risk for chronic diseases such as type II diabetes. These early-stage discoveries allow for the prevention, control, or delay of avoidable health problems associated with these conditions. The CMS/TCMH program promotes healthy lifestyle changes, including weight loss, increased physical activity, healthy nutritional adjustments, and regular primary care visits, all contributing to the reduction of risk and/or management of chronic diseases.

Over the past five years, HHI's has expanded its efforts to address broader community needs by undertaking additional projects such as:

- HHI's continuing partnership with Volusia Toys for Tots, for participant registration and toy distribution has positively impacted approx. 5,000 children of Volusia County.
- HHI's mobile food pantry, created to provide healthier food options for the residents of west Volusia, has successfully distributed thousands of pounds of meats and vegetables. Since inception in 2024 the mobile pantry has provided food for 1300+ families, feeding over 4500 individuals. Thus, addressing food insecurity and improving access to healthier food options for West Volusia residents. The initiation of the pantry exemplifies HHI's proactive approach to promoting healthier lifestyle options for the community it serves.
- In addition, HHI has participated in several community health needs assessments which demonstrates its commitment to understanding and addressing local health challenges.

HHI's comprehensive approach to the health of those it serves underscores its dedication to enhancing the overall well-being of the community through diverse and impactful initiatives. Ultimately, HHI achieves the triple aim of reducing medical costs, improving health, and creating a better quality of life for the under-served residents of West Volusia.

Background and Program Description:

Since 2000, HHI's service model has been distinguished by the use of paraprofessional bilingual Community Health Workers (CHW). The utilization of bilingual CHWs has been recognized as a best practice for improving access to health care among uninsured and medically under-served individuals.


HHI's programs promote wellness and improve health indicators among adults by providing community-based, culturally, and linguistically competent chronic disease health screening and education. As part of the West Volusia Hospital Authority funding, HHI offers eligible West Volusia residents FREE chronic disease health screenings. These screenings aim to raise awareness of the participants' current health status and improve their health risk profiles, assessed by body mass index (B.M.I.), blood glucose, blood pressure, and cholesterol levels.

Based on the client's screening results, HHI's CHWs provide individualized one-on-one chronic disease education. This includes assisting participants in preparing an action plan with healthier lifestyle goals to address issues identified through the health risk assessment.

Need:

2021 Chronic Disease Profile for Volusia County Hispanic Residents:

(<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=ChronicDisease.Report&rdRequestForwarding=Form>)

Indicator	Measure	Year(s)	County Number	County	Quartile (Most to Least Favorable) 	State	U.S. Healthy People 2030 Goal
Cardiovascular Disease							
Coronary Heart Disease							
Deaths From Coronary Heart Disease	Per 100,000 Total Population	2019-21	3,233	108.7	4	89.0	71.1
Heart Attack							
Deaths From Acute Myocardial Infarction (Heart Attack)	Per 100,000 Total Population	2019-21	1,040	35.2	4	21.8	
Hospitalizations From Acute Myocardial Infarction	Per 100,000 Total Population	2019-21	4,892	187.1	3	152.7	
Stroke							
Deaths From Coronary Heart Disease	Per 100,000 Total Population	2019-21	3,233	108.7	4	89.0	71.1
Diabetes							
Deaths From Diabetes	Per 100,000 Total Population	2019-21	746	26.9	3	22.4	
Hospitalizations From or With Diabetes as Any Listed Diagnosis Which Resulted in a Diabetes-Attributable Amputation of a Lower Extremity	Per 100,000 Total Population	2019-21	1,223	51.9	3	37.2	4.3
Chronic Disease Risk and Protective Factors							
Adults Who Are Inactive or Insufficiently Active	Percent	2016		58.2%	3	56.7%	

A review of Flhealthcharts-Behavioral Risk Factor Surveillance System (BRFSS) most recent health profile for Volusia County indicates:

- In 2022, 27% of adults in Volusia County were obese, compared to Florida's overall rate of 32%. This reflects an improvement from 2019 for Volusia, while the state's rate

worsened. However, when obesity rates are analyzed by race/ethnicity and income, significant disparities remain—minority and lower-income residents in Volusia continue to experience disproportionately higher obesity rates.

A 2017 public health data brief published by the Volusia County DOH outlines the cost burden of diabetic emergency room visits for Volusia residents. The total cost for the northwest and southwest Volusia areas was 5748 individual visits totaling \$69,230,198, averaging \$8,200 per visit. (FL DOH - Public Health Data Brief)

Diabetes Measures for Emergency Department Visits, Volusia County, 2016 Measures	Florida	Volusia County	Quadrants			
			Northeast	Northwest	Southeast	Southwest
Age-adjusted ED visits rates per 100,000 population	N/A	2461.6	2339.7	2521.1	1695.1	3227.1
Total charges	\$6,098,599,376	\$109,546,549	\$23,232,692	\$20,820,742	\$14,954,886	\$48,409,456
Average charge per visit	\$8,961.64	\$6,641.20	\$5,017.86	\$8,197.14	\$4,720.61	\$8,218.92

The Flhealthcharts-BRFSS indicated:

- In 2022, age-adjusted emergency department visits from diabetes in Volusia County, filtered by race (White vs. Black & Other), indicate a significant disparity in rates. The data shows notable differences between Volusia County and Florida, as well as between White and Black & Other residents.

Age-Adjusted Emergency Department Visits From Diabetes				
	Volusia		Florida	
	White	Black & Other	White	Black & Other
Data Year	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
2022	171.1	471.5	146.7	451.2

- In 2022, age-adjusted hospitalizations from diabetes in Volusia County, filtered by race (White vs. Black & Other), indicated a significant disparity in rates, contributing to an increased cost burden of the disease.

Age-Adjusted Hospitalizations From Diabetes				
	Volusia		Florida	
	White	Black & Other	White	Black & Other
Data Year	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
2022	196.4	441.3	161.3	397.2

Activities:

"Cuidando Mi Salud/Taking Care of My Health" Health Risk Assessment (HRA):

The Health Risk Assessment (HRA) includes biometric and behavioral screenings to identify risks for metabolic diseases such as type II diabetes and cardiovascular disease. Screenings measure BMI, blood glucose, blood pressure, and cholesterol, along with personal and family health history.

Results are reviewed in culturally and linguistically appropriate one-on-one coaching sessions with HHI's Community Health Workers (CHWs). High-risk participants receive evidence-based education and develop personalized action plans with achievable goals for improving nutrition, increasing physical activity, and engaging in regular primary care.

When indicated, CHWs provide referrals for ongoing primary and/or behavioral health care to support long-term disease prevention and management.

Outcomes & Achievements:

The HHI/WVHA contract began on October 1, 2024 and as of July 31, 2025, program outcomes are as follows: *(Not all participants are reimbursable under the guidelines of the WVHA contract.)*

Expected Outcomes:

- Increase participant knowledge of personal health status through screenings for glucose, cholesterol, blood pressure, and BMI.
- Enhance understanding of healthy nutrition and evidence-based chronic disease prevention/management strategies through personalized, one-on-one education tailored to individual risk factors.
- Improve knowledge of physical activity techniques and support development of actionable lifestyle plans to positively impact clinical measures (BMI, blood glucose, blood pressure, cholesterol).
- Connect uninsured clients to local primary care resources, including The House Next Door, RAAO (WVHA health cards), MiCare Clinic, Northeast Florida Health Services, and Good Samaritan Clinic.
- Provide follow-up case management, when needed, to ensure continuity of care and link clients to additional health and social services as needed.

Measurable Outcomes:

Program Delivery

- Held over 70 "Cuidando Mi Salud/Taking Care of My Health" Health Risk Assessment sessions.
- Provided screenings for blood pressure, BMI, cholesterol, and glucose to 365 participants under WVHA contract guidelines.
- Delivered one-on-one health and behavioral education to 244 participants using evidence-based curricula on primary care, nutrition, and physical activity for chronic disease prevention and self-management.

Service Reach

- Served 365 participants, representing a 14% increase over the 2023–2024 program year.
- All HRA participants received direct case management, including behavioral education support, care coordination, and referrals to WVHA Health Card prescreening providers, primary care services, and social supports.

Impact Through Referrals

- Referred 365 participants to The House Next Door or RAAO for WVHA Health Card prescreening enrollment service and to appropriate health care providers -NEFHS and Good Samaritan Clinic for ongoing primary care services.

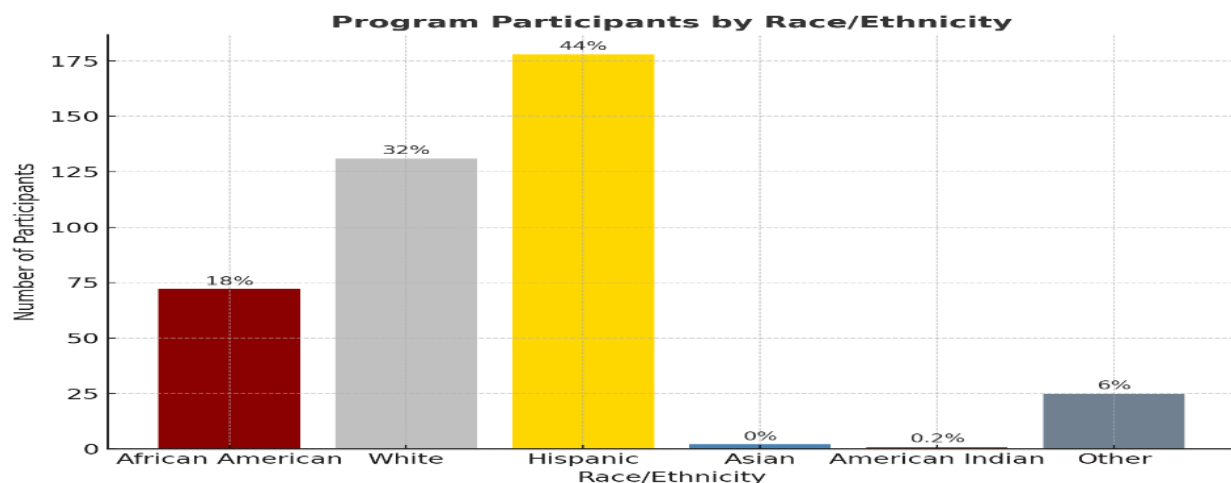
Program participants with screening results in high ranges:

	% of Total Participants
BLOOD PRESSURE (SYSTOLIC ≥ 130 or DIASTOLIC ≥ 90)	38% & 17% (No change from 2023-2024 year)
CHOLESTEROL (≥ 200)	27% (Down 13% from 2023-2024 year)
GLUCOSE (≥ 200)	7% (Down 3% from 2023-2024 year)
BMI (≥ 25)	70% (Down 6% from 2023-2024 year)

Participant demographics: (These numbers are based on all program participants including those not reimbursable under the guidelines of the WVHA contract.)

- The program had a 59% female and 41% male participation rate.

The race/ethnicity of program participants was as follows:



The program served a diverse participant base, with the largest representation from Hispanic individuals (178 participants, 44%), followed by White (131 participants, 32%) and African American (72 participants, 18%) communities. Smaller groups included those identifying as Other (25 participants, 6%), Asian (2 participants, 0%), and American Indian (1 participant, 0.2%). These figures demonstrate broad community reach, with a significant impact among the Hispanic population.

- 32% of program participants have limited English proficiency.

Primary Language		
ENGLISH	277	68%
SPANISH	130	32%
CREOLE	0	0%
OTHER	2	0%

These results indicate that while the program primarily serves English speakers, it also significantly engages Spanish-speaking community members.

- Program participant age ranges were as follows:

AGE		
18-24	19	5%
25-44	108	26%
45-64	220	54%
65+	61	15%

The participant data illustrates the age distribution of individuals who benefited from the grant. This distribution suggests the grant was primarily utilized by middle-aged individuals, indicating a potential area of need or higher engagement in that age bracket. Middle-aged individuals (ages 45–64) are more likely to benefit from chronic disease screening because this age group is at a higher risk for developing conditions such as diabetes, hypertension, heart disease, and certain cancers.

As people age, lifestyle factors and cumulative health risks begin to manifest more significantly, making early detection through screening crucial for effective management and prevention. Additionally, many chronic diseases are asymptomatic in their early stages, so screenings help identify issues before they become severe, improving health outcomes and reducing long-term healthcare costs.

- Program participants live within various zip codes within West Volusia.

32102	0	0%	32713	6	1%
32105	0	0%	32764	0	0%
32130	18	4%	32725	33	8%
32180	26	6%	32738	26	6%
32190	6	1%	32739	0	0%
32706	0	0%	32763	41	10%
32722	0	0%	32774	0	0%
32720	171	42%	32744	1	0%
32721	0	0%	32754	0	0%
32723	0	0%			
32724	70	17%			

Early intervention for individuals at risk of chronic disease delivers both health and financial benefits for them and their communities. Research shows that losing weight, increasing physical activity, and improving nutrition can significantly lower the risk of chronic conditions. The CMS/TCMH program equips West Volusia residents with the knowledge, skills, and resources to make these lifestyle changes, helping them prevent or better manage chronic disease while reducing long-term healthcare costs.

Program Value/Savings:

HHI's CMS/TCMH program addresses a critical gap in health awareness by providing screenings to under-served West Volusia residents who are often unaware of their current health risks or available primary care options. Many participants experience a pivotal moment during screening, often discovering they are at high risk for or potentially have undiagnosed conditions such as hypertension, diabetes, or elevated cholesterol levels. These early detections help prevent the progression of those chronic conditions.

By encouraging timely medical intervention, the program reduces the likelihood of avoidable and costly emergency room visits, hospital admissions, and long-term treatment costs. Yielding significant savings for the WVHA and the broader West Volusia community while improving overall population health outcomes.

Lessons Learned:**Successes**

Proven track record: With over 25 years of experience, HHI has successfully educated, advocated for, and connected thousands of Central Florida's medically under-served residents to essential health and social services. The organization has effectively managed multiple multi-year federal, state, and foundation grants totaling millions of dollars.

Improved health outcomes: Participants in HHI's CMS/TCMH program who follow program guidance reduce their risk of uncontrolled chronic diseases such as hypertension, diabetes, and heart disease.

Equity and cost savings: All HHI programs are designed to address healthcare disparities by expanding access to culturally competent care and reducing the financial burden of unmanaged disease. These interventions help prevent costly emergency visits and hospitalizations, generating savings for both individuals and the broader community.

Strong community partnerships: HHI works closely with grassroots organizations, businesses, and governmental agencies to improve health and human service delivery in West Volusia. Outreach takes place at churches, food pantries, and partner agency locations, ensuring essential services are delivered directly where they are most needed.

Collaborative leadership: As an active member of The West Volusia Collaborative, alongside other WVHA grantees, HHI contributes to coordinated, community-wide strategies for improving health equity and access.

Challenges:

Public Misperceptions of Service Duplication – Some community members mistakenly believe HHI's chronic disease screening and education program duplicates existing services. In reality, HHI is the only provider in West Volusia offering free, bilingual chronic disease health risk assessments targeted specifically to indigent populations. This misconception limits participation and referral opportunities, underscoring the need for sustained outreach and education to clarify HHI's unique role.

Limited and Competitive Funding Environment – While WVHA provides core support, the lack of diverse, reliable funding streams threatens the program's long-term sustainability. Local funding sources are scarce, and competition for state and federal grants is intense. HHI is actively pursuing diversified revenue sources, including private foundation grants and community-based fundraising initiatives, to sustain and expand services.

Recommendations:

Studies have shown that the return on investment (ROI) for Community Health Worker delivered chronic disease prevention and self-management programs ranges from \$3 to \$5 for every dollar invested. Continued funding of HHI's CMS/TCMH program would be a practical decision for any entity interested in enhancing access to quality healthcare for our most vulnerable populations.

Thank you for your support in making a difference for our neighbors in need within our community!



EBMS

July 24, 2025

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

6/1/2025 to 6/30/2025

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	7639		Charges	\$8,663,652	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$7,767,207	Addl Info Not Provided	-\$55,855	-0.64%
Medical	\$887,985	\$567	Allowed	\$896,445	Duplicate Charges	\$136,299	1.57%
Professional	\$402,086	\$257	less Member	\$12,414	Plan Limitations	\$1,977,659	22.83%
Facility	\$485,899	\$310	less Adjustments	-\$3,954	Cost Savings	\$5,709,636	65.90%
PBM	\$0	\$0	Paid Benefit	\$887,985	UCR Reductions	\$176	0.00%
Vision	\$0	\$0	plus Admin Costs	\$322,402	Other	-\$708	-0.01%
Total Plan Paid:	\$887,985	\$567	Total Plan Paid:	\$1,210,387	Total:	\$7,767,207	89.65%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
6/30/2025	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	45	41	86	0	0	0	0	86	0	0
20 to 25	34	53	87	0	0	0	0	87	0	0
26 to 29	45	36	81	0	0	0	0	81	0	0
30 to 39	119	129	248	0	0	0	0	248	0	0
40 to 49	155	186	341	0	0	0	0	341	0	0
50 to 59	175	236	411	0	0	0	0	411	0	0
60 to 64	109	112	221	0	0	0	0	221	0	0
65 and Older	34	56	90	0	0	0	0	90	0	0
Totals	716	849	1565	0	0	0	0	1565	0	0
Average Age	44.99	46.41	45.76	0.00	0.00	0.00	0.00	45.76	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 6/30/2025	Employee	Spouse	Dependent
Adventhealth Fish	67	\$158,328	0 to 19	\$3,466	\$0	\$0
Florida Cancer Specialists	92	\$142,171	20 to 25	\$6,478	\$0	\$0
Adventhealth Deland	83	\$110,518	26 to 29	\$31,403	\$0	\$0
Deland Dialysis	73	\$72,738	30 to 39	\$44,738	\$0	\$0
Halifax Hospital Medical	15	\$71,484	40 to 49	\$130,955	\$0	\$0
Medical Center Of Deltona	13	\$41,617	50 to 59	\$355,725	\$0	\$0
Quest Diagnostics Tampa	383	\$24,480	60 to 64	\$183,834	\$0	\$0
Deltona Dialysis	14	\$14,758	65 and Older	\$131,387	\$0	\$0
06 Radiology Associates	110	\$14,395	Totals	\$887,985	\$0	\$0
Adventhealth Deland	113	\$12,254				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$25,267	42	\$1,061,214
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	51	\$0
February 25	\$1,213,843	RX	\$0	69	\$0
March 25	\$610,869	Total:			\$1,061,214
April 25	\$799,399				
May 25	\$768,556				
June 25	\$887,985				
Total:	\$7,083,565				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 6/1/2025 to 6/30/2025
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	13	\$8,866	\$8,866	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	61	\$100,449	\$83,269	\$17,180	\$0	\$0	\$17,180	1.93%
CHIROPRACTIC	53	\$4,570	\$3,268	\$1,302	\$230	\$0	\$1,072	0.12%
DIALYSIS	131	\$2,874,042	\$2,783,155	\$90,887	\$0	\$0	\$90,887	10.24%
DME/APPLIANCE	4	\$4,805	\$4,805	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	515	\$1,012,979	\$912,902	\$100,076	\$3,482	\$0	\$96,594	10.88%
HOME HEALTH CARE	1	\$61	\$61	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	309	\$7,207	\$7,153	\$54	\$0	\$0	\$54	0.01%
INPATIENT PHYS	355	\$93,643	\$69,978	\$23,665	\$0	\$0	\$23,665	2.67%
IP HOSP CHARGES	65	\$2,356,955	\$2,137,494	\$219,461	\$1,000	\$0	\$218,461	24.60%
MATERNITY	3	\$6,000	\$6,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	17	\$6,795	\$6,237	\$558	\$60	\$0	\$498	0.06%
OFFICE VISIT	868	\$119,964	\$79,955	\$40,009	\$3,400	\$0	\$36,609	4.12%
OP PHYSICIAN	196	\$87,841	\$53,850	\$33,991	\$202	\$0	\$33,790	3.81%
OTHER	235	\$1,674	\$1,172	\$502	\$0	-\$3,954	\$4,456	0.50%
OUTPAT HOSP	8	\$144,619	\$131,848	\$12,771	\$700	\$0	\$12,071	1.36%
PSYCHIATRIC	101	\$14,368	\$4,790	\$9,578	\$390	\$0	\$9,188	1.03%
RADIATION /CHEMO	123	\$498,458	\$391,579	\$106,879	\$37	\$0	\$106,842	12.03%
SUBS ABUSE	2	\$3,049	\$1,469	\$1,580	\$5	\$0	\$1,575	0.18%
SURG FACILITY	63	\$547,805	\$462,666	\$85,139	\$825	\$0	\$84,314	9.50%
SURGERY	197	\$37,141	\$27,129	\$10,012	\$0	\$0	\$10,012	1.13%
SURGERY IP	37	\$34,062	\$21,088	\$12,975	\$0	\$0	\$12,975	1.46%
SURGERY OP	34	\$29,269	\$20,387	\$8,881	\$0	\$0	\$8,881	1.00%
TELEMEDICINE	3	\$450	\$59	\$391	\$0	\$0	\$391	0.04%
THERAPY	405	\$38,787	\$26,295	\$12,492	\$1,150	\$0	\$11,342	1.28%
URGENT CARE	6	\$1,487	\$1,058	\$429	\$100	\$0	\$329	0.04%
WELLNESS	654	\$57,409	\$46,523	\$10,886	\$0	\$0	\$10,886	1.23%
XRAY/ LAB	3562	\$570,899	\$474,154	\$96,745	\$833	\$0	\$95,912	10.80%
Totals:	8021	\$8,663,652	\$7,767,207	\$896,445	\$12,414	-\$3,954	\$887,985	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 6/30/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	68335		Charges	\$62,321,052	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$55,162,766	Addl Info Not Provided	-\$128,991	-0.21%
Medical	\$7,083,565	\$503	Allowed	\$7,158,286	Duplicate Charges	\$2,408,966	3.87%
Professional	\$3,124,680	\$222	less Member	\$105,740	Employee Ineligible	\$2,026	0.00%
Facility	\$3,958,885	\$281	less Adjustments	-\$31,019	Not Medically...	\$80	0.00%
PBM	\$0	\$0	Paid Benefit	\$7,083,565	Plan Limitations	\$12,527,983	20.10%
Vision	\$0	\$0	plus Admin Costs	\$2,938,020	Cost Savings	\$40,259,035	64.60%
Total Plan Paid:	\$7,083,565	\$503	Total Plan Paid:	\$10,021,585	UCR Reductions	\$3,881	0.01%
					Other	\$89,786	0.14%
					Total:	\$55,162,766	88.51%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
6/30/2025	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	45	41	86	0	0	0	0	86	0	0
20 to 25	34	53	87	0	0	0	0	87	0	0
26 to 29	45	36	81	0	0	0	0	81	0	0
30 to 39	119	129	248	0	0	0	0	248	0	0
40 to 49	155	186	341	0	0	0	0	341	0	0
50 to 59	175	236	411	0	0	0	0	411	0	0
60 to 64	109	112	221	0	0	0	0	221	0	0
65 and Older	34	56	90	0	0	0	0	90	0	0
Totals	716	849	1565	0	0	0	0	1565	0	0
Average Age	44.99	46.41	45.76	0.00	0.00	0.00	0.00	45.76	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 6/30/2025	Employee	Spouse	Dependent
Adventhealth Deland	880	\$1,114,436	0 to 19	\$20,642	\$0	\$0
Florida Cancer Specialists	879	\$1,050,553	20 to 25	\$109,615	\$0	\$0
Adventhealth Fish	697	\$841,667	26 to 29	\$261,283	\$0	\$0
Halifax Hospital Medical	149	\$684,443	30 to 39	\$812,124	\$0	\$0
Medical Center Of Deltona	155	\$458,440	40 to 49	\$1,116,945	\$0	\$0
Deland Dialysis	481	\$433,644	50 to 59	\$2,643,730	\$0	\$0
Quest Diagnostics Tampa	3150	\$199,821	60 to 64	\$1,316,945	\$0	\$0
PHPTS Of Ormond Beach	62	\$157,872	65 and Older	\$802,281	\$0	\$0
06 Radiology Associates	1144	\$138,518	Totals	\$7,083,565	\$0	\$0
Quest Diagnostics Nichols	610	\$112,005				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$25,267	42	\$1,061,214
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	51	\$0
February 25	\$1,213,843	RX	\$0	69	\$0
March 25	\$610,869	Total:			\$1,061,214
April 25	\$799,399				
May 25	\$768,556				
June 25	\$887,985				
Total:	\$7,083,565				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2024 to 6/30/2025
Location: All
Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$650	\$452	\$198	\$0	\$0	\$198	0.00%
AMBULANCE	45	\$77,928	\$77,928	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	468	\$634,422	\$518,732	\$115,690	\$0	\$0	\$115,690	1.63%
CHIROPRACTIC	321	\$23,054	\$13,901	\$9,153	\$1,471	\$0	\$7,681	0.11%
COVID-19	7	\$850	\$850	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	895	\$17,861,524	\$17,323,753	\$537,772	\$0	\$0	\$537,772	7.59%
DME/APPLIANCE	53	\$49,555	\$49,555	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	4000	\$9,035,510	\$8,339,566	\$695,944	\$27,966	\$0	\$667,978	9.43%
HOME HEALTH CARE	3	\$553	\$553	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	2	\$5,734	\$5,734	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	2410	\$1,419,716	\$1,415,008	\$4,708	\$0	\$0	\$4,708	0.07%
INPATIENT PHYS	2414	\$657,860	\$501,602	\$156,258	\$0	\$0	\$156,258	2.21%
IP HOSP CHARGES	498	\$12,819,857	\$11,206,233	\$1,613,624	\$9,000	\$0	\$1,604,624	22.65%
MATERNITY	26	\$33,600	\$33,600	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	309	\$73,033	\$62,352	\$10,682	\$1,554	\$0	\$9,127	0.13%
OFFICE VISIT	7321	\$1,012,500	\$656,004	\$356,496	\$28,659	\$0	\$327,837	4.63%
OP PHYSICIAN	1829	\$688,443	\$533,576	\$154,866	\$1,586	\$0	\$153,280	2.16%
OTHER	1939	\$4,067	\$3,501	\$566	\$0	-\$31,019	\$31,584	0.45%
OUTPAT HOSP	209	\$641,589	\$578,273	\$63,316	\$4,727	\$0	\$58,589	0.83%
PSYCHIATRIC	1113	\$471,058	\$265,746	\$205,312	\$4,435	\$0	\$200,877	2.84%
RADIATION /CHEMO	1001	\$3,755,903	\$2,754,279	\$1,001,624	\$270	\$0	\$1,001,354	14.14%
SLEEP DISORDER	14	\$2,249	\$2,249	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	44	\$297,695	\$193,064	\$104,631	\$5	\$0	\$104,626	1.48%
SURG FACILITY	619	\$5,506,355	\$4,667,277	\$839,078	\$10,000	\$0	\$829,078	11.70%
SURGERY	1729	\$331,446	\$246,316	\$85,130	\$0	\$0	\$85,130	1.20%
SURGERY IP	179	\$190,851	\$137,876	\$52,975	\$0	\$0	\$52,975	0.75%
SURGERY OP	319	\$374,120	\$288,488	\$85,632	\$0	\$0	\$85,632	1.21%
TELEMEDICINE	3	\$450	\$59	\$391	\$0	\$0	\$391	0.01%
THERAPY	3563	\$373,044	\$268,157	\$104,887	\$8,270	\$0	\$96,617	1.36%
URGENT CARE	147	\$28,232	\$21,496	\$6,736	\$1,414	\$0	\$5,322	0.08%
VISION	7	\$432	\$432	\$0	\$0	\$0	\$0	0.00%
WELLNESS	6910	\$528,441	\$433,318	\$95,123	\$0	\$0	\$95,123	1.34%
XRAY/ LAB	31114	\$5,420,332	\$4,562,836	\$857,496	\$6,382	\$0	\$851,114	12.02%
Totals:	69512	\$62,321,052	\$55,162,766	\$7,158,286	\$105,740	-\$31,019	\$7,083,565	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2025 to 6/30/2025

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2025	1594	0	1594
2/1/2025	1604	0	1604
3/1/2025	1619	0	1619
4/1/2025	1607	0	1607
5/1/2025	1631	0	1631
6/1/2025	1641	0	1641
Total Member Days			1,616.00



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 6/30/2025

City, State	Employee Count	Dependent Count	Total Count
Astor, FL	2	0	2
De Leon Springs, FL	125	0	125
Debary, FL	38	0	38
Deland, FL	782	0	782
Deltona, FL	382	0	382
Lake Helen, FL	11	0	11
Orange City, FL	90	0	90
Osteen, FL	8	0	8
Pierson, FL	85	0	85
Seville, FL	40	0	40
Total	1563	0	1563



Tier Census by Product 6/1/2025

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	1546	717	829	0	0	0	0	1546
		Subtotal for Active:	1546	717	829	0	0	0	0	1546
		Total for Medical:	1546	717	829	0	0	0	0	1546



Tier Census by Product 6/15/2025

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	1557	717	840	0	0	0	0	1557
		Subtotal for Active:	1557	717	840	0	0	0	0	1557
		Total for Medical:	1557	717	840	0	0	0	0	1557



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 6/1/2025 to 6/30/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	13	8,866.00	8,866.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	61	100,449.20	5,415.60	77,853.14	17,180.46	0.00	0.00	17,180.46	1.93%
CHIROPRACTIC	53	4,570.06	1,075.00	2,192.75	1,302.31	230.00	0.00	1,072.31	0.12%
DIALYSIS	131	2,874,041.63	450,439.75	2,332,715.04	90,886.84	0.00	0.00	90,886.84	10.24%
DME/APPLIANCE	4	4,805.00	4,805.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	515	1,012,978.73	213,723.06	699,179.24	100,076.43	3,482.34	0.00	96,594.09	10.88%
HOME HEALTH CARE	1	61.19	61.19	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	309	7,206.70	7,005.70	147.10	53.90	0.00	0.00	53.90	0.01%
INPATIENT PHYS	355	93,642.70	27,214.92	42,762.93	23,664.85	0.00	0.00	23,664.85	2.67%
IP HOSP CHARGES	65	2,356,954.66	1,010,823.66	1,126,670.34	219,460.66	1,000.00	0.00	218,460.66	24.60%
MATERNITY	3	6,000.00	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	17	6,795.00	4,900.00	1,336.71	558.29	60.00	0.00	498.29	0.06%
OFFICE VISIT	868	119,964.21	14,975.86	64,979.31	40,009.04	3,400.00	0.00	36,609.04	4.12%
OP PHYSICIAN	196	87,841.11	466.00	53,383.66	33,991.45	201.68	0.00	33,789.77	3.81%
OTHER	239	1,674.00	0.00	1,171.80	502.20	0.00	-3,954.01	4,456.21	0.50%
OUTPAT HOSP	8	144,618.75	0.00	131,847.75	12,771.00	700.00	0.00	12,071.00	1.36%
PSYCHIATRIC	101	14,367.74	609.00	4,180.56	9,578.18	390.00	0.00	9,188.18	1.03%
RADIATION /CHEMO	123	498,457.50	244,248.00	147,330.85	106,878.65	37.08	0.00	106,841.57	12.03%
SUBS ABUSE	2	3,049.00	0.00	1,469.07	1,579.93	5.00	0.00	1,574.93	0.18%
SURG FACILITY	63	547,805.16	1,138.08	461,527.66	85,139.42	825.00	0.00	84,314.42	9.50%
SURGERY	197	37,141.06	785.12	26,343.76	10,012.18	0.00	0.00	10,012.18	1.13%
SURGERY IP	37	34,062.24	-438.01	21,525.65	12,974.60	0.00	0.00	12,974.60	1.46%
SURGERY OP	34	29,268.68	5,194.00	15,193.39	8,881.29	0.00	0.00	8,881.29	1.00%
TELEMEDICINE	3	450.00	0.00	58.71	391.29	0.00	0.00	391.29	0.04%
THERAPY	405	38,787.00	3,029.00	23,266.41	12,491.59	1,150.00	0.00	11,341.59	1.28%
URGENT CARE	6	1,487.00	49.00	1,008.95	429.05	100.00	0.00	329.05	0.04%
WELLNESS	654	57,408.77	4,385.55	42,137.05	10,886.17	0.00	0.00	10,886.17	1.23%
XRAY/ LAB	3562	570,899.18	50,770.82	423,383.26	96,745.10	832.73	0.00	95,912.37	10.80%
Totals for 00532	8025	8,663,652.27	2,065,542.30	5,701,665.09	896,444.88	12,413.83	-3,954.01	887,985.06	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 08:55:19 on 01 July 2025



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 6/30/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	650.00	0.00	452.33	197.67	0.00	0.00	197.67	0.00%
AMBULANCE	45	77,927.70	77,927.70	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	468	634,421.70	48,989.53	469,742.57	115,689.60	0.00	0.00	115,689.60	1.63%
CHIROPRACTIC	321	23,054.20	1,418.66	12,482.66	9,152.88	1,471.46	0.00	7,681.42	0.11%
COVID-19	7	849.55	849.55	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	895	17,861,524.34	4,067,399.61	13,256,353.10	537,771.63	0.00	0.00	537,771.63	7.59%
DME/APPLIANCE	53	49,554.90	49,554.90	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	4000	9,035,510.43	3,245,723.74	5,093,842.27	695,944.42	27,966.02	0.00	667,978.40	9.43%
HOME HEALTH CARE	3	553.19	553.19	0.00	0.00	0.00	0.00	0.00	0.00%
HOSPICE CARE	2	5,734.15	5,734.15	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	2410	1,419,716.12	1,407,611.51	7,396.57	4,708.04	0.00	0.00	4,708.04	0.07%
INPATIENT PHYS	2414	657,860.33	229,937.64	271,664.81	156,257.88	0.00	0.00	156,257.88	2.21%
IP HOSP CHARGES	498	12,819,856.95	2,704,179.62	8,502,053.58	1,613,623.75	9,000.00	0.00	1,604,623.75	22.65%
MATERNITY	26	33,600.00	33,600.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	309	73,033.24	29,407.24	32,944.50	10,681.50	1,554.26	0.00	9,127.24	0.13%
OFFICE VISIT	7321	1,012,500.11	101,556.79	554,447.32	356,496.00	28,658.54	0.00	327,837.46	4.63%
OP PHYSICIAN	1829	688,442.60	64,415.77	469,160.71	154,866.12	1,586.44	0.00	153,279.68	2.16%
OTHER	2206	4,067.00	779.00	2,722.22	565.78	0.00	-31,018.51	31,584.29	0.45%
OUTPAT HOSP	209	641,588.81	95,925.84	482,347.06	63,315.91	4,727.13	0.00	58,588.78	0.83%
PSYCHIATRIC	1113	471,058.02	104,800.04	160,945.82	205,312.16	4,435.00	0.00	200,877.16	2.84%
RADIATION /CHEMO	1001	3,755,902.90	676,626.18	2,077,652.70	1,001,624.02	270.17	0.00	1,001,353.85	14.14%
SLEEP DISORDER	14	2,248.65	2,248.65	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	44	297,695.20	42,418.98	150,644.99	104,631.23	5.00	0.00	104,626.23	1.48%
SURG FACILITY	619	5,506,354.81	344,538.81	4,322,737.93	839,078.07	10,000.00	0.00	829,078.07	11.70%
SURGERY	1729	331,445.96	7,489.82	238,826.34	85,129.80	0.00	0.00	85,129.80	1.20%
SURGERY IP	179	190,851.32	37,703.41	100,172.60	52,975.31	0.00	0.00	52,975.31	0.75%
SURGERY OP	319	374,119.80	33,116.88	255,371.14	85,631.78	0.00	0.00	85,631.78	1.21%
TELEMEDICINE	3	450.00	0.00	58.71	391.29	0.00	0.00	391.29	0.01%
THERAPY	3563	373,044.09	83,249.00	184,907.70	104,887.39	8,270.00	0.00	96,617.39	1.36%
URGENT CARE	147	28,231.76	4,887.24	16,608.91	6,735.61	1,414.05	0.00	5,321.56	0.08%
VISION	7	432.00	432.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	6910	528,440.68	51,635.27	381,682.71	95,122.70	0.00	0.00	95,122.70	1.34%
XRAY/ LAB	31114	5,420,331.67	598,408.87	3,964,427.13	857,495.67	6,381.67	0.00	851,114.00	12.02%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 08:58:33 on 01 July 2025



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 6/30/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	69779	62,321,052.18	14,153,119.59	41,009,646.38	7,158,286.21	105,739.74	-31,018.51	7,083,564.98	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 6/1/2025 to 6/30/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1838	446,015.65	0.00	0.00	0.00	0.00	446,015.65
miCareDelton	1479	390,968.00	0.00	0.00	0.00	0.00	390,968.00
miCarePierse	133	51,001.41	0.00	0.00	0.00	0.00	51,001.41
N/A	16	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	3466	887,985.06	0.00	0.00	0.00	0.00	887,985.06



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2024 to 6/30/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	15254	3,847,888.32	0.00	0.00	0.00	0.00	3,847,888.32
miCareDelton	12836	2,964,979.74	0.00	0.00	0.00	0.00	2,964,979.74
miCarePierse	1110	270,696.92	0.00	0.00	0.00	0.00	270,696.92
N/A	80	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	29283	7,083,564.98	0.00	0.00	0.00	0.00	7,083,564.98



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 6/1/2025 to 6/30/2025

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	671	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: 10/1/2024 to 6/30/2025

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	5571	0.00	0.00	0.00	0.00	0.00	0.00

CLAIMS PAID BY MONTH

Paid Date: 10/1/24 to 6/30/25

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
DeLand	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2024	\$115,189.86	\$23,353.26	\$365.04	\$206,719.28	\$0.00	1670	\$345,627.44	\$0.00	966	\$357.79	\$119.24	\$24.18	\$0.38	\$214.00	\$0.00
miCareDeLand	11-2024	\$203,463.92	\$24,990.98	\$365.04	\$272,695.74	\$0.00	1788	\$501,515.68	\$0.00	975	\$514.38	\$208.68	\$25.63	\$0.37	\$279.69	\$0.00
miCareDeLand	12-2024	\$133,478.22	\$18,415.92	\$0.00	\$227,953.51	\$0.00	1566	\$379,847.65	\$0.00	979	\$388.00	\$136.34	\$18.81	\$0.00	\$232.84	\$0.00
miCareDeLand	01-2025	\$171,507.75	\$22,164.05	\$0.00	\$207,814.07	\$0.00	1399	\$401,485.87	\$0.00	981	\$409.26	\$174.83	\$22.59	\$0.00	\$211.84	\$0.00
miCareDeLand	02-2025	\$343,988.20	\$24,057.06	\$2,509.96	\$267,282.79	\$0.00	2104	\$637,838.01	\$0.00	993	\$642.33	\$346.41	\$24.23	\$2.53	\$269.17	\$0.00
miCareDeLand	03-2025	\$141,897.02	\$23,360.18	\$737.58	\$154,960.44	\$0.00	1566	\$320,955.22	\$0.00	1012	\$317.15	\$140.21	\$23.08	\$0.73	\$153.12	\$0.00
miCareDeLand	04-2025	\$197,010.52	\$23,150.29	\$548.30	\$189,283.65	\$0.00	1593	\$409,992.76	\$0.00	1008	\$406.74	\$195.45	\$22.97	\$0.54	\$187.78	\$0.00
miCareDeLand	05-2025	\$256,053.01	\$16,603.69	\$376.29	\$131,577.05	\$0.00	1461	\$404,610.04	\$0.00	1022	\$395.90	\$250.54	\$16.25	\$0.37	\$128.74	\$0.00
miCareDeLand	06-2025	\$207,822.80	\$23,353.51	\$376.29	\$213,475.04	\$0.00	1803	\$445,027.64	\$0.00	1036	\$429.56	\$200.60	\$22.54	\$0.36	\$206.06	\$0.00
	Subtotal:	\$1,770,411.30	\$199,448.94	\$5,278.50	\$1,871,761.57	\$0.00	14950	\$3,846,900.31	\$0.00	8972	\$428.77	\$197.33	\$22.23	\$0.59	\$208.62	\$0.00
miCareDeltona	10-2024	\$75,447.41	\$13,266.17	\$0.00	\$131,247.03	\$0.00	1377	\$219,960.61	\$0.00	581	\$378.59	\$129.86	\$22.83	\$0.00	\$225.90	\$0.00
miCareDeltona	11-2024	\$161,697.63	\$16,268.38	\$0.00	\$153,004.55	\$0.00	1420	\$330,970.56	\$0.00	573	\$577.61	\$282.19	\$28.39	\$0.00	\$267.02	\$0.00
miCareDeltona	12-2024	\$134,114.08	\$15,128.60	\$0.00	\$104,516.44	\$0.00	1305	\$253,759.12	\$0.00	554	\$458.05	\$242.08	\$27.31	\$0.00	\$188.66	\$0.00
miCareDeltona	01-2025	\$114,808.48	\$16,230.16	\$0.00	\$130,267.36	\$0.00	1144	\$261,306.00	\$0.00	550	\$475.10	\$208.74	\$29.51	\$0.00	\$236.85	\$0.00
miCareDeltona	02-2025	\$358,838.32	\$20,923.94	\$114.69	\$167,193.55	\$0.00	1808	\$547,070.50	\$0.00	548	\$998.30	\$654.81	\$38.18	\$0.21	\$305.10	\$0.00
miCareDeltona	03-2025	\$138,178.07	\$14,496.96	\$0.00	\$123,890.84	\$0.00	1536	\$276,565.87	\$0.00	544	\$508.39	\$254.00	\$26.65	\$0.00	\$227.74	\$0.00
miCareDeltona	04-2025	\$201,482.57	\$19,118.25	\$66.52	\$133,259.40	\$0.00	1318	\$353,926.74	\$0.00	536	\$660.31	\$375.90	\$35.67	\$0.12	\$248.62	\$0.00
miCareDeltona	05-2025	\$183,556.94	\$15,990.21	\$471.42	\$130,433.77	\$0.00	1329	\$330,452.34	\$0.00	546	\$605.22	\$336.18	\$29.29	\$0.86	\$238.89	\$0.00
miCareDeltona	06-2025	\$183,092.39	\$11,513.12	\$405.91	\$195,956.58	\$0.00	1452	\$390,968.00	\$0.00	542	\$721.34	\$337.81	\$21.24	\$0.75	\$361.54	\$0.00
	Subtotal:	\$1,551,215.89	\$142,935.79	\$1,058.54	\$1,269,769.52	\$0.00	12689	\$2,964,979.74	\$0.00	4974	\$596.10	\$311.86	\$28.74	\$0.21	\$255.28	\$0.00
miCarePierse	10-2024	\$1,576.07	\$2,656.08	\$0.00	\$17,624.57	\$0.00	132	\$21,856.72	\$0.00	66	\$331.16	\$23.88	\$40.24	\$0.00	\$267.04	\$0.00
miCarePierse	11-2024	\$17,447.81	\$1,526.75	\$0.00	\$12,255.67	\$0.00	134	\$31,230.23	\$0.00	66	\$473.19	\$264.36	\$23.13	\$0.00	\$185.69	\$0.00
miCarePierse	12-2024	\$10,835.80	\$2,485.83	\$0.00	\$6,918.41	\$0.00	116	\$20,240.04	\$0.00	64	\$316.25	\$169.31	\$38.84	\$0.00	\$108.10	\$0.00
miCarePierse	01-2025	\$24,289.62	\$982.59	\$0.00	\$9,839.75	\$0.00	79	\$35,111.96	\$0.00	63	\$557.33	\$385.55	\$15.60	\$0.00	\$156.19	\$0.00
miCarePierse	02-2025	\$11,134.68	\$1,721.99	\$0.00	\$16,078.16	\$0.00	117	\$28,934.83	\$0.00	63	\$459.28	\$176.74	\$27.33	\$0.00	\$255.21	\$0.00
miCarePierse	03-2025	\$942.74	\$1,383.96	\$0.00	\$11,021.22	\$0.00	121	\$13,347.92	\$0.00	63	\$211.87	\$14.96	\$21.97	\$0.00	\$174.94	\$0.00
miCarePierse	04-2025	\$20,847.99	\$3,881.86	\$0.00	\$10,749.87	\$0.00	134	\$35,479.72	\$0.00	63	\$563.17	\$330.92	\$61.62	\$0.00	\$170.63	\$0.00
miCarePierse	05-2025	\$21,250.55	\$3,494.75	\$0.00	\$8,748.79	\$0.00	141	\$33,494.09	\$0.00	63	\$531.65	\$337.31	\$55.47	\$0.00	\$138.87	\$0.00
miCarePierse	06-2025	\$29,764.25	\$2,170.50	\$0.00	\$19,066.66	\$0.00	133	\$51,001.41	\$0.00	63	\$809.55	\$472.45	\$34.45	\$0.00	\$302.65	\$0.00
	Subtotal:	\$138,089.51	\$20,304.31	\$0.00	\$112,303.10	\$0.00	1107	\$270,696.92	\$0.00	574	\$471.60	\$240.57	\$35.37	\$0.00	\$195.65	\$0.00
N/A	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$353,905.38	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	7	\$0.00	\$295,141.10	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3	\$0.00	\$301,829.39	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5	\$0.00	\$297,957.57	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$329,172.19	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	03-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$395,883.47	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12	\$0.00	\$329,739.21	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	4	\$0.00	\$311,990.01	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	06-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	\$0.00	\$322,401.82	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	75	\$0.00	\$2,938,020.14	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$3,459,716.70	\$362,689.04	\$6,337.04	\$3,253,834.19	\$0.00	28824	\$7,082,576.97	\$2,938,020.14	14520	\$690.12	\$238.27	\$24.98	\$0.44	\$224.09	\$0.00

Parameters

Paid Date: 10/1/2024-6/30/2025

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



EBMS

August 21, 2025

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Paid Dates:

7/1/2025 to 7/31/2025

Location:

All

Department: All

Benefit Plan: All

TIN: All

Plan Experience Summary			Cash Flow Summary			Disallowed Charges by Category		
Claim Counts	9451		Charges	\$10,891,693		Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$9,608,207		Addl Info Not Provided	\$41,362	0.38%
Medical	\$1,267,484	\$810	Allowed	\$1,283,486		Duplicate Charges	\$531,307	4.88%
Professional	\$472,430	\$302	less Member	\$15,544		Not Medically...	\$120	0.00%
Facility	\$795,055	\$508	less Adjustments	\$458		Plan Limitations	\$2,235,733	20.53%
PBM	\$0	\$0	Paid Benefit	\$1,267,484		Cost Savings	\$6,772,224	62.18%
Total Plan Paid:	\$1,267,484	\$810	plus Admin Costs	\$294,667		UCR Reductions	\$842	0.01%
			Total Plan Paid:	\$1,562,152		Other	\$26,619	0.24%
						Total:	\$9,608,207	88.22%

Census										
Census Date: 7/31/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	44	38	82	0	0	0	0	82	0	0
20 to 25	35	56	91	0	0	0	0	91	0	0
26 to 29	45	34	79	0	0	0	0	79	0	0
30 to 39	118	127	245	0	0	0	0	245	0	0
40 to 49	162	186	348	0	0	0	0	348	0	0
50 to 59	177	236	413	0	0	0	0	413	0	0
60 to 64	111	109	220	0	0	0	0	220	0	0
65 and Older	35	52	87	0	0	0	0	87	0	0
Totals	727	838	1565	0	0	0	0	1565	0	0
Average Age	45.15	46.41	45.82	0.00	0.00	0.00	0.00	45.82	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 7/31/2025	Employee	Spouse	Dependent
Adventhealth Deland	120	\$253,681	0 to 19	\$2,695	\$0	\$0
Adventhealth Fish	99	\$215,518	20 to 25	\$5,996	\$0	\$0
Halifax Hospital Medical	15	\$163,118	26 to 29	\$54,794	\$0	\$0
Florida Cancer Specialists	111	\$150,581	30 to 39	\$114,908	\$0	\$0
Medical Center Of Deltona	22	\$67,597	40 to 49	\$281,771	\$0	\$0
Deland Dialysis	72	\$65,051	50 to 59	\$419,110	\$0	\$0
Quest Diagnostics Tampa	573	\$37,135	60 to 64	\$213,868	\$0	\$0
Adventhealth Fish	198	\$17,892	65 and Older	\$174,342	\$0	\$0
Wellness Avenue Surgery	13	\$16,088	Totals	\$1,267,484	\$0	\$0
06 Radiology Associates	143	\$15,340				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$26,701	41	\$1,094,741
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	56	\$0
February 25	\$1,213,843	RX	\$0	69	\$0
March 25	\$610,869	Total:			\$1,094,741
April 25	\$799,399				
May 25	\$768,556				
June 25	\$887,985				
July 25	\$1,267,484				
Total:	\$8,351,049				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

7/1/2025 to 7/31/2025

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	5	\$12,524	\$12,524	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	79	\$158,882	\$126,068	\$32,814	\$0	\$0	\$32,814	2.59%
CHIROPRACTIC	99	\$8,340	\$5,746	\$2,594	\$270	\$0	\$2,324	0.18%
DIALYSIS	130	\$2,050,955	\$1,970,710	\$80,245	\$0	\$0	\$80,245	6.33%
DME/APPLIANCE	2	\$625	\$625	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	684	\$1,382,611	\$1,234,290	\$148,321	\$4,929	\$0	\$143,392	11.31%
INELIGIBLE	487	\$538,997	\$538,828	\$169	\$0	\$0	\$169	0.01%
INPATIENT PHYS	516	\$140,349	\$104,776	\$35,573	\$0	\$0	\$35,573	2.81%
IP HOSP CHARGES	125	\$3,911,794	\$3,518,132	\$393,662	\$2,000	\$0	\$391,662	30.90%
MATERNITY	5	\$9,000	\$9,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	47	\$17,421	\$15,649	\$1,773	\$224	\$0	\$1,549	0.12%
OFFICE VISIT	953	\$137,495	\$86,865	\$50,630	\$4,110	\$0	\$46,520	3.67%
OP PHYSICIAN	204	\$166,255	\$111,288	\$54,968	\$199	\$0	\$54,768	4.32%
OTHER	241	\$0	\$0	\$0	\$0	\$458	-\$458	-0.04%
OUTPAT HOSP	17	\$99,790	\$82,374	\$17,417	\$328	\$0	\$17,089	1.35%
PSYCHIATRIC	126	\$17,965	\$5,812	\$12,153	\$515	\$0	\$11,638	0.92%
RADIATION /CHEMO	91	\$316,831	\$206,802	\$110,029	\$32	\$0	\$109,997	8.68%
SKILLED NURSING	3	\$24,467	\$24,467	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	1	\$12,662	\$7,908	\$4,755	\$0	\$0	\$4,755	0.38%
SURG FACILITY	79	\$759,482	\$639,976	\$119,507	\$1,175	\$0	\$118,332	9.34%
SURGERY	212	\$42,217	\$29,248	\$12,970	\$0	\$0	\$12,970	1.02%
SURGERY IP	44	\$40,208	\$28,274	\$11,934	\$0	\$0	\$11,934	0.94%
SURGERY OP	26	\$34,017	\$26,606	\$7,411	\$0	\$0	\$7,411	0.58%
THERAPY	329	\$43,443	\$32,015	\$11,429	\$830	\$0	\$10,599	0.84%
URGENT CARE	16	\$3,301	\$2,756	\$545	\$125	\$0	\$420	0.03%
WELLNESS	983	\$89,421	\$74,062	\$15,360	\$0	\$0	\$15,360	1.21%
XRAY/ LAB	4241	\$872,639	\$713,410	\$159,228	\$807	\$0	\$158,422	12.50%
Totals:	9745	\$10,891,693	\$9,608,207	\$1,283,486	\$15,544	\$458	\$1,267,484	



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Paid Dates:

10/1/2024 to 7/31/2025

Location:

All

Department: All

Benefit Plan: All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	77970		Charges	\$73,212,746	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$64,770,973	Addl Info Not Provided	-\$87,629	-0.12%
Medical	\$8,351,049	\$534	Allowed	\$8,441,772	Duplicate Charges	\$2,940,273	4.02%
Professional	\$3,597,110	\$230	less Member	\$121,284	Employee Ineligible	\$2,026	0.00%
Facility	\$4,753,939	\$304	less Adjustments	-\$30,561	Not Medically...	\$200	0.00%
PBM	\$0	\$0	Paid Benefit	\$8,351,049	Plan Limitations	\$14,763,716	20.17%
Vision	\$0	\$0	plus Admin Costs	\$3,232,687	Cost Savings	\$47,031,259	64.24%
Total Plan Paid:	\$8,351,049	\$534	Total Plan Paid:	\$11,583,737	UCR Reductions	\$4,723	0.01%
					Other	\$116,405	0.16%
					Total:	\$64,770,973	88.47%

Census										
Census Date: 7/31/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	44	38	82	0	0	0	0	82	0	0
20 to 25	35	56	91	0	0	0	0	91	0	0
26 to 29	45	34	79	0	0	0	0	79	0	0
30 to 39	118	127	245	0	0	0	0	245	0	0
40 to 49	162	186	348	0	0	0	0	348	0	0
50 to 59	177	236	413	0	0	0	0	413	0	0
60 to 64	111	109	220	0	0	0	0	220	0	0
65 and Older	35	52	87	0	0	0	0	87	0	0
Totals	727	838	1565	0	0	0	0	1565	0	0
Average Age	45.15	46.41	45.82	0.00	0.00	0.00	0.00	45.82	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 7/31/2025	Employee	Spouse	Dependent
Adventhealth Deland	1000	\$1,368,117	0 to 19	\$23,337	\$0	\$0
Florida Cancer Specialists	990	\$1,201,134	20 to 25	\$112,799	\$0	\$0
Adventhealth Fish	796	\$1,057,185	26 to 29	\$318,569	\$0	\$0
Halifax Hospital Medical	164	\$847,561	30 to 39	\$921,065	\$0	\$0
Medical Center Of Deltona	177	\$526,037	40 to 49	\$1,400,851	\$0	\$0
Deland Dialysis	553	\$498,695	50 to 59	\$3,064,712	\$0	\$0
Quest Diagnostics Tampa	3723	\$236,956	60 to 64	\$1,523,739	\$0	\$0
PHPTS Of Ormond Beach	62	\$157,872	65 and Older	\$985,978	\$0	\$0
06 Radiology Associates	1287	\$153,858	Totals	\$8,351,049	\$0	\$0
Quest Diagnostics Nichols	675	\$122,267				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 24	\$587,445	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 24	\$863,716	Medical	\$26,701	41	\$1,094,741
December 24	\$653,847	Dental	\$0	13	\$0
January 25	\$697,904	Vision	\$0	56	\$0
February 25	\$1,213,843	RX	\$0	69	\$0
March 25	\$610,869	Total:			\$1,094,741
April 25	\$799,399				
May 25	\$768,556				
June 25	\$887,985				
July 25	\$1,267,484				
Total:	\$8,351,049				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2024 to 7/31/2025

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$650	\$452	\$198	\$0	\$0	\$198	0.00%
AMBULANCE	50	\$90,452	\$90,452	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	547	\$793,304	\$644,800	\$148,504	\$0	\$0	\$148,504	1.78%
CHIROPRACTIC	420	\$31,394	\$19,647	\$11,747	\$1,741	\$0	\$10,005	0.12%
COVID-19	7	\$850	\$850	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	1025	\$19,912,480	\$19,294,463	\$618,016	\$0	\$0	\$618,016	7.40%
DME/APPLIANCE	55	\$50,180	\$50,180	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	4684	\$10,418,121	\$9,573,856	\$844,265	\$32,895	\$0	\$811,370	9.72%
HOME HEALTH CARE	3	\$553	\$553	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	2	\$5,734	\$5,734	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	2897	\$1,958,713	\$1,953,836	\$4,877	\$0	\$0	\$4,877	0.06%
INPATIENT PHYS	2930	\$798,210	\$606,379	\$191,831	\$0	\$0	\$191,831	2.30%
IP HOSP CHARGES	623	\$16,731,651	\$14,724,365	\$2,007,286	\$11,000	\$0	\$1,996,286	23.90%
MATERNITY	31	\$42,600	\$42,600	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	356	\$90,455	\$78,000	\$12,454	\$1,778	\$0	\$10,676	0.13%
OFFICE VISIT	8274	\$1,149,995	\$742,869	\$407,126	\$32,769	\$0	\$374,358	4.48%
OP PHYSICIAN	2033	\$854,698	\$644,864	\$209,834	\$1,786	\$0	\$208,048	2.49%
OTHER	2179	\$4,067	\$3,501	\$566	\$0	-\$30,561	\$31,126	0.37%
OUTPAT HOSP	226	\$741,379	\$660,647	\$80,733	\$5,055	\$0	\$75,678	0.91%
PSYCHIATRIC	1239	\$489,023	\$271,557	\$217,466	\$4,950	\$0	\$212,516	2.54%
RADIATION /CHEMO	1092	\$4,072,734	\$2,961,081	\$1,111,654	\$302	\$0	\$1,111,351	13.31%
SKILLED NURSING	3	\$24,467	\$24,467	\$0	\$0	\$0	\$0	0.00%
SLEEP DISORDER	14	\$2,249	\$2,249	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	45	\$310,358	\$200,972	\$109,386	\$5	\$0	\$109,381	1.31%
SURG FACILITY	698	\$6,265,837	\$5,307,252	\$958,585	\$11,175	\$0	\$947,410	11.34%
SURGERY	1941	\$373,663	\$275,564	\$98,099	\$0	\$0	\$98,099	1.17%
SURGERY IP	223	\$231,059	\$166,150	\$64,909	\$0	\$0	\$64,909	0.78%
SURGERY OP	345	\$408,137	\$315,094	\$93,043	\$0	\$0	\$93,043	1.11%
TELEMEDICINE	3	\$450	\$59	\$391	\$0	\$0	\$391	0.00%
THERAPY	3892	\$416,488	\$300,171	\$116,316	\$9,100	\$0	\$107,216	1.28%
URGENT CARE	163	\$31,533	\$24,252	\$7,281	\$1,539	\$0	\$5,741	0.07%
VISION	7	\$432	\$432	\$0	\$0	\$0	\$0	0.00%
WELLNESS	7893	\$617,862	\$507,380	\$110,482	\$0	\$0	\$110,482	1.32%
XRAY/ LAB	35355	\$6,292,970	\$5,276,246	\$1,016,724	\$7,189	\$0	\$1,009,536	12.09%
Totals:	79256	\$73,212,746	\$64,770,973	\$8,441,772	\$121,284	-\$30,561	\$8,351,049	



PCORI Membership Count

Block of Business ID:
Client ID:

EBMSI
00532

Eligibility Date: : 1/1/2025 to 7/31/2025

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2025	1594	0	1594
2/1/2025	1604	0	1604
3/1/2025	1619	0	1619
4/1/2025	1607	0	1607
5/1/2025	1631	0	1631
6/1/2025	1652	0	1652
7/1/2025	1637	0	1637
Total Member Days			
1,620.57			



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 7/31/2025

City, State	Employee Count	Dependent Count	Total Count
Astor, FL	2	0	2
De Leon Springs, FL	130	0	130
Debary, FL	39	0	39
Deland, FL	785	0	785
Deltona, FL	377	0	377
Lake Helen, FL	10	0	10
Orange City, FL	89	0	89
Osteen, FL	8	0	8
Pierson, FL	85	0	85
Seville, FL	39	0	39
Total	1564	0	1564



Tier Census by Product 7/1/2025

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	1560	714	846	0	0	0	0	1560
		Subtotal for Active:	1560	714	846	0	0	0	0	1560
		Total for Medical:	1560	714	846	0	0	0	0	1560



Tier Census by Product 7/15/2025

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	1553	712	841	0	0	0	0	1553
		Subtotal for Active:	1553	712	841	0	0	0	0	1553
		Total for Medical:	1553	712	841	0	0	0	0	1553



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 7/1/2025 to 7/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	5	12,524.00	12,524.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	79	158,882.30	25,902.00	100,165.88	32,814.42	0.00	0.00	32,814.42	2.59%
CHIROPRACTIC	99	8,339.82	452.92	5,293.05	2,593.85	270.00	0.00	2,323.85	0.18%
DIALYSIS	130	2,050,955.17	148,307.28	1,822,403.18	80,244.71	0.00	0.00	80,244.71	6.33%
DME/APPLIANCE	2	625.00	625.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	684	1,382,610.96	197,179.62	1,037,110.36	148,320.98	4,929.06	0.00	143,391.92	11.31%
INELIGIBLE	487	538,996.79	538,329.86	498.17	168.76	0.00	0.00	168.76	0.01%
INPATIENT PHYS	516	140,349.30	45,520.12	59,256.15	35,573.03	0.00	0.00	35,573.03	2.81%
IP HOSP CHARGES	125	3,911,793.85	1,678,412.94	1,839,719.08	393,661.83	2,000.00	0.00	391,661.83	30.90%
MATERNITY	5	9,000.00	9,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	47	17,421.40	7,900.02	7,748.57	1,772.81	223.58	0.00	1,549.23	0.12%
OFFICE VISIT	953	137,494.91	11,914.39	74,950.30	50,630.22	4,110.00	0.00	46,520.22	3.67%
OP PHYSICIAN	204	166,255.24	2,538.00	108,749.62	54,967.62	199.44	0.00	54,768.18	4.32%
OTHER	243	0.00	0.00	0.00	0.00	0.00	457.82	-457.82	-0.04%
OUTPAT HOSP	17	99,790.36	29,221.96	53,151.72	17,416.68	327.56	0.00	17,089.12	1.35%
PSYCHIATRIC	126	17,964.96	697.00	5,114.50	12,153.46	515.00	0.00	11,638.46	0.92%
RADIATION /CHEMO	91	316,831.10	380.66	206,420.96	110,029.48	32.27	0.00	109,997.21	8.68%
SKILLED NURSING	3	24,466.50	24,466.50	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	1	12,662.40	0.00	7,907.62	4,754.78	0.00	0.00	4,754.78	0.38%
SURG FACILITY	79	759,482.19	27,240.65	612,734.98	119,506.56	1,175.00	0.00	118,331.56	9.34%
SURGERY	212	42,217.46	2,505.00	26,742.79	12,969.67	0.00	0.00	12,969.67	1.02%
SURGERY IP	44	40,208.00	11,767.00	16,507.00	11,934.00	0.00	0.00	11,934.00	0.94%
SURGERY OP	26	34,017.00	2,001.00	24,604.59	7,411.41	0.00	0.00	7,411.41	0.58%
THERAPY	329	43,443.42	3,454.00	28,560.61	11,428.81	830.00	0.00	10,598.81	0.84%
URGENT CARE	16	3,301.00	1,495.00	1,261.08	544.92	125.00	0.00	419.92	0.03%
WELLNESS	983	89,421.42	1,324.17	72,737.62	15,359.63	0.00	0.00	15,359.63	1.21%
XRAY/ LAB	4241	872,638.79	29,210.32	684,199.99	159,228.48	806.92	0.00	158,421.56	12.50%
Totals for 00532	9747	10,891,693.34	2,812,369.41	6,795,837.82	1,283,486.11	15,543.83	457.82	1,267,484.46	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 11:31:28 on 01 August 2025



Benefit Analysis Summary

Block of Business ID:

EBMSI

Client ID:

00532

Paid Date:

10/1/2024 to 7/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	650.00	0.00	452.33	197.67	0.00	0.00	197.67	0.00%
AMBULANCE	50	90,451.70	90,451.70	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	547	793,304.00	74,891.53	569,908.45	148,504.02	0.00	0.00	148,504.02	1.78%
CHIROPRACTIC	420	31,394.02	1,871.58	17,775.71	11,746.73	1,741.46	0.00	10,005.27	0.12%
COVID-19	7	849.55	849.55	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	1025	19,912,479.51	4,215,706.89	15,078,756.28	618,016.34	0.00	0.00	618,016.34	7.40%
DME/APPLIANCE	55	50,179.90	50,179.90	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	4684	10,418,121.39	3,442,903.36	6,130,952.63	844,265.40	32,895.08	0.00	811,370.32	9.72%
HOME HEALTH CARE	3	553.19	553.19	0.00	0.00	0.00	0.00	0.00	0.00%
HOSPICE CARE	2	5,734.15	5,734.15	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	2897	1,958,712.91	1,945,941.37	7,894.74	4,876.80	0.00	0.00	4,876.80	0.06%
INPATIENT PHYS	2930	798,209.63	275,457.76	330,920.96	191,830.91	0.00	0.00	191,830.91	2.30%
IP HOSP CHARGES	623	16,731,650.80	4,382,592.56	10,341,772.66	2,007,285.58	11,000.00	0.00	1,996,285.58	23.90%
MATERNITY	31	42,600.00	42,600.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	356	90,454.64	37,307.26	40,693.07	12,454.31	1,777.84	0.00	10,676.47	0.13%
OFFICE VISIT	8274	1,149,995.02	113,471.18	629,397.62	407,126.22	32,768.54	0.00	374,357.68	4.48%
OP PHYSICIAN	2033	854,697.84	66,953.77	577,910.33	209,833.74	1,785.88	0.00	208,047.86	2.49%
OTHER	2449	4,067.00	779.00	2,722.22	565.78	0.00	-30,560.69	31,126.47	0.37%
OUTPAT HOSP	226	741,379.17	125,147.80	535,498.78	80,732.59	5,054.69	0.00	75,677.90	0.91%
PSYCHIATRIC	1239	489,022.98	105,497.04	166,060.32	217,465.62	4,950.00	0.00	212,515.62	2.54%
RADIATION /CHEMO	1092	4,072,734.00	677,006.84	2,284,073.66	1,111,653.50	302.44	0.00	1,111,351.06	13.31%
SKILLED NURSING	3	24,466.50	24,466.50	0.00	0.00	0.00	0.00	0.00	0.00%
SLEEP DISORDER	14	2,248.65	2,248.65	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	45	310,357.60	42,418.98	158,552.61	109,386.01	5.00	0.00	109,381.01	1.31%
SURG FACILITY	698	6,265,837.00	371,779.46	4,935,472.91	958,584.63	11,175.00	0.00	947,409.63	11.34%
SURGERY	1941	373,663.42	9,994.82	265,569.13	98,099.47	0.00	0.00	98,099.47	1.17%
SURGERY IP	223	231,059.32	49,470.41	116,679.60	64,909.31	0.00	0.00	64,909.31	0.78%
SURGERY OP	345	408,136.80	35,117.88	279,975.73	93,043.19	0.00	0.00	93,043.19	1.11%
TELEMEDICINE	3	450.00	0.00	58.71	391.29	0.00	0.00	391.29	0.00%
THERAPY	3892	416,487.51	86,703.00	213,468.31	116,316.20	9,100.00	0.00	107,216.20	1.28%
URGENT CARE	163	31,532.76	6,382.24	17,869.99	7,280.53	1,539.05	0.00	5,741.48	0.07%
VISION	7	432.00	432.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	7893	617,862.10	52,959.44	454,420.33	110,482.33	0.00	0.00	110,482.33	1.32%
XRAY/ LAB	35355	6,292,970.46	627,619.19	4,648,627.12	1,016,724.15	7,188.59	0.00	1,009,535.56	12.09%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 11:33:37 on 01 August 2025



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2024 to 7/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	79526	73,212,745.52	16,965,489.00	47,805,484.20	8,441,772.32	121,283.57	-30,560.69	8,351,049.44	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 7/1/2025 to 7/31/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	2167	614,231.70	0.00	0.00	0.00	0.00	614,231.70
miCareDelton	1882	615,480.38	0.00	0.00	0.00	0.00	615,480.38
miCarePierse	141	37,772.38	0.00	0.00	0.00	0.00	37,772.38
N/A	80	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	4270	1,267,484.46	0.00	0.00	0.00	0.00	1,267,484.46



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2024 to 7/31/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	1	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	17421	4,462,120.02	0.00	0.00	0.00	0.00	4,462,120.02
miCareDeltona	14718	3,580,460.12	0.00	0.00	0.00	0.00	3,580,460.12
miCarePierse	1251	308,469.30	0.00	0.00	0.00	0.00	308,469.30
N/A	160	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	33553	8,351,049.44	0.00	0.00	0.00	0.00	8,351,049.44



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 7/1/2025 to 7/31/2025

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	705	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: 10/1/2024 to 7/31/2025

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	6276	0.00	0.00	0.00	0.00	0.00	0.00

CLAIMS PAID BY MONTH

Paid Date: 10/1/24 to 7/31/25

Location Name	Month	Hospital	Laboratory	PCP	Speciality	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Speciality PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
DeLand	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeLand	07-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	06-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	07-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2024	\$115,189.86	\$23,353.26	\$365.04	\$206,719.28	\$0.00	1670	\$345,627.44	\$0.00	966	\$357.79	\$119.24	\$24.18	\$0.38	\$214.00	\$0.00
miCareDeLand	11-2024	\$203,463.92	\$24,990.98	\$365.04	\$272,695.74	\$0.00	1788	\$501,515.68	\$0.00	975	\$514.38	\$208.68	\$25.63	\$0.37	\$279.69	\$0.00
miCareDeLand	12-2024	\$133,478.22	\$18,415.92	\$0.00	\$227,953.51	\$0.00	1566	\$379,847.65	\$0.00	979	\$388.00	\$136.34	\$18.81	\$0.00	\$232.84	\$0.00
miCareDeLand	01-2025	\$171,507.75	\$22,164.05	\$0.00	\$207,814.07	\$0.00	1399	\$401,485.87	\$0.00	981	\$409.26	\$174.83	\$22.59	\$0.00	\$211.84	\$0.00
miCareDeLand	02-2025	\$343,988.20	\$24,057.06	\$2,509.96	\$267,282.79	\$0.00	2104	\$637,838.01	\$0.00	993	\$642.33	\$346.41	\$24.23	\$2.53	\$269.17	\$0.00
miCareDeLand	03-2025	\$141,897.02	\$23,360.18	\$737.58	\$154,960.44	\$0.00	1566	\$320,955.22	\$0.00	1012	\$317.15	\$140.21	\$23.08	\$0.73	\$153.12	\$0.00
miCareDeLand	04-2025	\$197,010.52	\$23,150.29	\$548.30	\$189,283.65	\$0.00	1593	\$409,992.76	\$0.00	1008	\$406.74	\$195.45	\$22.97	\$0.54	\$187.78	\$0.00
miCareDeLand	05-2025	\$256,053.01	\$16,603.69	\$376.29	\$131,577.05	\$0.00	1462	\$404,610.04	\$0.00	1022	\$395.90	\$250.54	\$16.25	\$0.37	\$128.74	\$0.00
miCareDeLand	06-2025	\$207,822.80	\$23,353.51	\$1,364.30	\$213,475.04	\$0.00	1807	\$446,015.65	\$0.00	1043	\$427.63	\$199.25	\$22.39	\$1.31	\$204.67	\$0.00
miCareDeLand	07-2025	\$327,137.45	\$31,072.05	\$1,235.16	\$254,787.04	\$0.00	2125	\$614,231.70	\$0.00	1024	\$599.84	\$319.47	\$30.34	\$1.21	\$248.82	\$0.00
	Subtotal:	\$2,097,548.75	\$230,520.99	\$7,501.67	\$2,126,548.61	\$0.00	17080	\$4,462,120.02	\$0.00	10003	\$446.08	\$209.69	\$23.05	\$0.75	\$212.59	\$0.00
miCareDelton	10-2024	\$75,447.41	\$13,266.17	\$0.00	\$131,247.03	\$0.00	1377	\$219,960.61	\$0.00	581	\$378.59	\$129.86	\$22.83	\$0.00	\$225.90	\$0.00
miCareDelton	11-2024	\$161,697.63	\$16,268.38	\$0.00	\$153,004.55	\$0.00	1420	\$330,970.56	\$0.00	573	\$577.61	\$282.19	\$28.39	\$0.00	\$267.02	\$0.00
miCareDelton	12-2024	\$134,114.08	\$15,128.60	\$0.00	\$104,516.44	\$0.00	1305	\$253,759.12	\$0.00	554	\$458.05	\$242.08	\$27.31	\$0.00	\$188.66	\$0.00
miCareDelton	01-2025	\$114,808.48	\$16,230.16	\$0.00	\$130,267.36	\$0.00	1144	\$261,306.00	\$0.00	550	\$475.10	\$208.74	\$29.51	\$0.00	\$236.85	\$0.00
miCareDelton	02-2025	\$358,838.32	\$20,923.94	\$114.69	\$167,193.55	\$0.00	1808	\$547,070.50	\$0.00	548	\$998.30	\$654.81	\$38.18	\$0.21	\$305.10	\$0.00
miCareDelton	03-2025	\$138,178.07	\$14,496.96	\$0.00	\$123,890.84	\$0.00	1536	\$276,565.87	\$0.00	544	\$508.39	\$254.00	\$26.65	\$0.00	\$227.74	\$0.00
miCareDelton	04-2025	\$201,482.57	\$19,118.25	\$66.52	\$133,259.40	\$0.00	1318	\$353,926.74	\$0.00	536	\$660.31	\$375.90	\$35.67	\$0.12	\$248.62	\$0.00
miCareDelton	05-2025	\$183,556.94	\$15,990.21	\$471.42	\$130,433.77	\$0.00	1329	\$330,452.34	\$0.00	546	\$605.22	\$336.18	\$29.29	\$0.86	\$238.89	\$0.00
miCareDelton	06-2025	\$183,092.39	\$11,513.12	\$405.91	\$195,956.58	\$0.00	1452	\$390,968.00	\$0.00	545	\$717.37	\$335.95	\$21.12	\$0.74	\$359.55	\$0.00
miCareDelton	07-2025	\$389,409.13	\$20,859.51	\$1,997.01	\$203,214.73	\$0.00	1856	\$615,480.38	\$0.00	531	\$1,159.10	\$733.35	\$39.28	\$3.76	\$382.70	\$0.00
	Subtotal:	\$1,940,625.02	\$163,795.30	\$3,055.55	\$1,472,984.25	\$0.00	14545	\$3,580,460.12	\$0.00	5508	\$650.05	\$352.33	\$29.74	\$0.55	\$267.43	\$0.00
miCarePierse	10-2024	\$1,576.07	\$2,656.08	\$0.00	\$17,624.57	\$0.00	132	\$21,856.72	\$0.00	66	\$331.16	\$23.88	\$40.24	\$0.00	\$267.04	\$0.00
miCarePierse	11-2024	\$17,447.81	\$1,526.75	\$0.00	\$12,255.67	\$0.00	134	\$31,230.23	\$0.00	66	\$473.19	\$264.36	\$23.13	\$0.00	\$185.69	\$0.00
miCarePierse	12-2024	\$10,835.80	\$2,485.83	\$0.00	\$6,918.41	\$0.00	116	\$20,240.04	\$0.00	64	\$316.25	\$169.31	\$38.84	\$0.00	\$108.10	\$0.00
miCarePierse	01-2025	\$24,289.62	\$982.59	\$0.00	\$9,839.75	\$0.00	79	\$35,111.96	\$0.00	63	\$557.33	\$385.55	\$15.60	\$0.00	\$156.19	\$0.00
miCarePierse	02-2025	\$11,134.68	\$1,721.99	\$0.00	\$16,078.16	\$0.00	117	\$28,934.83	\$0.00	63	\$459.28	\$176.74	\$27.33	\$0.00	\$255.21	\$0.00
miCarePierse	03-2025	\$942.74	\$1,383.96	\$0.00	\$11,021.22	\$0.00	121	\$13,347.92	\$0.00	63	\$211.87	\$14.96	\$21.97	\$0.00	\$174.94	\$0.00
miCarePierse	04-2025	\$20,847.99	\$3,881.86	\$0.00	\$10,749.87	\$0.00	134	\$35,479.72	\$0.00	63	\$563.17	\$330.92	\$61.62	\$0.00	\$170.63	\$0.00
miCarePierse	05-2025	\$21,250.55	\$3,494.75	\$0.00	\$8,748.79	\$0.00	141	\$33,494.09	\$0.00	63	\$531.65	\$337.31	\$55.47	\$0.00	\$138.87	\$0.00
miCarePierse	06-2025	\$29,764.25	\$2,170.50	\$0.00	\$19,066.66	\$0.00	133	\$51,001.41	\$0.00	63	\$809.55	\$472.45	\$34.45	\$0.00	\$302.65	\$0.00
miCarePierse	07-2025	\$21,828.64	\$1,395.03	\$0.00	\$14,548.71	\$0.00	140	\$37,772.38	\$0.00	63	\$599.56	\$346.49	\$22.14	\$0.00	\$230.93	\$0.00
	Subtotal:	\$159,918.15	\$21,699.34	\$0.00	\$126,851.81	\$0.00	1247	\$308,469.30	\$0.00	637	\$484.25	\$251.05	\$34.06	\$0.00	\$199.14	\$0.00
N/A	10-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$353,905.38	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	7	\$0.00	\$295,141.10	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3	\$0.00	\$301,829.39	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	5	\$0.00	\$297,957.57	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$329,172.19	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	03-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$395,883.47	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12	\$0.00	\$329,739.21	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	4	\$0.00	\$311,990.01	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	06-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	\$0.00	\$322,401.82	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	07-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	81	\$0.00	\$294,667.22	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	156	\$0.00	\$3,232,687.36	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$4,198,091.92	\$416,015.63	\$10,557.22	\$3,726,384.67	\$0.00	33031	\$8,351,049.44	\$3,232,687.36	16168	\$716.46	\$259.65	\$25.73	\$0.65	\$230.48	\$0.00

Parameters

Paid Date: 10/1/2024-7/31/2025

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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

From: [Sue Wayte](#)
To: [Stacy Tebo](#)
Cc: [Laura Rookhuizen](#); [Gretchen Soto](#); [Kristi Jones](#)
Subject: WVHA - July miCare Report
Date: Tuesday, August 5, 2025 12:31:41 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[WVHA Deland and Deltona - July 2025 Utilization Report.pdf](#)
[WVHA Deland and Deltona - July 2025 Utilization Report\(1\).docx](#)

Good morning, Stacy,

Attached is the July miCare-WVHA report and below is a summary of the report:

- Utilization was strong for both sites in July
 - DeLand – 89%
 - Deltona – 87%
- No show rates
 - DeLand – 8%
 - Deltona – 7%
- Visits
 - DeLand had 633 provider visits with an additional 312 medications picked up and 30 for the PAP program. There were 23 new patients and 79 physicals conducted in July
 - Deltona had 377 clinic visits with an additional 142 medications picked up as well as 21 for the PAP program. There were 21 new patients in Deltona, and 40 physicals were conducted
- Overall member migration was 48%
 - DeLand – 34%
 - Deltona – 20%
- 410 patients have active applications being managed under the PAP program with a current projected savings of \$2,547,354

Follow up questions from July Board Meeting:

- Referrals – We are gathering the necessary data to present to the Board regarding the management of specialty referrals as requested. We want to ensure our information is accurate and complete before sharing it with the group, and we will be ready to present it at the September meeting.
- SMA Referrals – Historically, SMA had not been accepted counseling patients that did not have a medication need, therefore referrals were being sent elsewhere. We understand from them that they are now accepting counseling patients, so we will now

direct our referrals back to them.

Please let me know if you have any questions around the July report.

Best

Sue Wayte

Senior Account Executive – miCare Health Centers



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WVHA miCare Clinic Deland and Deltona

July 2025 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2025	267	238	89%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Deltona			
2025	176	152	87%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Overall			
2025	443	390	88%

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.
- Utilization measures the clinician’s scheduled availability to the amount of time used to meet patient appointments.
- Between the two clinics 88% of the available clinician capacity was used for scheduled appointments; 12% 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.

	No Show Count	No Show %
DeLand	90	8%
Deltona	44	7%

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	438	45%	Schedulable patient activities
Total Labs	189	19%	Schedulable patient activities
Total Nurse Visits	6	1%	Schedulable patient activities
Total medication pick-up	312		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	30		Don't have a visit type and are not scheduled appointments
Total Visits	975		

DeLand

- There was a total of 633 clinic visits at the DeLand clinic in July plus 312 medication pick-ups and an additional 30 med pick-ups from the PAP program
- Of the 633 clinic visits, 15 were phone visits
- There were 23 **new patients** that established care at the DeLand clinic last month
- There were 79 **Physicals** in July – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	288	53%	Schedulable patient activities
Total Labs	83	15%	Schedulable patient activities
Total Nurse Visits	6	1%	Schedulable patient activities
Total medication pick-up	142		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	21		Don't have a visit type and are not scheduled appointments
Total Visits	540		

Deltona

- There was a total of 377 clinic visits at the Deltona clinic in July plus 142 medication pick-ups from Deltona as well as 221 med pick-ups from the PAP program
- Of the 377 visits, 11 were phone visits
- There were 21 **new patients** that established care at the Deltona clinic last month
- There were 40 **Physicals** in July – Male/Female Wellness – Established Patients



miCare Member Migration

July 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	534	1,593	34%
Deltona	320	1,593	20%

*** Combined migration – 48% for July**

*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 and may use both sites.

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications on an annualized basis.
- WVHA health card members can qualify for manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

PAP Summary - July -2025	
Application Approved	399
Application Pending Approval	3
Application Started but Not Submitted	8
Total Active Applications	410
	(Active Applications)

Key Insights:

- **51 PAP medications were picked up between the two locations**
- **Currently, WVHA has 410 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,547,354**



August 3rd, 2025

West Volusia Hospital Authority Monthly Enrollment Report

In the month of July there were 279 client interviews conducted. Of these, 255 appointments were to assist with new /renew applications and 24 to assist with pending applications from May to June.

For the month a total of 279 applications were submitted for verification and enrollment. Of these, 279 were processed by the end of the month, leaving no rollovers to carry over into August for approval.

Of the 279 that were processed, 255 were approved, 11 were denied, and 13 pended.

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

Application Source	New	Renewal	Total
House Next Door	27	200	227
Halifax (Health Fund Solutions)	5	0	5
Advent Health/Fl Hospital	8	4	12
RAAO	12	19	31
SMA	3	1	4
DCF	0	0	0
Other	0	0	0
Totals	55	224	279

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
- Participating in Community Events

Respectfully submitted by Chris Booker

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 Service Center
114 South Alabama Avenue
DeLand, FL 32724
386-738-9169

WVHA Health Card
Enrollment Main Line
386-232-2055
386-943-8823 (fax)



CREDIBILITY • INTEGRITY • ACHIEVEMENT



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 patients 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 Halifax Health | UF Medical Center of Deltona is currently accredited by The Joint Commission. The facility's LeapFrog grade is C.

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

WVHA Member Patient Type (Hospital)				
	Months	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	3	25	28
	Mar	5	22	27
	Apr	6	32	38
	May	2	18	20
	Jun	4	20	24
	Jul	1	15	16
	Aug	5	23	28
	Sep		32	32
	Oct	7	28	35
	Nov	2	24	26
	Dec	5	25	30
	2023 Total	46	295	341
2024	Jan	9	16	25
	Feb	8	30	38
	Mar	10	31	41
	Apr	3	35	38
	May	8	40	48
	Jun	7	39	46
	Jul	2	25	27
	Aug	7	26	33
	Sep	3	28	31
	Oct	6	24	30
	Nov	6	30	36
	Dec	10	27	37
	2024 Total	79	351	430
2025	Jan	2	21	23
	Feb	5	31	36
	Mar	3	19	22
	Apr	3	16	19
	May	3	21	24
	Jun	4	19	23
	Jul	3	19	22
	2025 Total	23	146	169
Grant Total		201	1131	1332

Age Mix (Hospital)		
Age Group	Patients	Percent
0 - 19	33	2.5%
20 - 29	125	9.4%
30 - 39	171	12.8%
40 - 49	285	21.4%
50 - 59	454	34.1%
60 - 69	225	16.9%
70 - 79	35	2.6%
80 +	4	0.3%
Total	1332	100.0%

Halifax Health UF Health Deltona ER Times (All Patient Types)	Arrival to Discharge/Admit Minutes (Average)	Arrival to Provider Minutes (Average)
Nov - Jan	227	34
Feb - Apr	206	29
May - Jul	186	19

Halifax Health UF Health Deltona Left Without Being Seen by Provider – All Patient Types	Total Patients	LWBS	Percent
CY 2022	17,847	440	2.47%
CY 2023	19,510	183	0.94%
CY 2024	19,766	222	1.12%
YTD 2025	11,320	177	1.56%

Halifax Health UF Health Deltona Left Without Being Seen by Provider – All Patient Types	Total Patients	AMA	Percent
CY 2022	18,287	286	1.56%
CY 2023	19,693	152	0.77%
CY 2024	19,988	191	0.96%
YTD 2025	11,497	143	1.24%

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

Specialty	Visits
Cardiology	28
Cardiovascular Disease	126
Clinical Cardiac Electrophysiology	5
Critical Care: Intensive Care	88
Emergency Medicine	156
Family Medicine	2
Gastroenterology	14
Gynecological/Oncology	15
Hematology/Oncology	52
Hospitalist	182
Infectious Disease	13
Internal Medicine	33
Neurology	9
Ophthalmology	6
Phys. Med. & Rehab.	12
Psychiatry	57
Pulmonary Critical Care	2
Pulmonary Disease	11
Radiation Oncology	2
Transplant Surgery	2
Urology	5
Wound Care	43
Total	863

**WVHA Members Served by
Halifax Health Physicians 2024**

Specialty	Visits
Cardiology	44
Cardiovascular Disease	152
Critical Care: Intensive Care	25
Emergency Medicine	174
Family Medicine	13
Gastroenterology	50
Gynecological/Oncology	11
Hematology/Oncology	60
Hospitalist	226
Infectious Disease	17
Internal Medicine	16
Nephrology	8
Neurology	11
Ophthalmology	5
Pediatric Medicine	8
Phys. Med. & Rehab.	14
Psychiatry	49
Pulmonary Critical Care	5
Pulmonary Disease	31
Radiation Oncology	29
Urology	8
Wound Care	125
Total	1081

**WVHA Members Served by
Halifax Health Physicians 2025**

Specialty	Visits
Cardiology	26
Cardiovascular Disease	60
Critical Care: Intensive Care	1
Emergency Medicine	70
Family Medicine	4
Gastroenterology	10
Gynecological/Oncology	13
Hematology/Oncology	29
Hospitalist	51
Infectious Disease	3
Internal Medicine	0
Nephrology	1
Neurology	1
Ophthalmology	5
Pediatric Medicine	1
Phys. Med. & Rehab.	0
Psychiatry	6
Pulmonary Critical Care	0
Pulmonary Disease	4
Radiation Oncology	8
Urology	0
Wound Care	24
Total	317

<u>Medical Center of Deltona</u>	<u>22-Jul</u>	<u>23-Jul</u>	<u>24-Jul</u>	<u>25-Jul</u>
Patient Experience (HCAHPS Top Box %)				
Overall Hospital Rating 0-10	66%	69%	69%	66%
Willingness to Recommend Hospital	71%	66%	71%	67%
Hospital Compare Healthcare Associated Infections (Raw Patient Count)				
MRSA	1	1	0	1
CDiff	0	1	1	5
CLABSI	0	0	0	0
CAUTI	1	0	1	0
SSI (Colo)	1	1	0	5
SSI (Hyst)	N/A	0	N/A	N/A

AdventHealth DeLand Quality Indicators for West Volusia Hospital Authority

August 2025

- A.** Fully accredited by The Joint Commission- www.jointcommission.org
- B.** Rated A by The Leapfrog Group in Spring 2025 and Top hospital for 2023 & 2024-
www.leapfroggroup.org
- C.** No separate specific ER department accreditation
- D.** CMS 4-Star Rating
- E. Customer Satisfaction:** <https://www.medicare.gov/care-compare/>
Completed surveys- 1225 Response rate- 19%.

Patients who reported that their nurses "Always" communicated well: 77%.

National average: 80%

Florida average: 76%

Patients who reported that their doctors "Always" communicated well: 75%.

National average: 80%

Florida average: 75%

Patients who reported that they "Always" received help as soon as they wanted: 59%.

National average: 66%

Florida average: 60%

Patients who reported that the staff "Always" explained about medicines before giving it to them: 63%.

National average: 62%

Florida average: 58%

Patients who reported that their room and bathroom were "Always" clean: 74%.

National average: 74%

Florida average: 71%

Patients who reported that the area around their room was "Always" quiet at night: 53%.

National average: 62%

Florida average: 58%

Patients who reported that YES, they were given information about what to do during their recovery at home: 88%.

National average: 86%

Florida average: 83%

Patients who "Strongly Agree" they understood their care when they left the hospital: 51%.

National average: 52%

Florida average: 49%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 66%

National average: 72%

Florida average: 68%

Patients who reported YES, they would definitely recommend the hospital: 66%

National average: 70%

Florida average: 67%

F. Emergency Department Metrics

- a. Door to Provider:
 - i. (CY2024) Average:11 Minutes
 - ii. (CYTD2025):11 mins
- b. Door to Discharge:
 - i. (CY2024) Average: 158 minutes
 - ii. (CYTD2025): 158 Minutes
- c. Left Without Being Seen %
 - i. (CY2024): 0.7%
 - ii. (CYTD2025): 0.7%

G. Annual tracking of Healthcare Associated Infections (National Benchmark 1.000) Updated 8/6/25:

- a. Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure: 0.365 (1 Infection)
- b. Clostridium difficile Infection (CDI) Outcome Measure: 0.167 (2 Reported)
- c. Central line-associated Bloodstream Infection (CLABSI) Outcome Measure: 0.00 (0 Infections)
- d. Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure: 0.00 (0 reported)
- e. Surgical Site Infection (SSI) for Abdominal Hysterectomy: Not reported
- f. Surgical Site Infection (SSI) for Colon Procedures Outcome Measure: 0.00 (0 Infections)

H. LeapFrog Healthcare Associated Infections as reported from August 2025

C. difficile Infection

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.111

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.000

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.000

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.911

Surgical Site Infection After Colon Surgery





Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.000

Infection in the Blood	<p>Hospitals should have fewer than expected central-line associated blood stream infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 ACHIEVED THE STANDARD
<div data-bbox="696 430 1170 451">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</div>		
Infection in the Urinary Tract	<p>Hospitals should have fewer than expected catheter-associated urinary tract infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 ACHIEVED THE STANDARD
<div data-bbox="696 697 1170 718">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</div>		
MRSA Infection	<p>Hospitals should have fewer than expected antibiotic resistant bacterial infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 SOME ACHIEVEMENT
<div data-bbox="696 963 1170 984">▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼</div>		
Surgical Site Infection After Colon Surgery	<p>Hospitals should have fewer than expected surgical site infections after major colon surgery.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 ACHIEVED THE STANDARD

Additional publicly reported data is available at
<https://ratings.leapfroggroup.org/facility/details/10-0045/adventhealth-deland-deland-fl>



AdventHealth Fish Memorial Quality Indicators for West Volusia Hospital Authority

August 2025

- A. Fully accredited by The Joint Commission- www.jointcommission.org
- B. Rated A by The Leapfrog Group in Spring 2025 - www.leapfroggroup.org
- C. No separate specific ER department accreditation
- D. CMS 5- Star Rating
- E. **Customer Satisfaction:** <https://www.medicare.gov> as of 8/7/2025
Completed surveys-1768 Response rate- 19%.

Patients who reported that their nurses "Always" communicated well: 82%.

National average: 80%

Florida average: 76%

Patients who reported that their doctors "Always" communicated well: 75%.

National average: 80%

Florida average: 75%

Patients who reported that they "Always" received help as soon as they wanted: 69%.

National average: 66%

Florida average: 60%

Patients who reported that the staff "Always" explained about medicines before giving it to them: 64%.

National average: 62%

Florida average: 58%

Patients who reported that their room and bathroom were "Always" clean: 74%.

National average: 74%

Florida average: 71%

Patients who reported that the area around their room was "Always" quiet at night: 66%.

National average: 62%

Florida average: 58%

Patients who reported that YES, they were given information about what to do during their recovery at home: 89%.

National average: 86%

Florida average: 83%

Patients who "Strongly Agree" they understood their care when they left the hospital: 54%.

National average: 52%

Florida average: 49%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 73%

National average: 72%

Florida average: 68%

Patients who reported YES, they would definitely recommend the hospital: 72%

National average: 70%

Florida average: 67%

F. Emergency Department Metrics

- a. Door to Provider:
 - i. (CY2024) Average: 22 Minutes
 - ii. (CYTD2025): 19 minutes
- b. Door to Discharge:
 - i. (CY2024) Average: 183 minutes
 - ii. (CYTD2025): 188 minutes
- c. Left Without Being Seen %
 - i. (CY2024): 1.0%
 - ii. (CYTD2025): 0.9%

G. Annual tracking of Healthcare Associated Infections (National Benchmark 1.000) Updated 8/6/25:

- a. Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure: 0.00 (0 Infections)
- b. Clostridium difficile Infection (CDI) Outcome Measure: 0.116 (2 Reported)
- c. Central line-associated Bloodstream Infection (CLABSI) Outcome Measure: 0.551 (2 Infections)
- d. Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure: 0.835(1 reported)
- e. Surgical Site Infection (SSI) for Abdominal Hysterectomy: Not reported
- f. Surgical Site Infection (SSI) for Colon Procedures Outcome Measure: 0.700(2 Infections)

H. LeapFrog Healthcare Associated Infections published 6/25/2024. Scores are published twice annually.

C. difficile Infection





Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.084

Infection in the Blood	<p>Hospitals should have fewer than expected central-line associated blood stream infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 <p>CONSIDERABLE ACHIEVEMENT</p>
	<p>▲ SHOW LESS ▲</p> <p>This hospital's standardized infection ratio (SIR) is: 0.582</p>	
Infection in the Urinary Tract	<p>Hospitals should have fewer than expected catheter-associated urinary tract infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 <p>ACHIEVED THE STANDARD</p>
	<p>▲ SHOW LESS ▲</p> <p>This hospital's standardized infection ratio (SIR) is: 0.000</p>	
MRSA Infection	<p>Hospitals should have fewer than expected antibiotic resistant bacterial infections.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 <p>ACHIEVED THE STANDARD</p>
	<p>▲ SHOW LESS ▲</p> <p>This hospital's standardized infection ratio (SIR) is: 0.393</p>	
Surgical Site Infection After Colon Surgery	<p>Hospitals should have fewer than expected surgical site infections after major colon surgery.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 <p>CONSIDERABLE ACHIEVEMENT</p>
	<p>▲ SHOW LESS ▲</p> <p>This hospital's standardized infection ratio (SIR) is: 0.645</p>	

Additional publicly reported data is available at
<https://ratings.leapfroggroup.org/facility/details/10-0045/adventhealth-deland-deland-fl>

Emergency Medicine Professionals, P.A. (EMPros)
2nd Q 2025 Report for West Volusia Hospital Authority
August 21, 2025 Report
2Q 2025 Turnover Rate - 1.5% - 2 voluntary terminations

AdventHealth Deland	2Q 2025
Emergency Department Metrics	
Total ED Visits	11,737
Total WVHA Cardholder ED Visits	126
Total ED	
Minutes from Door to Doc	11
Minutes from Door to Discharge or Inpatient Admission	156
Left Without Being Seen (LWBS)	71
LWBS/Day	0.78
LWBS/%	0.60%

AdventHealth Fish Memorial	2Q 2025
Emergency Department Metrics	
Total ED Visits	11,683
Total WVHA Cardholder ED Visits	80
Total ED	
Minutes from Door to Doc	18
Minutes from Door to Discharge or Inpatient Admission	159
Left Without Being Seen (LWBS)	65
LWBS/Day	0.71
LWBS/%	0.60%

AdventHealth Fish Memorial/Deltona OSED	2Q 2025
Emergency Department Metrics	
Total ED Visits	5,441
Total WVHA Cardholder ED Visits	21
Total ED	
Minutes from Door to Doc	15
Minutes from Door to Discharge or Inpatient Admission	116
Left Without Being Seen (LWBS)	60
LWBS/Day	0.66
LWBS/%	1.00%

AdventHealth Combined Deland/Fish Memorial/Deltona OSED	2Q 2025
Emergency Department Metrics	
Total ED Visits	28,861
Total WVHA Cardholder ED Visits	227
Total ED	
Minutes from Door to Doc	14
Minutes from Door to Discharge or Inpatient Admission	156
Left Without Being Seen (LWBS)	196
LWBS/Day	2.15
LWBS/%	0.70%

From: [Andrea Schweizer](#)
To: [Stacy Tebo](#)
Cc: [Jennifer Stephenson](#); [Eric Horst](#)
Subject: Request for Agenda Item for August 21st
Date: Monday, August 4, 2025 11:55:42 AM
Attachments: [image001.png](#)

Good afternoon, Stacy,

I would like to request inclusion of SMA on the August 21st agenda for the topic “LIP Funding for SMA Healthcare”. Eric Horst will be attending the meeting to reintroduce the concept of LIP funding to the WVHA Board of Commissioners and answer any questions they may have. I know that you are aware, but I have provided a summary narrative of the process below.

SMA has received Low Income Pool (LIP) funding from the Agency for Healthcare Administration (AHCA). This funding helps compensate for unreimbursed expenses related to providing services to low-income clients, also described as “Charity Care”. SMA is one of 16 behavioral health organizations in the state that have achieved Central Receiving System (CRS) certification. That CRS designation is a requirement for participation in LIP funding. Another requirement is to partner with a community government organization to provide an Intergovernmental Transfer (IGT). The IGT is a transfer of community funding directly to AHCA. Through ACHA, the funds are matched by federal Medicaid dollars, the original IGT and match amount are returned to SMA to pay for charity care costs related to provision of behavioral health services. The dollars transferred from the WVHA comes out of the existing contracts with SMA and does not result in additional expense to the WVHA.

In FY 2025 we requested \$150,000 from the “Baker Act” contract and \$550,000 from the “Residential Services” contract, for a total of \$7000,000 to be included in the IGT. We are requesting to keep our levels the same for FY 2026. This level of transfer will pick up a 57.21% match from the Medicaid program. That translates to \$935,896 in federal dollars that will come into Volusia County to further enhance the ability to provide services to our low income population with no increase in funding at the local level.

Participation in the LIP program, is based on our ability to provide an executed Letter of Agreement (LOA) by 10/1/2025. The LOA will be between AHCA and the WVHA on behalf of SMA and defines the IGT and AHCA match requirements. The purpose of asking to be included on the August agenda is to answer any questions the board may have in advance of that deadline. AHCA will not produce the LOA until mid-September. So, we will need to ask for approval of that specific agreement at the September 18 board meeting.

Let me know if you have any questions.

Thank you,

Andrea Schweizer

CFO

SMA Healthcare

150 Magnolia Avenue

Daytona Beach FL 32114

(386)236-1683

aschweizer@smahealthcare.org



WVHA Health Card Survey

1. How would you rate your overall experience using the WVHA card for healthcare services?

1. ¿Cómo calificaría su experiencia general al usar la tarjeta de WVHA para servicios de salud?

- ☐ Excellent / Excelente
 - ☐ Good / Buena
 - ☐ Fair / Regular
 - ☐ Poor / Mala
 - ☐ I haven't used it yet / Aún no la he usado
-

2. Have you faced any challenges when using your WVHA card to access medical services?

2. ¿Ha enfrentado algún desafío al usar su tarjeta de WVHA para acceder a servicios médicos?

- ☐ Yes / Sí
 - ☐ No / No
 - ☐ Not sure / No estoy seguro(a)
-

3. If WVHA offered a Mobile Health Clinic in your area, would you be interested in using it?

3. Si WVHA ofreciera una Clínica de Salud Móvil en su área, ¿estaría interesado(a) en usarla?

- ☐ Yes, definitely / Sí, definitivamente
 - ☐ Maybe / Tal vez
 - ☐ No / No
-

WVHA Health Card Survey

4. What services would be most helpful for you in a Mobile Health Clinic? (Select all that apply)

4. ¿Qué servicios serían más útiles para usted en una Clínica de Salud Móvil? (Seleccione todos los que correspondan)

- ☐ Primary care / Atención médica primaria
 - ☐ Screenings (e.g., blood pressure, diabetes) / Exámenes preventivos (ej. presión arterial, diabetes)
 - ☐ Vaccines / Vacunas
 - ☐ Mental health support / Apoyo de salud mental
 - ☐ Women's health / Salud femenina
 - ☐ Other: _____ / Otro: _____
-

5. In your own words, how can WVHA improve the services it provides to cardholders?

5. En sus propias palabras, ¿cómo puede WVHA mejorar los servicios que ofrece a los titulares de la tarjeta?

6. How do you get to the miCare clinic?

6. ¿Cómo se llega a la clínica miCare?

- ☐ Walk / Camino
- ☐ Drive / Conduzco
- ☐ Get a ride / Pedir un aventón
- ☐ Public transportation / Transporte público

Creating a **mobile medical facility** involves multiple steps, from planning and compliance to procurement, staffing, and operations. Whether you're aiming to provide basic health screenings, urgent care, or specialty care in underserved or remote areas, here's a comprehensive step-by-step breakdown:

1. Define Your Mission and Services

- **Target Population:** Rural, underserved, disaster zones, events, etc.
 - **Medical Services:** General care, diagnostics, vaccinations, maternal health, etc.
 - **Frequency & Reach:** One-time, weekly, or permanent mobile route
-

2. Research Legal & Regulatory Requirements

- **Licensing:**
 - Medical: Physicians, nurses, etc., must be licensed in your operating state(s)
 - Facility: Check state health department for facility licensing
 - **Vehicle Compliance:**
 - DOT regulations for mobile clinics
 - State/local permits (especially for parking in public spaces)
 - **HIPAA Compliance:** Ensure data privacy and secure patient records
 - **Malpractice Insurance:** For all practitioners
-

3. Develop a Business Plan

Include:

- **Goals & Objectives**
 - **Target Market**
 - **Service Pricing / Free Model**
 - **Startup Costs & Funding**
 - **Revenue Projections**
 - **Marketing Strategy**
 - **Operational Workflow**
-

4. Secure Funding

- **Sources:**
 - Grants (HRSA, SAMHSA, CDC)

- Philanthropy
 - Hospital partnerships
 - Private investors
 - Crowdfunding or sponsorships
 - **Budget:**
 - Vehicle costs
 - Medical equipment
 - Staff salaries
 - Fuel, maintenance, insurance
 - Licensing and compliance
-

5. Purchase & Customize Your Vehicle

Options:

- **Retrofit an RV, trailer, or bus**
- **Custom-built mobile clinic from specialized manufacturers**

Consider:

- Layouts with exam rooms, waiting areas, sanitation, and storage
 - Generator, solar, HVAC, water tanks
 - Wheelchair accessibility (ADA compliance)
-

6. Acquire Equipment & Supplies

- **Medical Equipment:**
 - Exam tables, diagnostic tools, EKG, portable imaging (if needed)
 - **Technology:**
 - EMR software, Wi-Fi, telehealth capabilities
 - **Supplies:**
 - PPE, syringes, medications, bandages, etc.
-

7. Hire & Train Staff

Typical staff:

- Physicians/Nurses/Nurse Practitioners
- Drivers
- Medical assistants

- Outreach & admin staff
Training:
 - Emergency protocols
 - Mobile clinic workflow
 - Tech use (EMR, inventory systems)
-

8. Develop Operational Protocols

- **Patient Intake**
 - **Data Recording & Security**
 - **Referral Systems**
 - **Inventory Management**
 - **Maintenance Schedule for Vehicle**
 - **Emergency & Safety Procedures**
-

9. Build Partnerships & Community Relations

- **Partner with:**
 - Local health departments
 - Nonprofits
 - Schools
 - Churches
 - Events and shelters
 - **Create referral networks** for specialty care or follow-up
-

10. Launch & Promote the Clinic

- **Marketing:**
 - Social media
 - Community flyers/posters
 - Health fairs
 - Outreach events
 - **Feedback Loop:**
 - Patient satisfaction surveys
 - Regular community feedback
-

11. Monitor, Evaluate & Scale

- **Track KPIs:**
 - Number of patients seen
 - Health outcomes
 - Cost per patient
- **Adjust Routes & Services**
- **Expand:**
 - Add more vehicles or specialized units
 - Partner with telemedicine providers

Business Plan: VitalReach Mobile Health Services

1. Executive Summary

Business Name: VitalReach Mobile Health Services

Business Model: Non-profit

Location: Volusia County, Florida (expandable)

Services: Primary care, preventative screenings, chronic disease management, immunizations, women's health, behavioral health

Target Market: Underserved populations, rural communities, uninsured individuals, elderly

Mission Statement: To provide accessible, affordable, and quality healthcare directly to communities in need by removing transportation, cost, and systemic barriers.

2. Business Objectives

- Launch the mobile health clinic within 6 months
- Serve at least 300 patients/month within the first year
- Secure partnerships with local hospitals and public health departments
- Achieve sustainability through mixed revenue streams (grants, donations, Medicaid/Medicare billing)

3. Market Analysis

Need Assessment: Florida, especially in rural and underserved areas, faces a shortage of primary care providers. The mobile model reduces disparities by bringing healthcare to where people live.

Target Demographics:

- Low-income families
- Elderly with transportation issues
- Uninsured and underinsured individuals
- Homeless population

- Rural community residents

Competition: Few mobile providers; traditional brick-and-mortar clinics lack mobility and access to these groups.

4. Services Offered

- Primary Care: Routine exams, acute illness, follow-ups
- Preventative Care: Screenings (BP, cholesterol, diabetes), vaccinations
- Chronic Disease Management: Diabetes, hypertension, asthma
- Women's Health: Pap smears, birth control, pregnancy tests
- Behavioral Health: Mental health screenings, counseling, referrals
- Telemedicine Integration: Remote monitoring, consultations

5. Operations Plan

Clinic Setup: Retrofitted RV or van with exam room, waiting area, refrigeration (for vaccines), Wi-Fi

Staffing:

- Nurse Practitioner / Physician Assistant
- Registered Nurse
- Driver / Medical Assistant
- Admin Support (remote or part-time)
- Billing Specialist

Hours: Monday–Friday, 9 AM–5 PM (with options for weekend community events)

Location Rotation: Rotating schedule across targeted zip codes, shelters, churches, schools

6. Marketing Strategy

- Outreach Partners: Churches, schools, community centers, housing authorities
- Digital Marketing: Website, Facebook, local health directories

- Community Events: Health fairs, screenings, public school partnerships
- Referral Network: Hospitals, case managers, social workers

7. Financial Plan

Startup Costs:

Item	Estimated Cost
Mobile Unit Purchase & Retrofit	\$150,000–\$250,000
Medical Equipment & Supplies	\$25,000–\$50,000
Staff Salaries (First 3 mo.)	\$60,000
Insurance & Licensing	\$10,000
Marketing & Outreach	\$5,000
EMR & Tech Setup	\$10,000
Total	\$260,000–\$385,000

Revenue Sources:

- Medicaid / Medicare billing
- Grant funding (HRSA, state programs)
- Private donations
- Corporate sponsorships

Break-even Timeline: Estimated 18–24 months

8. Legal & Licensing

- Florida Department of Health license
- Mobile medical facility permit (AHCA-compliant vehicle)
- HIPAA-compliant software
- CLIA waiver for lab testing (if needed)
- Malpractice insurance and liability coverage
- Registered as a 501(c)(3) nonprofit organization in Florida

9. Risk Management

- Compliance: Routine audits, EMR security, staff training
- Vehicle Downtime: Backup unit agreements or telehealth continuity

- Funding Stability: Diversified income streams
- Community Trust: Cultural competency training, local partnerships

10. Appendices

- Sample Route Schedule
- Staff Bios
- Letters of Support
- Sample Patient Intake Form
- Equipment List

West Volusia Hospital Authority
2026 Budget Working

Option A
(rollback)

Account	Description	ACTUAL 9/30/2024	FINAL BUDGET 9/30/2024	ADOPTED BUDGET 9/30/2025	PROPOSED BUDGET 9/30/2026	Proposed Budget Notes
Millage Rate		0.9806	0.9806	1.0480	0.9897	
FUND BALANCE FROM PRIOR FISCAL YEAR		\$ 19,090,227	\$ 19,090,227	\$ 17,112,265	\$ 17,000,000	Est. used since CY underway
REVENUES AND OTHER SOURCES						Millage % relative to TRIM rolled-back rate
	<i>Revenues</i>					
001.000.3110	Ad Valorem Taxes (96%)	(15,958,189)	\$ (15,700,000)	\$ (18,700,000)	\$ (19,200,000)	Rollback rate 0.9897
001.000.3611	Investment Income	(683,302)	(400,000)	(400,000)	(400,000)	interest rates are leveling out
001.000.3690	Other Income	(112,756)	-	(34,333)	(34,333)	Healthy Start reimbursement (\$103k over 3 years)
	<i>Total Revenues</i>	(16,754,247)	(16,100,000)	(19,134,333)	(19,634,333)	
	<i>Other Sources</i>					
001.000.2840	Addition to (Use of) Reserves	(1,977,962)	(2,800,000)	(499,999)	(1,300,000)	
	<i>Total Revenues and Other Sources</i>	\$ (18,732,209)	\$ (18,900,000)	\$ (19,634,332)	\$ (20,934,333)	
EXPENDITURES AND OTHER USES						
	<i>Healthcare Expenditures</i>					
001.562.3401	Specialty Care Services	4,127,208	\$ 3,500,000	\$ 3,500,000	\$ 4,500,000	Est. per EBMS 6/18
001.562.3403	Emergency Room Care	1,017,123	1,000,000	1,000,000	1,000,000	Est. per EBMS 6/18
001.562.3404	Florida Dept of Health Dental Svcs	157,971	157,971	160,000	165,000	Per 6/19 funding request
001.562.3406	Hispanic Health Initiatives	84,350	85,000	100,000	100,000	Per 6/19 funding request
001.562.3407	Community Legal Services	80,250	105,833	88,500	88,500	Per 6/19 funding request
001.562.3408	Rising Against All Odds	197,733	199,662	223,017	249,801	Per 6/19 funding request
001.562.3410	Halifax Hospital	1,500,000	3,000,000	3,200,000	3,200,000	Est. per EBMS 6/18
001.562.3411	AdventHealth	1,545,273				
001.562.3430	Primary Care	2,677,618	2,500,000	2,500,000	2,500,000	Est. per EBMS 6/18
001.562.3432	Pharmacy	595,809	900,000	900,000	700,000	Est. per EBMS 6/18, reduced \$200k @ 7/17 mtg
001.562.3440	HSCFV - Outreach	34,191	81,560	-	-	No funding request
001.562.3441	HSCFV - Fam Services	31,737	76,331	-	-	No funding request
001.562.3450	The House Next Door	42,353	45,000	45,000	45,000	Per 6/19 funding request
001.562.3460	SMA - Psychiatric Outpatient	90,000	90,000	90,000	90,000	Per 6/19 funding request
001.562.3461	SMA - Residential Treatment	550,000	550,000	550,000	550,000	Per 6/19 funding request
001.562.3462	SMA - Baker Act Match (Em. Behav. Hlth)	300,000	300,000	150,000	150,000	Per 6/19 funding request
001.562.3470	County Medicaid Reimbursement	2,969,018	2,810,405	3,444,857	3,800,000	Est. - no letter from County rec'd yet
001.562.3480	H C R A - In County	190,692	400,000	400,000	400,000	Budget req'd based on population
001.562.3481	H C R A - Outside County	23,923	400,000	400,000	400,000	Budget req'd based on population
001.562.3490	The Neighborhood Center	125,000	125,000	125,000	125,000	Per 6/19 funding request
001.562.3491	Life-Spire Community Services, Inc.	-	-	-	74,500	Per 6/19 funding request
001.562.3492	Having Incredible Victory, Inc.	-	-	-	100,000	Per 6/19 funding request
001.562.3493	Easterseals Northeast Central FL	-	-	-	15,000	Per 6/19 funding request
001.562.3499	Other Healthcare Expenditures	-	73,939	174,767	223,734	
	<i>Total Healthcare Expenditures</i>	16,340,249	16,400,701	17,051,141	18,476,535	

West Volusia Hospital Authority
2026 Budget Working

Option A
(rollback)

Account	Description	ACTUAL 9/30/2024	FINAL BUDGET 9/30/2024	ADOPTED BUDGET 9/30/2025	PROPOSED BUDGET 9/30/2026	Proposed Budget Notes
<i>Personnel Services</i>						
001.562.2001	Regular salaries and wages	67,556	67,556	69,064	69,064	Per employment agreement
001.562.2101	FICA	5,399	5,168	5,283	5,283	
001.562.2201	Retirement	9,178	9,843	10,104	10,380	FY26 regular class FRS is 14.03
001.562.2301	Life and Health Insurance	9,882	12,000	12,000	12,000	\$1K/month per contract
001.562.2401	Workers Compensation Claims	78,536	25,000	25,000	25,000	Old claim payments
	<i>Total Personnel Services</i>	170,551	119,567	121,451	121,728	
<i>Other Expenditures</i>						
001.562.3101	Legal Counsel	65,988	70,000	78,000	79,560	Per Attorney Small agreement
001.562.3103	Outside Legal Counsel	40,311	40,311	30,000	-	No renewal agreement
001.562.3104	Outside Legislative Advisory	72,000	72,000	-	-	No renewal agreement
001.562.3201	Audit	20,500	20,500	21,575	22,500	Per 9/13/2022 agreement
001.562.3202	General Accounting - Recurring	114,000	114,000	118,560	119,658	Per JMCo agreement
001.562.3203	General Accounting - Nonrecurring	17,184	10,000	15,000	15,000	Any potential one-time consulting
001.562.3409	Healthy Communities Kid Care Outreach	66,334	72,203	72,202	72,202	Per 6/19 funding request
001.562.3412	Application Screening - THND	520,129	525,951	563,761	445,008	Per 6/19 funding request
001.562.3413	Application Screening - RAAO	48,000	54,767	97,742	97,742	Per 6/19 funding request
001.562.3421	TPA Services	425,986	500,000	500,000	500,000	
001.562.4602	Building Repairs	81,896	100,000	100,000	100,000	Est. per EBMS 6/18
001.562.4801	Advertising	4,946	10,000	10,000	10,000	
001.562.4901	Other Operating Expenditures	19,195	15,000	79,900	59,400	2026 includes \$3,700/mo. Deltona clinic lease
001.562.6001	Capital Expenditures	-	-	-	-	
001.562.9101	Tax Collector & Appraiser Fee	600,842	650,000	650,000	650,000	
001.562.9102	City of DeLand Tax Increment District	124,098	125,000	125,000	165,000	2025 was \$165K
	<i>Total Other Expenditures</i>	2,221,409	2,379,732	2,461,740	2,336,070	
Total Expenditures		\$ 18,732,209	\$ 18,900,000	\$ 19,634,332	\$ 20,934,333	

WEST VOLUSIA HOSPITAL AUTHORITY: F.S. §189.0694(1) GOALS AND OBJECTIVES, effective October 1, 2025:

The West Volusia Hospital Authority, an independent special tax district encompassing the western portion of Volusia County, Florida, created by a special act of the Florida Legislature, Chapter 57-2085, Laws of Florida, as amended (hereinafter “WVHA”) has a single statutory purpose of providing access to healthcare for indigent residents of the tax district either directly or indirectly through third parties. WVHA pursues its single purpose with the following goals and objectives:

- 1. Establish and maintain a comprehensive WVHA Health Card Program for *income and asset eligible residents of the tax district* (hereinafter “eligible residents”);**
 - a. Performance measure #1: Increase the enrollment of eligible residents.
 - b. Performance measure #2: Annual review and revise the *WVHA Eligibility Guidelines* as necessary to fulfill WVHA’s purpose.
 - c. Performance measure #3: Annual review and revise the *Benefit Plan for the West Volusia Hospital Authority* as necessary to fulfill WVHA’s purpose.
 - d. Performance measure #4: Maintain an appointed *Citizens Advisory Committee* to review and make recommendations annually for WVHA to consider funding of providers that apply to provide otherwise unmet healthcare needs of the tax district.
- 2. Expand access to primary health care for eligible residents;**
 - a. Performance measure #1: Maintain contract with a third-party to operate a primary care clinic for eligible residents.
 - b. Performance measure #2: Increase utilization of WVHA’s primary care clinic.
 - c. Performance measure #3: Decrease of unnecessary utilization of specialty care services.
 - d. Performance measure #4: Decrease of unnecessary utilization of hospital emergency department services.
- 3. Establish and maintain a specialty healthcare network for eligible residents; and**
 - a. Performance measure #1: Maintain contract with a third-party to establish and maintain a specialty care network for eligible residents.
 - b. Performance measure #2: Annual Review and recommend to contracted third party any necessary revisions to its list of contracted specialty care providers.
- 4. Expand access to hospital and emergency department services for eligible residents.**
 - a. Performance measure #1: Maintain contract with a third-party to establish and maintain a network of inpatient hospital and emergency department services that is available for eligible residents.
 - b. Performance measure#2: Monitor the third-party’s inpatient hospital and emergency department network to ensure that contracted providers fulfill their agreement to split an annual budgeted amount as payment-in-full for them to provide quality services to all eligible residents for a fixed reimbursement rate of 85% of prevailing Medicare rates.

DAN NEWLIN

INJURY ATTORNEYS

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July 21, 2025

24-017693
West Volusia Hospital Authority (WVHA)
Health System One
2001 South Andrews Ave.

Ft. Lauderdale, FL 33316

Re: Our Client: [REDACTED]
Date of Loss: August 15, 2024
Policy No.: [REDACTED]

Dear Sir or Madam:

We are in receipt of WVHA's lien in connection with [REDACTED] August 15, 2024 accident.

Please be advised that the tortfeasor carried insurance with a maximum BI policy limit of \$25,000.00. This sum has been tendered. Our firm will reduce our attorney's fee from 33.33% to 25.00% to ensure our client obtains compensation. At this time, we respectfully request that WVHA accept the same sum (\$6,250.00) to satisfy its lien.

Should you have any questions regarding this request, feel free to contact me directly at (407) 203-6626.

Sincerely,

Melissa Lewis
Attorney at Law

Laura L. Shields
Joshua Silberman
Dustin Smith
Nicole Smith
Paige Staudenmaier
Alexandra Steele-Duff
Michelle Stein
Emily Stottlmyer
Christin Swanepoel
Tyler Swift
Gregory Tayon
Cynthia M. Thomas
Steven J. Tomesko
Michael H. Truax
Colleen Tuohy-Fleming
Adam Vandever
Monica Vandever
Karen Wasson
Lance Weber
Logan Young

Board Certified

George H. Anderson
Cosmo Bloom
Richard Dellinger
Maxwell Karrick
Scott Liotta

**AMENDMENT NO. 4
TO THE
ADMINISTRATIVE SERVICES AGREEMENT**

**together with its respective Exhibits, Attachments, and
Amendments thereto (if any)**

Effective January 1, 2020 (the “Agreement”)

between

**Employee Benefit Management Services, LLC
 (“EBMS” or “Contract Administrator”)
and
West Volusia Hospital Authority
 (the “Authority”)**

(together, the “Parties”)

WHEREAS, the Parties previously entered into the above-referenced Agreement for certain services to include the Authority’s access to certain third party administrative services as set forth therein; and

WHEREAS, effective October 1, 2024 (the “Amendment Effective Date”), the Parties mutually agree to amend the Agreement to revise certain fees for services provided herein.

NOW THEREFORE, the Parties agree to amend the Agreement as set forth below and shall execute this Amendment No. 4 thereto, which shall be attached to and incorporated by reference into the Agreement.

1. Commencing on the Amendment Effective Date, Schedule A to the Agreement is hereby amended as follows:

a. Section A: By deleting the Benefit Management Global Fee and the applicable fee in its entirety and replacing it with the following:

Benefit Management Global Fee	\$ 25.02 per member per month (“PMPM”) (measured on the 1st day of each month)
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b. Section I: By deleting the Clinical Administrative Fee and Health Management Fee as set forth in Subsection iv in their entirety and replacing the fees as follows:

• Clinical Administrative Fee	\$ 36.07 PMPM
• Health Management Fee	\$ 11.28 PMPM

2. Commencing on the Amendment Effective Date, Schedule N is hereby made a part of and incorporated into the Agreement in its entirety.

All other terms and conditions of the Agreement shall remain in full force and effect. All terms not defined herein shall have the meanings set forth in the Agreement.

IN WITNESS WHEREOF, the undersigned have read and agreed to the terms of this Amendment No. 4.

West Volusia Hospital Authority

**Employee Benefit Management
Services, LLC**

By: _____

By:  _____

Name: _____

Name: Brian Atkinson

Title: _____

Title: COO

Dated: _____

Dated: 08/11/25

SCHEDULE N

HIPAA BUSINESS ASSOCIATE AGREEMENT

This **HIPAA Business Associate Agreement** (the “BA Agreement”), effective as of October 1, 2024 (“Effective Date”), is by and between **West Volusia Hospital Authority** (“Covered Entity”) and **Employee Benefit Management Services, LLC and its affiliates** (“Business Associate”) and relates to Business Associate’s provision of Services on Covered Entity’s behalf as described in the Background paragraphs hereof. Hereinafter, Covered Entity and Business Associate may be referred to, each, as a “Party” and, collectively, as the “Parties.”

BACKGROUND

Covered Entity has engaged Business Associate, pursuant to the underlying services agreement(s) between the Parties (as may be amended, the “Agreement”), to provide certain services for and on behalf of Covered Entity (the “Services”) as a result of which Covered Entity may Disclose Protected Health Information to Business Associate.

To the limited extent that Business Associate creates, receives, maintains, or transmits Protected Health Information on behalf of Covered Entity in connection with Business Associate’s performance of the Services, Business Associate shall be considered a Business Associate of Covered Entity.

Covered Entity and Business Associate intend to protect the privacy and provide for the security of Protected Health Information that may be Disclosed to Business Associate in connection with the Services in compliance with this BA Agreement and the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, along with its implementing regulations promulgated by the Secretary of the Department of Health and Human Services (“HHS”), including, the “Privacy Rule” (45 C.F.R. Part 160 and Subparts A and E of Part 164), the “Security Rule” (45 C.F.R. Part 160 and Subparts A and C of Part 164), and the “Breach Notification Rule” (45 C.F.R. Part 160 and Subparts A and D of Part 164), as each may be amended from time to time (collectively, “HIPAA”).

Covered Entity and Business Associate intend for this BA Agreement to meet those requirements under HIPAA that mandate a written agreement between a Covered Entity and its Business Associate, and for this BA Agreement to set forth each Party’s respective obligations in connection with each Party’s Use and Disclosure of Protected Health Information in connection with Business Associate’s performance of the Services.

NOW, THEREFORE, in consideration of the mutual promises below and the exchange of information provided for herein, the Parties, intending to be legally bound hereby, agree as follows:

AGREEMENT

1. General.

1.1 Incorporation. The Background paragraphs of this BA Agreement are hereby incorporated into this BA Agreement in full.

1.2 Definitions. Each capitalized term appearing in this BA Agreement not otherwise expressly defined herein shall have the meaning ascribed to it under HIPAA. Covered Entity shall mean West Volusia Hospital Authority. The meanings given to the terms “Disclosure” and “Use” in 45 C.F.R. § 160.103 shall also apply to those capitalized terms used herein that are in the plural or in any tense or variant of the terms

“Disclosure” and “Use,” such as “Disclose,” “Discloses,” “Disclosing” and “Disclosed,” and “Uses,” “Using” and “Used,” respectively. “PHI” shall mean Protected Health Information that is created, received, maintained or transmitted by Covered Entity and is Used or Disclosed by Business Associate in order for Business Associate to perform the Services. “e-PHI” shall mean Electronic Protected Health Information that is created, received, maintained or transmitted by Covered Entity and is Used or Disclosed by Business Associate in order for Business Associate to perform the Services. “Unsecured PHI” shall mean Unsecured Protected Health Information that is created, received, maintained or transmitted by Covered Entity and is Used or Disclosed by Business Associate in order for Business Associate to perform the Services.

2. **Term.** This BA Agreement shall be effective as of the Effective Date and shall continue in full force indefinitely until terminated upon the earlier of either Party terminating this BA Agreement pursuant to Section 7.1 (Termination) hereof or the termination or expiration of the Agreement. Upon the termination of this BA Agreement for any reason, Section 7.2 (Effect of Termination) hereof shall apply.

3. **Obligations of Covered Entity.**

3.1 **Safeguards.** Covered Entity shall comply with HIPAA and all applicable federal and state laws governing the privacy and security of health information. Covered Entity shall implement and maintain reasonable and appropriate administrative, technical and physical safeguards to ensure the privacy and security of PHI in accordance with the applicable standards and requirements under HIPAA.

3.2 **Permissible Requests; Minimum Necessary.** Covered Entity shall not request Business Associate to Use or Disclose PHI in any manner that, if done by Covered Entity, would not be permissible under HIPAA, all applicable federal and state law or any applicable third-party agreement to which Covered Entity is a party. Furthermore, Covered Entity shall Disclose to Business Associate only the amount of PHI that Covered Entity determines to be the minimum necessary for Business Associate to perform its obligations under the Agreement. Covered Entity shall adhere to all applicable minimum necessary standards established from time to time by HHS or any other federal or state agency.

3.3 **Notice of Privacy Practices.** If Covered Entity is required under HIPAA to maintain a Notice of Privacy Practices (“NPP”), Covered Entity shall promptly provide Business Associate with its current NPP, and any amendments thereto or replacements thereof, to the extent that the terms of the NPP will affect Business Associate’s performance under the Agreement or this BA Agreement or Business Associate’s compliance with HIPAA.

3.4 **Prompt Notification.** To the extent that it affects Business Associate’s performance of its obligations under this BA Agreement or the Agreement or Business Associate’s compliance with HIPAA, Covered Entity shall promptly notify Business Associate of any and all requests it receives by or on behalf of any and all Individuals with respect to Covered Entity’s obligations under 45 C.F.R. §§ 164.522 (restricting Disclosure of PHI), 164.524 (providing access to or a copy of PHI), 164.526 (amending PHI), or 164.528 (accounting of Disclosures of PHI).

3.5 **Authority.** Covered Entity represents and warrants that it is authorized under HIPAA, all applicable federal and state laws, and all applicable third-party agreements to which Covered Entity is a party to Disclose PHI to Business Associate for the purpose of Business Associate’s provision of the Services. Covered Entity shall promptly notify Business Associate if the immediately preceding sentence ceases to be true, including instances where a third party implements any restriction or limitation which may affect Business Associate’s ability to render the Services or to Use or Disclose PHI pursuant to the terms of this BA Agreement.

4. **Obligations of Business Associate.**

4.1 **Permitted Uses and Disclosures, Generally.** Subject to the terms of this BA Agreement and HIPAA, Business Associate may Use or Disclose any and all PHI it creates, receives, maintains or transmits on behalf of Covered Entity, as follows:

4.1.1 **Purpose and Scope.** Business Associate may Use or Disclose PHI as follows: (i) as permitted hereunder to provide or perform the Services; (ii) as Required by Law; or (iii) as otherwise permitted under HIPAA and applicable law.

4.1.2 **Amount of Information.** Business Associate may Use or disclose only the minimum necessary amount of PHI needed, in Business Associate's discretion, for Business Associate to render the Services, and Business Associate shall adhere to all applicable minimum necessary standards established from time to time by HHS or any other federal or state agency.

4.1.3 **Use for Management and Administration.** Business Associate may Use PHI if such Use is necessary: (i) for the proper management and administration of Business Associate; or (ii) to carry out the legal responsibilities of Business Associate.

4.1.4 **Disclosure for Management and Administration.** Business Associate may Disclose PHI to a third party for the proper management and administration of Business Associate if: (i) the Disclosure is Required By Law; or (ii) Business Associate obtains from such third party reasonable assurances that: (a) PHI will be held confidentially and in compliance with HIPAA, and Used or further Disclosed by such third party only as Required By Law or for the purpose for which it was Disclosed to such third party; and (b) the third party will notify Business Associate, without unreasonable delay, of any Breach or potential Breach of PHI of which such third party becomes aware.

4.2 **Uses or Disclosures Requiring Prior Authorization.** To the extent Disclosure of PHI to a third party is required for Business Associate to render the Services, Covered Entity shall assist Business Associate in obtaining, or obtain for Business Associate, the necessary Authorizations. Business Associate shall retain a copy of each Authorization it obtains pursuant to this Section 4.2 in accordance with the retention requirements set forth in 45 C.F.R. § 164.508.

4.3 **Prohibited Uses and Disclosures.** Business Associate shall not directly or indirectly accept remuneration in exchange for Using or Disclosing any PHI except as permitted by HIPAA. Business Associate may accept such remuneration from Covered Entity in exchange for Services rendered by Business Associate on Covered Entity's behalf. Furthermore, Business Associate shall not Use or Disclose PHI as follows: (i) for Marketing, except as allowed by HIPAA; (ii) other than as permitted or required by this BA Agreement or as Required By Law; or (iii) in any manner that would violate HIPAA or other applicable law if done by Covered Entity. Business Associate shall take reasonable measures to mitigate the harmful effect of any known Use or Disclosure of PHI by Business Associate that is not in accordance with the terms of this BA Agreement.

4.4 **HIPAA Final Rule To Support Reproductive Health Care Privacy.** Business Associate will comply with any applicable restrictions or prohibitions with respect to the use or disclosure of PHI related to reproductive health care, as required under HIPAA, including the HIPAA Final Rule To Support Reproductive Health Care Privacy (89 Fed. Reg. 32976 (April 26, 2024)). Business Associate will be responsible for obtaining any required attestation, determining whether use or disclosure of PHI related to reproductive health care is permissible, and documenting any disclosure required under the accounting requirements at 45 C.F.R. § 164.528.

4.5 Security Matters.

4.5.1 General. Business Associate shall comply with the requirements of the Security Rule, as it applies to Business Associate.

4.5.1.1 Safeguards of e-PHI. Business Associate shall comply with HIPAA and all applicable federal and state laws governing the privacy and security of health information. Business Associate shall implement and maintain reasonable and appropriate administrative, technical and physical safeguards to prevent the Use or Disclosure of PHI other than as permitted under this BA Agreement. With respect to e-PHI, Business Associate shall: (i) ensure the confidentiality, integrity, and availability of all e-PHI Business Associate creates, receives, maintains, or transmits; (ii) protect against any reasonably anticipated threats or hazards to the security or integrity of such e-PHI; (iii) protect against any reasonably anticipated uses or disclosures of such e-PHI that are not permitted or required under HIPAA; and (iv) ensure compliance with the Security Rule by its Workforce. Business Associate shall implement security measures to protect e-PHI transmitted by Business Associate from unauthorized access, as required by HIPAA.

4.5.1.2 Documentation. Business Associate shall maintain records, in hard copy or electronic format, of the following, and retain such records in accordance with 45 C.F.R. § 164.316(b)(2)(i): (i) policies and procedures implemented by Business Associate to comply with the Security Rule; and (ii) any action, activity or assessment required of Business Associate under the Security Rule.

4.5.2 Reporting Breaches and Security Incidents.

4.5.2.1 Reporting Breaches. Business Associate shall comply with the notification requirements under HIPAA relating to a Breach of PHI, including the applicable provisions of the Breach Notification Rule. Business Associate shall promptly report to Covered Entity any Use or Disclosure of PHI that is not permitted under this BA Agreement or HIPAA, including any Breach of PHI. Business Associate shall make such report to Covered Entity within **ten (10) calendar days** from the date that Business Associate discovers such Breach. For purposes of this BA Agreement, Business Associate shall be deemed to have “discovered” a Breach as of: (i) the first day on which such Breach is actually known to any person that is an agent of Business Associate in accordance with the federal common law of agency, or that is a member of Business Associate’s Workforce; or (ii) by exercising reasonable diligence, the first day on which such Breach should have been known to Business Associate. Business Associate shall take all commercially reasonable steps to allow it to discover Breaches of PHI.

4.5.2.2 Determination of Breach. Business Associate may perform any final risk assessment determinations with respect to potential Breaches of Unsecured PHI, including determining whether there is a “low probability” that any potential Breach compromised the security or privacy of Unsecured PHI.

4.5.2.3 Assistance and Cooperation. The Parties shall assist and cooperate with each other as reasonably necessary for each Party to comply with the Breach Notification Rule. Business Associate shall provide Covered Entity with such information known to Business Associate as may be required for Covered Entity to determine if a Breach of PHI occurred, and to notify affected Individuals of such event, if so required under the Breach Notification Rule. If Business Associate or any of Business Associate’s Subcontractors is the direct cause of a Breach of PHI, Business Associate shall provide Covered Entity with administrative support and other resources as may be reasonably requested by Covered Entity to assist Covered Entity to satisfy its obligations, if any, under the Breach Notification Rule.

4.5.2.4 Reporting Security Incidents. Consistent with this Section 4.5.2.4, Business Associate shall report as soon as practicable to Covered Entity any Security Incident of which Business Associate becomes aware that involves PHI. Notwithstanding the immediately foregoing sentence, Business Associate and Covered Entity acknowledge the ongoing existence and occurrence of attempted but unsuccessful Security Incidents that are inconsequential or harmless in nature, such as pings and port scans, and Business Associate is not required to provide Covered Entity with subsequent notification upon the occurrence of such unsuccessful Security Incidents. Nevertheless, to the extent that Business Associate becomes aware of a pattern or an unusually high number of such unsuccessful Security Incidents involving PHI and resulting from the repeated acts by a single person or entity, Business Associate shall notify Covered Entity of such attempts.

4.5.2.5 Notice of Breach or Security Incident. To the extent Business Associate is required to provide Covered Entity with notice of any Breach of PHI under Section 4.5.2.4 (Reporting Security Incidents) hereof, or any Security Incident involving PHI under this Section 4.5.2.5 hereof, Business Associate shall provide such notice to Covered Entity in writing pursuant to Section 13.5 (Notices) hereof (relating to issuing notices hereunder) to Covered Entity's Privacy Officer, Security Officer, or other person designated by Covered Entity for receipt of such notice or, if Covered Entity has identified an email address for such notifications, by way of electronic mail to the email address identified by Covered Entity.

4.6 Requested Restrictions. To the extent instructed by Covered Entity in writing, Business Associate shall comply with a request by an Individual to restrict Disclosure of the Individual's PHI to a health plan in accordance with 45 C.F.R. § 164.522. Business Associate shall promptly direct to Covered Entity all such requests Business Associate receives directly from an Individual.

4.7 Availability of Information. Business Associate shall make available to Covered Entity such information in Business Associate's possession that is necessary to permit Covered Entity to fulfill its obligations to provide access to, provide a copy of, to amend and to account for Disclosures of PHI pursuant to 45 C.F.R. §§ 164.524, 164.526, and 164.528.

4.8 Data Aggregation. Except as otherwise limited in this BA Agreement, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B). Covered Entity permits Business Associate to use Covered Entity's de-identified aggregated data to further develop and maintain the Services, including aggregating the PHI received from the Covered Entity with the PHI received from other plans served by Claims Administrator as permitted by HIPAA for the purpose of data analysis relating to quality control, cost analysis, comparative analysis and other healthcare operations of the Covered Entity.

4.9 Business Associate's Subcontractors. Business Associate shall enter into a written agreement with each of its Subcontractors that Use or Disclose PHI that satisfies the applicable requirements under HIPAA with respect to Subcontractor's Use or Disclosure of PHI (the "Subcontractor Agreement"). In the event that Business Associate knows of a pattern of activity or practice of any of those Subcontractors that constitutes a material breach or material violation of the applicable Subcontractor Agreement, Business Associate shall take reasonable steps to, or shall cause such Subcontractor to, cure such breach or end such violation, as applicable. If such steps to cure such breach or end such violation are unsuccessful, Business Associate shall terminate the applicable Subcontractor Agreement and, to the extent feasible, those provisions of such Subcontractor's underlying services agreement or arrangement with Business Associate that requires the Use or Disclosure of PHI.

4.10 **Internal Practices.** Business Associate shall make its internal practices, books and records relating to the Use and Disclosure of PHI available to HHS for purposes of determining Covered Entity's compliance with HIPAA.

4.11 **Application of Privacy Rule.** To the extent Business Associate is to carry out a function or obligation of Covered Entity with respect to the Privacy Rule, Business Associate shall comply with the requirements under the Privacy Rule that apply to Covered Entity in the performance of such function or obligation.

5. **State Law.** Business Associate and Covered Entity shall comply with any provision or requirement concerning privacy or security of information under any state law applicable to Business Associate's Use and Disclosure of PHI that is more stringent than a similar provision or requirement under HIPAA, as provided in 45 C.F.R. § 160.203.

6. **Information on Safeguards.** Upon Covered Entity's reasonable request, which shall be in writing, Business Associate shall provide Covered Entity with information concerning the safeguards and/or other information security practices that the Business Associate utilizes to protect the confidentiality of PHI in its possession.

7. **Termination.**

7.1 **Terminable Events.**

7.1.1 **Noncompliance.** Without limiting the termination rights of the Parties under the underlying business agreement, if either Party (the "Notifying Party") becomes aware of an activity or practice by the other Party (the "Breaching Party") that constitutes a material breach or material violation of the Breaching Party's obligations under this BA Agreement, HIPAA or any other applicable privacy or security law, the Notifying Party shall notify the Breaching Party of such breach or violation. Thereafter, the Breaching Party shall have an opportunity to cure such breach or end such violation, as applicable, within a reasonable timeframe as agreed to by the Parties (the "Cure Period"). Following receipt of the aforementioned notice, if the Breaching Party does not take reasonable steps to or otherwise does not successfully cure the breach or end the violation, as applicable, then, following the expiration of the Cure Period, the Notifying Party is permitted to terminate this BA Agreement.

7.1.2 **Completion of Services Requiring Use or Disclosure of PHI.** In the event that Business Associate's continued representation of Covered Entity no longer requires Business Associate to Use or Disclose PHI, either Party shall be permitted to terminate this BA Agreement upon so notifying the other Party of such intent in writing.

7.2 **Effect of Termination.** Upon termination of this BA Agreement or the Agreement for any reason, Business Associate shall return to Covered Entity or destroy, any PHI it holds as requested, or maintain in any form, PHI in accordance with the protections under this BA Agreement in order to fulfill its contractual duties. Upon return or destruction of any PHI, Business Associate shall retain no copies of such PHI, or if return or destruction of all or any portion of PHI is not feasible as determined by Business Associate, Business Associate shall, at Covered Entity's reasonable expense, continue to extend the protections of this BA Agreement to such information, and limit further Use or Disclosure of PHI to those purposes that make the return or destruction of such PHI infeasible. Any term or provision of this BA Agreement that, by its nature, is intended to survive the termination of this BA Agreement, shall survive the termination of this BA Agreement, including this Section 7.2 and Sections 9 (Change of Law), 12 (Insurance), and 13 (Miscellaneous) hereof.

8. **Disclaimer.** Neither Party represents or warrants to the other Party that compliance by the other Party with this BA Agreement will be adequate or satisfactory for such other Party's own purposes, including such other Party's compliance with applicable law, or that any information in such other Party's possession or control, or transmitted or received by such other Party, is or will be secure from unauthorized Use or Disclosure. Each Party is solely responsible for all decisions made by such Party regarding the safeguarding of PHI.

9. **Change of Law.** The Parties acknowledge that state and federal law and regulation relating to electronic data security and privacy, including, HIPAA, are rapidly evolving and that the Parties may be required to amend this BA Agreement in order to ensure each Party's compliance with applicable law or regulation. Accordingly, if either Party reasonably determines that this BA Agreement must be amended in order for the Parties to be compliant with applicable law or regulation, as well as agency and court interpretations of those requirements, such Party shall so notify the other Party, and the Parties shall then promptly enter into negotiations concerning the terms of such amendment, to the extent required for the Parties to be compliant with applicable law or regulation. If either Party requests an amendment to this BA Agreement pursuant to this Section 9 and, (i) the other Party fails to promptly enter into negotiations to establish the terms of such amendment or (ii) the other Party refuses to enter into the agreed upon amendment following such negotiations or terminates such negotiations, then either Party may terminate this BA Agreement and that portion of the Agreement that requires or permits Covered Entity to Disclose PHI to Business Associate, upon thirty (30) days' advance written notice to the other Party. Notwithstanding the foregoing, this BA Agreement shall be deemed to be amended in the event of an amendment or change to HIPAA to the extent necessary for the obligations of each Party to comply with such amendment or change effective as of the date that compliance with such amendment or change is required.

10. **No Third-Party Beneficiaries.** Nothing express or implied in this BA Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity and Business Associate and their respective heirs, representatives, successors and assigns, any rights, remedies, obligations or liabilities whatsoever, whether as creditor beneficiary, donor beneficiary or otherwise.

11. **Independent Contractor.** Nothing contained herein shall be deemed or construed by the Parties hereto or by any third party as creating the relationship of employer and employee, principal and agent, partners, joint venturers or any similar relationship, between the Parties hereto. Covered Entity and Business Associate acknowledge that Business Associate is an independent contractor, and not an agent, of Covered Entity.

12. **Insurance.** Each Party represents and warrants that it currently maintains one or more liability insurance policies, with reputable carriers, at commercially reasonable coverage limits, based on the size, operations and business of such Party. Each Party shall maintain such coverage throughout the term of this BA Agreement.

13. **Miscellaneous.**

13.1 **Entire Agreement.** This BA Agreement supersedes all prior or contemporaneous agreements, written, oral or electronic, between Covered Entity and Business Associate with respect to the subject matter hereof and contains the entire understanding and agreement between the Parties with respect to the subject matter hereof.

13.2 **Governing Law.** This BA Agreement shall be governed by and construed in accordance with the applicable law governing the Agreement without regard to conflict of laws principles.

13.3 Binding Effect. This BA Agreement shall be binding upon and inure to the benefit of each Party hereto and their respective heirs, representatives, successors and assigns.

13.4 Mutual Negotiation. Each and every provision of this BA Agreement has been mutually negotiated, prepared and drafted and, in connection with the construction of any provisions hereof, no consideration shall be given to the issue of which Party actually prepared, drafted, requested or negotiated any provision of this BA Agreement, or its deletion.

13.5 Notices. Except as otherwise expressly permitted under Section 4.5.2.5 (Notice of Breach or Security Incident), all notices, demands and other communications to be made by either Party under this BA Agreement (“Notice”) shall be given in writing and shall be deemed to have been duly given if personally delivered or sent by confirmed facsimile transmission, confirmed (read receipt) email, recognized overnight courier service which provides a receipt against delivery, or certified or registered mail, postage prepaid, return receipt requested, to the other Party at the address provided by such other Party to the first Party from time to time. Notice shall be deemed effective, if personally delivered, when delivered; if sent by confirmed facsimile transmission, when sent; if sent by confirmed email, when read; if sent by overnight delivery, on the first business day after being sent; and if mailed in accordance herewith, at midnight on the third business day after such Notice is deposited with the U.S. Postal Service.

13.6 Modification. This BA Agreement shall be amended or superseded only by a written instrument that references this BA Agreement and is signed by both Parties.

13.7 Preservation of Rights. No delay on the part of any Party in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any waiver on the part of any Party of any such right, power or privilege, nor any single or partial exercise of any right, power or privilege, preclude any further exercise thereof or the exercise of any other such right, power or privilege. No term of this BA Agreement shall be deemed waived unless such waiver is in writing and such writing is signed by the Party waiving compliance with such term.

13.8 Provisions Severable. The provisions of this BA Agreement are independent of and severable from each other. No provision will be affected or rendered invalid or unenforceable by virtue of the fact that, for any reason, any one or more of any of the provisions of this BA Agreement may be deemed invalid or unenforceable in whole or in part.

13.9 Counterparts. This BA Agreement may be executed by the Parties hereto in separate counterparts, each of which when so executed shall be an original, but all such counterparts shall together constitute one and the same instrument. Each counterpart may consist of a number of copies hereof each signed by less than all but together signed by all of the Parties. For purposes of this BA Agreement, signatures received electronically or by facsimile transmission shall be deemed original signatures.

13.10 Interpretation. Any ambiguity in this BA Agreement shall be resolved in favor of a meaning that complies with, and is consistent with, HIPAA. In the event of any conflict with respect to the subject matter of this BA Agreement between the provisions of this BA Agreement and the Agreement, the provisions of this BA Agreement shall be controlling and effective to the extent of such conflict. The headings in this BA Agreement are for convenience of reference only and shall not be used to interpret or construe its provisions. Furthermore, any reference in this BA Agreement to a section in HIPAA or any other law, regulation or guidance means such referenced authority as in effect from time to time. The words “include” or “including” are intended to be interpreted as if followed in each case by the words “without limitation.” For purposes of this BA Agreement, unless the context of this BA Agreement clearly requires otherwise, (i) the word “or,” has the inclusive meaning represented by the phrase “and/or”; (ii) the word

“hereof” shall have the same meaning as the phrase “of this BA Agreement”; and (iii) the word “hereunder” shall have the same meaning as the phrase “under this BA Agreement.”

13.11 Limitation on Damages. NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THIS BA AGREEMENT AND FOR DAMAGES ARISING WITH RESPECT TO THIS BA AGREEMENT ONLY, IN NO EVENT SHALL EITHER PARTY HERETO BE LIABLE TO THE OTHER PARTY HERETO FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, INCLUDING, DAMAGES FOR LOSS OF PROFITS, DATA OR USE, INCURRED BY THE OTHER PARTY OR ANY THIRD PARTY, WHETHER IN AN ACTION IN CONTRACT OR TORT, EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Effective Date: October 1, 2024

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

July 31, 2025



ACCOUNTANTS' COMPILATION REPORT

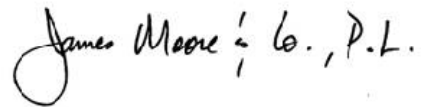
To the Board of Commissioners,
West Volusia Hospital Authority:

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 July 31, 2025, 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 a Statement of Changes in Fund Balance and substantially all the disclosures required by accounting principles generally accepted in the United States of America. If the omitted statement and 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
August 21, 2025



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
JULY 31, 2025**

ASSETS

Ameris Bank - operating	\$ 1,834,114
Ameris Bank - MM	4,895,311
Ameris Bank - payroll	41,229
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	6,696,942
Surety Bank - MM	1,620,260
Mainstreet Community Bank - Certificates of deposit	5,000,000
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 20,289,856</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 20,289,856</u></u>
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See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TEN MONTHS ENDED JULY 31, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 6,665	\$ 18,932,948	\$ 18,700,000	\$ (232,948)	101%
Interest income	38,412	461,582	400,000	(61,582)	115%
Other income	2,860	262,056	34,333	(227,723)	763%
Total revenues	<u>47,937</u>	<u>19,656,586</u>	<u>19,134,333</u>	<u>(522,253)</u>	<u>103%</u>
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	103,743	1,063,603			
AdventHealth	164,915	1,870,206			
Total hospitals	<u>268,658</u>	<u>2,933,809</u>	3,200,000	266,191	92%
Specialty Care Services					
Specialty Care - ER	7,472	60,842			
Specialty Care - Non-ER	377,001	3,845,082			
Total Specialty Care Services	<u>384,473</u>	<u>3,905,924</u>	3,500,000	(405,924)	112%
Emergency Room Care	85,475	763,900	1,000,000	236,100	76%
Primary Care	188,539	2,051,956	2,500,000	448,044	82%
Pharmacy	55,332	496,942	900,000	403,058	55%
Florida Dept of Health Dental Svcs	17,142	123,914	160,000	36,086	77%
Hispanic Health Initiatives	7,100	74,300	100,000	25,700	74%
Community Legal Services	8,355	62,715	88,500	25,785	71%
Rising Against All Odds	18,200	178,713	223,017	44,304	80%
The House Next Door	2,278	36,179	45,000	8,821	80%
SMA - Homeless Program	7,972	73,345	90,000	16,655	81%
SMA - Residential Treatment	-	550,000	550,000	-	100%
SMA - Baker Act - Match	-	150,000	150,000	-	100%
County Medicaid Reimbursement	287,071	2,870,714	3,444,857	574,143	83%
H C R A - In County	6,349	51,320	400,000	348,680	13%
H C R A - Outside County	-	27,170	400,000	372,830	7%
The Neighborhood Center	10,500	88,525	125,000	36,475	71%
Healthy Communities Kid Care Outreach	5,077	47,794	72,202	24,408	66%
Other Healthcare Expenditures	-	-	174,767	174,767	0%
Total healthcare expenditures	<u>1,352,521</u>	<u>14,487,220</u>	<u>17,123,343</u>	<u>2,636,123</u>	<u>85%</u>
Personnel services					
Regular salaries and wages	5,755	57,553	69,064	11,511	83%
FICA	440	4,452	5,283	831	84%
Retirement	785	7,845	10,104	2,259	78%
Life and Health Insurance	-	8,412	12,000	3,588	70%
Workers Compensation Claims	4,595	12,140	25,000	12,860	49%
Total personnel services	<u>11,575</u>	<u>90,402</u>	<u>121,451</u>	<u>31,049</u>	<u>74%</u>

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TEN MONTHS ENDED JULY 31, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Legal Counsel	6,500	65,000	78,000	13,000	83%
Outside Legal Counsel	-	529	30,000	29,471	2%
Audit	-	21,575	21,575	-	100%
General Accounting - Recurring	9,776	87,984	118,560	30,576	74%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Application Screening - THND	46,665	422,011	563,761	141,750	75%
Application Screening - RAAO	6,720	43,200	97,742	54,542	44%
TPA Services (EBMS)	40,107	400,212	500,000	99,788	80%
Building Repairs	5,737	70,584	100,000	29,416	71%
Advertising	138	2,878	10,000	7,122	29%
Other Operating Expenditures	38,656	56,128	79,900	23,772	70%
Tax Collector & Appraiser Fee	57,010	567,234	650,000	82,766	87%
City of DeLand Tax Increment District	-	164,037	125,000	(39,037)	131%
Total other expenditures	211,309	1,901,372	2,389,538	488,166	80%
Total expenditures	1,575,405	16,478,994	19,634,332	3,155,338	84%
Excess (deficiency) of revenues over expenditures	\$ (1,527,468)	\$ 3,177,592	\$ (499,999)	\$ (3,677,591)	-636%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: August 12, 2025

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for August 21, 2025 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the July 17, 2025 Regular Meeting Minutes.

I. **Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting]** [*See new info. in italics and bold*]

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. **The millage rate must be adopted first and then the budget must be adopted with a separate vote.** Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 Legal Update for further historical summary of final millage votes.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which meant a tax decrease or tax increase in layman's terms:

Regarding the 2024-25 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2024, and the Board voted by a 4-0-1 vote to set its final millage at the rate of 1.0480 mills which is an increase of 15.3% above the rolled-back rate of 0.9091, with a separate unanimous vote to adopt the Authority's 2024-25 final budget of \$19,634,332.00. Therefore, the 2022-23 tax year's millage of 1.0816 mills represents a **15.3% increase** above the .9091 mills rolled-back rate.

Regarding the 2022-23 budget year, the TRIM Final Budget Hearing was held on Thursday, September 22, 2022, and the Board voted unanimously to set its final millage at the rate of 1.0816 mills with a separate unanimous vote to adopt the Authority's 2022-23 final budget of \$15,945,000.00. Therefore, the 2022-23 tax year's millage of 1.0816 mills represents a **14.3% decrease** below the 1.2645 mills rolled-back rate.

Regarding the 2020-21 budget year, the TRIM Final Budget Hearing was held virtually on Thursday, September 24, 2020, and the Board voted unanimously to set its final millage at the rate of 1.5035 mills with a separate unanimous vote to adopt the Authority's 2020-21 final budget of \$18,566,158,000.00. Therefore, the 2020-21 tax year's millage of 1.5035 mills represents a **14.42% decrease** below the 1.7569 mills rolled-back rate.

Regarding the 2019-20 budget year, the TRIM Final Budget Hearing was held on Thursday, September 26, 2019, and the Board voted 3-1-1 to set its final millage at 1.908 mills with a separate 3-1-1 to adopt the Authority's 2019-20 final budget of \$19,556,988. Therefore, the 2019-20 tax year's millage of 1.908 mills was a **5.563% decrease** over the 2.0204 mills rolled-back rate.

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023,304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a **58% increase** over the 1.4966 mills rolled-back rate.

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a **10% decrease** over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills was a **15% decrease** over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of

\$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a **1.5% decrease** over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a **2.04% decrease** over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a **10.37 percent increase** over the statutory rolled-back rate of 1.1433 mills.

On May 28, 2025, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$20,239,392,024, which represents a net change of approximately +9.02% from 2024 pre-preliminary estimated taxable value (18,564,767,114).

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months. *Several preliminary steps in the TRIM process have already occurred. The following additional steps are required to complete the 2025-2026 TRIM process:*

- A By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;
- B Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- C Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. The WVHA Administrator has confirmed the dates that the School Board and the County Council have scheduled their respective TRIM hearings which will allow WVHA to schedule hearings at different times within the relevant time periods.
- D To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Wednesday, September 3, 2025; Sunday, September 14th as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a meeting on Thursday, September 18, 2025 at 5:05p.m, followed immediately by a regular meeting scheduled for that same date. Please refer to website for details and any necessary last-minute changes.
- E Within 3 days of the Final Budget Hearing, the Authority (via Administrator) must forward the resolution adopting the final millage rate to the Property Appraiser.

- F Within 30 days of the Final Budget Hearing, the Authority (via Administrator) must submit its TRIM Compliance package (DR-487).

At its July 17, 2025 Regular Meeting, The Board decided by a 4-0-1 vote to adopt Resolution #2025-001 adopting the “true rolled back rate” of 0.9897 as its preliminary millage rate for FY 2025-2026 and scheduling its Tentative Budget Hearing for Wednesday, September 3, 2025 at 5:05p.m. at The Center at Deltona, 1640 Dr. Martin Luther King Blvd., Deltona, FL 32725. With a simple majority vote of 3 members, the Board may adopt this preliminary millage rate as its Tentative millage on September 3, 2025 and then as its Final millage on September 18th. It may also vote to decrease the millage rate but the Board would only be able to increase this preliminary millage rate after complying with time-consuming and expensive requirements of mailing notice to each taxpayer specifying the proposed increase and the time and place of the upcoming hearings.

II. General Legal Considerations When Evaluating New Social Media and Marketing Proposals.

With all the new proposals to develop and implement new and innovative ways to promote WVHA's programs through social media and other 'marketing' efforts, it seems advisable to note a few legal issues that should always be considered when discussing such proposals:

1. Consistent with Florida's **Public Records Law**, WVHA would be responsible for maintaining in its records archives all past and present posts, comments, contact form responses and images displayed on its website and other social media publications; 2. Consistent with the **Sunshine Law**, WVHA Board or CAC members would need to refrain from making any posts or comments in their individual capacity that would reflect their position on any matters that foreseeably will come before the board or commission for official action; 3. Consistent with the U.S. Constitution's **First Amendment** (freedom of speech and religion clauses), WVHA would have very limited ability to moderate or restrict the content of public comments on its social media and website IF WVHA opens the door to any such posts, comments or other responses from the public; 4. Consistent with the **American with Disabilities Act**, WVHA should always take reasonable and not unduly burdensome steps to make whatever content it publishes available to those with disabilities; and 5. To the extent that a particular marketing or social media effort has content that targets a particular population of residents, but not others, WVHA should take all reasonable steps to avoid even the perception that it is thereby discriminating against any group protected under Florida or Federal **Anti-Discrimination laws**.

III. To Renew or Not to Renew: Lease Agreement for Justin Square Suite M & Related “Access to Healthcare” Considerations. [*See new info. in italics and bold*]

The lease agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal: “*After the Initial Term,*

LESSEE will have the right (but not the obligation) to renew this Lease Agreement with the same terms and conditions as set forth herein for an additional three one-year terms (i.e. three Renewal Terms)."

WVHA is currently towards the end of its second automatic 1-year Renewal Term which means that it currently has the following options concerning its termination of this Lease: 1. Notify the landlord no later than July 30, 2025 of its intent not to renew the current lease IF WVHA decides based on the requested needs assessment from EBMS that it no longer desires to continue maintaining a 2nd clinic location; 2. Do nothing by July 30, 2025 and allow the Lease to automatically renew for the last 1-year Renewal Term with the termination of the lease occurring on September 30, 2026; 3. Authorize counsel to engage in active negotiations with the Landlord to consider signing an early renewal agreement in order to lock-in more favorable financial terms than could be obtained at the end of the last 1-year Renewal Term.

Based upon the discussions over the past several months concerning the future of the Deltona clinic location and the proposal for the start-up of a WVHA Mobile Clinic as either a supplemental or replacement means of providing access to primary care, counsel reached out to the broker of the current Landlord to clarify WVHA's options. Although the below pasted email exchange should not be read as ironclad commitments from the Landlord because it may change brokers, lawyers or internal policies at any time, it does at least clarify for now that 1) Ms. Quttaineh, not the attorney it engaged in 2024, currently speaks for the Landlord for any negotiations to renew the Lease; 2) the Landlord is no longer disputing WVHA's right to continue with its existing Lease based upon the last of the 1-year Renewal Terms until September 30, 2026; 3) Landlord is currently willing to utilize a simple renewal form, not the complex and unworkable lease format that was proposed by its former attorney; 4) that the Landlord is currently signing leases with others in the complex for \$18-22/SF, which is \$4-8/SF higher than was offered to WVHA if it had terminated its favorable, current Lease terms and signed an early renewal

During a discussion with one Board member about the "access to healthcare" issues inherent in both the renewal of the Deltona Clinic lease and the potential start-up of a mobile clinic operation, it became apparent that WVHA has not fully considered that its clinics are NOT the only low or no-cost primary health care clinic operation available in West Volusia. Family Health Source, a Federally Qualified Health Clinic ("FQHC") has three clinic operations in West Volusia: DeLand, Deltona and Pierson. These Family Health Source clinics provide access to comprehensive primary care services, including dental and women's health and 340b drug prescriptions, with sliding fees of low or no-cost based on income up to 200% of the federal poverty guidelines. In addition, The Good Samaritan Clinic operates in DeLand and provides access to primary care on a walk-in basis with no cost based upon income eligibility guidelines up to 300% of the federal poverty guidelines. It is noteworthy that neither of these alternative clinic operations offer access to specialty care or hospital services; it is likely that these other clinics would refer their patients with specialty or hospital care needs to apply for the WVHA Health Card and thereby burden our overall patient pool with the costliest indigent patients. Nevertheless, whenever WVHA considers whether it is fulfilling its mission of providing access to healthcare for indigent residents of the Tax District, it should consider these other competing access points and whether the lack of growth in WVHA primary care utilization is, in fact, because the needs are being met by these other (perhaps better located, 'trusted' and marketed???) providers. It is noteworthy as a historical reference that before the tornadoes destroyed the Department of Health's huge one-stop clinic operation on South Woodland

Boulevard and WVHA decided to transition primary clinic funding from the Department of Health to the FQHC clinics (initially only available in Pierson and DeLand), virtually all of the primary care for indigent residents was accessed through only two locations, 1. funded by WVHA at that South Woodland Boulevard location and 2. from the limited FQHC operation in Pierson.

With the Board's consensus at the July 17th Regular Meeting to do nothing by July 30, 2025 and allow the Lease to automatically renew for the last 1-year Renewal Term with the termination of the lease occurring on September 30, 2026, the Board must now pursue in earnest the survey and other information that it needs to determine whether it desires to maintain MiCare Deltona Clinic in its current location after September 30, 2026. Ms. Quttaineh sent the below pasted email suggesting again that WVHA pursue negotiations for an early renewal based on non-monetary incentives. Counsel is available to discuss and pursue this suggestion and other options for renewal based upon any direction received from the Board.

From: Brooke Quttaineh <Brooke@thecommercialblueprint.com>
Sent: Thursday, August 7, 2025 9:13 PM
To: Theodore Small <tsmall@westvolusiahospitalauthority.org>
Subject: Justin Square WVHA Renewal and New Contact Info

Hi Ted,

I wanted to follow up after your last update regarding the Justin Square renewal and the board's discussion at their upcoming budget workshop. I understand the accountant's perspective, and I've kicked around some ideas on how we might make the early renewal more appealing.

Am I recollecting correctly that in the past, the WVHA had issues with their HVAC? Are there any Improvements to the space that the Landlord could possibly assist with that will make the Tenant more comfortable and allow the Landlord to reinvest into them and the center without devaluing the property itself with a lower rate? This would help to bridge the gap and highlight the value of locking in favorable terms now. Let me know if something along these lines could encourage them to move forward.

Also, please note this is my new email address. I've launched my own brokerage, **Blueprint Commercial**, and while the name is new, my experience, relationships, and commitment to delivering results remain the same.

Looking forward to your thoughts.

Brooke Quttaineh, CCIM
Principal

Blueprint Commercial LLC

100 E Pine Street Suite 110, Orlando, FL 32801
M: 407-432-7675
E: brooke@thecommercialblueprint.com

IV. General Compliance with the Sunshine Law [*See new info. in italics and bold*]

The Government in the Sunshine Law, section 286.011, Florida Statutes, provides in pertinent part:

"All meetings of any board or commission . . . of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting."

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that **the Sunshine Law DOES apply to "off-the record" chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board**; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

The Sunshine Law also prohibits nonmembers (staff, lawyers, accountants, and members of the public) from serving as liaisons between Board members concerning matters likely to come before the Board.

With the increased use of social media accounts, including Facebook and other community and political blogs, Board members should be mindful of the following Florida Attorney General guidance before posting on Facebook, or other blogs an opinion or viewpoint on matters likely to come before the Board. In AG Opinion 08-07, the Florida Attorney General concluded that the use of a website blog or message board to solicit comment from other members of the board or commission by their response on matters that would come before the board would trigger the requirements of the Sunshine Law.