

## **REPORT on WEST VOLUSIA HOSPITAL AUTHORITY: F.S. §189.0694(1)**

### **GOALS AND OBJECTIVES adopted for Fiscal Year 2024-2025**

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

***Establish and maintain a comprehensive WVHA Health Card Program for income and asset eligible residents of the tax district (hereinafter “eligible residents”).***

**Performance measure #1:** Increase the enrollment of eligible residents.

As of 9/30/24, there were 1507 card members enrolled. As of 9/30/25, there were 1508 card members. The average monthly member count for fiscal year 2024-2025 is 1616.

**Performance measure #2:** Annual review and revise the WVHA Eligibility Guidelines as necessary to fulfill WVHA’s purpose.

WVHA commissioners reviewed the eligibility guidelines at their Board meetings over a 3-month period between April and June of 2025. They solicited and considered input from contracted agencies, staff, and the public. At the end of the review, the eligibility guidelines were revised on June 17, 2025.

**Performance measure #3:** Annual review and revise the Benefit Plan for the West Volusia Hospital Authority as necessary to fulfill WVHA’s purpose.

After initiating a new annual review process in September 2025 and having received no complaints or concerns from Health Card members requiring immediate revisions, the Board decided to seek the expertise of its Third-Party Administrator and other contracted professionals to develop a comprehensive set of recommendations in order to align its benefit plan with any updates in industry standards and Florida law. The Board established a timeline for review and consideration of the requested recommendations, beginning in June 2026.

**Performance measure #4:** Maintain an appointed Citizens Advisory Committee to review and make recommendations annually for WVHA to consider funding of providers that apply to provide otherwise unmet healthcare needs of the tax district.

The 10-member CAC met from February through June of 2025. Their meetings of 4/1/25, 5/6/25, & 6/3/25 were devoted to intensive review of funding applications; applicants were thoroughly questioned on their applications. The CAC provided their funding recommendations to the Board of

Commissioners on 6/17/25. The Board and CAC discussed the applications and the reasons for the CAC's recommendations.

***Expand access to primary health care for eligible residents.***

**Performance measure #1:** Maintain contract with a third-party to operate a primary care clinic for eligible residents.

WVHA maintains a contract with miCare LLC to operate two primary care clinics for all health card members. This contract was established in October 2020 and remains intact.

**Performance measure #2:** Increase utilization of WVHA's primary care clinic.

2024-2025 Utilization by clinic: DeLand - 89% Deltona - 83% Overall - 86%

**Performance measure #3:** Decrease of unnecessary utilization of specialty care services.

There were 8,106 specialty referrals made between 10/1/24 – 9/30/25. Of those, the miCare providers made 3,908 (48% of the overall). 1,626 to imaging and 2,282 to specialists. Q1 showed a referral rate of 57%, and by Q4, the rate had been reduced to 37%.

**Performance measure #4:** Decrease of unnecessary utilization of hospital emergency department services.

From 10/1/2024 to 9/30/2025, WVHA health card members had 383 ER visits.

***Establish and maintain a specialty healthcare network for eligible residents.***

**Performance measure #1:** Maintain contract with a third-party to operate a primary care clinic for eligible residents.

WVHA maintains a contract with EBMS, a third-party administrator, to facilitate the self-funded benefit plan. As part of this contract, a full contracting team facilitates the specialty care network. Currently, the network consists of 90 contracted specialists amongst 36 clinical categories.

**Performance measure #2:** Annual Review and recommend to contracted third party any necessary revisions to its list of contracted specialty care providers.

As mentioned in #3, performance metric a, WVHA enlists EBMS to maintain its specialty network of providers. The EBMS team meets every Tuesday with the referral and clinical team at the WVHA miCare Clinic to discuss new clinical referral areas and updated practice needs. This is a fluid process that is well managed and maintained across these vendor partners.

***Expand access to hospital and emergency department services for eligible residents.***

**Performance measure #1:** Maintain contract with a third-party to establish and maintain a network of inpatient hospital and emergency department services that is available for eligible residents.

WVHA maintains a contract with EBMS, a third-party administrator, to facilitate the self-funded benefit plan. As part of this contract, a full contracting team maintains contracts with AdventHealth hospitals, Halifax | UF Health Medical Center of Deltona, and an emergency room specialist group, EMPros, in West Volusia County to provide inpatient and emergency department services for WHVA health card members.

**Performance measure #2:** Monitor the third-party's inpatient hospital and emergency department network to ensure that contracted providers fulfill their agreement to split an annual budgeted amount as payment-in-full for them to provide quality services to all eligible residents for a fixed reimbursement rate of 85% of prevailing Medicare rates.

Monitor the third-party's inpatient hospital and emergency department network to ensure that contracted providers fulfill their agreement to split a \$4.2 million annual budgeted amount as payment-in-full for them to provide quality services to all eligible residents for a fixed reimbursement rate of 85% of prevailing Medicare rates.