# West Volusia Hospital Authority
# BOARD OF COMMISSIONERS REGULAR MEETING
# October 16, 2025
# 5:00 PM
# Sanborn Center
# 815 S. Alabama Avenue, DeLand, FL
# AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda – Approval of Minutes
    1. Final Budget Hearing held September 18, 2025
    2. Regular Meeting held September 18, 2025
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Mobile Health Clinic at The Neighborhood Center – Jerilyn Picard-Bonilla, Excellence Health Director of Marketing & Transition of Care
7. Reporting Agenda
    A. EBMS September Report – Written Submission
    B. WVHA miCare Clinic DeLand/Deltona September Report – Practice Manager Gretchen Soto
        1. WVHA miCare Clinic DeLand/Deltona 4th Quarter Report
    C. The House Next Door September Application Processing Report
8. Discussion Items
    A. Maturity of 1-Year CD at Mainstreet Bank
    B. Funding Agreement for FY 2025-2026: Easterseals Northeast Central FL, Inc. – Early Autism Diagnostic Services
    C. WVHA YouTube Channel (Commissioner Ford)
    D. Marketing Plans (Commissioner Ford)
        1. Marketing Plan A – RFP for Marketing Services
        2. Marketing Plan B – Seasonal Digital Flyers
    E. DeLand Christmas Parade Participation (Commissioner Manning)
9. Follow Up Items
    A. miCare Clinic Consolidation / Survey
    B. Mobile Health Clinic Plan (Commissioner Moore)
10. Administrator Report
11. Finance Report
    A. September Financials
    B. Approval of Disbursements – Check Register & Estimated Expenditures
12. Legal Update
13. Upcoming – Regular Meeting on November 20, 2025
14. Adjournment

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

# WEST VOLUSIA HOSPITAL AUTHORITY
# BOARD OF COMMISSIONERS FINAL BUDGET HEARING

Sanborn Center
815 S. Alabama Ave., DeLand, FL
September 18, 2025

**Those in Attendance**:
Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Jennifer Moore
Commissioner Rakeem Ford
Commissioner Judy Craig (virtually via Teams)

**Others Present:**
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
Accountant for the Authority: Melissa Feasel Duncan, CPA of James Moore & Company
WVHA Administrator Stacy Tebo

**Call to Order**

Chair Coen called the budget hearing to order. The hearing took place at the Sanborn Center, 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 5:05 p.m.

Chair Coen noted they had a quorum of four members present and could proceed with the hearing.

Attorney Small asked the Board to consider allowing Commissioner Craig to participate virtually under extraordinary circumstances.

**Motion 069 – 2025** Commissioner Manning moved to authorize Commissioner Craig's participation due to the extraordinary circumstance of disability. Commissioner Moore seconded. The motion passed 4-0-1.

**Discussion of the Tentatively Adopted Millage Rate of 0.9897, a 0% Increase to the Rolled-Back Rate Necessary to Fund the Budget**

Chair Coen asked for public comment, and there was none.

Commissioner Ford noted that the new wording was included to describe the Medicaid expense.

Attorney Small said that CPA Webb Shephard had updated the budget to show the statutorily mandated expenditures up front amounting to almost $5 million. He pointed out the locally mandated fees on page two for the tax collector and the City of DeLand tax increment district. He said he hoped the Board would be able to utilize the visual to make it clear to everyone that almost a third of the budget goes to mandated items.

Chair Coen said that the Board of Commissioners of the WVHA announces that the final millage rate of 0.9897 mills is equal to the rolled-back rate of 0.9897 mills, thereby increasing the proposed taxes of the WVHA zero percent for the fiscal year 2025 – 2026.

Chair Coen asked the Board if they had any further discussion, and there was none. She read aloud Resolution #2025-005.

**Motion 070 – 2025** Commissioner Manning moved to adopt Resolution #2025-005 adopting a final millage rate of 0.9897 for FY 2025-2026. Commissioner Moore seconded. The motion passed 5-0.

Roll call:

| | |
|---|---|
| Commissioner Craig | Yes |
| Commissioner Ford | Yes |
| Commissioner Manning | Yes |
| Commissioner Moore | Yes |
| Chair Coen | Yes |

**Discussion of the Tentatively Adopted Operating Budget of $21,134,333 for Fiscal Year 2025-2026**

Chair Coen asked if there was Board discussion. There was none, and she asked the public if anyone wished to make a comment. There was no public comment.

Chair Coen read aloud Resolution #2025-006 adopting a final budget of $21,134,333.

**Motion 071 – 2025** Commissioner Ford moved to approve Resolution #2025-006 adopting a final budget of $21,134,333 for FY 2025-2026. Commissioner Manning seconded. The motion passed 5-0.

Roll call:

| | |
|---|---|
| Commissioner Craig | Yes |
| Commissioner Ford | Yes |
| Commissioner Manning | Yes |
| Commissioner Moore | Yes |
| Chair Coen | Yes |

There being no further business to come before the Board, the meeting was adjourned at 5:17 p.m.

Adjournment

Jennifer Coen, Chair

# WEST VOLUSIA HOSPITAL AUTHORITY
# BOARD OF COMMISSIONERS REGULAR MEETING

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
September 18, 2025

**Board Members in Attendance**:
Commissioner Voloria Manning
Commissioner Jennifer Coen
Commissioner Jennifer Moore
Commissioner Rakeem Ford
Commissioner Judy Craig (virtually via Teams)

**Others Present:**
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
Accountant for the Authority: Melissa Feasel Duncan, CPA of James Moore & Company
WVHA Administrator Stacy Tebo

**Call to Order**

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:18 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Approval of Proposed Agenda**

Commissioner Ford suggested that they change the wording of Number Eight Follow Up Item to reference surveys instead of lease renewal, as the lease has automatically renewed until September 30, 2026.

**Motion 072 – 2025** Commissioner Ford moved to amend the wording for the follow-up item to read "miCare Clinic Consolidation / Survey". Commissioner Moore seconded. The motion passed 4-0-1.

**Motion 073 – 2025** Commissioner Manning moved to approve the amended agenda. Commissioner Ford seconded. The motion passed 4-0-1.

**Consent Agenda – Approval of Minutes**

Regular Meeting held August 21, 2025

Commissioner Moore said that in Motion 057-2025, her intent was to accept Attorney Small's recommendation to table review of the benefit plan until next year. Attorney Small said there is an implication when it says Commissioner Moore moved to accept the current benefit plan that the Board voted to accept something and do something, and the actual vote was to not do anything with the plan until they get back recommendations from the TPA next year.

**Motion 074 – 2025** Commissioner Manning moved to approve the August 21st minutes with the amended wording in Motion 057-2025 discussed by Commissioner Moore. Commissioner Moore seconded. The motion passed 4-0-1.

Tentative Budget Hearing held September 3, 2025

**Motion 075 – 2025** Commissioner Ford moved to approve the minutes of September 3, 2025 . Commissioner Manning seconded. The motion passed 4-0-1.

*Commissioner Ford excused himself from the meeting to attend an awards ceremony for his mother at 5:31 p.m.*

Chair Coen noted that before they went further with citizen comments, they again needed to vote to allow Commissioner Craig to participate and vote due to her disability.

**Motion 076 – 2025** Commissioner Manning moved to authorize Commissioner Craig's participation due to the extraordinary circumstance of disability. Commissioner Moore seconded. The motion passed 3-0-2.

**Citizen Comments**

Brenda Flowers informed the Board that RAAO received opioid abatement funding, and they were able to expand services. She introduced their new team member, Dr. Ernest Fingers. Dr. Fingers provided a summary of his bio and qualifications.

Rosemarie Latham said she was representing the Northwest Volusia Democratic Club to observe the proceedings and report back to the members. She added that members were volunteering to attend other local government meetings and do the same.

Tanner Andrews discussed miCare utilization, available hours for the medical staff, and space at the DeLand clinic.

**Reporting Agenda**

**EBMS August Report – Written Submission**
**WVHA miCare Clinic DeLand/Deltona August Report – Sue Wayte, Senior Account Executive at miCare Health Centers**

Chair Coen asked about the difference between the membership numbers on the EBMS report versus the miCare report. She also asked about the difference between the membership numbers on pages five and six of the EBMS report. Ms. Wayte said she would find out and report back.

Ms. Wayte outlined the August clinic report for the Board and answered questions.

Commissioner Manning asked Ms. Wayte to clarify the physicals performed at each clinic, the total visits per clinic, the nurse visits, and the pharmacy assistance program. She also asked how many doctors are working at the clinics. Ms. Wayte answered that there is one doctor and four mid-level practitioners. She added that the four are either nurse practitioners or physician assistants.

**Specialty Care Referral**

Chair Coen noted that the specialty care referral document was updated after the packets were sent out, and Ms. Tebo left the update on the Board members' desks.

Ms. Wayte explained the specialty referral research performed by Laura Rookhuizen, Director of Clinical Partnerships and miCare Operations.

Commissioner Craig asked Ms. Wayte to explain their analysis, finding that redirecting referrals back to the miCare Clinic would not be prudent. Ms. Wayte said it would require the new hiring of a registered nurse to review charts, and that based on the numbers, it would require a considerable amount of redirection to break even.

Commissioner Manning asked why the existing nurses could not perform the chart review. Ms. Wayte answered that the majority of the "nurse visits" listed on the monthly report are handled by medical assistants. She added that they might have a couple of LPNs, but they would not have the certification required to perform the needed chart review. She stated it would take approximately 45% of referral redirection to start breaking even on the investment of hiring a registered nurse, and there is a risk that it would end up costing WVHA more in the end.

Chair Coen asked Ms. Wayte to confirm that labs were not included in the analysis, and that miCare mentioned there was an opportunity to save some money by bringing some of the lab work in-house. Ms. Wayte answered yes.

Attorney Small suggested that miCare might send a nice note to the specialists that they have noticed the number of recurring referrals, and WVHA is very interested in having anything that could be redirected sent back to the clinic.

### The House Next Door (THND) August Application Processing Report

Dorcas Sanabria, Health Card Supervisor, introduced herself to the Board. Commissioner Manning asked about their Deltona location. Ms. Sanabria responded that they closed it, but they have an employee going to the Deltona miCare Clinic on Mondays and Thursdays from 9 to 5 by appointment to see clients for the health card program.

The reports were received into the written record.

## Discussion Items

### SMA AHCA LIP Match Letter of Agreement

Andrea Schweizer and Jennifer Stephenson were present on behalf of SMA.

Commissioner Manning asked SMA when and how much they received in match funding. Ms. Schweizer said they received approximately $3 million in June, but it was for the prior year. She added that payments run behind.

Chair Coen noted that the period begins July 1. Ms. Schweizer said that it takes about a year to receive match funding from the State's previous fiscal year.

Attorney Small stated that the letter of agreement is similar to the one that was presented and signed last year; that AHCA is a state agency with a budget year of July 1 to June 30; and that as to form, he recommends that the Chair entertain a motion to approve the Low Income Pool Letter of Agreement with AHCA, which obligates the Board to transfer $700,000 based on an invoice that will be sent by AHCA in the next few months.

**Motion 077 – 2025** Commissioner Moore moved to approve the letter of agreement with AHCA for the LIP match and authorize the Chair's signature. Commissioner Manning seconded. The motion passed 4-0-1.

Roll Call:

| | |
|---|---|
| Commissioner Craig | Yes |
| Commissioner Manning | Yes |
| Commissioner Moore | Yes |
| Chair Coen | Yes |

**Mobile Health Clinic Plan (Commissioner Moore – Tabled on 8/21/25)**

Commissioner Moore updated the Board on her conversation with True Health the previous day. She said he went over the different services they offer with the mobile health clinic that they currently have and are using in two other counties; that the mobile health clinic would be able to provide the same services that WVHA is providing; and that the unit has a licensed nurse practitioner, two assistants, and two medical beds. She said that True Health and other potential entities with a mobile clinic could apply for funding next year and go through the CAC process.

Commissioner Manning asked if True Health could bring their unit to a meeting so that they could look inside. Commissioner Moore said that she asked them about that, and it was cost prohibitive for them to bring it out without seeing patients. She added that they welcomed WVHA commissioners to see it at their Enterprise location.

Attorney Small said that when True Health spoke at the previous meeting, they seemed to be pitching the idea that WVHA identify a location or event to sponsor the cost of bringing out the mobile clinic. He suggested that the Board might decide to test out the concept for a day at a place of their choosing. He said since this service would be primary care, it made more sense to do that than waiting for this opportunity to go through a CAC process that is not designed for it. He added that there is adequate funding in the budget for other healthcare expenditures to cover the cost of the mobile clinic for a day.

Commissioner Moore said that True Health was open to all possibilities, and she would reach out to them to let them know they should contact Attorney Small next week to work through the legalities of the test run discussed.

**Review of Benefit Plan for WVHA (Commissioner Coen)**

Chair Coen said she wanted to ensure that EBMS would be looking at all services next year; that the Board would have three months to consider the recommendations from EBMS so that they had adequate time to absorb and consider them; and that the hospitals should be consulted regarding the TPA's recommendations before the Board started its review.

Attorney Small pointed out that there are pitfalls in making quick decisions without thorough consideration, and he would also like to be consulted and included in the process.

Chair Coen asked Ms. Tebo what EBMS had said regarding timing. Ms. Tebo said that Rose Alberts said it would be best for them after the new year since there might be new laws going into effect, and they would have recommendations ready by spring.

**Motion 078 – 2025** Commissioner Moore moved to clarify direction to EBMS that the goal is to return their recommendations concerning any changes to the benefit plan by a few days before the Board packet deadline in June after consulting all relevant parties with useful information. Commissioner Manning seconded. The motion passed 4-0-1.

**Funding Agreements for 2025-2026**

**Community Legal Services, Inc. Medical-Legal Partnership Program**
**Healthy Communities – Kidcare Outreach**
**Hispanic Health Initiative, Inc.'s Taking Care of My Health**
**Rising Against All Odds, Inc. – HIV/AIDS Outreach and Case Management**
**Rising Against All Odds, Inc. – Health Card Enrollment & Retention Services**
**SMA Healthcare – Emergency Behavioral Services (Baker Act)**
**SMA Healthcare – Psychiatric Outpatient Services**

**SMA Healthcare – Level II Residential Treatment**
**The House Next Door - Therapeutic/Mental Health Services**
**The House Next Door - HealthCard Program - Eligibility Determination Svcs**
**The Neighborhood Center of West Volusia - Access to Care**
**Volusia County Health Dept - Florida Department of Health (Dental Care)**
**Easterseals of Northeast Central Florida**
**Life-Spire Community Services**

Attorney Small stated that he emailed the Board both the redlined and "Final" versions of the agreements for all returning agencies; that all returning agencies have approved their proposed funding agreements in the form sent to the Board as "Final"; that Life-Spire Community Services has accepted and approved the initial draft that was also emailed to the Board; that the agreements will be signed by the Chair and Secretary later after all the agencies have returned their signed originals, and he has reviewed them; and that the Board should not do anything with the Easterseals agreement, as he is awaiting a response from them.

Chair Coen pointed out a missing word "to" on page two of the Life-Spire agreement in section 4.1. She added that it should read "Funding disbursements will be made in monthly installments up to the funding limit" and asked Attorney Small to pencil it in.

**Motion 079 – 2025** Commissioner Manning moved to approve all the proposed funding agreements for 2025-2026 except Easterseals for signature by the Chair and Secretary in the form that they were circulated to the Board once they are returned signed by funded agencies and verified by counsel. Commissioner Moore seconded. The motion passed 4-0-1.

**Follow Up Item – miCare Clinic Consolidation / Survey**

Ms. Tebo said that following the last meeting when the Board voted to email the surveys, she obtained the card member census from miCare and noticed there were only 122 email addresses; that around the same time, Rose Alberts informed her that EBMS had changed their claims address and would be mailing all card members new cards at no cost to WVHA; that the Board had previously approved up to $2,500 for the survey, and she took the opportunity to ask EBMS to include the survey in the same mailing; that the approximate cost for printing the surveys and stuffing them in the same envelopes is $685; that she added her email address, fax number, and WVHA's mailing address to the bottom of the survey; that due to the time constraint, she was unable to include a self-addressed stamped envelope for return of the surveys; that she printed 600 additional copies of the survey for the clinics in case a member needed another copy; that there are lock boxes located in both clinics for members to return their surveys, and she has the keys for both boxes; and that the new cards were currently being produced to mail out Monday.

Commissioner Moore asked if they should repeat the survey at renewal time. Ms. Tebo said she had not spoken to The House Next Door about that prior to the meeting, but they might be able to include it when they mail out renewal letters to card members.

**Administrator Report**

Ms. Tebo said that the recent in-person West Volusia Collaborative meeting held at the Good Samaritan Clinic was well attended, and they provided a tour of the clinic at the conclusion of the meeting. She informed the Board that they received the full $5,000 rebate from Florida Public Utilities following the installation of the generator and gas water heaters, and the net cost for the gas and plumbing work was $4,071.

**Finance Report**

**August Financials**

**Approval of Disbursements – Check Register & Estimated Expenditures**

Ms. Tebo said that the hospital budget had reached its cap, and the ER line item was getting close to ninety percent.

**Motion 080-2025** Commissioner Manning 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 $2,846,040. Commissioner Moore seconded the motion. The motion passed 4-0-1.

**Legal Update**

Attorney Small invited the representative from the new funded agency, Life-Spire Community Services, to introduce herself.

Heather Prince said she was with Prince Royal Consulting, and she has been working closely with Life-Spire as a new non-profit due to her experience in grant writing and grant management. She noted that the non-profit is an extension of Life-Spire LLC, which is well established in the community; that Life-Spire's executive director is embedded in the school system as a social worker and does her counseling work after hours; and that Life-Spire works with an array of different therapists that have various skill sets to meet the individual needs of the client.

**Upcoming – Regular Meeting on October 16, 2025**

Chair Coen reminded everyone of the next meeting to be held at the Sanborn Center.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 7:29 p.m.

Adjournment - Jennifer Coen, Chair

# EBMS

October 16, 2025

Submission Report for

WVHA Board Members

# Table of Contents

# miBenefits Executive Summary for 00532

**Client:** West Volusia Hospital Authority
**Paid Dates:** 9/1/2025 to 9/30/2025
**Location:** All
**Department:** All
**Benefit Plan:** All
**TIN:** All

## Plan Experience Summary

Claim Counts 6706

| Claim Type | Total Paid | Per EE/Mo |
|---|---|---|
| Medical | $446,253 | $296 |
| Professional | $251,199 | $167 |
| Facility | $195,055 | $129 |
| PBM | $0 | $0 |
| **Total Plan Paid:** | $446,253 | $296 |

## Cash Flow Summary

| | |
|---|---|
| Charges | $9,957,827 |
| less Disallowed | $9,498,567 |
| Allowed | $459,260 |
| less Member | $7,726 |
| less Adjustments | $5,281 |
| Paid Benefit | $446,253 |
| plus Admin Costs | $359,539 |
| **Total Plan Paid:** | $805,792 |

## Disallowed Charges by Category

| Disallowed Category | Amount | % of Gross |
|---|---|---|
| Duplicate Charges | $190,530 | 1.91% |
| Plan Limitations | $6,235,730 | 62.62% |
| Cost Savings | $3,070,440 | 30.83% |
| UCR Reductions | $399 | 0.00% |
| Other | $1,468 | 0.01% |
| **Total:** | $9,498,567 | 95.39% |

## Census

| Census Date: 9/30/2025 | Male Emp | Female Emp | Total Employees | Male Spouse | Female Spouse | Male Dep | Female Dep | Total Medical | Total Dental | Total Vision |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 to 19 | 40 | 35 | 75 | 0 | 0 | 0 | 0 | 75 | 0 | 0 |
| 20 to 25 | 38 | 51 | 89 | 0 | 0 | 0 | 0 | 89 | 0 | 0 |
| 26 to 29 | 37 | 31 | 68 | 0 | 0 | 0 | 0 | 68 | 0 | 0 |
| 30 to 39 | 114 | 116 | 230 | 0 | 0 | 0 | 0 | 230 | 0 | 0 |
| 40 to 49 | 168 | 184 | 352 | 0 | 0 | 0 | 0 | 352 | 0 | 0 |
| 50 to 59 | 169 | 229 | 398 | 0 | 0 | 0 | 0 | 398 | 0 | 0 |
| 60 to 64 | 103 | 109 | 212 | 0 | 0 | 0 | 0 | 212 | 0 | 0 |
| 65 and Older | 31 | 53 | 84 | 0 | 0 | 0 | 0 | 84 | 0 | 0 |
| **Totals** | 700 | 808 | 1508 | 0 | 0 | 0 | 0 | 1508 | 0 | 0 |
| **Average Age** | 45.06 | 46.89 | 46.04 | 0.00 | 0.00 | 0.00 | 0.00 | 46.04 | 0.00 | 0.00 |

## Top Paid

| Name | Claim Count | Paid |
|---|---|---|
| Florida Cancer Specialists | 61 | $75,670 |
| Adventhealth Deland | 142 | $64,457 |
| Medical Center Of Deltona | 22 | $46,462 |
| Deland Dialysis | 71 | $36,315 |
| Adventhealth Fish | 159 | $32,315 |
| Quest Diagnostics Tampa | 295 | $20,002 |
| 06 Radiology Associates | 90 | $10,408 |
| Deltona Dialysis | 22 | $9,027 |
| Gastroenterology Of | 51 | $7,476 |
| Quest Diagnostics Nichols | 44 | $7,401 |

## Plan Payment by Age & Claimant Type

| Census Date: 9/30/2025 | Employee | Spouse | Dependent |
|---|---|---|---|
| 0 to 19 | $2,291 | $0 | $0 |
| 20 to 25 | $13,032 | $0 | $0 |
| 26 to 29 | $49,692 | $0 | $0 |
| 30 to 39 | $44,424 | $0 | $0 |
| 40 to 49 | $79,730 | $0 | $0 |
| 50 to 59 | $177,301 | $0 | $0 |
| 60 to 64 | $50,083 | $0 | $0 |
| 65 and Older | $29,700 | $0 | $0 |
| **Totals** | $446,253 | $0 | $0 |

## Claims Paid by Month

| | |
|---|---|
| October 24 | $587,445 |
| November 24 | $863,716 |
| December 24 | $653,847 |
| January 25 | $697,904 |
| February 25 | $1,213,843 |
| March 25 | $610,869 |
| April 25 | $799,399 |
| May 25 | $768,556 |
| June 25 | $887,985 |
| July 25 | $1,267,484 |
| August 25 | $501,273 |
| September 25 | $446,253 |
| **Total:** | $9,298,576 |

## Average Lag & Average Spend (rolling 12 months)

| Product | Avg Paid per Day | Avg Lag Days | Lag Dollars |
|---|---|---|---|
| Medical | $25,547 | 41 | $1,047,427 |
| Vision | $0 | 79 | $0 |
| RX | $0 | 69 | $0 |
| **Total:** | | | $1,047,427 |

# miBenefits Executive Summary for 00532

**Client:** West Volusia Hospital Authority
**Paid Dates:** 9/1/2025 to 9/30/2025
**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 | 6 | $2,583 | $2,583 | $0 | $0 | $0 | $0 | 0.00% |
| ANESTHESIA | 28 | $48,789 | $41,569 | $7,220 | $0 | $0 | $7,220 | 1.62% |
| CHIROPRACTIC | 13 | $1,167 | $702 | $465 | $50 | $0 | $415 | 0.09% |
| DIALYSIS | 132 | $2,914,007 | $2,863,291 | $50,716 | $0 | $0 | $50,716 | 11.36% |
| DME/APPLIANCE | 4 | $1,845 | $1,845 | $0 | $0 | $0 | $0 | 0.00% |
| EMERG ROOM CHRGS | 405 | $1,384,578 | $1,314,749 | $69,829 | $2,450 | $0 | $67,379 | 15.10% |
| HOME HEALTH CARE | 1 | $61 | $61 | $0 | $0 | $0 | $0 | 0.00% |
| INELIGIBLE | 669 | $653,753 | $653,557 | $196 | $0 | $0 | $196 | 0.04% |
| INPATIENT PHYS | 398 | $105,515 | $91,844 | $13,671 | $0 | $0 | $13,671 | 3.06% |
| IP HOSP CHARGES | 93 | $2,629,203 | $2,563,226 | $65,977 | $350 | $0 | $65,627 | 14.71% |
| MATERNITY | 16 | $3,496 | $3,391 | $105 | $0 | $0 | $105 | 0.02% |
| MEDICAL MISC | 40 | $4,652 | $3,312 | $1,340 | $160 | $0 | $1,180 | 0.26% |
| OFFICE VISIT | 742 | $108,821 | $76,869 | $31,953 | $2,630 | $0 | $29,323 | 6.57% |
| OP PHYSICIAN | 127 | $145,375 | $88,882 | $56,493 | $84 | $0 | $56,409 | 12.64% |
| OTHER | 159 | $6 | $6 | $0 | $0 | $5,281 | -$5,281 | -1.18% |
| OUTPAT HOSP | 78 | $280,565 | $258,857 | $21,707 | $75 | $0 | $21,632 | 4.85% |
| PSYCHIATRIC | 117 | $25,901 | $15,996 | $9,905 | $420 | $0 | $9,485 | 2.13% |
| RADIATION /CHEMO | 61 | $115,829 | $93,044 | $22,785 | $9 | $0 | $22,776 | 5.10% |
| SUBS ABUSE | 1 | $5,065 | $5,065 | $0 | $0 | $0 | $0 | 0.00% |
| SURG FACILITY | 55 | $600,053 | $582,688 | $17,365 | $425 | $0 | $16,940 | 3.80% |
| SURGERY | 142 | $27,866 | $22,854 | $5,013 | $0 | $0 | $5,013 | 1.12% |
| SURGERY IP | 15 | $12,049 | $7,638 | $4,411 | $0 | $0 | $4,411 | 0.99% |
| SURGERY OP | 12 | $21,990 | $16,454 | $5,536 | $0 | $0 | $5,536 | 1.24% |
| THERAPY | 249 | $25,829 | $18,735 | $7,095 | $600 | $0 | $6,495 | 1.46% |
| URGENT CARE | 15 | $3,051 | $2,378 | $673 | $125 | $0 | $548 | 0.12% |
| WELLNESS | 515 | $56,874 | $46,773 | $10,101 | $0 | $0 | $10,101 | 2.26% |
| XRAY/ LAB | 3088 | $778,902 | $722,197 | $56,705 | $348 | $0 | $56,357 | 12.63% |
| **Totals:** | 7181 | $9,957,827 | $9,498,567 | $459,260 | $7,726 | $5,281 | $446,253 | |

# miBenefits Executive Summary for 00532

**Client:** West Volusia Hospital Authority
**Paid Dates:** 10/1/2024 to 9/30/2025
**Location:** All
**Department:** All
**Benefit Plan:** All
**TIN:** All

## Plan Experience Summary

Claim Counts 90134

| Claim Type | Total Paid | Per EE/Mo |
|---|---|---|
| Medical | $9,298,576 | $514 |
| Professional | $4,072,502 | $225 |
| Facility | $5,226,073 | $289 |
| PBM | $0 | $0 |
| Vision | $0 | $0 |
| **Total Plan Paid:** | $9,298,576 | $514 |

## Cash Flow Summary

| | |
|---|---|
| Charges | $87,974,842 |
| less Disallowed | $78,566,207 |
| Allowed | $9,408,634 |
| less Member | $135,912 |
| less Adjustments | -$25,853 |
| Paid Benefit | $9,298,576 |
| plus Admin Costs | $3,915,115 |
| **Total Plan Paid:** | $13,213,691 |

## Disallowed Charges by Category

| Disallowed Category | Amount | % of Gross |
|---|---|---|
| Addl Info Not Provided | $3,729 | 0.00% |
| Duplicate Charges | $3,269,143 | 3.72% |
| Employee Ineligible | $2,026 | 0.00% |
| Not Medically... | $320 | 0.00% |
| Plan Limitations | $21,993,036 | 25.00% |
| Cost Savings | $53,171,648 | 60.44% |
| UCR Reductions | $5,357 | 0.01% |
| Other | $120,949 | 0.14% |
| **Total:** | $78,566,207 | 89.31% |

## Census

| Census Date: 9/30/2025 | Male Emp | Female Emp | Total Employees | Male Spouse | Female Spouse | Male Dep | Female Dep | Total Medical | Total Dental | Total Vision |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 to 19 | 40 | 35 | 75 | 0 | 0 | 0 | 0 | 75 | 0 | 0 |
| 20 to 25 | 38 | 51 | 89 | 0 | 0 | 0 | 0 | 89 | 0 | 0 |
| 26 to 29 | 37 | 31 | 68 | 0 | 0 | 0 | 0 | 68 | 0 | 0 |
| 30 to 39 | 114 | 116 | 230 | 0 | 0 | 0 | 0 | 230 | 0 | 0 |
| 40 to 49 | 168 | 184 | 352 | 0 | 0 | 0 | 0 | 352 | 0 | 0 |
| 50 to 59 | 169 | 229 | 398 | 0 | 0 | 0 | 0 | 398 | 0 | 0 |
| 60 to 64 | 103 | 109 | 212 | 0 | 0 | 0 | 0 | 212 | 0 | 0 |
| 65 and Older | 31 | 53 | 84 | 0 | 0 | 0 | 0 | 84 | 0 | 0 |
| **Totals** | 700 | 808 | 1508 | 0 | 0 | 0 | 0 | 1508 | 0 | 0 |
| **Average Age** | 45.06 | 46.89 | 46.04 | 0.00 | 0.00 | 0.00 | 0.00 | 46.04 | 0.00 | 0.00 |

## Top Paid

| Name | Claim Count | Paid |
|---|---|---|
| Adventhealth Deland | 1200 | $1,529,265 |
| Florida Cancer Specialists | 1107 | $1,364,662 |
| Adventhealth Fish | 996 | $1,163,655 |
| Halifax Hospital Medical | 183 | $876,005 |
| Medical Center Of Deltona | 208 | $598,070 |
| Deland Dialysis | 657 | $566,819 |
| Quest Diagnostics Tampa | 4243 | $271,382 |
| 06 Radiology Associates | 1440 | $171,821 |
| PHPTS Of Ormond Beach | 62 | $157,872 |
| Wellness Avenue Surgery | 186 | $138,130 |

## Plan Payment by Age & Claimant Type

| Census Date: 9/30/2025 | Employee | Spouse | Dependent |
|---|---|---|---|
| 0 to 19 | $26,296 | $0 | $0 |
| 20 to 25 | $133,876 | $0 | $0 |
| 26 to 29 | $390,506 | $0 | $0 |
| 30 to 39 | $1,003,269 | $0 | $0 |
| 40 to 49 | $1,543,765 | $0 | $0 |
| 50 to 59 | $3,384,026 | $0 | $0 |
| 60 to 64 | $1,729,303 | $0 | $0 |
| 65 and Older | $1,087,534 | $0 | $0 |
| **Totals** | $9,298,576 | $0 | $0 |

## Claims Paid by Month

| | |
|---|---|
| October 24 | $587,445 |
| November 24 | $863,716 |
| December 24 | $653,847 |
| January 25 | $697,904 |
| February 25 | $1,213,843 |
| March 25 | $610,869 |
| April 25 | $799,399 |
| May 25 | $768,556 |
| June 25 | $887,985 |
| July 25 | $1,267,484 |
| August 25 | $501,273 |
| September 25 | $446,253 |
| **Total:** | $9,298,576 |

## Average Lag & Average Spend (rolling 12 months)

| Product | Avg Paid per Day | Avg Lag Days | Lag Dollars |
|---|---|---|---|
| Medical | $25,547 | 41 | $1,047,427 |
| Vision | $0 | 79 | $0 |
| RX | $0 | 69 | $0 |
| **Total:** | | | $1,047,427 |

# miBenefits Executive Summary for 00532

**Client:** West Volusia Hospital Authority
**Paid Dates:** 10/1/2024 to 9/30/2025
**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 | 2 | $1,190 | $812 | $378 | $10 | $0 | $368 | 0.00% |
| AMBULANCE | 58 | $93,816 | $93,816 | $0 | $0 | $0 | $0 | 0.00% |
| ANESTHESIA | 607 | $917,259 | $749,417 | $167,842 | $0 | $0 | $167,842 | 1.81% |
| CHIROPRACTIC | 442 | $33,401 | $20,899 | $12,502 | $1,831 | $0 | $10,670 | 0.11% |
| COVID-19 | 7 | $850 | $850 | $0 | $0 | $0 | $0 | 0.00% |
| DIALYSIS | 1216 | $23,874,078 | $23,164,079 | $710,000 | $0 | $0 | $710,000 | 7.64% |
| DME/APPLIANCE | 66 | $63,165 | $63,165 | $0 | $0 | $0 | $0 | 0.00% |
| EMERG ROOM CHRGS | 5405 | $12,528,271 | $11,545,756 | $982,515 | $37,777 | $0 | $944,737 | 10.16% |
| HOME HEALTH CARE | 4 | $614 | $614 | $0 | $0 | $0 | $0 | 0.00% |
| HOSPICE CARE | 2 | $5,734 | $5,734 | $0 | $0 | $0 | $0 | 0.00% |
| INELIGIBLE | 3933 | $2,862,098 | $2,856,990 | $5,109 | $0 | $0 | $5,109 | 0.05% |
| INPATIENT PHYS | 3588 | $969,545 | $747,164 | $222,380 | $0 | $0 | $222,380 | 2.39% |
| IP HOSP CHARGES | 764 | $20,741,963 | $18,552,724 | $2,189,240 | $12,100 | $0 | $2,177,140 | 23.41% |
| MATERNITY | 54 | $53,259 | $53,154 | $105 | $0 | $0 | $105 | 0.00% |
| MEDICAL MISC | 425 | $112,855 | $98,080 | $14,774 | $2,055 | $0 | $12,719 | 0.14% |
| OFFICE VISIT | 9530 | $1,316,801 | $857,274 | $459,527 | $37,099 | $0 | $422,428 | 4.54% |
| OP PHYSICIAN | 2263 | $1,101,608 | $800,676 | $300,932 | $1,955 | $0 | $298,977 | 3.22% |
| OTHER | 2525 | $4,073 | $3,507 | $566 | $0 | -$25,853 | $26,419 | 0.28% |
| OUTPAT HOSP | 309 | $1,128,863 | $1,016,628 | $112,235 | $5,205 | $0 | $107,030 | 1.15% |
| PSYCHIATRIC | 1476 | $527,889 | $294,468 | $233,421 | $5,695 | $0 | $227,726 | 2.45% |
| RADIATION /CHEMO | 1244 | $4,365,218 | $3,173,296 | $1,191,922 | $330 | $0 | $1,191,592 | 12.81% |
| 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 | 46 | $315,423 | $206,037 | $109,386 | $5 | $0 | $109,381 | 1.18% |
| SURG FACILITY | 782 | $7,173,770 | $6,148,194 | $1,025,576 | $11,975 | $0 | $1,013,601 | 10.90% |
| SURGERY | 2226 | $411,468 | $306,260 | $105,208 | $0 | $0 | $105,208 | 1.13% |
| SURGERY IP | 257 | $273,720 | $198,239 | $75,481 | $0 | $0 | $75,481 | 0.81% |
| SURGERY OP | 373 | $452,447 | $348,851 | $103,595 | $0 | $0 | $103,595 | 1.11% |
| TELEMEDICINE | 3 | $450 | $59 | $391 | $0 | $0 | $391 | 0.00% |
| THERAPY | 4341 | $475,311 | $346,576 | $128,735 | $10,130 | $0 | $118,605 | 1.28% |
| URGENT CARE | 191 | $34,974 | $26,457 | $8,517 | $1,789 | $0 | $6,728 | 0.07% |
| VISION | 7 | $432 | $432 | $0 | $0 | $0 | $0 | 0.00% |
| WELLNESS | 8912 | $704,320 | $578,424 | $125,896 | $0 | $0 | $125,896 | 1.35% |
| XRAY/ LAB | 40597 | $7,403,265 | $6,280,862 | $1,122,403 | $7,955 | $0 | $1,114,448 | 11.99% |
| **Totals:** | 91672 | $87,974,842 | $78,566,207 | $9,408,634 | $135,912 | -$25,853 | $9,298,576 | |

# PCORI Membership Count

**Block of Business ID:** EBMSI
**Client ID:** 00532

**Eligibility Date: :** 10/1/2024 to 9/30/2025

| Month-Year | Employee Count | Dependent Count | Total Member |
|---|---|---|---|
| 00532-West Volusia Hospital Authority | | | |
| 10/1/2024 | 1613 | 0 | 1613 |
| 11/1/2024 | 1614 | 0 | 1614 |
| 12/1/2024 | 1597 | 0 | 1597 |
| 1/1/2025 | 1594 | 0 | 1594 |
| 2/1/2025 | 1604 | 0 | 1604 |
| 3/1/2025 | 1619 | 0 | 1619 |
| 4/1/2025 | 1606 | 0 | 1606 |
| 5/1/2025 | 1630 | 0 | 1630 |
| 6/1/2025 | 1651 | 0 | 1651 |
| 7/1/2025 | 1641 | 0 | 1641 |
| 8/1/2025 | 1630 | 0 | 1630 |
| 9/1/2025 | 1599 | 0 | 1599 |

| Total Member Days |
|---|
| 1,616.50 |

# Enrollment Counts by City and State

**Block of Business ID:** EBMSI
**Client ID:** 00532

**As Of Date:** 9/30/2025

| City, State | Employee Count | Dependent Count | Total Count |
|---|---|---|---|
| De Leon Springs, FL | 123 | 0 | 123 |
| Debary, FL | 37 | 0 | 37 |
| Deland, FL | 762 | 0 | 762 |
| Deltona, FL | 368 | 0 | 368 |
| Lake Helen, FL | 10 | 0 | 10 |
| Orange City, FL | 77 | 0 | 77 |
| Osteen, FL | 8 | 0 | 8 |
| Pierson, FL | 87 | 0 | 87 |
| Seville, FL | 36 | 0 | 36 |
| **Total** | **1508** | **0** | **1508** |

# Tier Census by Product 9/1/2025

**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 | 1536 | 709 | 827 | 0 | 0 | 0 | 0 | 1536 |
| | | Subtotal for Active: | 1536 | 709 | 827 | 0 | 0 | 0 | 0 | 1536 |
| | | **Total for Medical:** | 1536 | 709 | 827 | 0 | 0 | 0 | 0 | 1536 |

# Tier Census by Product 9/15/2025

**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 | 1517 | 696 | 821 | 0 | 0 | 0 | 0 | 1517 |
| | | Subtotal for Active: | 1517 | 696 | 821 | 0 | 0 | 0 | 0 | 1517 |
| | | **Total for Medical:** | 1517 | 696 | 821 | 0 | 0 | 0 | 0 | 1517 |

# Benefit Analysis Summary

**Block of Business ID:** EBMSI
**Client ID:** 00532
**Paid Date:** 9/1/2025 to 9/30/2025

| | Line Count | Charge | Ineligible | Cost Savings | Allowed | Patient Responsibility | Adjustments | Paid | % Paid |
|---|---|---|---|---|---|---|---|---|---|
| 00532-West Volusia Hospital Authority | | | | | | | | | |
| AMBULANCE | 6 | 2,583.00 | 2,583.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| ANESTHESIA | 28 | 48,789.00 | 2,316.00 | 39,253.30 | 7,219.70 | 0.00 | 0.00 | 7,219.70 | 1.62% |
| CHIROPRACTIC | 13 | 1,167.42 | 119.00 | 583.48 | 464.94 | 50.00 | 0.00 | 414.94 | 0.09% |
| DIALYSIS | 132 | 2,914,007.14 | 113,839.74 | 2,749,451.28 | 50,716.12 | 0.00 | 0.00 | 50,716.12 | 11.36% |
| DME/APPLIANCE | 4 | 1,845.30 | 1,845.30 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| EMERG ROOM... | 405 | 1,384,577.66 | 187,247.54 | 1,127,501.57 | 69,828.55 | 2,450.00 | 0.00 | 67,378.55 | 15.10% |
| HOME HEALTH CARE | 1 | 61.19 | 61.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| INELIGIBLE | 669 | 653,753.08 | 652,322.03 | 1,234.90 | 196.15 | 0.00 | 0.00 | 196.15 | 0.04% |
| INPATIENT PHYS | 398 | 105,515.34 | 72,980.34 | 18,863.55 | 13,671.45 | 0.00 | 0.00 | 13,671.45 | 3.06% |
| IP HOSP CHARGES | 93 | 2,629,202.50 | 731,220.45 | 1,832,005.36 | 65,976.69 | 350.00 | 0.00 | 65,626.69 | 14.71% |
| MATERNITY | 16 | 3,495.92 | 2,995.92 | 394.64 | 105.36 | 0.00 | 0.00 | 105.36 | 0.02% |
| MEDICAL MISC | 40 | 4,652.01 | 3.01 | 3,309.21 | 1,339.79 | 160.00 | 0.00 | 1,179.79 | 0.26% |
| OFFICE VISIT | 742 | 108,821.32 | 16,484.37 | 60,384.23 | 31,952.72 | 2,630.00 | 0.00 | 29,322.72 | 6.57% |
| OP PHYSICIAN | 127 | 145,375.28 | 476.00 | 88,406.47 | 56,492.81 | 84.01 | 0.00 | 56,408.80 | 12.64% |
| OTHER | 161 | 5.75 | 5.75 | 0.00 | 0.00 | 0.00 | 5,280.66 | -5,280.66 | -1.18% |
| OUTPAT HOSP | 78 | 280,564.62 | 55,479.24 | 203,378.10 | 21,707.28 | 75.00 | 0.00 | 21,632.28 | 4.85% |
| PSYCHIATRIC | 117 | 25,900.98 | 9,881.76 | 6,114.33 | 9,904.89 | 420.00 | 0.00 | 9,484.89 | 2.13% |
| RADIATION /CHEMO | 61 | 115,829.20 | 4,130.04 | 88,914.28 | 22,784.88 | 9.27 | 0.00 | 22,775.61 | 5.10% |
| SUBS ABUSE | 1 | 5,064.96 | 493.12 | 4,571.84 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| SURG FACILITY | 55 | 600,052.87 | 114,242.13 | 468,445.68 | 17,365.06 | 425.00 | 0.00 | 16,940.06 | 3.80% |
| SURGERY | 142 | 27,866.26 | 3,070.64 | 19,782.97 | 5,012.65 | 0.00 | 0.00 | 5,012.65 | 1.12% |
| SURGERY IP | 15 | 12,049.46 | 1,407.00 | 6,231.07 | 4,411.39 | 0.00 | 0.00 | 4,411.39 | 0.99% |
| SURGERY OP | 12 | 21,990.00 | 3,291.00 | 13,163.11 | 5,535.89 | 0.00 | 0.00 | 5,535.89 | 1.24% |
| THERAPY | 249 | 25,829.33 | 4,058.26 | 14,676.37 | 7,094.70 | 600.00 | 0.00 | 6,494.70 | 1.46% |
| URGENT CARE | 15 | 3,051.00 | 918.00 | 1,460.10 | 672.90 | 125.00 | 0.00 | 547.90 | 0.12% |
| WELLNESS | 515 | 56,874.19 | 1,162.94 | 45,610.00 | 10,101.25 | 0.00 | 0.00 | 10,101.25 | 2.26% |
| XRAY/ LAB | 3088 | 778,901.79 | 242,537.17 | 479,659.85 | 56,704.77 | 347.77 | 0.00 | 56,357.00 | 12.63% |
| **Totals for 00532** | 7183 | 9,957,826.57 | 2,225,170.94 | 7,273,395.69 | 459,259.94 | 7,726.05 | 5,280.66 | 446,253.23 | |

# miBenefits Benefit Analysis Summary

**Block of Business ID:** EBMSI
**Client ID:** 00532
**Paid Date:** 10/1/2024 to 9/30/2025

| | Line Count | Charge | Ineligible | Cost Savings | Allowed | Patient Responsibility | Adjustments | Paid | % Paid |
|---|---|---|---|---|---|---|---|---|---|
| 00532-West Volusia Hospital Authority | | | | | | | | | |
| ALLERGY CARE | 2 | 1,190.00 | 0.00 | 812.09 | 377.91 | 10.00 | 0.00 | 367.91 | 0.00% |
| AMBULANCE | 58 | 93,815.70 | 93,815.70 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| ANESTHESIA | 607 | 917,258.90 | 78,446.53 | 670,970.83 | 167,841.54 | 0.00 | 0.00 | 167,841.54 | 1.81% |
| CHIROPRACTIC | 442 | 33,400.96 | 2,110.50 | 18,788.75 | 12,501.71 | 1,831.46 | 0.00 | 10,670.25 | 0.11% |
| COVID-19 | 7 | 849.55 | 849.55 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| DIALYSIS | 1216 | 23,874,078.45 | 4,320,086.48 | 18,843,992.07 | 709,999.90 | 0.00 | 0.00 | 709,999.90 | 7.64% |
| DME/APPLIANCE | 66 | 63,165.20 | 63,165.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| EMERG ROOM... | 5405 | 12,528,270.51 | 3,778,457.26 | 7,767,298.49 | 982,514.76 | 37,777.42 | 0.00 | 944,737.34 | 10.16% |
| HOME HEALTH CARE | 4 | 614.38 | 614.38 | 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 | 3933 | 2,862,098.46 | 2,847,482.12 | 9,507.66 | 5,108.68 | 0.00 | 0.00 | 5,108.68 | 0.05% |
| INPATIENT PHYS | 3588 | 969,544.78 | 372,954.91 | 374,209.55 | 222,380.32 | 0.00 | 0.00 | 222,380.32 | 2.39% |
| IP HOSP CHARGES | 764 | 20,741,963.49 | 5,795,039.29 | 12,757,684.67 | 2,189,239.53 | 12,100.00 | 0.00 | 2,177,139.53 | 23.41% |
| MATERNITY | 54 | 53,258.88 | 52,218.88 | 934.64 | 105.36 | 0.00 | 0.00 | 105.36 | 0.00% |
| MEDICAL MISC | 425 | 112,854.65 | 51,860.27 | 46,220.15 | 14,774.23 | 2,055.45 | 0.00 | 12,718.78 | 0.14% |
| OFFICE VISIT | 9530 | 1,316,800.84 | 136,993.53 | 720,280.46 | 459,526.85 | 37,098.54 | 0.00 | 422,428.31 | 4.54% |
| OP PHYSICIAN | 2263 | 1,101,607.59 | 68,812.77 | 731,862.89 | 300,931.93 | 1,954.54 | 0.00 | 298,977.39 | 3.22% |
| OTHER | 2800 | 4,072.75 | 784.75 | 2,722.22 | 565.78 | 0.00 | -25,533.42 | 26,099.20 | 0.28% |
| OUTPAT HOSP | 309 | 1,128,862.74 | 180,627.04 | 836,000.57 | 112,235.13 | 5,205.23 | 0.00 | 107,029.90 | 1.15% |
| PSYCHIATRIC | 1476 | 527,888.58 | 117,947.80 | 176,519.74 | 233,421.04 | 5,695.00 | 0.00 | 227,726.04 | 2.45% |
| RADIATION /CHEMO | 1244 | 4,365,217.62 | 681,136.88 | 2,492,158.68 | 1,191,922.06 | 330.25 | 0.00 | 1,191,591.81 | 12.82% |
| 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 | 46 | 315,422.56 | 42,912.10 | 163,124.45 | 109,386.01 | 5.00 | 0.00 | 109,381.01 | 1.18% |
| SURG FACILITY | 782 | 7,173,770.01 | 519,177.29 | 5,629,017.06 | 1,025,575.66 | 11,975.00 | 0.00 | 1,013,600.66 | 10.90% |
| SURGERY | 2226 | 411,467.72 | 14,450.98 | 291,808.71 | 105,208.03 | 0.00 | 0.00 | 105,208.03 | 1.13% |
| SURGERY IP | 257 | 273,719.80 | 59,764.23 | 138,474.41 | 75,481.16 | 0.00 | 0.00 | 75,481.16 | 0.81% |
| SURGERY OP | 373 | 452,446.80 | 41,134.88 | 307,716.53 | 103,595.39 | 0.00 | 0.00 | 103,595.39 | 1.11% |
| TELEMEDICINE | 3 | 450.00 | 0.00 | 58.71 | 391.29 | 0.00 | 0.00 | 391.29 | 0.00% |
| THERAPY | 4341 | 475,310.62 | 108,325.90 | 238,250.17 | 128,734.55 | 10,130.00 | 0.00 | 118,604.55 | 1.28% |
| URGENT CARE | 191 | 34,973.76 | 5,805.24 | 20,651.89 | 8,516.63 | 1,789.05 | 0.00 | 6,727.58 | 0.07% |
| VISION | 7 | 432.00 | 432.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| WELLNESS | 8912 | 704,320.46 | 54,861.10 | 523,562.96 | 125,896.40 | 0.00 | 0.00 | 125,896.40 | 1.35% |
| XRAY/ LAB | 40597 | 7,403,264.71 | 893,532.21 | 5,387,330.00 | 1,122,402.50 | 7,954.89 | 0.00 | 1,114,447.61 | 11.99% |

# Benefit Analysis Summary

**Block of Business ID:** EBMSI
**Client ID:** 00532
**Paid Date:** 10/1/2024 to 9/30/2025

| | Line Count | Charge | Ineligible | Cost Savings | Allowed | Patient Responsibility | Adjustments | Paid | % Paid |
|---|---|---|---|---|---|---|---|---|---|
| Totals for 00532 | 91947 | 87,974,841.77 | 20,416,249.07 | 58,149,958.35 | 9,408,634.35 | 135,911.83 | -25,533.42 | 9,298,255.94 | |

# Summary of Claims Paid By Location

**Block of Business ID:** EBMSI
**Client ID:** 00532

**Paid Date:** 9/1/2025 to 9/30/2025

| Description | | Claims | Medical | Dental | Vision | Prescription | Disability | Total Paid |
|---|---|---|---|---|---|---|---|---|
| **00532-West Volusia Hospital Authority** | | | | | | | | |
| miCareDeLand | | 1692 | 214,230.00 | 0.00 | 0.00 | 0.00 | 0.00 | 214,230.00 |
| miCareDelton | | 1244 | 222,057.22 | 0.00 | 0.00 | 0.00 | 0.00 | 222,057.22 |
| miCarePierso | | 89 | 9,966.01 | 0.00 | 0.00 | 0.00 | 0.00 | 9,966.01 |
| N/A | | 57 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | **00532 Totals:** | 3082 | 446,253.23 | 0.00 | 0.00 | 0.00 | 0.00 | 446,253.23 |

# Summary of Claims Paid By Location

**Block of Business ID:** EBMSI
**Client ID:** 00532

**Paid Date:** 10/1/2024 to 9/30/2025

| 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 | 20234 | 4,905,841.48 | 0.00 | 0.00 | 0.00 | 0.00 | 4,905,841.48 |
| miCareDelton | 16949 | 4,069,011.98 | 0.00 | 0.00 | 0.00 | 0.00 | 4,069,011.98 |
| miCarePierso | 1381 | 323,722.21 | 0.00 | 0.00 | 0.00 | 0.00 | 323,722.21 |
| N/A | 281 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **00532 Totals:** | 38848 | 9,298,575.67 | 0.00 | 0.00 | 0.00 | 0.00 | 9,298,575.67 |

# Top Providers by Paid Amount for Tins: '204552956'

**Block of Business ID:** EBMSI
**Client ID:** 00532

**Paid Date:** 9/1/2025 to 9/30/2025

| 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 | 530 | 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 9/30/2025

| 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 | 7326 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ebms Improving Lives

## CLAIMS PAID BY MONTH

**Paid Date: 10/1/24 to 9/30/25**

| 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 |
| | **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 | 1671 | $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 | 1568 | $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 | 1400 | $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 | 2105 | $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 | 1624 | $409,992.76 | $0.00 | 1007 | $407.14 | $195.64 | $22.99 | $0.54 | $187.97 | $0.00 |
| miCareDeLand | 05-2025 | $256,053.01 | $16,603.69 | $376.29 | $131,577.05 | $0.00 | 1467 | $404,610.04 | $0.00 | 1021 | $396.29 | $250.79 | $16.26 | $0.37 | $128.87 | $0.00 |
| miCareDeLand | 06-2025 | $207,822.80 | $23,353.51 | $1,364.30 | $213,475.04 | $0.00 | 1822 | $446,015.65 | $0.00 | 1042 | $428.04 | $199.45 | $22.41 | $1.31 | $204.87 | $0.00 |
| miCareDeLand | 07-2025 | $327,137.45 | $31,072.05 | $1,235.16 | $254,787.04 | $0.00 | 2129 | $614,231.70 | $0.00 | 1040 | $590.61 | $314.56 | $29.88 | $1.19 | $244.99 | $0.00 |
| miCareDeLand | 08-2025 | $110,897.55 | $14,247.53 | $13.89 | $104,332.49 | $0.00 | 1081 | $229,491.46 | $0.00 | 1031 | $222.59 | $107.56 | $13.82 | $0.01 | $101.20 | $0.00 |
| miCareDeLand | 09-2025 | $88,920.98 | $17,403.27 | $164.72 | $107,741.03 | $0.00 | 1678 | $214,230.00 | $0.00 | 1014 | $211.27 | $87.69 | $17.16 | $0.16 | $106.25 | $0.00 |
| | **Subtotal:** | **$2,297,367.28** | **$262,171.79** | **$7,680.28** | **$2,338,622.13** | **$0.00** | **19899** | **$4,905,841.48** | **$0.00** | **12061** | **$406.75** | **$190.48** | **$21.74** | **$0.64** | **$193.90** | **$0.00** |
| miCareDelton | 10-2024 | $75,447.41 | $13,266.17 | $0.00 | $131,247.03 | $0.00 | 1379 | $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 | 1153 | $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 | 1810 | $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 | 1537 | $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 | 546 | $716.06 | $335.33 | $21.09 | $0.74 | $358.89 | $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 | 537 | $1,146.15 | $725.16 | $38.84 | $3.72 | $378.43 | $0.00 |
| miCareDelton | 08-2025 | $123,707.11 | $9,168.67 | $77.84 | $133,541.02 | $0.00 | 970 | $266,494.64 | $0.00 | 533 | $499.99 | $232.10 | $17.20 | $0.15 | $250.55 | $0.00 |
| miCareDelton | 09-2025 | $67,187.34 | $14,060.84 | $92.06 | $140,716.98 | $0.00 | 1207 | $222,057.22 | $0.00 | 520 | $427.03 | $129.21 | $27.04 | $0.18 | $270.61 | $0.00 |
| | **Subtotal:** | **$2,131,519.47** | **$187,024.81** | **$3,225.45** | **$1,747,242.25** | **$0.00** | **16736** | **$4,069,011.98** | **$0.00** | **6568** | **$619.52** | **$324.53** | **$28.48** | **$0.49** | **$266.02** | **$0.00** |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 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 |
| miCarePierso | 07-2025 | $21,828.64 | $1,395.03 | $0.00 | $14,548.71 | $0.00 | 140 | $37,772.38 | $0.00 | 64 | $590.19 | $341.07 | $21.80 | $0.00 | $227.32 | $0.00 |
| miCarePierso | 08-2025 | $548.90 | $306.28 | $0.00 | $4,431.72 | $0.00 | 40 | $5,286.90 | $0.00 | 66 | $80.10 | $8.32 | $4.64 | $0.00 | $67.15 | $0.00 |
| miCarePierso | 09-2025 | $2,410.43 | $1,493.68 | $0.00 | $6,061.90 | $0.00 | 89 | $9,966.01 | $0.00 | 65 | $153.32 | $37.08 | $22.98 | $0.00 | $93.26 | $0.00 |
| | **Subtotal:** | **$162,877.48** | **$23,499.30** | **$0.00** | **$137,345.43** | **$0.00** | **1376** | **$323,722.21** | **$0.00** | **769** | **$420.97** | **$211.80** | **$30.56** | **$0.00** | **$178.60** | **$0.00** |

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# CLAIMS PAID BY MONTH

**Paid Date: 10/1/24 to 9/30/25**

| 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** | | | | | | | | | | | | | | | | |
| 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 |
| N/A | 08-2025 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | 64 | $0.00 | $322,888.53 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| N/A | 09-2025 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | 57 | $0.00 | $359,539.22 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | **Subtotal:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **277** | **$0.00** | **$3,915,115.11** | **0** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| | **Total:** | **$4,591,764.23** | **$472,695.90** | **$10,905.73** | **$4,223,209.81** | **$0.00** | **38291** | **$9,298,575.67** | **$3,915,115.11** | **19398** | **$681.19** | **$236.71** | **$24.37** | **$0.56** | **$217.71** | **$0.00** |

**Parameters**

Paid Date: 10/1/2024-9/30/2025
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.

Good morning, Stacy,

Attached is both the miCare September and the Q4 reports. Below is a summary of each report:

<u>September:</u>

- Overall utilization – 87%
    - DeLand - 89%
    - Deltona - 84%
- No show rate –
    - DeLand – 11%
    - Deltona – 8%
- Visits –
    - DeLand – There were 496 total visits with an additional 271 med pick-ups and 34 meds from the PAP program.
        - There were 15 first time member visits in DeLand last month and 62 physicals
    - Deltona - There were 370 clinic visits last month with and additional 168 medication pick-ups and 25 medications from the PAP program
        - There were 15 new patients in Deltona and 43 physicals conducted last month
- Member Migration – overall migration was 45%
- There are currently 410 active PAP applications being managed through the clinics. The projected annualized saving for these applications is $2,564,472

<u>Quarter 4:</u>

- Utilization – overall – 87%, the same as this period last year
    - DeLand – 89% over 87% last year
    - Deltona – 85% over 86% last year

- No show rate –
    - Deland remained the same as last year for this period at 9%
    - Deltona decreased from 8% last year to 7% for this period
- Member Migration – is 69% for Q4 over last year's 70%
- Visits – There were a total of 2,813 visits between the two sites in Q4. This is a slight decrease from this period last year which showed 2,879 visits
- Survey results show 113 responses with an overall 4.9-star rating
- Referrals – There were a total of 2,392 referrals in Q4. Of those referrals, 892 were made by miCare. Of the miCare referrals, 41% were made to imaging services and the remaining 59% were made to other specialties. miCare showed a decrease in referrals from 50% this time last quarter to 37% in Q4
- ER Diversion – There were 96 ER visits in Q4, which shows an increase over Q4 from last year
    - Added at the request of Chair Coen is the year-over-year quarters for the ER visits

<u>Follow ups from last meeting:</u>

- In response to the question around the variance in member count numbers from both miCare and EBMS reports – Rose Alberts has provided an explanation on how the EBMS, TPA calculates the reports. About the Member Migration miCare report, the EMR (Electronic Medical Record) will count all members that are currently eligible or *have been* eligible within that period.
- After the discussion around the referral management options, Attorney Small asked that we send a letter to providers asking for them to refer to miCare for any services that can be provided within the clinic space. This letter will be sent out in October

Please let me know if you have any questions around any of the included information.

Best,

**Sue Wayte**

*Senior Account Executive – miCare Health Centers*

# WVHA miCare Clinic Deland and Deltona
# September 2025 Report

## miCare Utilization

| DeLand | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|---|---|---|---|
| 2025 | 226 | 201 | 89% |

| Deltona | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|---|---|---|---|
| 2025 | 168 | 141 | 84% |

| Overall | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|---|---|---|---|
| 2025 | 394 | 342 | 87% |

**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 87% of the available clinician capacity was used for scheduled appointments; 13% 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 | 11% |
| **Deltona** | 43 | 8% |

**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 | 343 | 43% | Schedulable patient activities |
| Total Labs | 142 | 18% | Schedulable patient activities |
| Total Nurse Visits | 11 | 1% | Schedulable patient activities |
| Total medication pick-up | 271 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 34 | | Don't have a visit type and are not scheduled appointments |
| **Total Visits** | **801** | | |

## DeLand

- There was a total of 496 clinic visits at the DeLand clinic in September plus 271 medication pick-ups and an additional 34 med pick-ups from the PAP program
- Of the 496 clinic visits, there were 12 phone visits
- There were 15 **new patients** that established care at the DeLand clinic last month
- There were 62 **Physicals** in September – Male/Female Wellness – Established Patients

| WVHA miCare Clinic Total Visits for Deltona | | | |
|---|---|---|---|
| **Clinic Services** | **Number of visits** | **%** | **Notes** |
| Total Provider visits | 262 | 47% | Schedulable patient activities |
| Total Labs | 107 | 19% | Schedulable patient activities |
| Total Nurse Visits | 1 | 0% | Schedulable patient activities |
| Total medication pick-up | 168 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 25 | | Don't have a visit type and are not scheduled appointments |
| **Total Visits** | **563** | | |

## Deltona

- There was a total of 370 clinic visits at the Deltona clinic in September plus 168 medication pick-ups from Deltona as well as 25 med pick-ups from the PAP program
- Of the 370 visits, 10 were phone visits
- There were 15 **new patients** that established care at the Deltona clinic last month
- There were 43 **Physicals** in September – Male/Female Wellness – Established Patients

# miCare Member Migration

**September 2025**

| | Total Unique Patients with Appointments | Total Eligible Membership | Penetration of Membership (%) |
|---|---|---|---|
| **DeLand** | 481 | 1,532 | 31% |
| **Deltona** | 321 | 1,532 | 21% |

*** Combined migration – 45% for September**

*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 - September -2025** | |
| Application Approved | 408 |
| Application Pending Approval | 2 |
| Application Started but Not Submitted | 0 |
| **Total Active Applications** | **410** |
| | (Active Applications) |

**Key Insights:**

- **59 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 $2,564,472**

# WVHA miCare Clinic Deland and Deltona

# Quarter Four Report

## July 1st – September 30th, 2025

**Clinical Utilization**

| Deland Q4 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|---|---|---|---|
| 2024 | 719 | 625 | 87% |
| 2025 | 714 | 635 | 89% |

| Deltona Q4 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|---|---|---|---|
| 2024 | 511 | 440 | 86% |
| 2025 | 412 | 348 | 85% |

| Deland and Deltona Q4 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|---|---|---|---|
| 2024 | 1,230 | 1,065 | 87% |
| 2025 | 1,126 | 983 | 87% |

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

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

# No Show Rate

| Q4 | DeLand | | Deltona | |
|---|---|---|---|---|
| 2024 | 278 | 9% | 158 | 8% |
| 2025 | 247 | 9% | 128 | 7% |

# miCare Member Migration Q4 2025

| | Total Unique Patients with Appointments | Total Eligible Membership | Penetration of Membership (%) |
|---|---|---|---|
| 2024 | 1,071 | 1,534 | 70% |
| **2025** | **1,055** | **1,531** | **69%** |

**Key Insights:**

- **The overall available hours decreased for this period over last year and the utilization remained the same 87% as last year in this quarter**
- **Membership decreased slightly from 1,534 last year to 1,531 this year**
- **69% of members used one of the sites in this quarter**
- **No show rates remained the same for DeLand and decreased by 1% in Deltona for this period**
- **There was a total of 2,813 clinic visits between both sites in Q4. This shows a slight decrease from last year's quarter – 2,879**
    - **DeLand 1,676**
    - **Deltona 1,137**
- **Survey results show 113 Responses and an overall rating of 4.9 stars. See comments below – pages 6-9**

# miCare Visit Type Frequency

## DeLand

| WVHA miCare Clinic Total Visits for DeLand Q4 - 2024-2025 | | | |
|---|---|---|---|
| **Clinic Services** | **Number of visits** | **%** | **Notes** |
| Total Provider visits | 1,153 | 44% | Schedulable patient activities |
| Total Labs | 498 | 19% | Schedulable patient activities |
| Total Nurse Visits | 25 | 1% | Schedulable patient activities |
| Total medication pick-up | 862 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 93 | | Don't have a visit type and are not scheduled appointments |
| **Total Visits** | **2,631** | | |

- **There was a total of 1,676 clinic visits at the DeLand clinic in Q4 2025, with an additional 862 medication pick-ups and 993 med pick-ups from the PAP program**
- **Of the 1,676 visits, 45 were phone visits**
- **There were 52 new patients that established care at the DeLand clinic, and 210 Physicals were conducted in this quarter**

## Deltona

| WVHA miCare Clinic Total Visits for Deltona Q4 - 2024-2025 | | | |
|---|---|---|---|
| **Clinic Services** | **Number of visits** | **%** | **Notes** |
| Total Provider visits | 827 | 48% | Schedulable patient activities |
| Total Labs | 298 | 17% | Schedulable patient activities |
| Total Nurse Visits | 12 | 1% | Schedulable patient activities |
| Total medication pick-up | 501 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 70 | | Don't have a visit type and are not scheduled appointments |
| **Total Visits** | **1,708** | | |

- **There was a total of 1,137 clinic visits at the Deltona clinic in Q4 2025, with an additional 501 medication pick-ups along with 70 medication pick-ups from the PAP program**
- **Of the 1,137 visits, 30 were phone visits**
- **There were 44 new patients that established care at the Deltona clinic, and 125 Physicals were conducted in this quarter**

# Referrals

# 07/1/2025 – 09/30/2025

| Total # All of Referrals | 2,392 | |
|---|---|---|
| **Total miCare Provider Referrals** | **892** | **37%** |
| **Imaging Referrals** | 368 | 41% |
| **Non-Imaging Referrals** | 524 | 59% |

| | WVHA Average | *National Average | miCare Average |
|---|---|---|---|
| **Benchmark** | **37%** | 28% | **30% |

* National Average – per American Academy of Family Physicians

**Average across miCare book of business

## Top Five Referrals from Primary Care to Specialist

- **Gastroenterology**
- **Ophthalmology**
- **Cardiology**
- **Neurology**
- **Psychiatry**

**Key Insights:**

- The total number of referrals for the period was 2,392
- Referrals from miCare providers were 892 and 37% of total referrals
- miCare referrals to non-imaging referral specialists were 524 and 59% of total referrals and the imaging referrals were 368, which was 41% of the miCare total
- National average provided by the American Academy of Family physicians is 28% of provider visits resulting in a referral.
- The top five specialists align with primary care based off the clinical acuity of the population

# ER Diversion Results

| Total ER visits Q4 2024 | |
|---|---|
| Halifax | 1 |
| Advent | 95 |
| Total ER visits | 96 |
| | |
| Appropriate ER Visits | 80 |
| PCP Appropriate | 16 |
| | |
| Established Patients (miCare) | 89 |
| Follow up scheduled at miCare | 76 |
| Follow up completed at miCare | 66 |

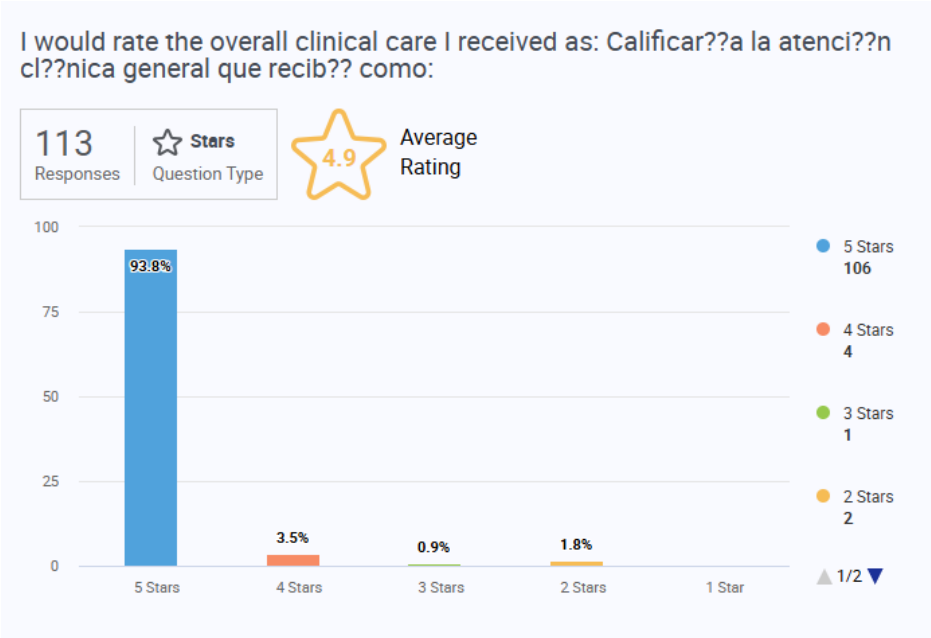
| Total ER Visits | Q1 – 2024 | Q2-2024 | Q3-2025 | Q4-2025 | Total |
|---|---|---|---|---|---|
| Halifax | 4 | 6 | 2 | 1 | 13 |
| Advent | 105 | 84 | 86 | 95 | 370 |
| | Q1-2023 | Q2 – 2023 | Q3-2024 | Q4-2024 | Total |
| Halifax | 7 | 4 | 4 | 2 | **17** |
| Advent | 90 | 91 | 87 | 87 | **355** |
| | | | | | |

**Key Insights:**

- **Total patients between Halifax and Advent were 96 (1 Halifax and 95 Advent), this shows an increase from 2024 for the same period, which had a total of 89 visits**
- **Out of the 96 patients that went to the ER, 89 had established care at miCare**
- **Out of the patients that sought care in the ER, 80 were appropriate and 16 could have been seen outside of the ER.**
- **76 patients scheduled follow up appointments at miCare of those, 66 completed their follow up in the clinic.**

# Post Visit Survey Results

## July - September 2025




## Survey Results – Comments:

- Mi care staff in the Deltona office are excellent in giving quality care, time and information. Thank you for the wonderful service I truly appreciate it..
- When ever there is an issue I get it solve with worker's that know me there . No complaints.
- Dr. Patel said I was one of her favorite patients!!!You just cannot beat that for professionalism, on her part. If scheduled me to visit every week🙂😊 it's always a good day. Tell her I said, keep up the great work.
- Great staff, thank you
- My Primary Dr Patel and the entire staff is so AWESOME! Grateful to have such kind caring people take care of me
- Solo quiero agradecer al personal administrativo y médico por toda la atención que brindan - *I just want to thank the administrative and medical staff for all the care they provide*
- Dr Patel, Crystal & Amanda make the Deltona office for me, always helpful & caring. Amanda has been a God send since my cancer diagnosis in February 2025, always there to help. The office staff/phone is getting better it seems which is welcome.
- Love my doctors
- Doy gracias a DIOS por el excelente personal y por la ayuda para todo aquél que no entiende English. Gracias de antemano por toda la coperación a todos. *I thank GOD for the excellent staff and for the help for anyone who doesn't understand English. Thank you in advance for all your cooperation.*

- The staff and PA are great, but they can’t give medical referrals per their own decision based on their observations. I was told they have to go through someone else, who appears to not be a medical professional. Not a good idea if it keeps people from medical and mental health…
- Ssuper agradecido - *Super grateful*
- MiCare son excelentes
- Ok
- Very good as always. No complaints or negative comments.
- The doctor I see now dr Umberto deland fl office is nice professional ,to me he dont understand when a patient is in severe pain constantly I use a walker he says I dont need it but he is not me or knows what it feels like to be in my shoes the Dr's have watched me go totally down hill since Oct 2025 from a person who could get around and live a somewhat regular life to now a person who barely can care for myself its not right.
- Los mejores felicidades - *Best congratulations*
- Satisfecha con el servicio que me están brindando atención médica de mi care gracias - S*atisfied with the service I am receiving from my care provider, thanks*
- I love all of them ❤️
- Si
- Love the staff l, they treat you with so much concern and my Doctor is the best. I won't trade her for no one.
- Si
- Buen atención por parte de la enfermera y la Dra Pattel es la mejor. - *Good care from the nurse and Dr. Pattel is the best.*
- La Dra es excelente!!Muy profecionales y efecientes.Toda la atención es muy buena.Tanto en el teléfono como en persona.Gracias.Bendiciones para todos - The doctor is excellent!! Very professional and efficient. All the care is excellent, both on the phone and in person. Thank you. Blessings to all.
- Excellent y muy amigables tanto las recepcionistas como el equipo médico!! Estoy muy contenta de ser parte de esta clínica ✨ *Excellent and very friendly, both the receptionists and the medical team!! I'm very happy to be part of this clinic* ✨
- Good
- they could be much more affective if not for the limitations of managed care handcuffs and political insurance dictated by the big 3 letter agencies. but we all know the truth. a lot of these questions are garbage.written by attorneys. lets be honest. that invalidates the entire point of the questionnaire. everyone with a few brain cells knows this. but i get it. most the population are dolts, barely able to function let alone think critically. more concerned societal entertainment and social media than anything tangible.
- Everyone is very prof
- Everybody is great very professional thanks for your service I surely appreciated everything thank you again God Bless
- MiCare Clinic cares about people's health.
- The doctors a medical and office staff each one of them are very professional friendly and they care how you feel.
- Love the staff & my Dr

- I love the staff & Dr.Patel they make me feel like I'm family always kind to me and understanding I give them a high 5

- Estoy muy agradecida y muy satisfecha con los médicos, , enfermer@s y todo el personal en general….. son muy educados, empaticos!! Un agradecimiento especial al Dr Humberto Páez!!! - *I am very grateful and very satisfied with the doctors, nurses, and the entire staff in general... they are very polite and empathetic!! A special thanks to Dr. Humberto Páez!!!*
- They are always very attentive and they listen to my concerns
- They treated me without judgement. Professional, kind, compassionate. In a world where people like me tend to be overlooked MiCare was there when I needed them.
- They have good service
- Thank you for all I do! Even saving my life. U listened to me, did some test, and sent me to the hospital because I was septic and bleeding in my throat ❣️❣️❣️❣️
- Everyone are friendly and polite.
- I don't see anything I could improve on.
- Thank you I appreciate all that be done to help me better my health
- I appreciate all the high level of service you have an awesome staff, thank you .
- Thank you
- Dr Pies is wonderful.
- Gracias
- Dr Humberto is great.  He is very patient and knowledgeable.
- Buen services
- I'm happy that I came to MiCare
- Muchas gracias muy agradecidad 🙏 *Much thanks, very grateful*
- Everyone is very professional.
- Muy buena la atención. Disposición del personal Gracias - *Very good service. Staff availability. Thank you.*

Nurturing Families
Building Communities

The House Next Door

Serving
Volusia and Flagler Counties

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

DeLand Service Center
114 South Alabama Avenue
DeLand, FL 32724
386-738-9169
386-943-8823 (fax)

WVHA Health Card
Enrollment Office
DeLand Service Center
386-232-2055

October 6, 2025

West Volusia Hospital Authority

Monthly Enrollment Report – September 2025

In the month of September there were 280 client interviews conducted. Of these, 234 appointments were to assist with new /renew applications and 49 to assist with pending applications from August to September.

For the month a total of 234 applications were submitted for verification and enrollment. Of these, 234 were processed by the end of the month, leaving no rollovers to carry over into October for approval.

Of the 234 that were processed, 196 were approved, 14 were denied, and 24 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 | 14 | 167 | 181 |
| Halifax (Health Fund Solutions) | 3 | 0 | 3 |
| Advent Health/Fl Hospital | 6 | 0 | 6 |
| RAAO | 18 | 18 | 36 |
| SMA | 3 | 0 | 3 |
| Other | 2 | 3 | 5 |
| **Totals** | **46** | **188** | **234** |

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
- Working Events in the Community

Respectfully submitted by Chris Booker

**WEST VOLUSIA HOSPITAL AUTHORITY**
**AGENDA MEMO**

TO: WVHA Commissioners

FROM: Webb Shephard, CPA

RE: Maturity of 1-Year CD at Mainstreet Bank

DATE: October 16, 2025

The West Volusia Hospital Authority has a certificate of deposit (CD) in the amount of $5,000,000 that will mature on November 20, 2025. Staff recommends that the Board authorize transferring the maturity proceeds into the Authority's Mainstreet Bank money market account, which currently carries an interest rate of 3.50 percent.

While the current rate on a one-year CD is slightly higher at 3.75 percent, staff recommends the money market option in order to maintain flexibility and liquidity. These funds are expected to be needed eventually as the Authority continues to spend down excess reserves.

**Easterseals Northeast Central Florida, Inc.**
**Application to West Volusia Hospital Authority**

**Alternative Reimbursement Schedule – "Fast Track" Autism Diagnostics**

Easterseals will prioritize referrals from Early Steps North Beaches for children ages 16 months to 3 years who have had developmental screening or testing in the past 12 months. Because much of the preliminary work is already complete, WVHA will only be invoiced for the Doctor Initial Visit (Developmental Pediatrician or Clinical Psychiatrist) and either the ADOS (Autism Diagnostic Observation Schedule) or the Earli Point assessment.

Other children may also qualify for "fast track" diagnostics. In those cases, WVHA will be invoiced only for the individual services provided. This new schedule replaces the all-inclusive fees in our original application and instead bills WVHA for only the services that are actually needed. This approach reflects the two most common referral situations:

1. **Newly Referred Clients**
2. **Clients with Partial Evaluations Already Completed**

**The rates below reflect our current Medicaid reimbursements.**

| Medicaid Billing Code | Medicaid Qualifying Service | Clients Newly Referred | Clients w/ Partial Evaluations Conducted within 12 months of Referral | Note |
|---|---|---|---|---|
| H2000 | Doctor Initial Visit | $250.63 | $250.63 | |
| H0031 | ADOS or EarliPoint | $126.11 | $126.11 | |
| 92525 | Speech Eval | $58.11 | | |
| 97166 | OT Eval | $58.11 | | |
| 97162 | PT Eval | $58.11 | | |
| H0032 | Follow Up Physician | $97.86 | $97.86 | Needed in approx. 20% of cases |

**EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC.**
**(EARLY AUTISM DIAGNOSTIC SERVICES) 2025-2026 FUNDING AGREEMENT**

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2025, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and **EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC.** ("Grantee").

## INTRODUCTION:

The Authority is an independent special tax district encompassing the western portion of Volusia County, Florida (the "Tax District"), created by a special act of the Florida Legislature, Chapter 57-2085, Laws of Florida, as amended (the "Enabling Legislation"), for the purpose of establishing, operating, and maintaining hospitals and other health care facilities for the care of indigents of the Tax District and for pay patients and to participate in other activities to promote the general health of the Tax District.

Grantee is a non-profit corporation located in Volusia County, Florida, whose primary mission is to provide resources for people and families challenged by disabilities. Now, as America faces a broad range of new issues, we make a major, positive, life-changing difference in the lives of people and families challenged by today's disabilities. The work we do every day is redefining disabilities for the 21st century. Grantee's "Early Autism Diagnostic Services" with West Volusia Hospital Authority" program is designed to provide early autism diagnostic services for local, underinsured children in West Volusia, eliminating the need for travel to Daytona and Orlando. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc., Halifax Healthy Families Corporation (d/b/a Healthy Communities ), Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers in the community.

Inasmuch as Grantee desires to provide access to services to high risk, medically needy and vulnerable residents of the Tax District, the Authority has determined that its provision of funding will enhance access to health services for indigent residents of the Tax District.

The Enabling Legislation authorizes and empowers the Authority to enter into lawful contracts that its Board of Commissioners may deem proper or expedient to carry out the purposes of the Enabling Legislation, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

The Authority's Board of Commissioners further has determined that this Agreement is authorized by the Enabling Legislation and is necessary for the preservation of the public health, for the public good, and for the use of the public within the Tax District.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding, as supplemented [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

**NOW THEREFORE,** in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2025 through the 30th day of September, 2026.

2. **Program.** As specified in the Funding Request submitted by Grantee dated March 6, 2025. In the event of conflict between the terms of the Request for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $15,000.00 (Fifteen Thousand Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***Grantee acknowledges that the Authority has not approved additional funding, and there is no obligation of any kind on the part of the Authority to provide additional funding, for the Program, however Grantee may apply for additional funding consistent with Authority practices. Grantee agrees to continue to seek additional third-party funding for all of its programs, including this Program.***

4. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). If Grantee's combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee shall (before the next regularly scheduled Board meeting materials deadline) submit to the Board a letter to explain the uneven spend-down of Funding and to notify the Board whether it anticipates making a request to the Authority for additional funding for the October 1, 2025 through September 30, 2026 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their city of residence and zip code, the number of services, the Medicaid Allowable HS Code for each service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for access to healthcare services provided to Program Participants (as defined in Paragraph 6) by licensed health care professionals (or supervised by

licensed health care professionals) at the following rates: (i) for Doctor Initial Visit (H2000), a flat fee of $250.63; (ii) for ADOS or EarliPoint (H0031), a flat fee of $126.11; (iii) for Speech Eval (92525) a flat fee of $58.11; (iv) for Occupational Therapy “OT” Eval (97166), a flat fee of $58.11; (v) for Physical Therapy “PT” Eval (97162), a flat fee of $58.11 per Program Participant who receives the services as described in the Application for Funding such as utilizing new EarliPoint and other such technology to help clinicians diagnose autism in children as early as 16 months and clinical assistance to equip caretakers to navigate challenges, access appropriate resources and implement effective strategies for those who are diagnosed with autism. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. “Allowable Costs” shall include the Grantee’s actual professional services expenses for providing access to health care services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program as limited in scope by Paragraph 4.2. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as

provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. A Program Participant is considered income eligible if they have income of up to and including 150% of the then applicable Federal Poverty Guidelines. The Program is to operate in, and benefit the health of residents of, the Tax District with an emphasis on providing access to care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage Program Participants to apply for a WVHA Health Card or any other federal or state health care program that Program Participants may be eligible.

**6. Screening**. In order to qualify for services under this Agreement, Program Participants must have a currently active WVHA Health Card on the date of service. Residents of the Tax District may obtain the WVHA Health Card by submitting a completed application along with the required supporting documentation to The House Next Door, Inc., WVHA's Enrollment Certifying Agent for a determination of eligibility based on the applicant's residency, identification, income and assets based on guidelines in the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 17, 2025 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements. To the extent that the Grantee's clinical coordinator determines that immediate assessment services must be provided to a potential Program Participant, Grantee may only invoice the Authority for such services if the individual eventually becomes a Health Card enrollee and the individual, within fifteen (15) business days of the immediate services, makes an initial appointment to begin the WVHA Health Card enrollment process either through the prescreening services provided by Rising Against All Odds or the prescreening and final eligibility determination services provided by the House Next Door.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number of sessions and the duration of each service received by each de-identified client; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall provide the Authority with reports made by it to other entities funding the Program, and Grantee shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Project and/or this Agreement when they become available to the Grantee. Grantee is not required to provide information related to non-parties to this Agreement to the Authority that is protected under Florida or Federal privacy or non-disclosure laws. In addition, Grantee shall make at least one (1) verbal report to the Authority board during the year detailing aspects of program utilization and efficacy. Grantee's efficacy in helping Authority in carrying out its mission shall be a significant factor in reviewing further funding requests.

8. **Site Inspection/Agreed Upon Procedures Report.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. If Grantee receives an independent audit for a fiscal year that includes the Term of this Agreement, then it shall provide the Authority a copy of the audit within thirty (30) days of the audit's delivery to Grantee.

**9. Public Records Law. IF THE GRANTEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE GRANTEE'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 386-456-1252, stebo@westvolusiahospitalauthority.org, and P.O. Box 940, DeLand, FL 32721-0940.** The Grantee shall comply with Florida's Public Records Law (Fla. Stat. § 119.01 et. seq.), specifically to:

9.1 Keep and maintain public records required by the Authority to perform the service.

9.2 Upon request from the Authority's Custodian of Public Records, provide the Authority with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided under Florida's Public Records Law or as otherwise provided by law.

9.3 Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Grantee does not transfer the records to the Authority.

9.4 Upon completion of the contract, transfer, at no cost, to the Authority all public records in possession of the Grantee or keep and maintain public records required by the Authority to perform the service. If Grantee transfers all public records to the Authority upon completion of the contract, the Grantee shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Grantee keeps and maintains public records upon completion of the contract, the Grantee shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Authority, upon request from the

Authority's Custodian of Public Records, in a format that is compatible with the information technology systems of the Authority.

10. **Breach.** A failure by Grantee to do or cause to be done, or omit to do, any act required by this Agreement shall constitute a "Breach" of this Agreement. Further, a continuing Breach of any other Authority Agreement, including prior agreements, shall constitute a Breach of this Agreement. Upon the occurrence of any such Breach, the Authority may terminate funding under this Agreement. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four (4), "Reimbursements," as of the date of termination of funding. Should Grantee fail to provide information sufficient to determine Final Reimbursement as of the date of termination of funding then Grantee shall be responsible for repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four (4), "Reimbursements." This provision shall not be in limitation of, but in addition to, any other rights the Authority may have in law or equity. Unless otherwise specified herein, all remedies of a party for a breach of this Agreement are cumulative.

11. **Nonwaiver of Breach.** The failure of a party hereto to enforce any of its rights arising by reason of any default or breach of covenant on the part of the other shall not constitute a waiver thereof, nor shall any custom or practice between the parties in the course of administering this Agreement be construed to waive or to lessen their rights to insist upon the performance by the other of any term, covenant or condition hereof, or to exercise any rights given it on the account of any such default. A waiver of a particular breach or default shall not be deemed to be a waiver of the same or any other subsequent breach or default.

12. **Delays in Enforcement.** No delay by Authority or Grantee in enforcing any right or remedy accorded to Authority or Grantee under this Agreement, nor any number of recoveries thereon, shall diminish or otherwise affect any such right or remedy.

13. **Non-discrimination.** Grantee shall not discriminate on the basis of race, color, religion, sex, national origin, age, disability or marital status.

14. **Notices.** All notices, requests, consents and other communications hereunder shall be in writing and shall be made by hand delivery, first class registered or certified mail, postage paid, address:

If to Grantee:

Easterseals Northeast Central Florida, Inc.
Attn: Bev Johnson, Its President
1219 Dunn Avenue
Daytona Beach, FL 32141

If to the Authority:

West Volusia Hospital Authority
Attn: Chair

P.O. Box 940
DeLand, FL 32721-0940

or such other address which may have been furnished by one party to the other in writing.

15. **Counterparts.** This Agreement may be signed in counterparts, each of which shall be deemed an original.

16. **Other Documents and Acts.** Each party shall, at the request of the other, execute, acknowledge and deliver whatever additional instruments and do such other acts as may be required or convenient in order to accomplish and carry forward the intent and purposes of this Agreement.

17. **Conformity with Law.** The parties' actions hereunder are to conform to all applicable state, federal, and local laws and are intended to be consistent with the intents and purposes of the Authority's Enabling Legislation. *The funding provided to the Grantee shall be used for the benefit of the residents of the Tax District.*

18. **Headings.** The various headings used in this Agreement as headings for paragraphs, sub-paragraphs and otherwise are for convenience only and shall not be used in interpreting the text of the section or sub-section in which they appear.

19. **Governing Law.** The Agreement shall be governed by the laws of the State of Florida. Venue shall be in western Volusia County.

20. **Assignability.** This Agreement shall bind and inure to the benefit of the parties hereto, and their successors and assigns. Notwithstanding the foregoing, neither party may assign any of its rights nor obligations under this Agreement without the prior express written consent of the other party.

21. **Indemnity.** Grantee shall obtain and maintain reasonable levels of insurance, provide evidence of that coverage upon reasonable request of the Authority, and make the Authority an additional insured under the insurance policies during the term of this Agreement. Further, Grantee shall be liable for and shall indemnify, defend, and hold harmless the Authority and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions neglect, or omissions by the Grantee, its agents, or employees during the performance or operation of this Agreement or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property except that the Grantee will not be liable for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Authority or any of its officers, agents, or employees.

The Grantee's obligation to indemnify, defend, and pay the defense of, or at the Authority's option, to participate and associate with the Authority in the defense and trial of any damage,

claim, or suit and any related settlement negotiations, shall be triggered by the Authority's notice of claim for indemnification to Grantee. The Grantee's inability to evaluate liability or its evaluation of liability shall not excuse the Grantee's duty to defend and indemnify within seven (7) days after such notice by the Authority is given by registered mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the Authority solely negligent shall excuse performance of this provision by Grantee. The Grantee shall pay all costs and fees related to this obligation and its enforcement by the Authority. The Authority's failure to notify the Grantee of a claim shall not release the Grantee of the above duty to defend.

22. **Agreement not a Joint Venture.** Nothing contained in this Agreement is intended, or shall be construed, as in any way creating or establishing the relationship of partners or joint venturers among the parties or as constituting any party as the agent or representative of another party for any purpose or in any manner. The Grantee, its officers, agents, and employees, in performance of this Agreement, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the Authority. The Grantee is responsible for Social Security and Income Tax withholdings. The Authority will not furnish services or support (e.g., office space, office supplies, telephone service, secretarial, or clerical support). The Grantee agrees to take such actions as may be necessary to ensure that each subcontractor of the Grantee will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the Authority.

23. **Attorneys' Fees.** If any action, at law or in equity, including an action for declaratory relief, is brought to enforce or interpret this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees from the other party, including fees at both the trial and appellate levels, in addition to any other relief that may be awarded.

24. **Entire Agreement.** This Agreement, including any exhibits and schedules hereto, constitutes the full and entire understanding and agreement between the parties concerning the subject matter of this Agreement, and supersedes all other prior agreements and negotiations, oral or written, concerning that subject matter, all of which are merged into this Agreement. Nothing herein, express or implied, is intended to confer upon any party, other than the parties hereto and their respective successors and permitted assigns, any rights, remedies, obligations, or liabilities under or by reason of this Agreement.

*(The remainder of this page is intentionally left blank)*

**IN WITNESS THEREOF,** the parties have executed this Agreement effective as of the day and year first written above.

**WEST VOLUSIA HOSPITAL AUTHORITY**

By:_____
Jennifer L. Coen, Its Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

**EASTERSEALS NORTHEAST CENTRAL FLORIDA, INC.**

By: _____

Bev Johnson, Its President
Easterseals Northeast Central Florida, Inc.
1219 Dunn Avenue
Daytona Beach, FL 32141

Date: _____

ATTEST

By: _____
Melissa Burt DeVriese, Its Board Chairperson

# Why the West Volusia Hospital Authority Needs a YouTube Channel

The West Volusia Hospital Authority plays a vital role in improving healthcare access, resources, and education for our community. Yet, many are not fully aware of the programs, services, and opportunities available to them. A **YouTube channel** would serve as a centralized, easily accessible, and trustworthy platform for engagement, education, and community outreach.

**Added Justifications & Strengthening Points**

- **Cross-generational usage**
  - YouTube is not just for young people. Many older adults use it as a key source of news, health information, and video content. According to comScore, YouTube reaches **95% of online U.S. adults ages 55+** on a monthly basis.
  - In fact, recent data shows older demographics are among the fastest-growing users, with adults aged 65+ nearly **doubling** their YouTube viewership over the past couple of years.
  - Thus, a YouTube presence allows the Authority to connect with **all** age groups—from younger tech users to seniors who increasingly turn to online video for information.

- **Clear, authoritative online presence**
  While WVHA has a Facebook presence, the existence of **multiple Facebook pages** has created confusion for the public: Which page is current? Which one is the official Authority account? A YouTube channel gives WVHA a single place to present our voice, updates, and content.

- **Control the narrative and refresh outdated content**
  At present, when someone types "West Volusia Hospital Authority" into YouTube, the top result is a video from ~6 years ago showing a former Commissioner eating a sandwich, a moment that has nearly 250 views. That video should NOT be the first introduction to the WVHA. A new, curated channel would allow us to replace outdated material with our current mission, services, and accomplishments.

- **Engage, educate, inform, and archive**
  Through short, compelling videos, the Authority can:
  - Publish meeting quarterly meeting & board updates, and interviews
  - Share community health programs, eligibility guidelines, and wellness tips
  - Video announcements
  - Provide on-demand access for those who can't attend in person
  - Archive content for future reference

**Content Management and Publishing Plan**

The Administrator will maintain the YouTube channel. I will assist in planning and coordinating content and aiding the Administrator if she needs. Our goal is *not* to overwhelm viewers or produce content for the sake of quantity. Instead, we will focus on publishing **1–2 high-quality videos per quarter**. This intentional approach ensures that our story is told accurately, aligns with our mission, and maintains a consistent standard of excellence.

# WEST VOLUSIA HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS (RFP)

Marketing & Outreach Services

Fiscal Year 2025–2026

(Reviewed and Approved by the WVHA Board of Commissioners)

SUBMISSION DEADLINE
All proposals must be received by 12:00 P.M. (Noon) on [Insert Date].

Submit five (5) physical copies to:
West Volusia Hospital Authority
c/o Stacy Tebo – WVHA miCare Clinic
844 W. Plymouth Avenue
DeLand, Florida 32720
(386) 456-1252

Late or incomplete submissions will not be accepted.

## INTRODUCTION

The West Volusia Hospital Authority (WVHA) is accepting proposals from qualified marketing agencies, consultants, or contractors to provide Marketing and Outreach Services that increase awareness of WVHA programs, promote access to healthcare services, and strengthen community engagement. WVHA is a special taxing district established under Chapter 57-2085, Laws of Florida, as amended, serving the residents of West Volusia County. The Authority's mission is to improve health outcomes and ensure equitable access to care for indigent residents.

## AVAILABLE FUNDING

The WVHA Board of Commissioners has allocated up to $40,000 total for this initiative. This amount represents the maximum available funding for all marketing and outreach services under this RFP. Applicants should design their proposals and budgets accordingly.

## ELIGIBLE APPLICANTS

Applications will be accepted from small businesses, marketing firms, and communications professionals; independent contractors or sole proprietors with experience in branding, outreach, or video production; and Florida-registered

corporations (for-profit or non-profit) or local government entities capable of providing the services described. All applicants must be properly licensed and authorized to conduct business in the State of Florida.

## SCOPE OF WORK

The selected contractor will assist WVHA in developing and executing marketing and outreach efforts focused on:

1. Community Outreach – Creating and implementing public awareness campaigns that inform residents about WVHA's mission, available programs, and eligibility for healthcare support.
2. Branding & Messaging – Enhancing WVHA's visual identity and ensuring consistent, clear communication across platforms.
3. Video Production & Editing – Producing short, high-quality videos for social media, the WVHA website, and community presentations that tell the WVHA story and showcase community impact.

Deliverables may include:
- One (1) comprehensive outreach and branding plan
- Three to five (3–5) edited promotional or informational videos
- Digital, print, and social media materials for outreach
- Bi-monthly progress updates and one (1) final completion report

## CONTRACT PERIOD

The contract will cover an eight (8)-month period, anticipated to begin upon Board approval and execution of the funding agreement.

## APPLICATION CONTENT REQUIREMENTS

Each proposal must include the following sections:
1. Applicant Information
2. Proposal Narrative
3. Work Plan & Deliverables
4. Organizational Experience and Capacity
5. Proposed Budget
6. Supporting Documentation

## EVALUATION AND SELECTION PROCESS

All proposals will be reviewed and scored by the WVHA Board of Commissioners. Selection will be based on the following criteria:

| Evaluation Criteria | Weight |
|---|---|
| Clarity, Feasibility, and Cost Effectiveness of Proposal | 40% |
| Experience and Organizational Qualifications | 25% |
| Creativity and Alignment with WVHA Mission | 25% |
| Overall Presentation and Completeness | 10% |

Scoring Scale: Each category will be rated on a scale of 1 to 5, with 5 being the highest and 1 being the lowest.

## REPORTING REQUIREMENTS

The selected contractor will provide bi-monthly progress reports summarizing outreach activities and deliverables, and a final report within 30 days after contract completion detailing outcomes, metrics, and use of funds.

## CHECKLIST OF REQUIRED ATTACHMENTS

☐ Completed and signed application form
☐ Detailed project narrative
☐ Work plan and deliverables timeline
☐ Itemized budget and budget narrative (≤ $40,000)
☐ Proof of Florida business registration or license
☐ Proof of insurance
☐ IRS Form W-9
☐ Agency Attestation Form (signed and dated)

## AGENCY ATTESTATION FORM

Agency: _____
Service Name: _____

To comply with the requirements of the West Volusia Hospital Authority Request for Proposals for Marketing and Outreach Services, the undersigned applicant attests that:

1. Incorporation. Applicant is registered with the Florida Department of State.
2. Negotiation. Applicant understands a mutually agreed funding agreement is required prior to disbursement.
3. Service Availability. Services will be provided on a nondiscriminatory basis.
4. Supporting Documentation. Applicant will submit all required documents.
5. Fiscal Conditions. Applicant certifies that it has not had a contract canceled for cause, does not owe repayment of funds, and has not declared bankruptcy within the past three years.

Authorized Signature: _____
Printed Name/Title: _____
Date: _____

# Proposal: Seasonal Digital Flyers for Community Engagement

## Purpose

The purpose of this proposal is to encourage the West Volusia Hospital Authority (WVHA) to create and publish simple, seasonal digital flyers on our official social media platforms (such as Facebook). These flyers would highlight holidays, community observances, and general goodwill messages such as Happy New Year, Happy Holidays, and Thank You to Our Veterans.

## Why This Matters

Governmental entities serve not only as service providers but also as visible representatives of their communities. Sharing digital flyers is a simple yet effective way to:

• Increase public visibility: Posting greetings and well-branded messages helps residents recognize WVHA as an active and engaged authority.

• Promote goodwill: Seasonal greetings are a positive way to connect with the public and reflect the Authority's commitment to community service.

• Enhance public trust: Regular outreach helps remind the community that WVHA remains responsive, transparent, and people-focused.

• Modernize communication: Most residents rely on social media for local updates; digital flyers provide an efficient, no-cost means of outreach.

## Design & Frequency

• Flyers will use official WVHA branding, including logo, approved color palette, and, when appropriate, photos of the Board of Commissioners or staff.
• Messages will remain non-political and community-focused.
• Flyers will be posted seasonally or bi-monthly to align with major public holidays and community events.

## Cost & Implementation

• Cost: No additional cost to the Authority. Commissioner Ford maintains access to Canva Plus (the premium version), which provides professional templates and design tools for high-quality digital flyers at no charge to the Authority.
• Posting: Flyers will be managed and published by the designated staff or communications liaison, following standard review and approval processes.
• Approval Process: A schedule of proposed seasonal flyers can be approved at the start of each calendar year to ensure timely posting.

## Recommendation

Approve a motion authorizing the West Volusia Hospital Authority to design and publish seasonal digital flyers on official social media accounts to enhance community visibility and engagement.