West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
November 20, 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. Regular Meeting held October 16, 2025
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Reporting Agenda
    A. EBMS October Report – Written Submission
    B. WVHA miCare Clinic DeLand/Deltona October Report – Sue Wayte, Senior Account Executive
        1. miCare Annual Report FY 2024-2025
    C. The House Next Door October Application Processing Report
    D. Hospital Services 3rd Quarter of 2025 (July – Sept)
        1. Halifax Health | UF Health – Medical Center of Deltona
        2. AdventHealth DeLand & AdventHealth Fish Memorial
        3. EMPros
7. Discussion Items
    A. RFP for Marketing Services (Tabled on 10/16/25)
    B. Tentative Schedule for 2026 Meeting Dates and Locations
    C. Annual Report on Performance Goals & Measures for WVHA Activities in FY 24-25
    D. Draft Site Visit Reports for FY 24-25 Programs
        1. SMA Healthcare, Inc. – Baker Act (Emergency Behavioral Services)
        2. SMA Healthcare, Inc. – Psychiatric Outpatient Services
        3. SMA Healthcare, Inc. – Level II Residential Treatment Services
        4. Rising Against All Odds – HIV/AIDS Outreach Services
        5. Rising Against All Odds – Health Card Enrollment & Retention Services
    E. Request to Schedule Additional February Meeting (Commissioner Craig)
    F. Mandatory Ethics Training Reminder to be Completed by 12/31/25
    G. WVHA Administrator Job Description
    H. Resolution 2025-007 - Amending Budget for FY 2024-2025
    I. CAC Appointment – Commissioner Manning
8. Follow Up Items
    A. miCare Clinic Consolidation / Survey
    B. Mobile Health Clinic Plan (Commissioner Moore)
9. Administrator Report
10. Finance Report
    A. October Financials
    B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Upcoming – Regular Meeting January 15, 2026, in the Sanborn Center
13. Adjournment

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

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS REGULAR MEETING

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
October 16, 2025

Board Members in Attendance:
Commissioner Jennifer Coen
Commissioner Rakeem Ford
Commissioner Voloria Manning
Commissioner Jennifer Moore

Board Members Absent:
Commissioner Judy Craig

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

Call to Order

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:02 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 081 – 2025 Commissioner Manning moved to approve the proposed agenda. Commissioner Ford seconded. The motion passed 4-0-1.

Consent Agenda – Approval of Minutes

Final Budget Hearing held September 18, 2025
Regular Meeting held September 18, 2025

Motion 082 – 2025 Commissioner Manning moved to approve the Consent Agenda. Commissioner Ford seconded. The motion passed 4-0-1.

Citizen Comments – None

Mobile Health Clinic at The Neighborhood Center (TNC) – Jerilyn Picard-Bonilla, Excellence Health Director of Marketing & Transition of Care

Ms. Picard-Bonilla explained the new initiative and noted it is a partnership with AdventHealth and TNC. She said they have doubled patient numbers since launching and are considering adding another day to their weekly schedule; that they provide comprehensive care including medication referrals and chronic disease management; that key outcomes include reducing emergency room utilization and hospital re-admissions; and that there is a shortage of primary care providers in the area. She introduced the mobile unit's dedicated provider, Nurse Practitioner Danielle Miller.

Ms. Picard-Bonilla entertained questions from the Board and noted they are exploring potential partnerships with other organizations to expand the mobile primary care clinic. Attorney Small asked what the daily rate would be for an organization that wanted to partner with the mobile unit. Ms. Picard-Bonilla responded that there are several factors involved, and she would need to pull the information and get back with WVHA.

Reporting Agenda

EBMS September Report – Written Submission

WVHA miCare Clinic DeLand/Deltona September Report – Practice Manager Gretchen Soto

WVHA miCare Clinic DeLand/Deltona 4th Quarter Report

Ms. Soto outlined the miCare monthly and quarterly reports and answered the Board's questions.

The House Next Door (THND) September Application Processing Report

The reports were received into the written record.

Discussion Items

Maturity of 1-Year CD at Mainstreet Bank

Ms. Tebo summarized CPA Webb Shephard's recommendation to transfer the proceeds to the Mainstreet money market account to maintain flexibility as the Authority continues to spend down excess reserves.

Commissioner Manning said she did not think the entire amount of the maturing CD should be moved, and she preferred to discuss it first with Mr. Shephard.

Citizen Comments

Tanner Andrews said it was safe and appropriate to move the funds to the money market account.

Motion 083 – 2025
Commissioner Ford moved to authorize the transfer of the CD maturity proceeds to the WVHA Mainstreet Bank money market account. Commissioner Moore seconded. The motion passed 3-1-1.

Roll Call:

Commissioner Ford	Yes
Commissioner Manning	No
Commissioner Moore	Yes
Chair Coen	Yes

Funding Agreement for FY 2025-2026: Easterseals Northeast Central FL, Inc. – Early Autism Diagnostic Services

Attorney Small pointed out the alternative reimbursement schedule provided in the packet. He explained they would be reimbursed for specific services as provided, as opposed to a flat rate which they originally proposed in the application. He added that he incorporated them into the agreement and recommended approval as to form.

Motion 084 – 2025
Commissioner Moore moved to approve the funding agreement with Easterseals and authorize the Chair's signature. Commissioner Ford seconded. The motion passed 4-0-1.

WVHA YouTube Channel (Commissioner Ford)

Commissioner Ford outlined his proposal for the Board. He noted that a current engaging YouTube presence would allow the Authority to connect with all age groups to promote awareness of the health card program.

There was discussion that future content should be approved by the Board before being published. Commissioner Ford said he would not be in town for the November meeting, and he would work on a couple of ideas to present to the Board in January.

Chair Coen noted that she had read a recent email from the Florida Association of Special Districts about banned apps, and she wondered if YouTube was included. Attorney Small said he had not seen the email and asked her to forward the email to him for his review.

Marketing Plans (Commissioner Ford)

Marketing Plan A – RFP for Marketing Services

Commissioner Ford said that with the increased budget for advertising in the new fiscal year, he used the amount exceeding the last fiscal year for the available funding in the RFP.

Attorney Small said that the document is a good start, but it is not in a form that is ready for Board approval. He said he would edit the document and bring it back to the Board in November.

Marketing Plan B – Seasonal Digital Flyers

Commissioner Ford proposed that WVHA create and publish seasonal digital flyers on their official social media platforms to highlight holidays, community observances, and general goodwill messages. He added that there would be no cost for the flyers, as he would utilize his personal Canva Plus account. He said he would bring the flyers to the Board for approval prior to posting.

Motion 085 – 2025 Commissioner Moore moved to authorize the West Volusia Hospital Authority to design and publish seasonal digital flyers on official social media accounts to enhance community visibility and engagement. Commissioner Manning seconded. The motion passed 4-0-1.

DeLand Christmas Parade Participation (Commissioner Manning)

Commissioner Manning said that she signed up for the parade on December 6th and has magnetic vehicle signs to advertise WVHA; that she planned to again use a truck from a local dealership; that she ran out of trinkets to distribute to the community before the parade ended in the previous year; and that she was requesting $300 to purchase an adequate amount of trinkets for the upcoming parade.

Commissioner Moore noted that the new tariffs this year would increase the cost.

Chair Coen asked if the WVHA logo was placed on the trinkets last year. Commissioner Manning answered that the parade organizers would not allow branding or advertisements on the items distributed. Chair Coen said she had a problem increasing the budget from $100 to $300. Commissioner Manning withdrew her request.

Follow Up Items

miCare Clinic Consolidation / Survey

Citizen Comments

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

Ms. Tebo said that EBMS mailed out between 1500 and 1600 surveys after the last meeting, and she had received about ten back from the card members. She said she had also given THND blank surveys so that they could remind card members to complete them when they came in for their renewal appointments.

Commissioner Manning asked if the returned survey had positive responses. Ms. Tebo responded yes and noted that they answered yes or maybe to the question regarding interest in a mobile clinic.

Commissioner Ford reminded the Board that they only received one card member sign up following the mailing of 678 postcards for the 26 and Covered program, and they should be patient for additional responses to come in.

Attorney Small informed the Board that the Justin Square landlord has a different representative with respect to renewal, and she emailed him to introduce herself and recapped the last renewal proposal.

Mobile Health Clinic Plan (Commissioner Moore)

Commissioner Moore did not have an update on the mobile clinic.

Commissioner Manning said the Board members should visit the two clinics in person in advance of making a decision regarding consolidation.

Administrator Report

Ms. Tebo said that there would be a Legislative Delegation Meeting hosted by State Senator Tom Wright on Wednesday, October 29th at 9:00 a.m. in DeLand City Hall that she would be attending. She informed the Board that miCare employee Maria Paulino has been named the new Community Resource Coordinator and is assisting her in obtaining more survey responses. She pointed out that she emailed the Board members a link earlier in the afternoon for a free webinar to satisfy the yearly requirement for mandatory ethics training.

Commissioner Manning asked if she had made progress with creating her job description. Ms. Tebo responded that she had a draft and would have it ready for the November meeting.

Finance Report

September Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Chair Coen said that James Moore & Co had not utilized the new format headings adopted in the FY26 budget and asked if they could do the same for the financial statements going forward. There was Board consensus, and Ms. Tebo said she would pass it along to Mr. Shephard. Chair Coen also said she would prefer a different order of Primary Care, Specialty Care, Pharmacy, Hospitals, and ER care. She added that it would make it easier to show State legislators when she was explaining what WVHA does, and she would speak to Mr. Shephard about it.

Ms. Tebo summarized the assets and noted that WVHA was not receiving property tax revenue at this time of the year, and they would require transfers to pay operating expenses. Attorney Small pointed out that the Surety Bank transfer equaled the entire amount in the account, and it effectively would close the account. He added that he did not think it would be a wise decision to close the account without thorough consideration by the Board.

Ms. Tebo suggested that they delete the Surety Bank transfer recommended by James Moore & Co., and they could approve the Ameris and Mainstreet money market account transfers as listed.

Motion 086-2025 Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co., the $1.4 million transfer from Ameris Money Market to Ameris Operating, the $4 million transfer from Mainstreet Money Market to Ameris Operating, and estimated expenditures for the next month totaling $7,857,337. Commissioner Ford seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small noted that he had been researching the issue brought up earlier in the meeting regarding banned apps. He said that YouTube channels are banned by certain governments such as North Korea, but he had not yet found any US government bans and would continue to investigate whether WVHA would be violating any laws by initiating a YouTube channel.

Upcoming – Regular Meeting on November 20, 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 7:25 p.m.

Adjournment - Jennifer Coen, Chair

EBMS

November 20, 2025

Submission Report for

WVHA Board Members

Table of Contents

miBenefits Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 10/31/2025
Location: All
Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary

Claim Counts 6336

Claim Type	Total Paid	Per EE/Mo
Medical	$289,856	$192
Professional	$265,890	$177
Facility	$23,966	$16
PBM	$0	$0
Total Plan Paid:	$289,856	$192

Cash Flow Summary

Charges	$6,957,702
less Disallowed	$6,656,358
Allowed	$301,343
less Member	$5,516
less Adjustments	$5,826
Paid Benefit	$289,856
plus Admin Costs	$421,274
Total Plan Paid:	$711,130

Disallowed Charges by Category

Disallowed Category	Amount	% of Gross
Addl Info Not Provided	$95,648	1.37%
Duplicate Charges	$188,837	2.71%
Not Medically...	$240	0.00%
Plan Limitations	$5,474,618	78.68%
Cost Savings	$876,562	12.60%
UCR Reductions	$649	0.01%
Other	$19,804	0.28%
Total:	$6,656,358	95.67%

Census

Census Date: 10/31/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	41	34	75	0	0	0	0	75	0	0
20 to 25	39	52	91	0	0	0	0	91	0	0
26 to 29	35	26	61	0	0	0	0	61	0	0
30 to 39	113	116	229	0	0	0	0	229	0	0
40 to 49	164	191	355	0	0	0	0	355	0	0
50 to 59	169	224	393	0	0	0	0	393	0	0
60 to 64	100	119	219	0	0	0	0	219	0	0
65 and Older	33	50	83	0	0	0	0	83	0	0
Totals	694	812	1506	0	0	0	0	1506	0	0
Average Age	44.96	47.00	46.06	0.00	0.00	0.00	0.00	46.06	0.00	0.00

Top Paid

Name	Claim Count	Paid
Florida Cancer Specialists	85	$75,483
Quest Diagnostics Tampa	308	$19,500
Medical Center Of Deltona	12	$18,116
06 Radiology Associates	102	$11,672
Adventhealth Deland	57	$10,405
Gastroenterology Of	56	$8,867
CEN FL Cardiovascular	1	$8,416
Daytona Heart Group	48	$7,040
Quest Diagnostics Nichols	32	$5,624
AH Deland EMP	51	$5,571

Plan Payment by Age & Claimant Type

Census Date: 10/31/2025	Employee	Spouse	Dependent
0 to 19	$817	$0	$0
20 to 25	$4,175	$0	$0
26 to 29	$4,548	$0	$0
30 to 39	$46,176	$0	$0
40 to 49	$45,121	$0	$0
50 to 59	$104,005	$0	$0
60 to 64	$46,859	$0	$0
65 and Older	$38,155	$0	$0
Totals	$289,856	$0	$0

Claims Paid by Month

October 25	$289,856
Total:	$289,856

Average Lag & Average Spend (rolling 12 months)

Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
Medical	$24,730	41	$1,013,930
Vision	$0	79	$0
RX	$0	69	$0
Total:			$1,013,930

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Benefit Analysis

Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	8	$4,675	$4,675	$0	$0	$0	$0	0.00%
ANESTHESIA	51	$97,057	$82,160	$14,896	$0	$0	$14,896	5.14%
CHIROPRACTIC	51	$4,910	$3,105	$1,805	$230	$0	$1,575	0.54%
DIALYSIS	94	$1,476,859	$1,478,184	-$1,325	$0	$0	-$1,325	-0.46%
DME/APPLIANCE	4	$556	$556	$0	$0	$0	$0	0.00%
EMERG ROOM CHRGS	368	$649,598	$617,447	$32,151	$100	$0	$32,051	11.06%
INELIGIBLE	465	$278,654	$278,654	$0	$0	$0	$0	0.00%
INPATIENT PHYS	192	$45,950	$46,208	-$258	$0	$0	-$258	-0.09%
IP HOSP CHARGES	71	$2,659,660	$2,649,205	$10,455	$50	$0	$10,405	3.59%
MATERNITY	11	$7,830	$7,830	$0	$0	$0	$0	0.00%
MEDICAL MISC	41	$25,841	$24,912	$929	$125	$0	$804	0.28%
OFFICE VISIT	717	$101,042	$69,043	$31,999	$2,640	$0	$29,359	10.13%
OP PHYSICIAN	154	$105,313	$75,495	$29,818	$83	$0	$29,735	10.26%
OTHER	179	$0	$0	$0	$0	$5,826	-$5,826	-2.01%
OUTPAT HOSP	25	$49,084	$49,084	$0	$0	$0	$0	0.00%
PSYCHIATRIC	133	$23,261	$13,279	$9,982	$389	$0	$9,592	3.31%
RADIATION /CHEMO	134	$224,617	$167,427	$57,190	$16	$0	$57,174	19.72%
SUBS ABUSE	2	$7,451	$7,451	$0	$0	$0	$0	0.00%
SURG FACILITY	39	$425,339	$411,612	$13,726	$525	$0	$13,201	4.55%
SURGERY	153	$31,663	$24,974	$6,689	$0	$0	$6,689	2.31%
SURGERY IP	11	$11,898	$8,595	$3,304	$0	$0	$3,304	1.14%
SURGERY OP	34	$28,249	$19,003	$9,246	$0	$0	$9,246	3.19%
THERAPY	333	$37,249	$27,001	$10,247	$880	$0	$9,334	3.22%
URGENT CARE	16	$3,843	$2,655	$1,188	$225	$0	$963	0.33%
WELLNESS	553	$40,637	$32,484	$8,154	$0	$0	$8,154	2.81%
XRAY/ LAB	2856	$616,465	$555,319	$61,146	$252	$0	$60,783	20.97%
Totals:	6695	$6,957,702	$6,656,358	$301,343	$5,516	$5,826	$289,856	

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PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 10/1/2025 to 9/30/2026

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
10/1/2025	1588	0	1588
11/1/2025	1505	0	1505
12/1/2025	1296	0	1296
1/1/2026	1027	0	1027
2/1/2026	761	0	761
3/1/2026	513	0	513
4/1/2026	271	0	271
5/1/2026	87	0	87

Total Member Days
881.00

Enrollment Counts by City and State

Block of Business ID: EBMSI
Client ID: 00532

As Of Date: 10/31/2025

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	125	0	125
Debary, FL	38	0	38
Deland, FL	761	0	761
Deltona, FL	363	0	363
Lake Helen, FL	10	0	10
Orange City, FL	70	0	70
Osteen, FL	8	0	8
Pierson, FL	85	0	85
Port Orange, FL	1	0	1
Seville, FL	45	0	45
Total	**1506**	**0**	**1506**

Tier Census by Product 10/1/2025

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	1506	699	807	0	0	0	0	1506
		Subtotal for Active:	1506	699	807	0	0	0	0	1506
		Total for Medical:	1506	699	807	0	0	0	0	1506

Tier Census by Product 10/15/2025

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	1507	702	805	0	0	0	0	1507
		Subtotal for Active:	1507	702	805	0	0	0	0	1507
		Total for Medical:	1507	702	805	0	0	0	0	1507

Benefit Analysis Summary

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

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	8	4,674.80	4,674.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	51	97,056.50	39.00	82,121.14	14,896.36	0.00	0.00	14,896.36	5.14%
CHIROPRACTIC	51	4,910.44	359.76	2,745.69	1,804.99	230.00	0.00	1,574.99	0.54%
DIALYSIS	94	1,476,858.81	-218,187.01	1,696,371.31	-1,325.49	0.00	0.00	-1,325.49	-0.46%
DME/APPLIANCE	4	556.13	556.13	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	368	649,598.38	179,369.40	438,077.53	32,151.45	100.00	0.00	32,051.45	11.05%
INELIGIBLE	465	278,654.02	278,654.02	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	192	45,950.20	46,762.20	-554.27	-257.73	0.00	0.00	-257.73	-0.09%
IP HOSP CHARGES	71	2,659,660.33	1,484,263.75	1,164,941.33	10,455.25	50.00	0.00	10,405.25	3.59%
MATERNITY	11	7,830.00	7,470.00	360.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	41	25,841.04	22,695.04	2,217.12	928.88	125.32	0.00	803.56	0.28%
OFFICE VISIT	717	101,042.42	15,441.27	53,601.92	31,999.23	2,640.00	0.00	29,359.23	10.13%
OP PHYSICIAN	154	105,313.19	2,393.00	73,102.09	29,818.10	82.90	0.00	29,735.20	10.25%
OTHER	190	0.00	0.00	0.00	0.00	0.00	5,826.10	-5,826.10	-2.01%
OUTPAT HOSP	25	49,083.50	15,895.05	33,188.45	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	133	23,260.70	5,969.00	7,309.80	9,981.90	389.43	0.00	9,592.47	3.31%
RADIATION /CHEMO	134	224,616.91	6,249.44	161,177.56	57,189.91	16.04	0.00	57,173.87	19.72%
SUBS ABUSE	2	7,451.00	7,451.00	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	39	425,338.60	126,875.71	284,736.74	13,726.15	525.00	0.00	13,201.15	4.55%
SURGERY	153	31,662.96	900.00	24,074.22	6,688.74	0.00	0.00	6,688.74	2.31%
SURGERY IP	11	11,898.46	3,265.00	5,329.60	3,303.86	0.00	0.00	3,303.86	1.14%
SURGERY OP	34	28,248.96	340.00	18,662.94	9,246.02	0.00	0.00	9,246.02	3.19%
THERAPY	333	37,248.83	9,212.83	17,788.55	10,247.45	880.00	0.00	9,333.60	3.22%
URGENT CARE	16	3,843.00	0.00	2,654.61	1,188.39	225.00	0.00	963.39	0.33%
WELLNESS	553	40,637.05	5,716.84	26,766.69	8,153.52	0.00	0.00	8,153.52	2.81%
XRAY/ LAB	2856	616,465.46	225,446.14	329,873.09	61,146.23	252.17	0.00	60,894.06	21.00%
Totals for 00532	6706	6,957,701.69	2,231,812.37	4,424,546.11	301,343.21	5,515.86	5,826.10	289,967.40	

Benefit Analysis Summary

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

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	8	4,674.80	4,674.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	51	97,056.50	39.00	82,121.14	14,896.36	0.00	0.00	14,896.36	5.14%
CHIROPRACTIC	51	4,910.44	359.76	2,745.69	1,804.99	230.00	0.00	1,574.99	0.54%
DIALYSIS	94	1,476,858.81	-218,187.01	1,696,371.31	-1,325.49	0.00	0.00	-1,325.49	-0.46%
DME/APPLIANCE	4	556.13	556.13	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	368	649,598.38	179,369.40	438,077.53	32,151.45	100.00	0.00	32,051.45	11.05%
INELIGIBLE	465	278,654.02	278,654.02	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	192	45,950.20	46,762.20	-554.27	-257.73	0.00	0.00	-257.73	-0.09%
IP HOSP CHARGES	71	2,659,660.33	1,484,263.75	1,164,941.33	10,455.25	50.00	0.00	10,405.25	3.59%
MATERNITY	11	7,830.00	7,470.00	360.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	41	25,841.04	22,695.04	2,217.12	928.88	125.32	0.00	803.56	0.28%
OFFICE VISIT	717	101,042.42	15,441.27	53,601.92	31,999.23	2,640.00	0.00	29,359.23	10.13%
OP PHYSICIAN	154	105,313.19	2,393.00	73,102.09	29,818.10	82.90	0.00	29,735.20	10.25%
OTHER	190	0.00	0.00	0.00	0.00	0.00	5,826.10	-5,826.10	-2.01%
OUTPAT HOSP	25	49,083.50	15,895.05	33,188.45	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	133	23,260.70	5,969.00	7,309.80	9,981.90	389.43	0.00	9,592.47	3.31%
RADIATION /CHEMO	134	224,616.91	6,249.44	161,177.56	57,189.91	16.04	0.00	57,173.87	19.72%
SUBS ABUSE	2	7,451.00	7,451.00	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	39	425,338.60	126,875.71	284,736.74	13,726.15	525.00	0.00	13,201.15	4.55%
SURGERY	153	31,662.96	900.00	24,074.22	6,688.74	0.00	0.00	6,688.74	2.31%
SURGERY IP	11	11,898.46	3,265.00	5,329.60	3,303.86	0.00	0.00	3,303.86	1.14%
SURGERY OP	34	28,248.96	340.00	18,662.94	9,246.02	0.00	0.00	9,246.02	3.19%
THERAPY	333	37,248.83	9,212.83	17,788.55	10,247.45	880.00	0.00	9,333.60	3.22%
URGENT CARE	16	3,843.00	0.00	2,654.61	1,188.39	225.00	0.00	963.39	0.33%
WELLNESS	553	40,637.05	5,716.84	26,766.69	8,153.52	0.00	0.00	8,153.52	2.81%
XRAY/ LAB	2856	616,465.46	225,446.14	329,873.09	61,146.23	252.17	0.00	60,894.06	21.00%
Totals for 00532	6706	6,957,701.69	2,231,812.37	4,424,546.11	301,343.21	5,515.86	5,826.10	289,967.40	

Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

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

Description		Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority								
miCareDeLand		1515	136,917.83	0.00	0.00	0.00	0.00	136,917.83
miCareDelton		1208	146,818.69	0.00	0.00	0.00	0.00	146,818.69
miCarePierso		78	6,119.66	0.00	0.00	0.00	0.00	6,119.66
N/A		20	0.00	0.00	0.00	0.00	0.00	0.00
	00532 Totals:	2821	289,856.18	0.00	0.00	0.00	0.00	289,856.18

Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

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

Description		Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority								
miCareDeLand		1515	136,917.83	0.00	0.00	0.00	0.00	136,917.83
miCareDelton		1208	146,818.69	0.00	0.00	0.00	0.00	146,818.69
miCarePierso		78	6,119.66	0.00	0.00	0.00	0.00	6,119.66
N/A		20	0.00	0.00	0.00	0.00	0.00	0.00
	00532 Totals:	2821	289,856.18	0.00	0.00	0.00	0.00	289,856.18

Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

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

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	537	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: 10/1/2025 to 10/31/2025

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	537	0.00	0.00	0.00	0.00	0.00	0.00

ebms Improving Lives

CLAIMS PAID BY MONTH

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

Location Name	Month	Hospital	Laboratory	PCP	Speciality	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Speciality PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
miCareDeLand	10-2025	$7,707.89	$14,663.72	$705.73	$113,840.49	$0.00	1490	$136,917.83	$0.00	1023	$133.84	$7.53	$14.33	$0.69	$111.28	$0.00
	Subtotal:	$7,707.89	$14,663.72	$705.73	$113,840.49	$0.00	1490	$136,917.83	$0.00	1023	$133.84	$7.53	$14.33	$0.69	$111.28	$0.00
miCareDelton	10-2025	$19,148.75	$13,496.02	$2,927.99	$111,245.93	$0.00	1179	$146,818.69	$0.00	504	$291.31	$37.99	$26.78	$5.81	$220.73	$0.00
	Subtotal:	$19,148.75	$13,496.02	$2,927.99	$111,245.93	$0.00	1179	$146,818.69	$0.00	504	$291.31	$37.99	$26.78	$5.81	$220.73	$0.00
miCarePierso	10-2025	$0.00	$661.38	$0.00	$5,458.28	$0.00	78	$6,119.66	$0.00	61	$100.32	$0.00	$10.84	$0.00	$89.48	$0.00
	Subtotal:	$0.00	$661.38	$0.00	$5,458.28	$0.00	78	$6,119.66	$0.00	61	$100.32	$0.00	$10.84	$0.00	$89.48	$0.00
N/A	10-2025	$0.00	$0.00	$0.00	$0.00	$0.00	20	$0.00	$421,273.86	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	$0.00	$0.00	$0.00	$0.00	$0.00	20	$0.00	$421,273.86	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Total:	**$26,856.64**	**$28,821.12**	**$3,633.72**	**$230,544.70**	**$0.00**	**2767**	**$289,856.18**	**$421,273.86**	**1588**	**$447.81**	**$16.91**	**$18.15**	**$2.29**	**$145.18**	**$0.00**

Parameters

Beginning Location:

Ending Location:

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

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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

WVHA miCare Clinic Deland and Deltona
October 2025 Report

miCare Utilization

DeLand	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2025	225	196	87%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2025	216	171	79%

Overall	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2025	441	367	83%

Description of Terms:

- **Utilization -** measures provider (Physician, Nurse Practitioner Physician Assistant) time available to provide direct patient care
- **BOB – Book of Business -** describes the average over the miCare clients' clinics
- **Member Migration –** shows the % of members who have used the clinic withing a given date range against the number or eligible members
- **Benchmark –** refers to the industry average or standard
- **No Shows -** is where patients didn't attend their scheduled clinic appointment
- **Administrative Time –** (chart review, medication follow-ups, referrals, provider-to provider communications etc.) represents approx. 2% of total capacity and is in line with industry standards

No Show Rate

	No Show Count	No Show %
DeLand	100	12%
Deltona	51	9%

Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	**Number of visits**	**%**	**Notes**
Total Provider visits	348	41%	Schedulable patient activities
Total Labs	180	21%	Schedulable patient activities
Total Nurse Visits	14	2%	Schedulable patient activities
Total medication pick-up	268		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	36		Don't have a visit type and are not scheduled appointments
Total Visits	**846**		

DeLand

- There was a total of 542 clinic visits at the DeLand clinic in October plus 268 medication pick-ups and an additional 36 med pick-ups from the PAP program
- Of the 542 clinic visits, there were 20 phone visits
- There were 22 **new patients** that established care at the DeLand clinic last month
- There were 69 **Physicals** in October – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	**Number of visits**	**%**	**Notes**
Total Provider visits	301	52%	Schedulable patient activities
Total Labs	83	14%	Schedulable patient activities
Total Nurse Visits	12	2%	Schedulable patient activities
Total medication pick-up	167		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	20		Don't have a visit type and are not scheduled appointments
Total Visits	**583**		

Deltona

- There was a total of 396 clinic visits at the Deltona clinic in October plus 167 medication pick-ups from Deltona as well as 20 med pick-ups from the PAP program
- Of the 396 visits, 18 were phone visits
- There were 12 **new patients** that established care at the Deltona clinic last month
- There were 60 **Physicals** in October – Male/Female Wellness – Established Patients

miCare Member Migration

October 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	946	1,541	61%
Deltona	634	1,541	41%

*** Combined migration – 47% for October**

*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 - October -2025	
Application Approved	413
Application Pending Approval	1
Application Started but Not Submitted	1
Total Active Applications	**415**
	(Active Applications)

Key Insights:

- **56 PAP medications were picked up between the two locations**
- **Currently, WVHA has 415 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are $2,642,668**

WVHA miCare Clinic Deland and Deltona

Annual Report

October 1st, 2024 – September 30th, 2025

Clinical Utilization

Deland Annual	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023-2024	2,326	2,099	90%
2024-2025	2,777	2,458	89%

Deltona Annual	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023-2024	1,896	1,604	85%
2024-2025	2,076	1,730	83%

Deland and Deltona Annual	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023-2024	4,222	3,703	88%
2024-2025	4,853	4,188	86%

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

Annual	DeLand	Deltona
2023-2024	8%	7%
2024-2025	9%	7%

miCare Member Migration

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	1,297	1,539	84%
Deltona	804	1,539	52%

- **Member migration showed 79% for the 2024-2025 plan year**

miCare Visit Type Frequency

DeLand

WVHA miCare Clinic Total Visits for DeLand
Oct 2024 – Sep 2025

Clinic Services	Number of visits	%	Notes
Total Provider visits	**4,579**	42%	Schedulable patient activities
Total Labs	**2,155**	20%	Schedulable patient activities
Total Nurse Visits	**155**	1%	Schedulable patient activities
Total medication pick-up	3,708		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	336		Don't have a visit type and are not scheduled appointments
Total Visits	**10,933**		

- **There was a total of 6,889 clinic visits in this plan year, this shows an increase from last year's 6,678 visits in the DeLand clinic. 196 of these were phone visits.**
- **There were an additional 3,708 medication pick-ups an increase over last year's 3,641**

Deltona

WVHA miCare Clinic Total Visits for Deltona
Oct 2024 – Sep 2025

Clinic Services	Number of visits	%	Notes
Total Provider visits	**3,238**	42%	Schedulable patient activities
Total Labs	**1,219**	20%	Schedulable patient activities
Total Nurse Visits	**92**	1%	Schedulable patient activities
Total medication pick-up	2,399		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	240		Don't have a visit type and are not scheduled appointments
Total Visits	**7,188**		

- **There was a total of 4,549 clinic visits at the Deltona clinic this year, this is an increase over the 4,364 from last year. 157 of these were phone visits.**
- **There were an additional 2,399 medication pick-ups along over last year's 2,634**

Referrals

October 1st, 2024 – September 30th, 2025

Total # All of Referrals	8,106	
Total miCare Provider Referrals	**3,908**	**48%**
Imaging Referrals	1,626	41%
Non-Imaging Referrals	2,282	59%

	WVHA Average	*National Average	miCare Average
Benchmark	**48%**	**28%	30%

* National Average – per American Academy of Family Physicians

**Average across miCare book of business

Key Insights:

- The total number of referrals for the year was 8,106
- Referrals from miCare providers in this period were 3,908, which is 48% of the total referrals
- miCare referrals to non-imaging referral specialists were 2,282 and 59% of total referrals and the imaging referrals were 1,626, which was 41% of the miCare total
- When we began tracking this data in Q1 2024 the WVHA referral rate was 57% - or the year the overall rate was 48%
- National average provided by the American Academy of Family physicians is 28% of provider visits resulting in a referral

ER Diversion Results

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**

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

	Annual – 2024 - 2025
PAP Annual Summary	
Application Approved	408
Application Pending Approval	2
Application Started but Not Submitted	0
Total	410
Annual Savings 2024-2025	**$2,564,472**

Key Insights:

- **The total number of ER patients between Halifax and Advent was 383 (13 Halifax and 370 Advent). This shows a decrease for the Halifax users and an increase for Advent Health**
- **The PAP shows an average of 410 prescriptions being managed per month, with an annualized savings of $2,564,472**

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

November 3, 2025

West Volusia Hospital Authority
Monthly Enrollment Report

In the month of Oct there were 290 client interviews conducted. Of these, 252 appointments were to assist with new/renewal applications and 38 to assist with pending applications from August to September

For the month a total of 252 applications were submitted for verification and enrollment. Of these, 252 were processed by the end of the month, leaving no rollovers to carry over into November for approval.

Of the 252 that were processed, 214 were approved, 15 were denied, and 23 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	23	180	203
Halifax (Health Fund Solutions)	2	0	2
Advent Health/Fl Hospital	1	1	2
RAAO	16	26	42
Other/WVHA Website	2	0	2
SMA	1	0	1
Totals	**45**	**207**	**252**

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

Halifax Health Quarterly Report to West Volusia Hospital Authority

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

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

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

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

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

	WVHA Member Patient Type (Hospital)			
	Months	Inpatient	Outpatien	Grand Total
2022	Jan	8	30	38
	Feb	6	26	32
	Mar	5	33	38
	Apr	5	33	38
	May	5	33	38
	Jun	1	32	33
	Jul	3	28	31
	Aug	3	27	30
	Sep	6	23	29
	Oct	5	22	27
	Nov	5	26	31
	Dec	1	26	27
	2022 Total	**53**	**339**	**392**
2023	Jan	6	31	37
	Feb	3	25	28
	Mar	5	22	27
	Apr	6	32	38
	May	2	18	20
	Jun	4	20	24
	Jul	1	15	16
	Aug	5	23	28
	Sep		32	32
	Oct	7	28	35
	Nov	2	24	26
	Dec	5	25	30
	2023 Total	**46**	**295**	**341**
2024	Jan	9	16	25
	Feb	8	30	38
	Mar	10	31	41
	Apr	3	35	38
	May	8	40	48
	Jun	7	39	46
	Jul	2	25	27
	Aug	7	26	33
	Sep	3	28	31
	Oct	6	24	30
	Nov	6	30	36
	Dec	10	27	37
	2024 Total	**79**	**351**	**430**
2025	Jan	2	21	23
	Feb	5	31	36
	Mar	3	19	22
	Apr	3	16	19
	May	3	21	24
	Jun	4	19	23
	Jul	3	19	22
	Aug	2	23	25
	Sep	4	10	14
	Oct	7	18	25
	2025 Total	**36**	**198**	**234**
Grant Total		**214**	**1183**	**1397**

Age Mix (Hospital)

Age Group	Patients	Percent
0 - 19	33	2.4%
20 - 29	130	9.3%
30 - 39	177	12.7%
40 - 49	294	21.0%
50 - 59	489	35.0%
60 - 69	233	16.7%
70 - 79	37	2.6%
80 +	4	0.3%
Total	**1397**	**100%**

Halifax Health | UF Health Deltona ER Times (All Patient Types)	Arrival to Discharge/Admit Minutes (Average)	Arrival to Provider Minutes (Average)
Feb - Apr	206	29
May - Jul	186	19
Aug - Oct	213	26

Halifax Health | UF Health Deltona Left Without Being Seen by Provider – All Patient Types	Total Patients	LWBS	Percent
CY 2022	18,287	440	2.41%
CY 2023	19,693	183	0.93%
CY 2024	19,988	222	1.11%
YTD 2025	16,157	250	1.55%

Halifax Health | UF Health Deltona Left Against Medical Advice – All Patient Types	Total Patients	AMA	Percent
CY 2022	18,287	286	1.56%
CY 2023	19,693	152	0.77%
CY 2024	19,988	191	0.96%
YTD 2025	16,157	187	1.16%

WVHA Members Served by Halifax Health Physician 2023

Specialty	Visits
Cardiology	28
Cardiovascular Disease	126
Clinical Cardiac Electrophysiology	5
Critical Care: Intensive	88
Emergency Medicine	156
Family Medicine	2
Gastroenterology	14
Gynecological/Oncology	15
Hematology/Oncology	52
Hospitalist	182
Infectious Disease	13
Internal Medicine	33
Nephrology	0
Neurology	9
Ophthalmology	6
Pediatric Medicine	0
Phys. Med. & Rehab.	12
Psychiatry	57
Pulmonary Critical Care	2
Pulmonary Disease	11
Radiation Oncology	2
Transplant Surgery	2
Urology	5
Wound Care	43
Total	**863**

WVHA Members Served by Halifax Health Physician 2024

Specialty	Visits
Cardiology	44
Cardiovascular Disease	152
Clinical Cardiac Electrophysiology	0
Critical Care: Intensive	25
Emergency Medicine	175
Family Medicine	13
Gastroenterology	50
Gynecological/Oncology	11
Hematology/Oncology	60
Hospitalist	228
Infectious Disease	17
Internal Medicine	16
Nephrology	8
Neurology	11
Ophthalmology	5
Pediatric Medicine	8
Phys. Med. & Rehab.	14
Psychiatry	49
Pulmonary Critical Care	5
Pulmonary Disease	31
Radiation Oncology	38
Transplant Surgery	0
Urology	8
Wound Care	125
Total	**1093**

WVHA Members Served by Halifax Health Physician 2025

Specialty	Visits
Cardiology	32
Cardiovascular Disease	88
Clinical Cardiac Electrophysiology	0
Critical Care: Intensive	1
Emergency Medicine	101
Family Medicine	7
Gastroenterology	23
Gynecological/Oncology	16
Hematology/Oncology	49
Hospitalist	71
Infectious Disease	3
Internal Medicine	0
Nephrology	1
Neurology	1
Ophthalmology	5
Pediatric Medicine	1
Phys. Med. & Rehab.	0
Psychiatry	11
Pulmonary Critical Care	0
Pulmonary Disease	9
Radiation Oncology	19
Transplant Surgery	0
Urology	3
Wound Care	25
Total	**466**

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

AdventHealth DeLand Quality Indicators for West Volusia Hospital Authority

November 2025

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

  Patients who reported that their nurses "Always" communicated well: 77%.
  National average: 80%
  Florida average: 76%

  Patients who reported that their doctors "Always" communicated well: 75%.
  National average: 80%
  Florida average: 75%

  Patients who reported that they "Always" received help as soon as they wanted: 59%.
  National average: 66%
  Florida average: 60%

  Patients who reported that the staff "Always" explained about medicines before giving it to them: 63%.
  National average: 62%
  Florida average: 58%

  Patients who reported that their room and bathroom were "Always" clean: 74%.
  National average: 74%
  Florida average: 71%

  Patients who reported that the area around their room was "Always" quiet at night: 53%.
  National average: 62%
  Florida average: 58%

  Patients who reported that YES, they were given information about what to do during their recovery at home: 88%.
  National average: 86%
  Florida average: 83%

  Patients who "Strongly Agree" they understood their care when they left the hospital: 51%.
  National average: 52%

Florida average: 49%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 69%
National average: 72%
Florida average: 67%

Patients who reported YES, they would definitely recommend the hospital: 66%
National average: 72%
Florida average: 68%

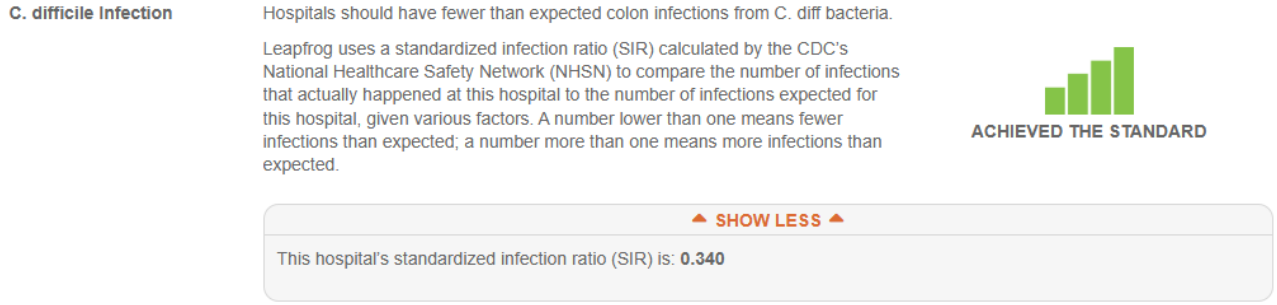
F. Emergency Department Metrics

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

G. Annual tracking of Healthcare Associated Infections (National Benchmark 1.000) (Hospital Compare / November 2025):

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

H. LeapFrog Healthcare Associated Infections as reported from 2024 (update August 2025)



Infection in the Blood	Hospitals should have fewer than expected central-line associated blood stream infections. Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.	ACHIEVED THE STANDARD
	▲ SHOW LESS ▲ This hospital's standardized infection ratio (SIR) is: **0.000**	
Infection in the Urinary Tract	Hospitals should have fewer than expected catheter-associated urinary tract infections. Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections more	ACHIEVED THE STANDARD
	▲ SHOW LESS ▲ This hospital's standardized infection ratio (SIR) is: **0.000**	
MRSA Infection	Hospitals should have fewer than expected antibiotic resistant bacterial infections. Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.	CONSIDERABLE ACHIEVEMENT
	▲ SHOW LESS ▲ This hospital's standardized infection ratio (SIR) is: **0.560**	
Surgical Site Infection After Colon Surgery	Hospitals should have fewer than expected surgical site infections after major colon surgery. Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.	SOME ACHIEVEMENT
	▲ SHOW LESS ▲ This hospital's standardized infection ratio (SIR) is: **0.867**	

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

AdventHealth Fish Memorial Quality Indicators for West Volusia Hospital Authority

November 2025

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

Patients who reported that their nurses "Always" communicated well: 82%.
National average: 80%
Florida average: 76%

Patients who reported that their doctors "Always" communicated well: 75%.
National average: 80%
Florida average: 75%

Patients who reported that they "Always" received help as soon as they wanted: 69%.
National average: 66%
Florida average: 60%

Patients who reported that the staff "Always" explained about medicines before giving it to them: 64%.
National average: 62%
Florida average: 58%

Patients who reported that their room and bathroom were "Always" clean: 74%.
National average: 74%
Florida average: 71%

Patients who reported that the area around their room was "Always" quiet at night: 66%.
National average: 62%
Florida average: 58%

Patients who reported that YES, they were given information about what to do during their recovery at home: 89%.
National average: 86%
Florida average: 83%

Patients who "Strongly Agree" they understood their care when they left the hospital: 54%.
National average: 52%
Florida average: 49%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 73%
National average: 72%
Florida average: 68%

Patients who reported YES, they would definitely recommend the hospital: 72%
National average: 70%
Florida average: 67%

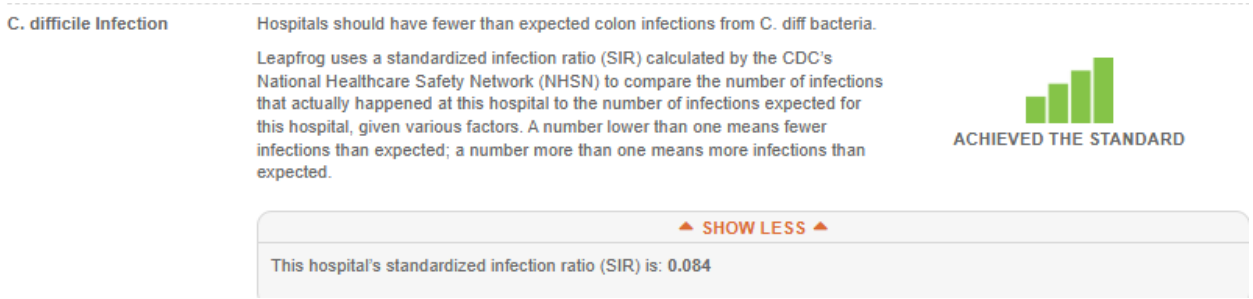
F. Emergency Department Metrics

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

G. Annual tracking of Healthcare Associated Infections (National Benchmark 1.000) (Hospital Compare / November 2025):

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

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



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

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

Emergency Medicine Professionals, P.A. (EMPros)

3rd Q 2025 Report for West Volusia Hospital Authority

November 20, 2025 Report

3Q 2025 Turnover Rate - 1.3% - 2 terminations

AdventHealth Deland	**3Q 2025**
Emergency Department Metrics	
Total ED Visits	11,846
Total WVHA Cardholder ED Visits	132
Total ED	
Minutes from Door to Doc	10
Minutes from Door to Discharge or Inpatient Admission	158
Left Without Being Seen (LWBS)	48
LWBS/Day	0.52
LWBS/%	0.40%

AdventHealth Fish Memorial	**3Q 2025**
Emergency Department Metrics	
Total ED Visits	11,894
Total WVHA Cardholder ED Visits	79
Total ED	
Minutes from Door to Doc	17
Minutes from Door to Discharge or Inpatient Admission	177
Left Without Being Seen (LWBS)	64
LWBS/Day	0.70
LWBS/%	0.50%

AdventHealth Fish Memorial/Deltona OSED	**3Q 2025**
Emergency Department Metrics	
Total ED Visits	5,356
Total WVHA Cardholder ED Visits	17
Total ED	
Minutes from Door to Doc	13
Minutes from Door to Discharge or Inpatient Admission	105
Left Without Being Seen (LWBS)	16
LWBS/Day	0.17
LWBS/%	0.30%

AdventHealth Combined Deland/Fish Memorial/Deltona OSED	**3Q 2025**
Emergency Department Metrics	
Total ED Visits	29,096
Total WVHA Cardholder ED Visits	228
Total ED	
Minutes from Door to Doc	13
Minutes from Door to Discharge or Inpatient Admission	152
Left Without Being Seen (LWBS)	128
LWBS/Day	1.39
LWBS/%	0.40%

RFP REGISTRATION

You MUST register using this form in order to receive notice of any addenda to these documents and also notice of de-identified questions asked and answered by other registrants. Please fax the completed form to the WVHA Administrator as soon as possible. It is the vendor's responsibility to verify if addenda have been issued.

RFP Title: Public Awareness and Outreach Services for WVHA

Receiving Period: Tuesday, January 6, 2026 starting at 10:00 a.m Eastern

Proposals are due Tuesday, January 13, prior to 12:01 p.m. Eastern

Proposals to be opened: Tuesday 4:00 p.m. Eastern, Tuesday, January 13, 2026

This form is for bid registration only. Please scroll down for additional information.

Special Instructions: WVHA would prefer to receive responses that propose to provide a comprehensive plan for multiple service types from a single Applicant, but will also consider responses that propose to provide only certain types of services that would align with other services to be provided by other related or unrelated Applicants.

BIDDER REGISTRATION
FAX THIS FORM BACK IMMEDIATELY
FAX: (386) 854-7618
Email:
stebo@westvolusiahospitalauthority.org

Carefully complete this form and mail or fax it to the WVHA Administrator. You must submit one form for each bid that you are registering for.

Company Name:

Contact Person:

Mailing Address:

City:_____ State:_____ Zip Code:_____

Phone:_____Fax:_____ E-mail:_____

Cut along the outer border and affix this label to your sealed bid envelope to identify it as a “Sealed Bid”. Be sure to include the name of the company submitting the bid where requested.

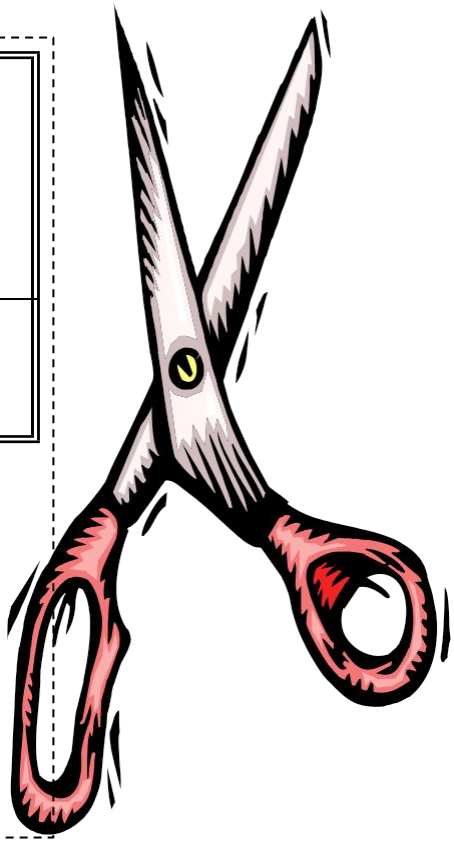
SEALED RFP ● DO NOT OPEN

RFP TITLE: Public Awareness and Outreach Services

DUE DATE/TIME: Tuesday, January 13, 2026 prior to 12:01 p.m.

SUBMITTED BY: _____

DELIVER TO: West Volusia Hospital Authority
Stacy Tebo, WVHA Administrator
c/o .WVHA MiCare Clinic DeLand
844 W. Plymouth Avenue
DeLand, Florida 32720



WEST VOLUSIA HOSPITAL AUTHORITY

REQUEST FOR PROPOSALS FOR PUBLIC AWARENESS & OUTREACH SERVICES

SUBMISSION DEADLINE
All proposals must be received by 12:01 P.M. on January 13, 2026.

Submit one (1) original along with a PDF version of it on electronic disk AND eight (8) hard copies to:
West Volusia Hospital Authority
Stacy Tebo – WVHA Administrator
c/o WVHA miCare Clinic DeLand
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, businesses, governmental entities, consultants, or independent contractors to provide Marketing and Outreach Services that increase awareness of WVHA programs, promote access to healthcare services, and strengthen community engagement with WVHA's primary clinic operations (d/b/a "miCare Clinic") and the WVHA Health Card Program. 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 statutory purpose/mission is to improve health outcomes and ensure equitable access to care for indigent residents.

AVAILABLE FUNDING

The WVHA Board of Commissioners ("Board") 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. The Board reserves the right to award less than $40,000.00 to successful Applicant(s) and may exercise its discretion to split up to that amount between multiple Applicants depending on whether one Applicant appears capable of providing all or part of the desired services. Applicants should design their proposals and budgets accordingly.

ELIGIBLE APPLICANTS

Applications will be accepted from small businesses, marketing firms, communications professionals, independent contractors, Florida-registered corporations (for-profit or non-

profit) or local government entities capable of providing the services described and with experience in branding, outreach, or video production. All applicants must be properly licensed and authorized to conduct business in the State of Florida.

SCOPE OF WORK

The selected contractor or contractors will assist WVHA in developing and executing public awareness 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 social media and other informational 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.

Applicants are encouraged to develop creative approaches to increase public awareness and outreach about WVHA, which may contain deliverables including, but not limited to:
- 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

REPORTING REQUIREMENTS

The selected contractor or contractors will provide progress reports every two months summarizing outreach activities and deliverables, and a final report at least 45 days prior to contract completion detailing expected 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), including a statement on whether a contract for some, but not all of proposed services would be considered.

☐ Proof of authorization to do business and perform proposed services in Florida, including any standard business registration or licensing

☐ Proof of Professional liability, Malpractice/Errors and Omissions insurance

☐ IRS Form W-9

☐ Agency Attestation Form (signed and dated by authorized organizational representative)

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: Legal Name; Business Address and Tax ID of Any Business Entity; Resume or Description of Applicant; Business Registration or License, if any
2. Proposal Narrative
3. Work Plan & Deliverables
4. Organizational Experience and Capacity
5. Proposed Budget separated by each type of service
6. Supporting Documentation concerning sections 1-5 above.
7. Sample of a Contract in a form the Applicant would be prepared to sign if successful.

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
Competitiveness of Proposed Fee Structure	35%
Experience and Organizational Qualifications, including Financial Stability	25%
Creativity, Feasibility and Alignment with WVHA's Mission and Statutory Purpose	25%
Overall Presentation, Clarity and Completeness	15%

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

The Board reserves the following rights:

- Conduct pre-award discussion with any or all, responsive and responsible proposers who submit proposals determined to be reasonably acceptable of being selected for award; conduct personal interviews or require presentations of any or all proposers prior to selection.

- Request that proposer(s) modify their proposal to more fully meet the needs of the WVHA or to furnish additional information as the WVHA may reasonably require.
- Accord fair and equal treatment with respect to any opportunity for discussions and revisions of proposals. Such revisions may be permitted after submission of proposals and prior to award.
- Process the selection of the successful proposer without further discussion.
- Accept or reject qualifications or proposals in part or in whole.
- Request additional qualification information.
- Limit and/or determine the actual contract services to be included in a contract, if applicable.
- Obtain information for use in evaluating submittals from any source.
- Waive any irregularity in any proposal, or reject any or all submittals, should it be deemed in the best interest of the WVHA to do so.
- Revise, amend or withdraw this proposal or reject all bids and restart the bid process at any time to protect its interest.
- The Board shall be the sole judge of proposers' qualifications

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. If a corporation, Applicant confirms that it is registered with the Florida Department of State.
2. Negotiation. Applicant understands that a mutually agreed written contract is required prior to any commencement of work on paid services and that the final contract must contain all requirements for public entities under Florida law. .
3. Service Availability. Services will be provided on a nondiscriminatory basis.
4. Supporting Documentation. Applicant will submit all requested follow-up documentation to support representations within its proposal.
5. Fiscal Conditions. Applicant certifies that it has not had a contract canceled for cause, does not owe repayment of funds on any contract for services, and has not declared bankruptcy within the past three years.

Authorized Signature: _____
Printed Name/Title: _____

EVALUATION OF PROPOSALS

The WVHA Board of Commissioners will review proposals that are received. Proposals that are non-responsive to the above requirements may not be included for evaluation for possible short-listing.

SUBMITTAL OF PROPOSALS

Interested parties are invited to submit one (1) original marked ORIGINAL along with a PDF version of it on an electronic disk AND eight (8) hard copies marked **COPY** of their proposal in a sealed envelope. The envelope should be labeled **"RFP – Public Awareness and Outreach Services" Proposals** may be mailed or delivered to:

West Volusia Hospital Authority
c/o Stacy Tebo, Administrator
844 W. Plymouth Avenue
DeLand, Florida 32720

The submittal shall be received by the WVHA only at the above address prior to 12:01 p.m. Eastern**, Tuesday, January 13, 2026.**

The delivery of the submittal on the above date and prior to the specified time is solely the responsibility of the respondent.

The submittal may be withdrawn either by written notice to the WVHA Administrator or in person, if properly identified, at any time prior to the above submittal deadline.

GENERAL CONDITIONS

CONTACT

After the issuance of any Request for Proposal, prospective proposers shall not contact, communicate with or discuss any matter relating in any way to the Request for Proposal with the Board of Commissioners or any employee of EBMS, The Law Offices of Theodore W. Small or James, Moore & Company other than as directed in the cover page of the Request for Proposal. This prohibition begins with the issuance of any Request for Proposal and ends upon the Board's selection of one or more successful contractors. Such communications initiated by a proposer **shall** be grounds for disqualifying the offending proposer from consideration for award of the proposal and/or any future proposal.

INDEMNIFICATION

The firm shall, in addition to any other obligation to indemnify the WVHA and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the WVHA, their agents, elected officials and contracted legal and accounting professionals from and against all claims, actions, liabilities, losses, costs, including attorney's fees, arising out of any actual or alleged bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting from, or any other damage or loss arising out of or resulting from or claims to have resulted in whole or in part from any actual or alleged act or omission of the firm, any subcontractor, anyone directly or indirectly employed by any of them, of anyone for whose acts any of them may be liable in the performance of the work; or violation of law, statute, ordinance, governmental administration order, rule, regulation or infringement of patent rights by the firm in the performance of the work; or liens, claims or actions made by the firm or any subcontractor or other party performing the work.

PUBLIC ENTITY CRIMES STATEMENT

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid/proposal on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36

months from the date of being placed on the convicted vendor list. By submitting this proposal, the proposer hereby certifies that they have complied with said statute.

NON-DISCRIMINATION

The WVHA hereby notifies all Proposers that they are to be afforded a full opportunity to participate in any request for proposal by the WVHA and will not be subject to discrimination on the basis of race, color, religion, sex, national origin, age, disability or marital status.

AFFIRMATION

By submitting his/her proposal, the Proposer affirms that the proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; the Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham proposal; the Proposer has not solicited or induced any person, firm or corporation to refrain from submitting a proposal; and the Proposer has not sought by collusion to obtain for him/herself any advantage over other persons or over the WVHA.

DEVELOPMENT COSTS

Neither the WVHA nor its representative(s) shall be liable for any expenses incurred in connection with preparation of a response to the RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

ADDENDA

The WVHA may record its responses to inquiries and any supplemental instructions in the form of written addenda. The WVHA may mail written addenda before the date fixed for receiving the proposals. Proposers shall contact the WVHA Administrator to ascertain whether any addenda have been issued. Failure to do so could result in an unresponsive proposal. Any oral explanation given before the RFP opening will not be binding. All inquiries shall be in writing and addressed to the WVHA Administrator, via Email: **stebo@westvolusiahospitalauthority.org**

CODE OF ETHICS

If any proposer violates or is a party to a violation of the code of ethics of WVHA or the State of Florida, with respect to this proposal, such proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from bidding on any future proposals for work, goods, or services for the WVHA.

DRUGFREE WORKPLACE

Preference shall be given to businesses with Drug Free Workplace (DFW) programs. Whenever two or more proposals, which are equal with respect to price, quality and service, are received by the WVHA for the procurement of commodities or contractual services, a proposal received from a business that has provided a statement that it is a DFW shall be given preference in the award process.

APPLICABLE LAWS AND COURTS

This RFP and any resulting agreements shall be governed in all respects by the laws of the State of Florida and any litigation with respect thereto shall be brought only in the courts of Volusia County, State of Florida or the Middle District of Florida. The proposer shall comply with all applicable federal, state and local laws and regulations.

CONTRACT

All contracts are subject to final approval of the WVHA Board of Commissioners. Persons or firms which incur expenses or change position in anticipation of a contract prior to the Board's approval do so at their own risk.

PROPOSAL ACCEPTANCE PERIOD

A proposal shall be binding upon the offeror and irrevocable by it for ninety (90) calendar days following the proposal opening date. Any proposal in which offeror shortens the acceptance period may be rejected.

ADDITION/DELETION

The WVHA reserves the right to add to or delete any item from this proposal or resulting agreements when deemed to be in the best interest of the WVHA.

PROPRIETARY INFORMATION

In accordance with Chapter 119 of the Florida Statutes (Public Records Law), and except as may be provided by other applicable State and Federal Law, all proposers should be aware that Request for Proposals and the responses thereto are in the public domain. However, the proposers are required to identify specifically any information contained in their proposals which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, **citing specifically the applicable exempting law.**

All proposals received from proposers in response to this Request for Proposal will become the property of the WVHA and will not be returned to the proposers. In the event of contract award, all documentation produced as part of the contract will become the exclusive property of the WVHA.

LIMITATIONS

The WVHA reserves the right to revise, amend or withdraw this proposal at any time to protect its interest. Proposers will not be compensated by the WVHA for costs incurred in preparation of responses to this RFP.

WEST VOLUSIA HOSPITAL AUTHORITY
AGENDA MEMO

TO: WVHA Commissioners

FROM: Stacy Tebo, WVHA Administrator

RE: Meeting Schedule for 2026

DATE: November 10, 2025

The attached schedule includes Board meetings to be held at the Sanborn Center. The regular meeting and budget hearings have not yet been scheduled in September.

The CAC holds their individual meetings on Tuesdays, and two of the four individual meetings have been scheduled at The Center at Deltona. The two joint meetings with the Board will be held at the Sanborn Center.

The recommended motion is to approve the proposed meeting schedule and authorize payment of rental fees.

WEST VOLUSIA HOSPITAL AUTHORITY
SCHEDULED MEETINGS – 2026

Citizens Advisory Committee Meetings Tuesdays at 5:30pm	Joint Meetings	Board of Commissioners Meetings Thursdays at 5:00pm
		January 15 Sanborn Center
February 3 – CAC Organizational/Orientation *Judy Craig Sanborn Center		February 19 (TNC/FDOH) Sanborn Center
	March 19 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding Application Review Sanborn Center	
April 7 – Mandatory Applicant Q & A *Jennifer Coen Center at Deltona		April 16 (SMA/RAAO) Sanborn Center
May 5 – Preliminary Ranking *Voloria Manning Sanborn Center		May 21 (THND/Healthy Comm) Sanborn Center
June 2 – Final Ranking Meeting *Rakeem Ford Center at Deltona		
	June 18 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations Sanborn Center	
July (CAC Hiatus)		July 16 (4:00 p.m.) Budget Workshop Followed by Regular Meeting (HHI/CLSMF) Sanborn Center
August (CAC Hiatus)		August 20 (Life-Spire/Easterseals) Sanborn Center
September (CAC Hiatus)		Sept. – Tentative Budget Hearing 5:05 PM TBD
		Sept. Final Budget Hearing/Regular Meeting 5:05 PM TBD
October (CAC Hiatus)		October 15 Sanborn Center
November (CAC Hiatus)		November 19 Sanborn Center

*WVHA Commissioner to attend CAC Meeting

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

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 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.

To: Board of Commissioners, West Volusia Hospital Authority
From: Webb Shephard
Date: November 20, 2025
Subject: Summary of Draft Site Visit Reports

Dear Commissioners,

We completed periodic **site visits** on funded agencies during **October 2025**. The corresponding **draft reports** are included in your packet for review.

Agencies Visited

- **SMA Healthcare, Inc. – Baker Act Program**
- **SMA Healthcare, Inc. – Level II Residential Treatment Services Program**
- **SMA Healthcare, Inc. – Psychiatric Outpatient Services Program**
- **Rising Against All Odds (RAAO) – HIV/AIDS Outreach Services Program**
- **Rising Against All Odds (RAAO) – Health Card Enrollment and Retention Services Program**

Methodology and Procedures

Our procedures were consistent across all engagements and included:

- Obtaining an understanding of each agency's monitoring procedures related to contract compliance.
- Selecting a sample of transactions and testing compliance with funding agreement provisions.
- Preparing written draft reports summarizing the results and recommendations to the Board of Commissioners.

Summary of Findings

Our testing revealed **no issues of noncompliance** or reasons for concern with the funding agreements for the following agencies:

- **RAAO – HIV/AIDS Outreach Services Program**
- **RAAO – Health Card Enrollment and Retention Services Program**
- **SMA Healthcare – Level II Residential Treatment Services Program**

However, **exceptions were noted** in the following two draft reports:

- **SMA Healthcare – Baker Act Program:** Missing or insufficient documentation was noted for residency (60%), income eligibility (20%), and asset eligibility (100%), potentially affecting **$150,000** in funded costs. SMA did not utilize the full amount remitted to AHCA; of the total, $89,170 was used, and a refund of $60,830 will be issued to WVHA.
- **SMA Healthcare – Psychiatric Outpatient Services Program:** None of the clients tested had documentation of enrollment in a Patient Assistance Program (PAP), resulting in **questioned costs for the $90,000** funded amount.

Recommended Board Actions

The Board should take formal action on the following items:

1. **Questioned Costs:**
   Determine whether to **waive or require repayment** of the questioned costs identified in the two SMA program reports.
2. **Additional Compliance Testing:**
   Decide whether **additional compliance testing** is warranted for these programs. If so, **direct the accounting firm** to perform the additional testing and report back to the Board.
3. **Documentation Improvements:**
   Consider directing agencies with findings to strengthen internal monitoring and documentation procedures to ensure full compliance with funding requirements going forward.

Conclusion
All site visits were completed in October 2025. Except for the noted exceptions in the two SMA programs, all agencies were found to be in compliance with their funding agreements.

JAMESMOORE

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of SMA Healthcare, Inc. (SMA) Baker Act Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of SMA and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

SMA - Baker Act Program
Sample Selected for Testing

	Mar-25
Total Participants Served	46
Participants Selected	5
% Selected	11%

2. SMA is reimbursed at a fixed rate of $108.08 per day for crisis stabilization services and a fixed rate of $84.85 per day for detox services provided through the Program.

SMA - Baker Act Program
Total Days of Service Provided to Selected Participants

Crisis Stabilization	8
Detox	1

3. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation:

SMA - Baker Act Program
Program Participation Documentation Compliance

In Compliance	5/5	100%
Not In Compliance		
No Documentation	0/5	0%
Total Not In Compliance	0/5	0%

4. SMA is required to verify that each program participant provides documentation of WVHA Taxing District residency, in accordance with the WVHA Eligibility Guidelines and CBCC Operational Procedure:

SMA - Baker Act Program
Residency Eligibility Documentation Compliance

In Compliance (WV ID or other proof of residency)	2/5	40%
Total In Compliance	2/5	40%
Not In Compliance		
No Documentation	3/5	60%
Total Not In Compliance	3/5	60%

5. SMA is required to verify that each program participant provides documentation of income eligibility, in accordance with the WVHA Eligibility Guidelines:

SMA - Baker Act Program
Income Eligibility Documentation Compliance

In Compliance	4/5	80%
Not In Compliance		
No Documentation	1/5	20%
Total Not In Compliance	1/5	20%

6. SMA is required to verify that each program participant provides documentation of asset eligibility, in accordance with the WVHA Eligibility Guidelines:

SMA - Baker Act Program
Assets Eligibility Documentation Compliance

In Compliance	0/5	0%
Not In Compliance		
No Documentation	4/5	80%
Not Eligible	1/5	20%
Total Not In Compliance	5/5	100%

The annual budget for SMA Baker Act Program for the year-ended September 30, 2025 was $150,000. Since 60% did not have acceptable Residency documentation, 20% did not have acceptable Income Eligibility documentation, and 100% did not have acceptable Asset Eligibility documentation, $150,000 is the amount funded under SMA Baker Act Program which was potentially not supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines, when extrapolated to the entire population. SMA did not utilize the full amount remitted to AHCA; of the total, $89,170 was used, and a refund of $60,830 will be issued to WVHA.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We appreciate the opportunity to serve and thank you for your cooperation.

This report is intended solely for the information and use of the Authority, and is not intended to be and should not be used by anyone other than those specified parties.

James Moore & Co., P.L.

Daytona Beach, Florida
January 15, 2026

Good afternoon WVHA Board,

SMA's Chief Financial Officer, Andrea Schweizer, and I will both be at the November WVHA Board Meeting and will be available to speak about the concerns regarding the significant compliance issues with the Baker Act Contract review.

What we have determined so far is that there was a significant breakdown of the approved process for determining if clients that present from West Volusia are eligible for WVHA funding. We are currently completing a full evaluation of the entire last fiscal year to determine how widespread this breakdown was, or if it was primarily during a time of staff transition. I hope to have the results of that full year evaluation by the November 20th meeting.

As we have retrained current staff and set up more internal audit processes, we have determined that we seem to have more clients coming to the crisis center each year that do not have any kind of ID. That seems to be the biggest barrier that we have to verifying eligibility. We have set up additional processes to try to utilize client support systems to bring in IDs prior to discharge if possible and ensure that the staff that provide this information to our billing department understand that without verified ID in the chart, we cannot bill to WVHA.

Please let me know if you have any additional questions and I will see you on November 20th.

Jennifer Stephenson, LMFT

Vice President, Volusia County Services

SMA Healthcare

150 Magnolia Ave.

Daytona Beach, FL 32114

386-236-3296

JAMESMOORE

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of SMA Healthcare, Inc. (SMA) Psychiatric Outpatient Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of SMA and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

SMA - Psychiatric Outpatient Services Program
Sample Selected for Testing

	Mar-25
Total Participants Served	114
Participants Selected	6
% Selected	5%

2. SMA is reimbursed a flat fee of $160 per hour for psychiatric diagnostic interview; a flat fee of $60 for fifteen minutes of pharmacological management; a flat fee of $73.32 per hour of individual therapy; a flat fee of $48 per hour of Eligibility/Certification; a flat fee of $10 for fifteen minutes of behavioral health service brief; a flat fee of $97 for master treatment plan; a flat fee of $48.50 for treatment plan review. Further, SMA is reimbursed for prescription medications provided to clients of the Program at acquisition cost plus a $7 fill fee per prescription. We noted the following services were provided for the clients selected for testing:

SMA - Psychiatric Outpatient Services Program
Services Provided to Selected Participants

Pharmacological Management	4/6
Individual Therapy	3/6
Medication	2/6
Behavioral Health Service - Brief	4/6
Master Treatment Plan	2/6
Treatment Plan Review	4/6

3. SMA is required to verify that each program participant possesses a valid WVHA Health Card:

SMA - Psychiatric Outpatient Services Program
WVHA Card

Valid WVHA Card	6/6
No Valid WVHA Card	0/6

4. SMA is required to promptly apply and diligently pursue enrollment of each Program Participant in a pharmaceutical company's Patient Assistance Program (PAP).

SMA - Psychiatric Outpatient Services Program
Patient Assistance Program (PAP) Enrollment

Enrolled in PAP	0/6
No PAP Enrollment Documentation	6/6

5. We inquired of SMA staff regarding determination of identification and noted that photo identification is checked by SMA at the onset of the treatment for every program participant.

The annual budget for SMA Psychiatric Outreach Program for the year-ended September 30, 2025 was $90,000 but $89,726 was the amount utilized. Since 100% of the clients tested did not have proof of PAP enrollment, $89,726 is the amount funded under SMA Psychiatric Outpatient Services Program which was potentially not supported in the files by reasonably expected documentation in accordance with the funding agreement, when extrapolated to the entire population.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. Accordingly, we do not express such an opinion. Had we

performed additional procedures, other matters might have come to our attention that would have been reported to you.

We appreciate the opportunity to serve and thank you for your cooperation.

This report is intended solely for the information and use of the Authority, and is not intended to be and should not be used by anyone other than those specified parties.

James Moore & Co., P.L.

Daytona Beach, Florida
January 15, 2026

JAMESMOORE

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of SMA Healthcare, Inc. (SMA) Level II Residential Treatment Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of SMA and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

SMA - Level II Residential Treatment Services Program
Sample Selected for Testing

	Mar-25
Total Participants Served	16
Participants Selected	4
% Selected	25%

2. SMA is reimbursed at a fixed rate of $193.52 for each residential bed day including all Level II services for that day as well as for prescription medications provided to clients of the Program at cost plus a $7 fill fee per prescription.

SMA - Level II Residential Treatment Services Program
Services Provided to Selected Participants

Number of Bed Days	5
Presciption	4

3. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation:

SMA - Level II Residential Treatment Services Program
Program Participation Documentation Compliance

In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
Total Not In Compliance	0/4	0%

4. SMA is required to verify that each program participant provides documentation of WVHA Taxing District residency, in accordance with the WVHA Eligibility Guidelines:

SMA - Level II Residential Treatment Services Program
Residency Eligibility Documentation Compliance

In Compliance (2 Documents)	0/4	0%
In Compliance (Homeless Verification Form)	4/4	100%
Total In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
1 Document	0/4	0%
Ineligible/Out-of-State Document	0/4	0%
Total Not In Compliance	0/4	0%

5. SMA is required to verify that each program participant provides documentation of income and asset eligibility, in accordance with the WVHA Eligibility Guidelines:

SMA - Level II Residential Treatment Services Program
Income and Asset Eligibility Documentation Compliance

In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
Total Not In Compliance	0/4	0%

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We appreciate the opportunity to serve and thank you for your cooperation.

This report is intended solely for the information and use of the Authority, and is not intended to be and should not be used by anyone other than those specified parties.

James Moore & Co., P.L.

Daytona Beach, Florida
January 15, 2026

JAMESMOORE

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Rising Against All Odds (RAAO) HIV/AIDS Outreach Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of RAAO and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

RAAO - HIV/AIDS Outreach Program
Sample Selected for Testing

	Mar-25
Total Participants Served	171
Participants Selected	10
% Selected	6%

2. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation:

RAAO - HIV/AIDS Outreach Program
Program Participation Documentation Compliance

In Compliance	10/10	100%
Not In Compliance		
No Documentation	0/10	0%
Total Not In Compliance	0/10	0%

3. RAAO is reimbursed for the following services: a fixed rate of $100 of Active Street Outreach services to individual Program Participants, to include at least one-half hour of individualized preventative education and counseling, where an offer of testing is refused; a fixed fee of $150 of Active Street Outreach services to individual Program Participants, to include at least on-half hour of individualized preventative education and counseling before testing and another one-half hour using evidence based curricula and strategies after testing; a fee of $25 per one-half hour of up to 4 hours of Comprehensive Case Management Services for a Program Participant.

RAAO - HIV/AIDS Outreach Program
Services Provided to Selected Participants

	Mar-25
Outreach Services Without Testing	171
Outreach Services With Testing	10
Case Management Services	
% Selected	6%

4. RAAO is required to verify that each program participant provides a government-issued ID with WVHA Taxing District address:

RAAO - HIV/AIDS Outreach Program
Residency Eligibility Documentation Compliance

In Compliance (Government-issued ID with WV address)	10/10	100%
Not In Compliance		
No Documentation	0/10	0%
Ineligible/Out-of-State Document	0/10	0%
Total Not In Compliance	0/10	0%

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.
We appreciate the opportunity to serve and thank you for your cooperation.

This report is intended solely for the information and use of the Authority, and is not intended to be and should not be used by anyone other than those specified parties.

James Moore & Co., P.L.

Daytona Beach, Florida
January 15, 2026

JAMESMOORE

REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS

To the Board of Commissioners,
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated July 9, 2024, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Rising Against All Odds (RAAO) HealthCard Enrollment and Retention Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of RAAO and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. We selected a sample of transactions and tested compliance with contract provisions:

RAAO - Health Card Enrollment and Retention Services
Sample Selected for Testing

	Mar-25
Total Participants Served	23
Participants Selected	4
% Selected	17%

2. RAAO is reimbursed at a fixed rate of $192 per eligible applicant for assisting applicants with the WVHA Health Card application.

RAAO - Health Card Enrollment and Retention Services
Services Provided to Selected Participants

WVHA Health Card Eligibility Screening	4/4	100%
Service Dates Verified	4/4	100%

3. RAAO is required to verify that each program participant provides documentation of WVHA Taxing District residency, in accordance with the WVHA Eligibility Guidelines:

RAAO - Health Card Enrollment and Retention Services
Residency Eligibility Documentation Compliance

In Compliance (2 Documents)	0/4	25%
In Compliance (Homeless Verification Form)	4/4	75%
Total In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
1 Document	0/4	0%
Ineligible/Out-of-State Document	0/4	0%
Total Not In Compliance	0/4	0%

4. RAAO is required to verify that each program participant provides documentation of income and asset eligibility, in accordance with the WVHA Eligibility Guidelines:

RAAO - Health Card Enrollment and Retention Services
Income and Asset Eligibility Documentation Compliance

In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
Total Not In Compliance	0/4	0%

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the risks affecting the Authority. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We appreciate the opportunity to serve and thank you for your cooperation.

This report is intended solely for the information and use of the Authority, and is not intended to be and should not be used by anyone other than those specified parties.

James Moore & Co., P.L.

Daytona Beach, Florida
January 15, 2026

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

OCTOBER 31, 2025

JAMESMOORE

ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of October 31, 2025, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

James Moore & Co., P.L.

DeLand, Florida
November 20, 2025

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

ASSETS

Ameris Bank - operating	$ 6,701,282
Ameris Bank - MM	13,580
Ameris Bank - payroll	19,316
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	2,750,728
Surety Bank - MM	1,633,558
Mainstreet Community Bank - Certificates of deposit	5,000,000
Prepaid items and deposits	2,000
Total Assets	$ 16,320,464

FUND BALANCE

Total Fund Balance	$ 16,320,464

See accountants' compilation report.

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

	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues				
Ad valorem taxes	$ 131,527	$ 19,200,000	$ 19,068,473	1%
Interest income	21,508	400,000	378,492	5%
Other income	5,720	34,333	28,613	17%
Total revenues	158,755	19,634,333	19,475,578	1%
Expenditures				
Healthcare expenditures				
Statutorily Mandated Expenditures				
County Medicaid Tax	338,505	4,062,060	3,723,555	8%
H C R A - In County	-	400,000	400,000	0%
H C R A - Outside County	-	400,000	400,000	0%
Total Statutorily Mandated Expenditures	338,505	4,862,060	4,523,555	7%
All Other Healthcare Expenditures				
Specialty Care Services				
Specialty Care - ER	1,481			
Specialty Care - Non-ER	100,130			
Total Specialty Care Services	101,611	4,500,000	4,398,389	2%
Hospitals				
Halifax Hospital	-			
AdventHealth	11,580			
Total hospitals	11,580	3,200,000	3,188,420	0%
Primary Care	67,844	2,500,000	2,432,156	3%
Emergency Room Care	33,896	1,000,000	966,104	3%
Pharmacy	-	700,000	700,000	0%
SMA - Residential Treatment	-	550,000	550,000	0%
Rising Against All Odds	-	249,801	249,801	0%
Florida Dept of Health Dental Svcs	-	165,000	165,000	0%
SMA - Baker Act - Match	-	150,000	150,000	0%
The Neighborhood Center	-	125,000	125,000	0%
Hispanic Health Initiatives	-	100,000	100,000	0%
SMA - Psychiatric Outpatient	-	90,000	90,000	0%
Community Legal Services	-	88,500	88,500	0%
Life-Spire Community Services, Inc.	-	74,500	74,500	0%
The House Next Door	-	45,000	45,000	0%
Easterseals Northeast Central FL	-	15,000	15,000	0%
Other Healthcare Expenditures	-	218,607	218,607	0%
Total healthcare expenditures	101,740	6,071,408	5,969,668	2%
Personnel services				
Regular salaries and wages	5,964	71,564	65,600	8%
FICA	456	5,475	5,019	8%
Retirement	837	10,756	9,919	8%
Life and Health Insurance	959	12,000	11,041	8%
Workers Compensation Claims	-	25,000	25,000	0%
Total personnel services	8,216	124,795	116,579	7%

See accountants' compilation report.

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

	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures				
Locally Mandated Fees				
Tax Collector & Appraiser Fee	84,759	650,000	565,241	13%
City of DeLand Tax Increment District	-	165,000	165,000	0%
Total Locally Mandated Fees	84,759	815,000	730,241	10%
TPA Services (EBMS)	38,297	500,000	461,703	8%
Application Screening - THND	-	445,008	445,008	0%
General Accounting - Recurring	-	119,658	119,658	0%
Building Repairs	5,047	100,000	94,953	5%
Application Screening - RAAO	-	97,742	97,742	0%
Legal Counsel	6,630	79,560	72,930	8%
Healthy Communities Kid Care Outreach	-	72,202	72,202	0%
Advertising	-	50,000	50,000	0%
Audit	-	22,500	22,500	0%
General Accounting - Nonrecurring	-	15,000	15,000	0%
Other Operating Expenditures	4,043	59,400	55,357	7%
Total other expenditures	54,017	1,561,070	1,507,053	3%
Total expenditures	700,428	21,134,333	20,433,905	3%
Excess (deficiency) of revenues over expenditures	$ (541,673)	$ (1,500,000)	$ (958,327)	36%

See accountants' compilation report.