

WEST VOLUSIA HOSPITAL AUTHORITY BOARD OF COMMISSIONERS
ORGANIZATIONAL & REGULAR MEETING
January 15, 2026 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. Election of Officers
 - A. Open Floor for Nomination of Chair
 1. Close Nominations
 2. Hold Vote for Chair
 - B. Chair Continues with Nominations and Election of Remaining Officers
 1. Vice-Chair
 2. Secretary
 3. Treasurer
4. Approval of Proposed Agenda
5. Consent Agenda:
 - A. Approval of Minutes - Regular Meeting November 20, 2025
 - B. Quarter One Uneven Spend-Down of Funding - SMA Residential II Program
 - C. Auditor Legal Letter
6. Citizens Comments – Comments are limited to three minutes per speaker.
7. Presentation of Annual Audit for WVHA FYE 2025 by CPA Caleb Perla of Powell & Jones
8. Reporting Agenda:
 - A. EBMS November/December Reports – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona November/December Reports – miCare Practice Manager Gretchen Soto
 1. WVHA miCare Clinic Deland/Deltona 1st Quarter Report
 2. WVHA miCare Clinic Population Health Annual Report
 3. No-Show Policy Review
 - C. The House Next Door (THND) November/December Application Processing Reports
9. Discussion Items:
 - A. Approval of Non-Primary Care Funding Application 2026-2027 & Release on Tuesday, January 20, 2026
 - B. WVHA YouTube Channel (Tabled on October 16, 2025 – Commissioner Ford)
 - C. Request from Rue & Ziffra for Lien Reduction
 - D. Approval of EBMS Assignment to Imagine 360
 - E. Contractual Site Visit Review Write Ups FYE 2025
 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
 - F. Letters of Appreciation for CAC Members Felicia Benzo & Creg Kennedy
 - G. Natalie Brown CAC Appointment – Commissioner Manning
 - H. WVHA Administrator Job Description (Tabled on November 20, 2025)
 - I. First Amendment to WVHA Administrator Employment Agreement
10. Follow Up Items:
 - A. miCare Clinic Consolidation / Survey
 - B. Mobile Health Clinic Plan (Commissioner Moore)

11. Administrator Report
12. Finance Report
 - A. November & December Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
13. Legal Update
14. Upcoming – CAC Meeting February 3rd, WVHA Workshop February 19th at 4:00 PM, and WVHA Regular Meeting February 19th Immediately Following Workshop
15. Adjournment

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

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

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
November 20, 2025

Board Members in Attendance:

Commissioner Jennifer Coen
Commissioner Voloria Manning
Commissioner Jennifer Moore
Commissioner Judy Craig (virtually via Teams)

Board Members Absent:

Commissioner Rakeem Ford

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 5:01 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Chair Coen noted they had a quorum of three members present and could proceed. She said that Commissioner Craig would be joining virtually under extenuating circumstances and asked Attorney Small to explain.

Attorney Small stated that Commissioner Craig is unable to attend the meeting due to extenuating health circumstances, and her doctor advised that it would set her recovery back to travel.

Motion 087 – 2025 Commissioner Moore moved to approve the participation of Commissioner Craig due to extenuating medical circumstances. Commissioner Manning seconded. The motion passed 3-0-2.

Approval of Proposed Agenda

Motion 088 – 2025 Commissioner Manning moved to approve the proposed agenda. Commissioner Moore seconded. The motion passed 4-0-1.

Consent Agenda – Approval of Minutes

Regular Meeting held October 16, 2025

Motion 089 – 2025 Commissioner Manning moved to approve the Consent Agenda. Commissioner Moore seconded. The motion passed 4-0-1.

Citizen Comments – None

Reporting Agenda

EBMS October Report – Written Submission

Attorney Small referred to page one of the executive summary and asked the difference between plan limitations, cost savings, and UCR reductions categories. Ms. Tebo said she would direct the question to Rose Alberts and report back.

Attorney Small questioned the discrepancy in the employee (card member) count and the PCORI membership report on page five. Ms. Tebo explained that total membership on pages one and six represents the count as of 10/31/25; that the PCORI membership count is based on the number of card members having coverage during the month of October; and that the future months listed represent counts of existing active members without any renewals or new applications approved.

WVHA miCare Clinic DeLand/Deltona October Report – Sue Wayte, Senior Account Executive

WVHA miCare Clinic Annual Report

Ms. Wayte outlined the miCare monthly report and noted the increase in no-shows; she added that she looked at a six-month period for no-shows, and some individuals were repeatedly missing appointments. Commissioner Manning asked Ms. Wayte to explain staff procedures for appointment reminders. Ms. Wayte described the appointment scheduling process for same-day visits for sick patients and appointments for routine visits. She mentioned past discussion regarding possible no-show fees for patients habitually missing appointments and pointed out that it wastes provider time. Attorney Small suggested that the Board might appreciate her recommendations regarding no-shows with the data to support taking some kind of action to address the issue. Ms. Wayte said she would provide that at the January meeting.

The House Next Door (THND) October Application Processing Report

There were no questions on THND's report.

The reports were received into the written record.

Hospital Services 3rd Quarter of 2025 (July – Sept)

Halifax Health | UF Health – Medical Center of Deltona

Ben Eaby provided an update on the expansion plans for Halifax Health, including the addition of a cancer center and the expansion of emergency and inpatient beds. He added that the number of ER beds would increase from eleven to thirty in the second quarter of 2026. He addressed concerns about infection rates, explaining that the rates are below the national average. He explained that they have seen some increases in both C diff and surgical site infection, but the overall growth as a new hospital means that the percentages for infections have not increased as the raw numbers appear to be reflected. He said that when he looked at percentages to add to the report, they were actually so minimal that it was hard to hard to put that in perspective. He elaborated that the C Diff case is less than 1/100 percent of their patients. He noted that as a new hospital being open for five years, they do not yet have the volume for all ratings.

AdventHealth DeLand & AdventHealth Fish Memorial

Jonathan Armstrong introduced Kenneth Zill, the new CFO for AdventHealth Fish Memorial. Mr. Armstrong and Mr. Zill discussed the recertification of DeLand as a Leapfrog-rated top hospital, the CMS five-star rating for Fish Memorial Hospital, and planning for future expansion.

Commissioner Manning asked them to discuss infection rates. Mr. Zill elaborated on their reports and pointed out the low infection rates compared to national averages. Mr. Armstrong added that the rates are components of the evaluation process done by Leapfrog and CMS.

EMPros

Dr. Duva spoke briefly about payer distribution and said that for the people admitted through the

emergency department, Medicare represents thirty percent of everyone they see. He said that EMPros saw 29,000 people in the quarter, and less than seven tenths of 1% are West Volusia Hospital Authority card members.

The hospital reports were received into the written record.

Discussion Items

RFP for Marketing Services (Tabled on 10/16/25)

Attorney Small updated the Board on the changes to the RFP, noting that it gives the Board flexibility to split up the funding in any way they choose, and they can also choose not to accept any of the submitted proposals if they do not meet the standards. He emphasized that the deadline is before 12:01 p.m. on January 13th, and Ms. Tebo would pass out the submittals at the January meeting to leave a month for Board review in advance of the February meeting. He also outlined the weight distribution on the evaluation criteria that the Board will use when they review the submissions. He stressed that after the issuance of the RFP, prospective proposers shall not contact, communicate with, or discuss any matter relating to the RFP with anyone except Ms. Tebo.

There was discussion regarding the places to advertise the RFP and a budget for doing so.

Motion 090 – 2025 Commissioner Moore moved to authorize an expense up to \$500 to advertise the RFP and to approve and issue the RFP. Commissioner Craig seconded. The motion passed 4-0-1.

Roll Call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Coen	Yes

Tentative Schedule for 2026 Meeting Dates and Locations

Ms. Tebo explained the schedule and locations for the CAC and Board meetings in 2026, noting that the dates for the September meetings have not been set. She added that once the budget hearing dates for the school board and county have been ascertained, she would bring the proposed September dates to the Board.

Motion 091 – 2025 Commissioner Moore moved to approve the proposed schedule and payment of the rental fees of \$2,840. Commissioner Manning seconded. The motion passed 4-0-1.

Roll Call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Coen	Yes

Annual Report on Performance Goals & Measures for WVHA Activities in FY 24-25

Ms. Tebo pointed out a typo on page two where she omitted a word in Performance Measure #2 at the bottom of the page; the word “to” was omitted. She said it should read, “Annual review and

recommend to contracted third party any necessary revisions to its list of contracted specialty care providers.”

Attorney Small stated that the goals and objectives were required by statute last year; that the Board passed them in September 2024 after a process of editing and drafting; that there were various exchanges earlier in the day about possibly changing some of the wording; and that his recommendation is that they do not change what has already been published, and they should pass the report as it is required by law.

Citizen Comments

Tanner Andrews said he agreed with Attorney Small’s recommendation.

Chair Coen stated that Performance Measure #2 did not make sense to her as written, and she got lost in the wording; that the document is for the public and should be easily grasped; that she understood it was previously passed, but she wanted to make it more readable for the public; that if something does not make sense, it is her duty to speak up; and that she would like for Attorney Small to explain the intent of the section.

Attorney Small clarified that the measure means that the Board will annually review and recommend to its contracted third party that they make any necessary revisions to the list of contracted specialty providers.

Motion 092 – 2025 Commissioner Craig moved to approve the Annual Report on Performance Goals and Measures for WVHA activities in FY 2024-2025. Commissioner Manning seconded. The motion passed 3-1-1, with Chair Coen dissenting.

Chair Coen asked for the record to reflect her opposition was based solely on the sentence she discussed in Performance Measure #2.

Draft Site Visit Reports for FY 24-25 Programs

Chair Coen noted that they would discuss the draft reports of the two programs with compliance issues and invited SMA to the podium to discuss.

SMA Healthcare, Inc. – Baker Act (Emergency Behavioral Services)

Jennifer Stephenson and Andrea Schweizer were present on behalf of SMA. Ms. Stephenson discussed the breakdown in SMA’s approved process for the contract, including issues with eligibility verification and residency documentation. She said that after speaking with James Moore & Co. during the site visit, she embarked on an internal audit for the entire fiscal year to figure out exactly what went wrong. She explained her assessment of the issues to the Board.

Commissioner Manning asked Ms. Stephenson to explain the turnover in positions assigned to the program and the training given to new employees. After explanation, Ms. Stephenson stressed that she is now involved in reviewing every single file to ensure there are no further mistakes. Ms. Tebo asked her to confirm that if the Board authorized additional testing on FY25, there would be the same issues. Ms. Stephenson said it was correct.

Attorney Small stated that SMA did not perform the basic verification to comply with the agreed-upon standards; that the Board needs to give due consideration to the blatant non-compliance issue and not ignore it; that a few years back, the Auditor General took the Board to task for doing site visits and waiving or ignoring non-compliance; and that SMA should think about what they can come forward with to put on the table for the Board to consider a negotiated resolution in January.

Chair Coen pointed out that there is a helpful site visit compliance spreadsheet going back to 2019 for all the programs, and SMA had issues in 2019 with the Baker Act program. She added that there was a negotiation then, and they implemented new procedures. She asked Ms. Stephenson to elaborate.

Ms. Stephenson explained the worksheets utilized for the program, and there was discussion regarding the various components. Attorney Small reminded the Board that SMA agreed to certain standards in 2019; that the worksheets represent internally how SMA is implementing the standards; and that the funding agreement requires them to maintain the agreed-upon standards. Ms. Stephenson said they were working on updating procedures and would bring a draft to the Board for approval.

SMA Healthcare, Inc. – Psychiatric Outpatient Services

Attorney Small stated that the non-compliance noted in the draft report related to not keeping documentation that SMA applied for the Patient Assistance Program (PAP) on behalf of each patient. He referred to the email in the packet where Ms. Stephenson affirmed that the PAP applications were done, but they did not keep the paperwork to verify they applied but were denied. He added that she had also noted the approximate amount at issue was \$17,000, but SMA over provided services of about \$99,000 that they could not bill to WVHA, since the contract was \$90,000. He suggested that Ms. Stephenson might submit a signed attestation that the applications for PAP were completed, and the records were not maintained. He added that the Board would be well within its discretion to insist the records must be kept going forward, but there would not be a monetary penalty related to that.

Ms. Stephenson explained that their standard process for any uninsured client is for the online PAP application to be completed when they come in. She added that historically, SMA has not kept documentation of a PAP denial. She noted that this issue only relates to medication costs and not the other services provided under the program.

Chair Coen asked if Webb Shephard could add the medication cost exposure in his final draft of the site visit report. She added that she did not see a reference to the PAP documentation in prior site visits and asked if it was requested in prior years. Ms. Stephenson answered no.

Attorney Small said that this is the first time that the PAP application has been scrutinized in the site visit. He stated that one reason it is happening now is that he has been pushing the CPA doing the site visit to closely look at each individual contract and not assume that every agency has the same requirements; that as a result of them testing individual contractual requirements, they are now enforcing this aspect; and that since it is the first year the PAP requirement has been tested, he is more inclined to be lenient with this program than the other. He added that ultimately, it is the Board's decision how they address it.

Ms. Stephenson reminded the Board that they were invited to the grand opening ceremony at their new DeLand facility on December 2nd.

SMA Healthcare, Inc. – Level II Residential Treatment Services Rising Against All Odds – HIV/AIDS Outreach Services Rising Against All Odds – Health Card Enrollment & Retention Services

Request to Schedule Additional February Meeting (Commissioner Craig)

Commissioner Craig said she would like to schedule a workshop to discuss clinic consolidation on the same date as the regular February meeting to avoid paying another rental fee. Ms. Tebo said she asked the Sanborn staff if they could accommodate a 4 p.m. start time for their four-hour block rental, and they said yes.

Motion 093 – 2025 Commissioner Craig moved to schedule a workshop on February 19th at 4:00 p.m. to discuss miCare Clinic consolidation, with the regular meeting to immediately follow the conclusion of the workshop. Commissioner Manning seconded. The motion passed 4-0-1.

Mandatory Ethics Training Reminder to be Completed by 12/31/25

Ms. Tebo reminded the Board to complete the training by the end of the year, and they would self-report it on their Form 1 next year.

WVHA Administrator Job Description

Ms. Tebo said it was the first draft, and it would be listed on a subsequent agenda.

Chair Coen noted that there were changes approved by the Board previously to add the CPI inflation adjustment and the twenty days of time off to amend the agreement. Attorney Small said it could be consolidated into the agreement with an amendment. There was consensus for Attorney Small to draft it.

Commissioner Manning said that she attended the Volusia Legislative Delegation meeting, and she did not know that Ms. Tebo would be speaking. She added that she would like the Board to vote in advance of Ms. Tebo or any of the commissioners speaking on behalf of WVHA in the future. Ms. Tebo explained that she did not know she had the option to speak until shortly before the meeting happened, but she took the opportunity to introduce herself to the representatives she had not yet met and give a brief update to tell them about the two new programs approved by the Board for Easterseals and Life-Spire Community Services. Commissioner Manning said that she would have liked to be included and introduced as a WVHA commissioner in the way that other organizations present introduced their team members.

Resolution 2025-007 - Amending Budget for FY 2024-2025

Ms. Tebo explained that the amendment is required if total expenditures exceed the adopted budget by any amount. She added that CPA Webb Shephard doubled what he thought might be needed to ensure the total would not be exceeded.

Motion 094 – 2025 Commissioner Craig moved to approve Resolution 2025-007 amending the budget for fiscal year 2024-2025. Commissioner Moore seconded. The motion passed 4-0-1.

Roll Call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Coen	Yes

CAC Appointment – Commissioner Manning

Commissioner Manning gave a brief outline of Gwen Monroe's professional background, education, and community affiliations and said she would be a valuable addition to the CAC.

Motion 095 – 2025 Commissioner Moore moved to appoint Gwendolyn Monroe to the CAC. Commissioner Manning seconded. The motion passed 4-0-1.

Follow Up Items

miCare Clinic Consolidation / Survey

Ms. Tebo thanked Jenny at THND for sending her surveys that were completed as card members were coming in for renewals. She stated that she received thirty surveys thus far and saved them in a Dropbox folder; that the Board members could click on the Dropbox folder link emailed to them; that she would add future surveys to the same folder; that only two had answered no to the question regarding interest in a mobile clinic; that a couple responses had mentioned the availability of dental and eye doctor services, and she thought they were referring to having the services inside of the clinics; and that overall, the surveys were positive.

Commissioner Moore said in a prior meeting, someone had mentioned there was public transportation specifically for picking people up who have disabilities free of charge. She asked if any of the responses mentioned that. Ms. Tebo said no, as it was not an open-ended question regarding how they got to the clinic. She said it was a check box where the respondent could choose a, b, c, or d.

Mobile Health Clinic Plan (Commissioner Moore)

Commissioner Moore said that True Health Chief Operations Officer Nurez Madhany had spoken with Attorney Small, and she asked him to outline the conversation for the Board.

Attorney Small stated he urged Nurez to come up with some creative proposals for the Board to consider early next year in terms of how their existing services can be integrated into some kind of new access points for WVHA in terms of mobile clinic services in different locations around the district; and that he should consider if there is there any economy to scale in terms of the cost for doing it. He added that Nurez said he would coordinate further with Commissioner Moore in terms of finding out any further details that he needs to draft the proposal, and he would also coordinate with him.

Commissioner Moore said that in light of the February workshop to discuss the Deltona clinic, she would like to take the time between now and January's meeting to work with Nurez to come up with creative solutions; that there has been a large cry from the Board to both expand services and conserve resources to be the best stewards of the citizens' tax dollars; that True Health's Enterprise office is a mile away from the Deltona clinic, and they are very open to working with Attorney Small to find a way to accept the WVHA health card as a form of payment within their services; and that she would like to report back in January on the progress.

Administrator Report

Ms. Tebo said she asked the city manager in Orange City if WVHA could make the same presentation as was done previously in Deltona and Lake Helen to inform their elected officials of the health card program, and it was scheduled for December 2nd at 6:30 p.m. She noted that Commissioner Ford lives in Orange City and volunteered to attend, and she sent the other Board members an email inviting them to attend also if their schedule allowed. She noted that Congress had not addressed the expiring ACA tax credits, and she felt more people would be needing WVHA in 2026.

Finance Report

October Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo summarized the report for the Board and noted that since the large transfer was made in the previous month, there was enough funding to carry through to January when the bulk of the tax revenue comes in. She added that the funded agencies provided their billing estimate for December, and it was included on the estimated expenditures sheet through the next meeting.

Commissioner Manning asked how the recent Mainstreet Bank transaction occurred and said she thought it might be done electronically. Ms. Tebo responded that Mainstreet instructed her to have two commissioners come in to sign the \$4 million debit so that they could prepare the cashier's check for her to pick up. She added that it was sent by certified mail to Carlene Despard at Ameris Bank for deposit into WVHA's Ameris Operating Account.

Attorney Small said that because WVHA's enabling legislation requires two signatures, most transfers have to be done via paper check. He added that a wire transfer is something that, if it happens at all, is very infrequent.

Motion 096-2025 Commissioner Moore moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co., the \$90,000 transfer from Ameris Operating to Ameris Payroll, and estimated expenditures for the next two months totaling \$5,438,013. Commissioner Craig seconded the motion. The motion passed 4-0-1.

Legal Update

Attorney Small reminded the Board they should complete the ethics training and not forget it over the holidays. He also noted that Commissioner Manning and Chair Coen would be up for reelection in 2026, so they should start thinking about what they need to do in advance of deadlines.

Upcoming – Regular Meeting on January 15, 2026

Chair Coen reminded everyone there is not a December meeting, and the next meeting would be held at the Sanborn Center.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 8:23 p.m.

Adjournment - Jennifer Coen, Chair

WEST VOLUSIA HOSPITAL AUTHORITY AGENDA MEMO

TO: WVHA Commissioners
FROM: Stacy Tebo, WVHA Administrator
RE: Quarter One Uneven Spend-Down of Funding - SMA
DATE: January 2, 2026

SMA submitted a letter to the Board in accordance with the following provision in their funding agreement for the Residential Level II program.

“If Grantee’s combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee shall (before the next regularly scheduled Board meeting materials deadline) submit to the Board a letter to explain the uneven spend-down of Funding and to notify the Board whether it anticipates making a request to the Authority for additional funding for the October 1, 2025 through September 30, 2026 Funding Period.”

The letter applies to the first quarter of the current fiscal year, which is October through December. SMA utilized \$168,412.90 of the \$550,000 budget, or 31 percent of their annual funding.



150 Magnolia Ave.
Daytona Beach, FL 32114
P 800-539-4228 | smahealthcare.org

December 10, 2025

West Volusia Hospital Authority
Attn: Chairman
c/o James Moore and Company
133 E Indiana Avenue
DeLand, FL 32724

Program: Residential – Wavier

Dear Chairman:

Per contract, funding disbursements will be made in monthly installments up to one-fourth of the funding limit per quarter. If grantees combined invoices for any quarter exceed one-fourth the funding limit, the grantee may submit a written explanation of the uneven spend-down of funding.

SMA Healthcare at this time does not anticipate requesting additional funding for the October 1, 2025 through September 30, 2026 funding period. The uneven spend-down of funding is due to an increase in utilization by approved residents (WVHA HealthCard) in the district in need of services resulting in total utilization for quarter exceeding the quarterly funding limitation.

Thank you for your consideration on this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ivan Cosimi", with a long horizontal flourish extending to the right.

Ivan Cosimi
Chief Executive Officer
SMA Healthcare, Inc.



December 18, 2025

Theodore W. Small, Esq.
Law Office of Theodore W. Small, P.A.
P.O. Box 172
Deland, FL 32721
Email: tsmall@businessemploymentlawyer.com

Our auditors, Powell and Jones CPA, 1359 SW Main Blvd, Lake City, FL 32025, are conducting an audit of our financial statements at September 30, 2025, and for the year then ended. This letter will serve as our consent for you to furnish to our auditors all the information requested herein. Accordingly, please furnish to them the information requested below involving matters with respect to which you have been engaged and to which you have devoted substantive attention on behalf of West Volusia Hospital Authority in the form of legal consultation or representation.

Pending or Threatened Litigation, Claims, and Assessments (excluding unasserted claims and assessments)

Please prepare a description of all material litigation, claims, and assessments (excluding unasserted claims and assessments). Materiality for purposes of this letter includes items involving amounts exceeding \$10,000 individually or in the aggregate. The description of each matter should include:

- 1) the nature of the litigation;
- 2) the progress of the matter to date;
- 3) how management of West Volusia Hospital Authority is responding or intends to respond to the litigation (e.g., to contest the matter vigorously or to seek an out-of-court settlement); and
- 4) an evaluation of the likelihood of an unfavorable outcome and an estimate, if one can be made, of the amount or range of potential loss.

Also, please identify any pending or threatened litigation, claims, and assessments with respect to which you have been engaged but as to which you have not yet devoted substantive attention.

Unasserted Claims and Assessments

We have represented to our auditors that there are no unasserted possible claims or assessments that you have advised us are probable of assertion and must be disclosed in accordance with [FASB ASC 450, Contingencies](#).

We understand that whenever, in the course of performing legal services for us with respect to a matter recognized to involve an unasserted possible claim or assessment that may call for financial statement disclosure, if you have formed a professional conclusion that we should disclose or consider disclosure concerning such possible claim or assessment, as a matter of professional responsibility to us, you will so advise us and will consult with us concerning the question of such disclosure and the applicable requirements of [FASB ASC 450, Contingencies](#) (excerpts of

which can be found in the ABA's *Auditor's Letter Handbook*). Please specifically confirm to our auditors that our understanding is correct.

Response

Your response should include matters that existed as of September 30, 2025, and during the period from that date to the effective date of your response. Please specify the effective date of your response if it is other than the date of reply.

Please specifically identify the nature of, and reasons for, any limitations on your response.

Our auditors expect to have the audit completed by about January 15, 2026. They would appreciate receiving your reply by that date with a specified effective date no earlier than January 12, 2026. You may also be requested to provide updates to your written response at a later date. We authorize you to respond to a request for updates made directly from our auditors in connection with the audit of our financial statements as of September 30, 2025 and for the year then ended. We appreciate your timely response to such requests.

Other Matters

Please also indicate the amount we were indebted to you for services and expenses (billed or unbilled) on September 30, 2025.

Very truly yours,

Jennifer Coen, Commissioner

West Volusia Hospital Authority



EBMS

December 2025

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 11/1/2025 to 11/30/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6853		Charges	\$5,310,005	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,759,238	Addl Info Not Provided	\$448	0.01%
Medical	\$551,040	\$386	Allowed	\$550,767	Duplicate Charges	\$17,879	0.34%
Professional	\$337,921	\$237	less Member	\$11,180	Not Medically...	\$120	0.00%
Facility	\$213,119	\$149	less Adjustments	-\$11,453	Plan Limitations	\$1,169,085	22.02%
PBM	\$0	\$0	Paid Benefit	\$551,040	Cost Savings	\$3,570,150	67.23%
Total Plan Paid:	\$551,040	\$386	plus Admin Costs	\$344,690	UCR Reductions	\$761	0.01%
			Total Plan Paid:	\$895,730	Other	\$794	0.01%
					Total:	\$4,759,238	89.63%

Census										
Census Date: 11/30/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	37	34	71	0	0	0	0	71	0	0
20 to 25	34	51	85	0	0	0	0	85	0	0
26 to 29	32	25	57	0	0	0	0	57	0	0
30 to 39	109	111	220	0	0	0	0	220	0	0
40 to 49	150	183	333	0	0	0	0	333	0	0
50 to 59	158	212	370	0	0	0	0	370	0	0
60 to 64	91	118	209	0	0	0	0	209	0	0
65 and Older	33	50	83	0	0	0	0	83	0	0
Totals	644	784	1428	0	0	0	0	1428	0	0
Average Age	45.11	46.99	46.15	0.00	0.00	0.00	0.00	46.15	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 11/30/2025	Employee	Spouse	Dependent
Adventhealth Deland	77	\$88,708	0 to 19	\$2,919	\$0	\$0
Florida Cancer Specialists	125	\$78,143	20 to 25	\$8,715	\$0	\$0
Adventhealth Fish	84	\$56,760	26 to 29	\$23,509	\$0	\$0
Deland Dialysis	37	\$36,406	30 to 39	\$31,130	\$0	\$0
Quest Diagnostics Tampa	428	\$28,034	40 to 49	\$99,120	\$0	\$0
Wellness Avenue Surgery	23	\$14,433	50 to 59	\$215,760	\$0	\$0
06 Radiology Associates	124	\$13,816	60 to 64	\$132,651	\$0	\$0
Adventhealth Deland	118	\$12,785	65 and Older	\$37,236	\$0	\$0
Wellness Avenue Surgery	19	\$10,211	Totals	\$551,040	\$0	\$0
Quest Diagnostics Nichols	42	\$9,100				

Claims Paid by Month			Average Lag & Average Spend (rolling 12 months)			
October 25		\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25		\$551,040	Medical	\$23,937	41	\$981,417
Total:		\$840,896	Vision	\$0	85	\$0
			RX	\$0	69	\$0
			Total:			\$981,417



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 11/1/2025 to 11/30/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	4	\$1,708	\$1,708	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	62	\$104,300	\$90,965	\$13,335	\$0	\$0	\$13,335	2.42%
CHIROPRACTIC	34	\$4,143	\$3,408	\$735	\$140	\$0	\$595	0.11%
DIALYSIS	73	\$1,394,520	\$1,346,003	\$48,517	\$0	\$0	\$48,517	8.80%
DME/APPLIANCE	6	\$1,127	\$1,127	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	473	\$1,028,268	\$944,013	\$84,255	\$3,000	\$0	\$81,255	14.75%
INELIGIBLE	370	\$74,640	\$73,988	\$653	\$0	\$0	\$653	0.12%
INPATIENT PHYS	172	\$47,857	\$36,509	\$11,349	\$0	\$0	\$11,349	2.06%
IP HOSP CHARGES	44	\$808,056	\$780,904	\$27,153	\$350	\$0	\$26,803	4.86%
MATERNITY	10	\$2,010	\$1,171	\$839	\$0	\$0	\$839	0.15%
MEDICAL MISC	44	\$46,890	\$39,392	\$7,498	\$130	\$0	\$7,368	1.34%
OFFICE VISIT	778	\$133,616	\$85,338	\$48,278	\$3,610	\$0	\$44,668	8.11%
OP PHYSICIAN	190	\$115,672	\$77,385	\$38,287	\$202	\$0	\$38,085	6.91%
OTHER	129	\$0	\$0	\$0	\$0	-\$11,453	\$11,453	2.08%
OUTPAT HOSP	37	\$81,457	\$73,617	\$7,839	\$850	\$0	\$6,989	1.27%
PSYCHIATRIC	128	\$32,152	\$20,981	\$11,171	\$454	\$0	\$10,716	1.94%
RADIATION /CHEMO	132	\$160,995	\$113,211	\$47,784	\$38	\$0	\$47,746	8.66%
SUBS ABUSE	2	\$799	\$799	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	56	\$436,021	\$382,985	\$53,036	\$725	\$0	\$52,311	9.49%
SURGERY	161	\$56,565	\$40,896	\$15,670	\$0	\$0	\$15,670	2.84%
SURGERY IP	30	\$41,665	\$34,589	\$7,076	\$0	\$0	\$7,076	1.28%
SURGERY OP	55	\$48,280	\$32,786	\$15,494	\$0	\$0	\$15,494	2.81%
THERAPY	250	\$23,726	\$16,441	\$7,285	\$650	\$0	\$6,635	1.20%
URGENT CARE	26	\$4,463	\$3,109	\$1,354	\$250	\$0	\$1,104	0.20%
VISION	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	508	\$50,832	\$41,280	\$9,552	\$0	\$0	\$9,552	1.73%
XRAY/ LAB	3386	\$610,241	\$516,635	\$93,606	\$781	\$0	\$92,826	16.85%
Totals:	7161	\$5,310,005	\$4,759,238	\$550,767	\$11,180	-\$11,453	\$551,040	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 11/30/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	13370		Charges	\$12,267,707	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$11,415,596	Addl Info Not Provided	\$96,096	0.78%
Medical	\$840,896	\$294	Allowed	\$852,111	Duplicate Charges	\$206,716	1.69%
Professional	\$603,811	\$211	less Member	\$16,696	Not Medically...	\$360	0.00%
Facility	\$237,085	\$83	less Adjustments	-\$5,627	Plan Limitations	\$6,643,703	54.16%
PBM	\$0	\$0	Paid Benefit	\$840,896	Cost Savings	\$4,446,713	36.25%
Total Plan Paid:	\$840,896	\$294	plus Admin Costs	\$765,964	UCR Reductions	\$1,410	0.01%
			Total Plan Paid:	\$1,606,860	Other	\$20,599	0.17%
					Total:	\$11,415,596	93.05%

Census										
Census Date: 11/30/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	37	34	71	0	0	0	0	71	0	0
20 to 25	34	51	85	0	0	0	0	85	0	0
26 to 29	32	25	57	0	0	0	0	57	0	0
30 to 39	109	111	220	0	0	0	0	220	0	0
40 to 49	150	183	333	0	0	0	0	333	0	0
50 to 59	158	212	370	0	0	0	0	370	0	0
60 to 64	91	118	209	0	0	0	0	209	0	0
65 and Older	33	50	83	0	0	0	0	83	0	0
Totals	644	784	1428	0	0	0	0	1428	0	0
Average Age	45.11	46.99	46.15	0.00	0.00	0.00	0.00	46.15	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 11/30/2025	Employee	Spouse	Dependent
Florida Cancer Specialists	210	\$153,626	0 to 19	\$3,736	\$0	\$0
Adventhealth Deland	134	\$99,113	20 to 25	\$12,890	\$0	\$0
Adventhealth Fish	135	\$56,760	26 to 29	\$27,965	\$0	\$0
Quest Diagnostics Tampa	736	\$47,533	30 to 39	\$77,398	\$0	\$0
Deland Dialysis	81	\$31,062	40 to 49	\$141,614	\$0	\$0
06 Radiology Associates	226	\$25,488	50 to 59	\$317,607	\$0	\$0
Wellness Avenue Surgery	39	\$19,454	60 to 64	\$181,284	\$0	\$0
Medical Center Of Deltona	25	\$16,780	65 and Older	\$78,401	\$0	\$0
Gastroenterology Of	108	\$15,805	Totals	\$840,896	\$0	\$0
Adventhealth Deland	181	\$15,470				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 25	\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25	\$551,040	Medical	\$23,937	41	\$981,417
Total:	\$840,896	Vision	\$0	85	\$0
		RX	\$0	69	\$0
		Total:			\$981,417



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 11/30/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	12	\$6,383	\$6,383	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	113	\$201,357	\$173,125	\$28,232	\$0	\$0	\$28,232	3.36%
CHIROPRACTIC	85	\$9,053	\$6,513	\$2,540	\$370	\$0	\$2,170	0.26%
DIALYSIS	167	\$2,871,379	\$2,824,188	\$47,192	\$0	\$0	\$47,192	5.61%
DME/APPLIANCE	10	\$1,683	\$1,683	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	841	\$1,677,867	\$1,561,460	\$116,406	\$3,100	\$0	\$113,306	13.47%
INELIGIBLE	835	\$353,294	\$352,642	\$653	\$0	\$0	\$653	0.08%
INPATIENT PHYS	364	\$93,808	\$82,716	\$11,091	\$0	\$0	\$11,091	1.32%
IP HOSP CHARGES	115	\$3,467,717	\$3,430,109	\$37,608	\$400	\$0	\$37,208	4.42%
MATERNITY	21	\$9,840	\$9,001	\$839	\$0	\$0	\$839	0.10%
MEDICAL MISC	85	\$72,731	\$64,304	\$8,427	\$255	\$0	\$8,172	0.97%
OFFICE VISIT	1495	\$234,658	\$154,381	\$80,277	\$6,250	\$0	\$74,027	8.80%
OP PHYSICIAN	344	\$220,985	\$152,880	\$68,105	\$285	\$0	\$67,820	8.07%
OTHER	307	\$0	\$0	\$0	\$0	-\$5,627	\$5,627	0.67%
OUTPAT HOSP	62	\$130,540	\$122,701	\$7,839	\$850	\$0	\$6,989	0.83%
PSYCHIATRIC	261	\$55,412	\$34,260	\$21,153	\$844	\$0	\$20,309	2.42%
RADIATION /CHEMO	266	\$385,612	\$280,638	\$104,974	\$54	\$0	\$104,920	12.48%
SUBS ABUSE	4	\$8,250	\$8,250	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	95	\$861,360	\$794,597	\$66,762	\$1,250	\$0	\$65,512	7.79%
SURGERY	314	\$88,228	\$65,870	\$22,358	\$0	\$0	\$22,358	2.66%
SURGERY IP	41	\$53,564	\$43,184	\$10,380	\$0	\$0	\$10,380	1.23%
SURGERY OP	89	\$76,529	\$51,789	\$24,740	\$0	\$0	\$24,740	2.94%
THERAPY	583	\$60,975	\$43,443	\$17,532	\$1,530	\$0	\$15,968	1.90%
URGENT CARE	42	\$8,306	\$5,763	\$2,542	\$475	\$0	\$2,067	0.25%
VISION	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1061	\$91,469	\$73,763	\$17,706	\$0	\$0	\$17,706	2.11%
XRAY/ LAB	6242	\$1,226,706	\$1,071,954	\$154,753	\$1,033	\$0	\$153,609	18.27%
Totals:	13855	\$12,267,707	\$11,415,596	\$852,111	\$16,696	-\$5,627	\$840,896	



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	1595	0	1595
11/1/2025	1547	0	1547
12/1/2025	1422	0	1422
1/1/2026	1223	0	1223
2/1/2026	953	0	953
3/1/2026	705	0	705
4/1/2026	445	0	445
5/1/2026	235	0	235
6/1/2026	63	0	63
Total Member Days			909.78

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 11/30/2025

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	125	0	125
Debary, FL	36	0	36
Deland, FL	712	0	712
Deltona, FL	339	0	339
Lake Helen, FL	10	0	10
Orange City, FL	68	0	68
Osteen, FL	8	0	8
Pierson, FL	82	0	82
Seville, FL	43	0	43
Total	1423	0	1423



Tier Census by Product 11/1/2025

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	1504	692	812	0	0	0	0	1504
		Subtotal for Active:	1504	692	812	0	0	0	0	1504
		Total for Medical:	1504	692	812	0	0	0	0	1504



Tier Census by Product 11/15/2025

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	1463	667	796	0	0	0	0	1463
		Subtotal for Active:	1463	667	796	0	0	0	0	1463
		Total for Medical:	1463	667	796	0	0	0	0	1463



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 11/1/2025 to 11/30/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	4	1,708.00	1,708.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	62	104,300.20	9,593.00	81,372.05	13,335.15	0.00	0.00	13,335.15	2.42%
CHIROPRACTIC	34	4,142.76	2,087.92	1,320.09	734.75	140.00	0.00	594.75	0.11%
DIALYSIS	73	1,394,520.40	18,966.37	1,327,036.88	48,517.15	0.00	0.00	48,517.15	8.80%
DME/APPLIANCE	6	1,126.91	1,126.91	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	473	1,028,268.19	168,568.07	775,445.20	84,254.92	3,000.00	0.00	81,254.92	14.75%
INELIGIBLE	370	74,640.47	70,198.46	3,789.15	652.86	0.00	0.00	652.86	0.12%
INPATIENT PHYS	172	47,857.33	16,022.31	20,486.23	11,348.79	0.00	0.00	11,348.79	2.06%
IP HOSP CHARGES	44	808,056.49	388,683.09	392,220.46	27,152.94	350.00	0.00	26,802.94	4.86%
MATERNITY	10	2,010.00	0.00	1,171.23	838.77	0.00	0.00	838.77	0.15%
MEDICAL MISC	44	46,890.38	20,547.38	18,844.70	7,498.30	130.00	0.00	7,368.30	1.34%
OFFICE VISIT	778	133,615.51	10,545.84	74,791.75	48,277.92	3,610.00	0.00	44,667.92	8.11%
OP PHYSICIAN	190	115,672.20	170.00	77,215.11	38,287.09	202.31	0.00	38,084.78	6.91%
OTHER	137	0.00	0.00	0.00	0.00	0.00	-11,452.68	11,452.68	2.08%
OUTPAT HOSP	37	81,456.87	100.32	73,517.15	7,839.40	850.00	0.00	6,989.40	1.27%
PSYCHIATRIC	128	32,151.70	4,643.83	16,337.17	11,170.70	454.43	0.00	10,716.27	1.94%
RADIATION /CHEMO	132	160,995.23	0.00	113,210.75	47,784.48	38.06	0.00	47,746.42	8.66%
SUBS ABUSE	2	799.00	458.00	341.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	56	436,020.95	-75,420.59	458,405.27	53,036.27	725.00	0.00	52,311.27	9.49%
SURGERY	161	56,565.48	3,406.56	37,489.20	15,669.72	0.00	0.00	15,669.72	2.84%
SURGERY IP	30	41,665.42	24,931.42	9,657.76	7,076.24	0.00	0.00	7,076.24	1.28%
SURGERY OP	55	48,280.32	0.00	32,785.93	15,494.39	0.00	0.00	15,494.39	2.81%
THERAPY	250	23,726.00	2,686.00	13,755.19	7,284.81	650.00	0.00	6,634.81	1.20%
URGENT CARE	26	4,462.80	0.00	3,108.73	1,354.07	250.00	0.00	1,104.07	0.20%
VISION	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	508	50,831.81	680.41	40,599.10	9,552.30	0.00	0.00	9,552.30	1.73%
XRAY/ LAB	3386	610,240.92	45,980.66	470,653.91	93,606.35	780.50	0.00	92,825.85	16.85%
Totals for 00532	7169	5,310,005.34	715,683.96	4,043,554.01	550,767.37	11,180.30	-11,452.68	551,039.75	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 13:44:06 on 01 December 2025

Jv-1.28.5.0

Yes



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2025 to 11/30/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	12	6,382.80	6,382.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	113	201,356.70	9,632.00	163,493.19	28,231.51	0.00	0.00	28,231.51	3.36%
CHIROPRACTIC	85	9,053.20	2,447.68	4,065.78	2,539.74	370.00	0.00	2,169.74	0.26%
DIALYSIS	167	2,871,379.21	-199,220.64	3,023,408.19	47,191.66	0.00	0.00	47,191.66	5.61%
DME/APPLIANCE	10	1,683.04	1,683.04	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	841	1,677,866.57	347,937.47	1,213,522.73	116,406.37	3,100.00	0.00	113,306.37	13.47%
INELIGIBLE	835	353,294.49	348,852.48	3,789.15	652.86	0.00	0.00	652.86	0.08%
INPATIENT PHYS	364	93,807.53	62,784.51	19,931.96	11,091.06	0.00	0.00	11,091.06	1.32%
IP HOSP CHARGES	115	3,467,716.82	1,872,946.84	1,557,161.79	37,608.19	400.00	0.00	37,208.19	4.42%
MATERNITY	21	9,840.00	7,470.00	1,531.23	838.77	0.00	0.00	838.77	0.10%
MEDICAL MISC	85	72,731.42	43,242.42	21,061.82	8,427.18	255.32	0.00	8,171.86	0.97%
OFFICE VISIT	1495	234,657.93	25,987.11	128,393.67	80,277.15	6,250.00	0.00	74,027.15	8.80%
OP PHYSICIAN	344	220,985.39	2,563.00	150,317.20	68,105.19	285.21	0.00	67,819.98	8.06%
OTHER	327	0.00	0.00	0.00	0.00	0.00	-5,626.58	5,626.58	0.67%
OUTPAT HOSP	62	130,540.37	15,995.37	106,705.60	7,839.40	850.00	0.00	6,989.40	0.83%
PSYCHIATRIC	261	55,412.40	10,612.83	23,646.97	21,152.60	843.86	0.00	20,308.74	2.41%
RADIATION /CHEMO	266	385,612.14	6,249.44	274,388.31	104,974.39	54.10	0.00	104,920.29	12.48%
SUBS ABUSE	4	8,250.00	7,909.00	341.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	95	861,359.55	51,455.12	743,142.01	66,762.42	1,250.00	0.00	65,512.42	7.79%
SURGERY	314	88,228.44	4,306.56	61,563.42	22,358.46	0.00	0.00	22,358.46	2.66%
SURGERY IP	41	53,563.88	28,196.42	14,987.36	10,380.10	0.00	0.00	10,380.10	1.23%
SURGERY OP	89	76,529.28	340.00	51,448.87	24,740.41	0.00	0.00	24,740.41	2.94%
THERAPY	583	60,974.83	11,898.83	31,543.74	17,532.26	1,530.00	0.00	15,968.41	1.90%
URGENT CARE	42	8,305.80	0.00	5,763.34	2,542.46	475.00	0.00	2,067.46	0.25%
VISION	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1061	91,468.86	6,397.25	67,365.79	17,705.82	0.00	0.00	17,705.82	2.11%
XRAY/ LAB	6242	1,226,706.38	271,426.80	800,527.00	154,752.58	1,032.67	0.00	153,719.91	18.28%
Totals for 00532	13875	12,267,707.03	2,947,496.33	8,468,100.12	852,110.58	16,696.16	-5,626.58	841,007.15	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 11/1/2025 to 11/30/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1637	327,963.82	0.00	0.00	0.00	0.00	327,963.82
miCareDelton	1352	205,559.26	0.00	0.00	0.00	0.00	205,559.26
miCarePierse	89	17,516.67	0.00	0.00	0.00	0.00	17,516.67
00532 Totals:	3078	551,039.75	0.00	0.00	0.00	0.00	551,039.75



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 11/30/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	3152	464,881.65	0.00	0.00	0.00	0.00	464,881.65
miCareDelton	2560	352,377.95	0.00	0.00	0.00	0.00	352,377.95
miCarePierse	167	23,636.33	0.00	0.00	0.00	0.00	23,636.33
N/A	20	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	5899	840,895.93	0.00	0.00	0.00	0.00	840,895.93



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 11/1/2025 to 11/30/2025

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	410	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 11/30/2025

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	947	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/25 to 11/30/25

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
miCareDeLand	10-2025	\$7,707.89	\$14,663.72	\$705.73	\$113,840.49	\$0.00	1490	\$136,917.83	\$0.00	1024	\$133.71	\$7.53	\$14.32	\$0.69	\$111.17	\$0.00
miCareDeLand	11-2025	\$124,473.94	\$24,400.58	\$627.15	\$178,462.15	\$0.00	1619	\$327,963.82	\$0.00	997	\$328.95	\$124.85	\$24.47	\$0.63	\$179.00	\$0.00
	Subtotal:	\$132,181.83	\$39,064.30	\$1,332.88	\$292,302.64	\$0.00	3109	\$464,881.65	\$0.00	2021	\$230.03	\$65.40	\$19.33	\$0.66	\$144.63	\$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	510	\$287.88	\$37.55	\$26.46	\$5.74	\$218.13	\$0.00
miCareDelton	11-2025	\$51,040.09	\$17,004.47	\$1,581.25	\$135,933.45	\$0.00	1336	\$205,559.26	\$0.00	490	\$419.51	\$104.16	\$34.70	\$3.23	\$277.42	\$0.00
	Subtotal:	\$70,188.84	\$30,500.49	\$4,509.24	\$247,179.38	\$0.00	2515	\$352,377.95	\$0.00	1000	\$352.38	\$70.19	\$30.50	\$4.51	\$247.18	\$0.00
miCarePierse	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
miCarePierse	11-2025	\$6,524.31	\$1,612.10	\$0.00	\$9,380.26	\$0.00	89	\$17,516.67	\$0.00	60	\$291.94	\$108.74	\$26.87	\$0.00	\$156.34	\$0.00
	Subtotal:	\$6,524.31	\$2,273.48	\$0.00	\$14,838.54	\$0.00	167	\$23,636.33	\$0.00	121	\$195.34	\$53.92	\$18.79	\$0.00	\$122.63	\$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
N/A	11-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$344,690.09	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	\$765,963.95	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$208,894.98	\$71,838.27	\$5,842.12	\$554,320.56	\$0.00	5811	\$840,895.93	\$765,963.95	3142	\$511.41	\$66.48	\$22.86	\$1.86	\$176.42	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2025-11/30/2025

Reporting Period: CLIENTYTD

Location: 000-zzzzz

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



EBMS

January 15, 2026

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 12/1/2025 to 12/31/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6004		Charges	\$5,731,633	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$5,008,766	Addl Info Not Provided	\$550	0.01%
Medical	\$712,075	\$514	Allowed	\$722,867	Duplicate Charges	\$240,073	4.19%
Professional	\$289,937	\$209	less Member	\$10,583	Plan Limitations	\$360,551	6.29%
Facility	\$422,138	\$305	less Adjustments	\$320	Cost Savings	\$4,407,088	76.89%
PBM	\$0	\$0	Paid Benefit	\$712,075	UCR Reductions	\$412	0.01%
Total Plan Paid:	\$712,075	\$514	plus Admin Costs	\$314,207	Other	\$93	0.00%
			Total Plan Paid:	\$1,026,282	Total:	\$5,008,766	87.39%

Census										
Census Date: 12/31/2025	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	35	34	69	0	0	0	0	69	0	0
20 to 25	28	46	74	0	0	0	0	74	0	0
26 to 29	27	28	55	0	0	0	0	55	0	0
30 to 39	107	102	209	0	0	0	0	209	0	0
40 to 49	145	181	326	0	0	0	0	326	0	0
50 to 59	167	208	375	0	0	0	0	375	0	0
60 to 64	85	112	197	0	0	0	0	197	0	0
65 and Older	31	49	80	0	0	0	0	80	0	0
Totals	625	760	1385	0	0	0	0	1385	0	0
Average Age	45.51	46.95	46.30	0.00	0.00	0.00	0.00	46.30	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 12/31/2025	Employee	Spouse	Dependent
Adventhealth Deland	74	\$115,964	0 to 19	\$6,486	\$0	\$0
Florida Cancer Specialists	92	\$99,154	20 to 25	\$9,811	\$0	\$0
Adventhealth Fish	101	\$80,482	26 to 29	\$28,134	\$0	\$0
Medical Center Of Deltona	11	\$60,859	30 to 39	\$48,240	\$0	\$0
Halifax Hospital Medical	11	\$52,389	40 to 49	\$81,710	\$0	\$0
Deland Dialysis	44	\$42,281	50 to 59	\$293,159	\$0	\$0
Shands UF	2	\$40,486	60 to 64	\$156,264	\$0	\$0
Quest Diagnostics Tampa	315	\$20,525	65 and Older	\$88,271	\$0	\$0
06 Radiology Associates	122	\$13,961	Totals	\$712,075	\$0	\$0
Wellness Avenue Surgery	15	\$9,508				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 25	\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25	\$551,040	Medical	\$24,097	41	\$987,977
December 25	\$712,075	Vision	\$0	11	\$0
Total:	\$1,552,971	RX	\$0	69	\$0
		Total:			\$987,977



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 12/1/2025 to 12/31/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	2	\$861	\$861	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	32	\$54,469	\$41,087	\$13,382	\$0	\$0	\$13,382	1.88%
CHIROPRACTIC	7	\$783	\$490	\$293	\$40	\$0	\$253	0.04%
DIALYSIS	76	\$1,681,068	\$1,622,230	\$58,838	\$0	\$0	\$58,838	8.26%
DME/APPLIANCE	2	\$625	\$625	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	365	\$755,917	\$680,915	\$75,002	\$2,650	\$0	\$72,352	10.16%
INELIGIBLE	357	\$112,533	\$111,817	\$716	\$0	\$0	\$716	0.10%
INPATIENT PHYS	149	\$42,901	\$32,858	\$10,043	\$0	\$0	\$10,043	1.41%
IP HOSP CHARGES	52	\$1,125,338	\$968,897	\$156,441	\$900	\$0	\$155,541	21.84%
MATERNITY	7	\$10,747	\$10,523	\$224	\$0	\$0	\$224	0.03%
MEDICAL MISC	49	\$5,840	\$4,531	\$1,309	\$186	\$0	\$1,123	0.16%
OFFICE VISIT	690	\$103,541	\$69,340	\$34,202	\$2,970	\$0	\$31,232	4.39%
OP PHYSICIAN	194	\$173,557	\$126,718	\$46,839	\$150	\$0	\$46,689	6.56%
OTHER	173	\$20	\$20	\$0	\$0	\$320	-\$320	-0.04%
OUTPAT HOSP	55	\$110,304	\$99,558	\$10,746	\$1,200	\$0	\$9,546	1.34%
PSYCHIATRIC	100	\$15,143	\$8,412	\$6,731	\$309	\$0	\$6,422	0.90%
RADIATION /CHEMO	164	\$310,991	\$230,995	\$79,996	\$9	\$0	\$79,987	11.23%
SLEEP DISORDER	2	\$96	\$96	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	3	\$5,032	\$2,839	\$2,193	\$0	\$0	\$2,193	0.31%
SURG FACILITY	61	\$498,424	\$385,544	\$112,880	\$875	\$0	\$112,005	15.73%
SURGERY	163	\$33,613	\$23,848	\$9,765	\$0	\$0	\$9,765	1.37%
SURGERY IP	18	\$28,373	\$22,211	\$6,163	\$0	\$0	\$6,163	0.87%
SURGERY OP	34	\$23,949	\$16,607	\$7,342	\$0	\$0	\$7,342	1.03%
THERAPY	147	\$15,248	\$10,856	\$4,392	\$410	\$0	\$3,982	0.56%
URGENT CARE	8	\$1,177	\$849	\$328	\$50	\$0	\$278	0.04%
WELLNESS	420	\$39,244	\$32,090	\$7,154	\$0	\$0	\$7,154	1.00%
XRAY/ LAB	2987	\$581,839	\$503,950	\$77,889	\$833	\$0	\$77,167	10.84%
Totals:	6317	\$5,731,633	\$5,008,766	\$722,867	\$10,583	\$320	\$712,075	

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2025 to 12/31/2025
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	19636		Charges	\$17,999,340	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$16,424,363	Addl Info Not Provided	\$96,646	0.54%
Medical	\$1,552,971	\$374	Allowed	\$1,574,978	Duplicate Charges	\$446,789	2.48%
Professional	\$893,748	\$215	less Member	\$27,279	Not Medically...	\$360	0.00%
Facility	\$659,223	\$159	less Adjustments	-\$5,307	Plan Limitations	\$7,004,255	38.91%
PBM	\$0	\$0	Paid Benefit	\$1,552,971	Cost Savings	\$8,853,800	49.19%
Total Plan Paid:	\$1,552,971	\$374	plus Admin Costs	\$1,080,171	UCR Reductions	\$1,821	0.01%
			Total Plan Paid:	\$2,633,142	Other	\$20,692	0.11%
					Total:	\$16,424,363	91.25%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
12/31/2025	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	35	34	69	0	0	0	0	69	0	0
20 to 25	28	46	74	0	0	0	0	74	0	0
26 to 29	27	28	55	0	0	0	0	55	0	0
30 to 39	107	102	209	0	0	0	0	209	0	0
40 to 49	145	181	326	0	0	0	0	326	0	0
50 to 59	167	208	375	0	0	0	0	375	0	0
60 to 64	85	112	197	0	0	0	0	197	0	0
65 and Older	31	49	80	0	0	0	0	80	0	0
Totals	625	760	1385	0	0	0	0	1385	0	0
Average Age	45.51	46.95	46.30	0.00	0.00	0.00	0.00	46.30	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 12/31/2025	Employee	Spouse	Dependent
Florida Cancer Specialists	302	\$252,780	0 to 19	\$10,222	\$0	\$0
Adventhealth Deland	208	\$215,077	20 to 25	\$22,352	\$0	\$0
Adventhealth Fish	236	\$137,242	26 to 29	\$56,449	\$0	\$0
Medical Center Of Deltona	36	\$77,639	30 to 39	\$125,329	\$0	\$0
Deland Dialysis	125	\$73,344	40 to 49	\$223,283	\$0	\$0
Quest Diagnostics Tampa	1051	\$68,059	50 to 59	\$610,916	\$0	\$0
Halifax Hospital Medical	23	\$53,165	60 to 64	\$337,321	\$0	\$0
Shands UF	5	\$40,486	65 and Older	\$167,100	\$0	\$0
06 Radiology Associates	348	\$39,449	Totals	\$1,552,971	\$0	\$0
Wellness Avenue Surgery	58	\$27,330				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 25	\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25	\$551,040	Medical	\$24,097	41	\$987,977
December 25	\$712,075	Vision	\$0	11	\$0
Total:	\$1,552,971	RX	\$0	69	\$0
		Total:			\$987,977



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 12/31/2025
Location: All

Department: All
Benefit Plan: All
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	14	\$7,244	\$7,244	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	145	\$255,826	\$214,212	\$41,614	\$0	\$0	\$41,614	2.68%
CHIROPRACTIC	92	\$9,836	\$7,003	\$2,833	\$410	\$0	\$2,423	0.16%
DIALYSIS	243	\$4,552,447	\$4,446,417	\$106,030	\$0	\$0	\$106,030	6.83%
DME/APPLIANCE	12	\$2,308	\$2,308	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1206	\$2,433,784	\$2,242,376	\$191,408	\$5,750	\$0	\$185,658	11.96%
INELIGIBLE	1192	\$465,828	\$464,459	\$1,369	\$0	\$0	\$1,369	0.09%
INPATIENT PHYS	513	\$136,708	\$115,574	\$21,134	\$0	\$0	\$21,134	1.36%
IP HOSP CHARGES	167	\$4,593,055	\$4,399,005	\$194,049	\$1,300	\$0	\$192,749	12.41%
MATERNITY	28	\$20,587	\$19,524	\$1,063	\$0	\$0	\$1,063	0.07%
MEDICAL MISC	134	\$78,572	\$68,836	\$9,736	\$442	\$0	\$9,295	0.60%
OFFICE VISIT	2185	\$338,199	\$223,720	\$114,479	\$9,220	\$0	\$105,259	6.78%
OP PHYSICIAN	538	\$394,542	\$279,598	\$114,944	\$435	\$0	\$114,509	7.37%
OTHER	479	\$20	\$20	\$0	\$0	-\$5,307	\$5,307	0.34%
OUTPAT HOSP	117	\$240,844	\$222,259	\$18,585	\$2,050	\$0	\$16,535	1.06%
PSYCHIATRIC	361	\$70,556	\$42,672	\$27,884	\$1,153	\$0	\$26,731	1.72%
RADIATION /CHEMO	430	\$696,603	\$511,633	\$184,971	\$63	\$0	\$184,907	11.91%
SLEEP DISORDER	2	\$96	\$96	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	7	\$13,282	\$11,089	\$2,193	\$0	\$0	\$2,193	0.14%
SURG FACILITY	156	\$1,359,783	\$1,180,141	\$179,642	\$2,125	\$0	\$177,517	11.43%
SURGERY	477	\$121,842	\$89,718	\$32,124	\$0	\$0	\$32,124	2.07%
SURGERY IP	59	\$81,937	\$65,394	\$16,543	\$0	\$0	\$16,543	1.07%
SURGERY OP	123	\$100,478	\$68,396	\$32,083	\$0	\$0	\$32,083	2.07%
THERAPY	730	\$76,223	\$54,299	\$21,924	\$1,940	\$0	\$19,950	1.28%
URGENT CARE	50	\$9,483	\$6,613	\$2,870	\$525	\$0	\$2,345	0.15%
VISION	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1481	\$130,713	\$105,853	\$24,860	\$0	\$0	\$24,860	1.60%
XRAY/ LAB	9229	\$1,808,545	\$1,575,904	\$232,641	\$1,866	\$0	\$230,775	14.86%
Totals:	20171	\$17,999,340	\$16,424,363	\$1,574,978	\$27,279	-\$5,307	\$1,552,971	

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	1594	0	1594
11/1/2025	1565	0	1565
12/1/2025	1500	0	1500
1/1/2026	1383	0	1383
2/1/2026	1183	0	1183
3/1/2026	934	0	934
4/1/2026	675	0	675
5/1/2026	464	0	464
6/1/2026	247	0	247
7/1/2026	64	0	64
Total Member Days			960.90

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 12/31/2025

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	124	0	124
Debary, FL	36	0	36
Deland, FL	685	0	685
Deltona, FL	326	0	326
Lake Helen, FL	9	0	9
Orange City, FL	67	0	67
Osteen, FL	7	0	7
Pierson, FL	85	0	85
Seville, FL	46	0	46
Total	1385	0	1385



Tier Census by Product 12/1/2025

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	1422	639	783	0	0	0	0	1422
		Subtotal for Active:	1422	639	783	0	0	0	0	1422
		Total for Medical:	1422	639	783	0	0	0	0	1422



Tier Census by Product 12/15/2025

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	1394	633	761	0	0	0	0	1394
		Subtotal for Active:	1394	633	761	0	0	0	0	1394
		Total for Medical:	1394	633	761	0	0	0	0	1394



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 12/1/2025 to 12/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	2	861.00	861.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	32	54,469.00	72.00	41,014.69	13,382.31	0.00	0.00	13,382.31	1.88%
CHIROPRACTIC	7	783.16	0.00	490.01	293.15	40.00	0.00	253.15	0.04%
DIALYSIS	76	1,681,067.65	73,615.00	1,548,614.68	58,837.97	0.00	0.00	58,837.97	8.26%
DME/APPLIANCE	2	625.00	625.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	365	755,916.93	27,503.18	653,412.15	75,001.60	2,650.00	0.00	72,351.60	10.16%
INELIGIBLE	357	112,533.35	106,917.60	4,899.68	716.07	0.00	0.00	716.07	0.10%
INPATIENT PHYS	149	42,900.54	14,086.54	18,771.14	10,042.86	0.00	0.00	10,042.86	1.41%
IP HOSP CHARGES	52	1,125,338.01	188,526.68	780,370.18	156,441.15	900.00	0.00	155,541.15	21.85%
MATERNITY	7	10,747.00	10,207.00	315.99	224.01	0.00	0.00	224.01	0.03%
MEDICAL MISC	49	5,840.38	970.38	3,560.98	1,309.02	186.33	0.00	1,122.69	0.16%
OFFICE VISIT	690	103,541.15	8,953.56	60,386.02	34,201.57	2,970.00	0.00	31,231.57	4.39%
OP PHYSICIAN	194	173,556.70	1,322.98	125,395.01	46,838.71	149.86	0.00	46,688.85	6.56%
OTHER	175	20.00	20.00	0.00	0.00	0.00	320.03	-320.03	-0.04%
OUTPAT HOSP	55	110,303.67	65.80	99,492.22	10,745.65	1,200.00	0.00	9,545.65	1.34%
PSYCHIATRIC	100	15,143.38	1,294.46	7,117.68	6,731.24	309.43	0.00	6,421.81	0.90%
RADIATION /CHEMO	164	310,991.26	16,845.00	214,149.80	79,996.46	9.27	0.00	79,987.19	11.23%
SLEEP DISORDER	2	96.13	96.13	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	3	5,032.00	0.00	2,838.85	2,193.15	0.00	0.00	2,193.15	0.31%
SURG FACILITY	61	498,423.50	39,735.04	345,808.74	112,879.72	875.00	0.00	112,004.72	15.73%
SURGERY	163	33,613.36	1,800.00	22,048.24	9,765.12	0.00	0.00	9,765.12	1.37%
SURGERY IP	18	28,373.12	3,681.00	18,529.50	6,162.62	0.00	0.00	6,162.62	0.87%
SURGERY OP	34	23,949.00	1,022.00	15,584.65	7,342.35	0.00	0.00	7,342.35	1.03%
THERAPY	147	15,248.00	2,813.00	8,043.22	4,391.78	410.00	0.00	3,981.78	0.56%
URGENT CARE	8	1,177.00	0.00	849.44	327.56	50.00	0.00	277.56	0.04%
WELLNESS	420	39,244.39	740.00	31,350.40	7,153.99	0.00	0.00	7,153.99	1.00%
XRAY/ LAB	2987	581,838.71	62,525.90	441,423.91	77,888.90	833.34	0.00	77,055.56	10.82%
Totals for 00532	6319	5,731,633.39	564,299.25	4,444,467.18	722,866.96	10,583.23	320.03	711,963.70	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 11:00:21 on 01 January 2026



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2025 to 12/31/2025

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	14	7,243.80	7,243.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	145	255,825.70	9,704.00	204,507.88	41,613.82	0.00	0.00	41,613.82	2.68%
CHIROPRACTIC	92	9,836.36	2,447.68	4,555.79	2,832.89	410.00	0.00	2,422.89	0.16%
DIALYSIS	243	4,552,446.86	-125,605.64	4,572,022.87	106,029.63	0.00	0.00	106,029.63	6.83%
DME/APPLIANCE	12	2,308.04	2,308.04	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1206	2,433,783.50	375,440.65	1,866,934.88	191,407.97	5,750.00	0.00	185,657.97	11.96%
INELIGIBLE	1192	465,827.84	455,770.08	8,688.83	1,368.93	0.00	0.00	1,368.93	0.09%
INPATIENT PHYS	513	136,708.07	76,871.05	38,703.10	21,133.92	0.00	0.00	21,133.92	1.36%
IP HOSP CHARGES	167	4,593,054.83	2,061,473.52	2,337,531.97	194,049.34	1,300.00	0.00	192,749.34	12.41%
MATERNITY	28	20,587.00	17,677.00	1,847.22	1,062.78	0.00	0.00	1,062.78	0.07%
MEDICAL MISC	134	78,571.80	44,212.80	24,622.80	9,736.20	441.65	0.00	9,294.55	0.60%
OFFICE VISIT	2185	338,199.08	34,940.67	188,779.69	114,478.72	9,220.00	0.00	105,258.72	6.78%
OP PHYSICIAN	538	394,542.09	3,885.98	275,712.21	114,943.90	435.07	0.00	114,508.83	7.37%
OTHER	502	20.00	20.00	0.00	0.00	0.00	-5,306.55	5,306.55	0.34%
OUTPAT HOSP	117	240,844.04	16,061.17	206,197.82	18,585.05	2,050.00	0.00	16,535.05	1.06%
PSYCHIATRIC	361	70,555.78	11,907.29	30,764.65	27,883.84	1,153.29	0.00	26,730.55	1.72%
RADIATION /CHEMO	430	696,603.40	23,094.44	488,538.11	184,970.85	63.37	0.00	184,907.48	11.91%
SLEEP DISORDER	2	96.13	96.13	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	7	13,282.00	7,909.00	3,179.85	2,193.15	0.00	0.00	2,193.15	0.14%
SURG FACILITY	156	1,359,783.05	91,190.16	1,088,950.75	179,642.14	2,125.00	0.00	177,517.14	11.43%
SURGERY	477	121,841.80	6,106.56	83,611.66	32,123.58	0.00	0.00	32,123.58	2.07%
SURGERY IP	59	81,937.00	31,877.42	33,516.86	16,542.72	0.00	0.00	16,542.72	1.07%
SURGERY OP	123	100,478.28	1,362.00	67,033.52	32,082.76	0.00	0.00	32,082.76	2.07%
THERAPY	730	76,222.83	14,711.83	39,586.96	21,924.04	1,940.00	0.00	19,950.19	1.28%
URGENT CARE	50	9,482.80	0.00	6,612.78	2,870.02	525.00	0.00	2,345.02	0.15%
VISION	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1481	130,713.25	7,137.25	98,716.19	24,859.81	0.00	0.00	24,859.81	1.60%
XRAY/ LAB	9229	1,808,545.09	333,952.70	1,241,950.91	232,641.48	1,866.01	0.00	230,775.47	14.86%
Totals for 00532	20194	17,999,340.42	3,511,795.58	12,912,567.30	1,574,977.54	27,279.39	-5,306.55	1,552,970.85	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 11:00:59 on 01 January 2026



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 12/1/2025 to 12/31/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1516	420,600.48	0.00	0.00	0.00	0.00	420,600.48
miCareDelton	1070	273,125.85	0.00	0.00	0.00	0.00	273,125.85
miCarePierse	95	18,348.59	0.00	0.00	0.00	0.00	18,348.59
N/A	4	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2685	712,074.92	0.00	0.00	0.00	0.00	712,074.92



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 12/31/2025

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	4668	885,482.13	0.00	0.00	0.00	0.00	885,482.13
miCareDelton	3630	625,503.80	0.00	0.00	0.00	0.00	625,503.80
miCarePierse	262	41,984.92	0.00	0.00	0.00	0.00	41,984.92
N/A	24	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	8584	1,552,970.85	0.00	0.00	0.00	0.00	1,552,970.85



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 12/1/2025 to 12/31/2025

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	495	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 12/31/2025

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	1442	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/25 to 12/31/25

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
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
miCareDeLand	11-2025	\$124,473.94	\$24,400.58	\$627.15	\$178,462.15	\$0.00	1619	\$327,963.82	\$0.00	1014	\$323.44	\$122.76	\$24.06	\$0.62	\$176.00	\$0.00
miCareDeLand	12-2025	\$190,118.41	\$18,506.81	\$501.72	\$211,473.54	\$0.00	1500	\$420,600.48	\$0.00	978	\$430.06	\$194.40	\$18.92	\$0.51	\$216.23	\$0.00
Subtotal:		\$322,300.24	\$57,571.11	\$1,834.60	\$503,776.18	\$0.00	4609	\$885,482.13	\$0.00	3015	\$293.69	\$106.90	\$19.09	\$0.61	\$167.09	\$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	510	\$287.88	\$37.55	\$26.46	\$5.74	\$218.13	\$0.00
miCareDelton	11-2025	\$51,040.09	\$17,004.47	\$1,581.25	\$135,933.45	\$0.00	1336	\$205,559.26	\$0.00	491	\$418.65	\$103.95	\$34.63	\$3.22	\$276.85	\$0.00
miCareDelton	12-2025	\$129,821.14	\$11,243.46	\$116.84	\$131,944.41	\$0.00	1052	\$273,125.85	\$0.00	462	\$591.18	\$281.00	\$24.34	\$0.25	\$285.59	\$0.00
Subtotal:		\$200,009.98	\$41,743.95	\$4,626.08	\$379,123.79	\$0.00	3567	\$625,503.80	\$0.00	1463	\$427.55	\$136.71	\$28.53	\$3.16	\$259.14	\$0.00
miCarePierse	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
miCarePierse	11-2025	\$6,524.31	\$1,612.10	\$0.00	\$9,380.26	\$0.00	89	\$17,516.67	\$0.00	60	\$291.94	\$108.74	\$26.87	\$0.00	\$156.34	\$0.00
miCarePierse	12-2025	\$5,372.41	\$1,708.36	\$0.00	\$11,267.82	\$0.00	95	\$18,348.59	\$0.00	60	\$305.81	\$89.54	\$28.47	\$0.00	\$187.80	\$0.00
Subtotal:		\$11,896.72	\$3,981.84	\$0.00	\$26,106.36	\$0.00	262	\$41,984.92	\$0.00	181	\$231.96	\$65.73	\$22.00	\$0.00	\$144.23	\$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
N/A	11-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$344,690.09	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	4	\$0.00	\$314,207.22	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	24	\$0.00	\$1,080,171.17	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$534,206.94	\$103,296.90	\$6,460.68	\$909,006.33	\$0.00	8462	\$1,552,970.85	\$1,080,171.17	4659	\$565.17	\$114.66	\$22.17	\$1.39	\$195.11	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2025-12/31/2025

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

November 2025 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2025	204	182	89%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Deltona			
2025	160	122	76%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Overall			
2025	364	304	84%

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	76	10%
Deltona	33	7%



Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand

Clinic Services	Number of visits	%	Notes
Total Provider visits	327	44%	Schedulable patient activities
Total Labs	173	23%	Schedulable patient activities
Total Nurse Visits	8	1%	Schedulable patient activities
Total medication pick-up	220		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	22		Don't have a visit type and are not scheduled appointments
Total Visits	750		

DeLand

- There was a total of 508 clinic visits at the DeLand clinic in October plus 220 medication pick-ups and an additional 22 med pick-ups from the PAP program
- Of the 508 clinic visits, there were 14 phone visits
- There were 16 **new patients** that established care at the DeLand clinic last month
- There were 62 **Physicals** in November – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	238	50%	Schedulable patient activities
Total Labs	76	16%	Schedulable patient activities
Total Nurse Visits	7	1%	Schedulable patient activities
Total medication pick-up	137		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	17		Don't have a visit type and are not scheduled appointments
Total Visits	475		

Deltona

- There was a total of 321 clinic visits at the Deltona clinic in November plus 137 medication pick-ups from Deltona as well as 17 med pick-ups from the PAP program
- Of the 321 visits, 14 were phone visits
- There were 12 **new patients** that established care at the Deltona clinic last month
- There were 36 **Physicals** in November – Male/Female Wellness – Established Patients



miCare Member Migration

November 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	826	1,462	56%
Deltona	508	1,462	35%

*** Combined migration – 44% for November**

*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 - November -2025	
Application Approved	411
Application Pending Approval	5
Application Started but Not Submitted	3
Total Active Applications	419
	(Active Applications)

Key Insights:

- **39 PAP medications were picked up between the two locations**
- **Currently, WVHA has 419 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,664,574**



WVHA miCare Clinic Deland and Deltona

December 2025 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2025	264	230	87%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Deltona			
2025	162	131	80%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Overall			
2025	426	361	85%

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
- **Unique Patient** – refers to each member being counted individually within given period
- **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	107	10%
Deltona	46	8%



Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	Number of visits	%	Notes
Total Provider visits	390	42%	Schedulable patient activities
Total Labs	218	24%	Schedulable patient activities
Total Nurse Visits	14	2%	Schedulable patient activities
Total medication pick-up	269		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	35		Don't have a visit type and are not scheduled appointments
Total Visits	926		

DeLand

- There was a total of 622 clinic visits at the DeLand clinic in December plus 269 medication pick-ups and an additional 35 med pick-ups from the PAP program
- Of the 622 clinic visits, there were 12 phone visits
- There were 21 **new patients** that established care at the DeLand clinic last month
- There were 83 **Physicals** in December – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	243	48%	Schedulable patient activities
Total Labs	87	17%	Schedulable patient activities
Total Nurse Visits	2	0%	Schedulable patient activities
Total medication pick-up	146		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	28		Don't have a visit type and are not scheduled appointments
Total Visits	506		

Deltona

- There was a total of 332 clinic visits at the Deltona clinic in December plus 146 medication pick-ups from Deltona as well as 28 med pick-ups from the PAP program
- Of the 332 visits, 11 were phone visits
- There were 12 **new patients** that established care at the Deltona clinic last month
- There were 31 **Physicals** in December – Male/Female Wellness – Established Patients



miCare Member Migration

December 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	535	1,418	38%
Deltona	288	1,418	20%

*** Combined migration – 49% for November**

*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 - December -2025	
Application Approved	412
Application Pending Approval	3
Application Started but Not Submitted	1
Total Active Applications	416
	(Active Applications)

Key Insights:

- **63 PAP medications were picked up between the two locations**
- **Currently, WVHA has 416 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,670,704**



WVHA miCare Clinic Deland and Deltona

Quarter One Report

October 1st – December 31st, 2025

Clinical Utilization

Deland Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	649	571	88%
2025	693	607	88%

Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	481	410	85%
2025	546	425	78%

Deland and Deltona Q1	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2024	1,130	981	87%
2025	1,239	1,032	83%

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

Q1	DeLand		Deltona	
2024	279	9%	132	7%
2025	281	10%	130	8%

miCare Member Migration Q1 2025

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
DeLand	800	1,425	56%
Deltona	489	1,425	34%

Overall Member Migration – 69%

Key Insights:

- The overall available hours increased for this period over last year. The utilization % remained the same for DeLand, and decreased in Deltona for this quarter over last year
- 69% of members used one of the sites in this quarter
- No show rates increased in both sites for this period
- There was a total of 2,721 clinic visits between both sites in Q1. This shows a slight decrease from last year's quarter – 2,800 clinic visits
 - DeLand - 1,672 over last year's 1,686
 - Deltona – 1,049 over last year's 1,114
- Survey results show 113 Responses and an overall rating of 4.8 stars. See comments below – pages 6-8



miCare Visit Type Frequency

DeLand

WVHA miCare Clinic Total Visits for DeLand Q1 - 2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	1,065	42%	Schedulable patient activities
Total Labs	571	23%	Schedulable patient activities
Total Nurse Visits	36	1%	Schedulable patient activities
Total medication pick-up	757		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	93		Don't have a visit type and are not scheduled appointments
Total Visits	2,522		

- There was a total of 1,672 clinic visits at the DeLand clinic in Q1 2025, with an additional 757 medication pick-ups and 93 med pick-ups from the PAP program
- Of the 1,065 visits, 46 were phone visits
- There were 59 new patients that established care at the DeLand clinic, and 214 Physicals were conducted in this quarter

Deltona

WVHA miCare Clinic Total Visits for Deltona Q1 - 2025			
Clinic Services	Number of visits	%	Notes
Total Provider visits	782	50%	Schedulable patient activities
Total Labs	246	16%	Schedulable patient activities
Total Nurse Visits	21	1%	Schedulable patient activities
Total medication pick-up	450		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	65		Don't have a visit type and are not scheduled appointments
Total Visits	1,564		

- There was a total of 1,049 clinic visits at the Deltona clinic in Q1 2025, with an additional 450 medication pick-ups along with 65 medication pick-ups from the PAP program
- Of the 1,049 visits, 43 were phone visits
- There were 36 new patients that established care at the Deltona clinic, and 127 Physicals were conducted in this quarter



Referrals

10/1/2025 – 12/31/2025

Total # All of Referrals	2,337	
Total miCare Provider Referrals	939	40%
Imaging Referrals	415	44%
Non-Imaging Referrals	524	56%

	WVHA Average	*National Average	miCare Average
Benchmark	40%	28%	**30%

* National Average – per American Academy of Family Physicians

**Average across miCare book of business

Top Five Referrals from Primary Care to Specialist

- Gastroenterology
- Ophthalmology
- Orthopedic Surgery
- Cardiology
- Physical Therapist

Key Insights:

- The total number of referrals for the period was 2,337, this shows an increase from last year which was 1,965
- Referrals from miCare providers were 939 and 40% of total referrals. This number shows a decrease in miCare referrals from 1,058 last year
- miCare referrals to non-imaging referral specialists were 524 which was 56% of total miCare referrals and the imaging referrals were 415, which was 44% of the miCare total
- National average provided by the American Academy of Family physicians is 28% of provider visits resulting in a referral.
- The top five specialists align with primary care based off the clinical acuity of the population



ER Diversion Results

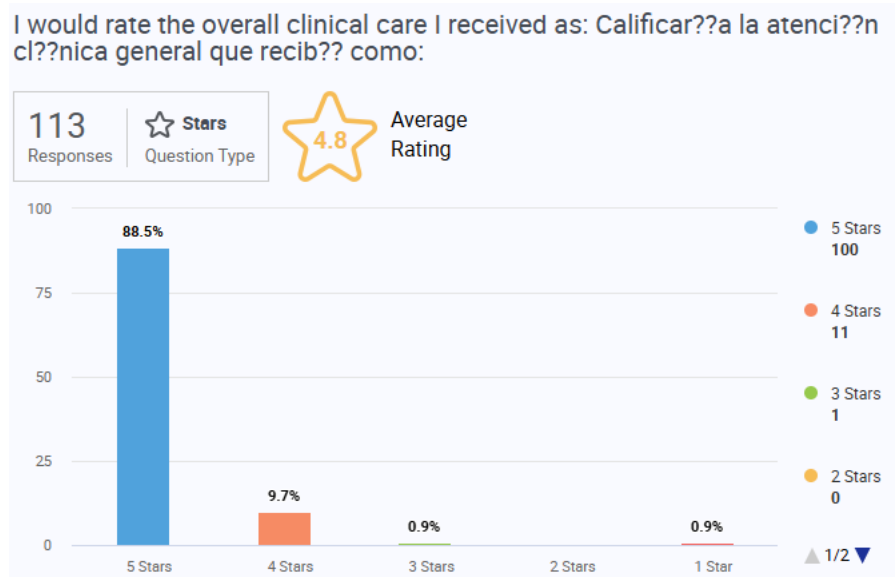
Total ER visits Q1 2025	
Halifax	2
Advent	51
Total ER visits	53
Appropriate ER Visits	45
PCP Appropriate	8
Established Patients (miCare)	51
Follow up scheduled at miCare	41
Follow up completed at miCare	24

Total ER Visits	Q2-2024	Q3-2025	Q4-2025	Q1 – 2025	Total
Halifax	6	2	1	2	11
Advent	84	86	95	51	316
	Q2 – 2023	Q3-2024	Q4-2024	Q1-2024	Total
Halifax	4	4	2	4	14
Advent	91	87	87	105	370

Key Insights:

- Total number of patients between Halifax and Advent was 53 (2 Halifax and 51 Advent), this shows a decrease from 2024 for the same period, which had a total of 109 visits
- Out of the 52 patients that went to the ER, 51 had established care at miCare
- Out of the patients that sought care in the ER, 45 were appropriate and 8 could have been seen outside of the ER.
- 41 patients scheduled follow up appointments at miCare of those, 24 completed their follow up in the clinic.

October - December 2025



Survey Results – Comments:

- Staff was helpful and friendly
- Tofo bien gracias 😊😊 *Everything is fine, thank you*
- Thank you for great service Dr. Cruella and the 101 Dalmatian excellent costumes.
- I have a wonderful doctor she is very caring about my health
- I DON'T EVER WANT TO SEE THIS DOCTOR I SAW ON THIS VISIT AGAIN WAS NOT HAPPY WITH THIS DOCTOR.
- 😊😐😐😐😐😐😐😐😐😐😐
- Good visit
- I absolutely love Humberto. He listens, he is professional, kind, and caring, and explains things well. I feel like he is limited in providing certain lab tests that are necessary for monitoring my nutritional status after gastric bypass surgery, as well as routine EKG's with wellness physical exams for my age group and with my heart murmur.
- As always, Dr. Paez and the staff were as kind and caring as they could be, given my predicament and health.
- Humberto and the staff there is wonderful as always. I actually, most times, look forward to coming to the doctor, believe it or not!
- I Love doctor Patel it was my last day seeing her for medical treatment , between Dr Patel and my stomach doctor has found out what was wrong with me and work together. Im going to truly miss Dr .Patel being my primary doctor.. she is very caring , listen to you and explains everything.. Im really going to Miss her 😊
- Love. The staff how they talk to the client and how fast to get results from test and look for the proper doctor. You need quick.5 five stars
- Estoy muy satisfecha con la doctora Gina Méndez, muy buen servicio, y también es muy amable. *I am satisfied with Dr. Gina Mendez; she provides excellent service and is also very kind*



Survey Comments Continued:

- I really appreciate having Doctor Patel as my physician. She is the best.
- Over all Excellent service! All staff and provider are very much helpful! Thanks to all!
- Muy agradecida con my care y todo el personal excelente atención, los médicos excelentes profesionales. *I am very grateful to miCare and all the staff for the excellent service and the doctors who are excellent professionals*
- Im feeling really sick from the vaccines I have taken 600mg ibuprofen to help.
- Satisfecha con la atención de todo el personal. *Satisfied with the service provided by all the staff*
- I just want to say thank you to the staff and the program for making me healthy since I've been part of your insurance
- I would like to say thank you to Lacy and Maria. Both are very professional and empathetic. They always greet me with a smile and treat me with respect, care and patience no matter how busy. On this day Lacey had me all checked in even before I got to the window. Her ability to multitask is phenomenal and she does it with such precise accuracy. She focuses on Solutions and fixes problems. When she touches something you know it's done correctly. Maria was already waiting for me and guided me down the hallway and had me all set up for my follow-up appointment and she followed up with previous phone calls I didn't have to ask her she asked me. She remembers her clients and their situation and that makes me feel special. Her smile and upbeat personality always make my day no matter how much pain I'm in I always have a good day after interacting with her. Please recognize these two with the exceptional care they have provided for me not just this day but always
- Excelente servicio por parte de todo el personal, siempre están disponibles para ayudar. Lo mejor. *Excellent service from all the staff; they are always available to help. The best!*
- Everything and everyone at the clinic has always been very professional, kind, and attentive.
- All your staff members are very nice
- Staff and medical doctors are great
- Over all Excellent service and all representative are very much co-operative and helpful! Thanks!
- Amazing people
- There was no provider at my last appointment. It was just to get my blood drawn for my lab test.. neha Patel it is always very helpful in any anytime I have an issue she always gets it resolved if possible. She's a great asset and I appreciate her.
- I am very grateful for the work this clinic does and for how much they have helped me.
- My doctor ❤️ he amazing best experience when I get his appointment I very satisfied he explain he care about patients I more comfortable with him than any other doctor he care that whst matters ...
- Doctor Paez is awesome. He takes his time to answer all the questions you have. Explains everything. Wonderful doctor.
- Great staff and service always
- Dr. Patel is wonderful. Always takes her time, explains everything thoroughly and is genuinely concerned about my mental health wellness. The best physician I've ever had!
- Tuve muy buena atención y servicio por todo el personal muy amables muchas gracias. *I received excellent attention and service from all the staff; they were very kind. Thank you very much*
- The appointment to get blood work results is too far- like over a month out. I did receive them through Quest. Alot of red blocks are there. However, the office is very busy. They might not have an appointment available sooner.
- My visits are great, everyone's so nice and I never have any problems, they are so helpful and thorough.
- Doc forgot to put in my prescription to the pharmacy but no big deal, it didn't take long to fix.



Survey Comments Continued:

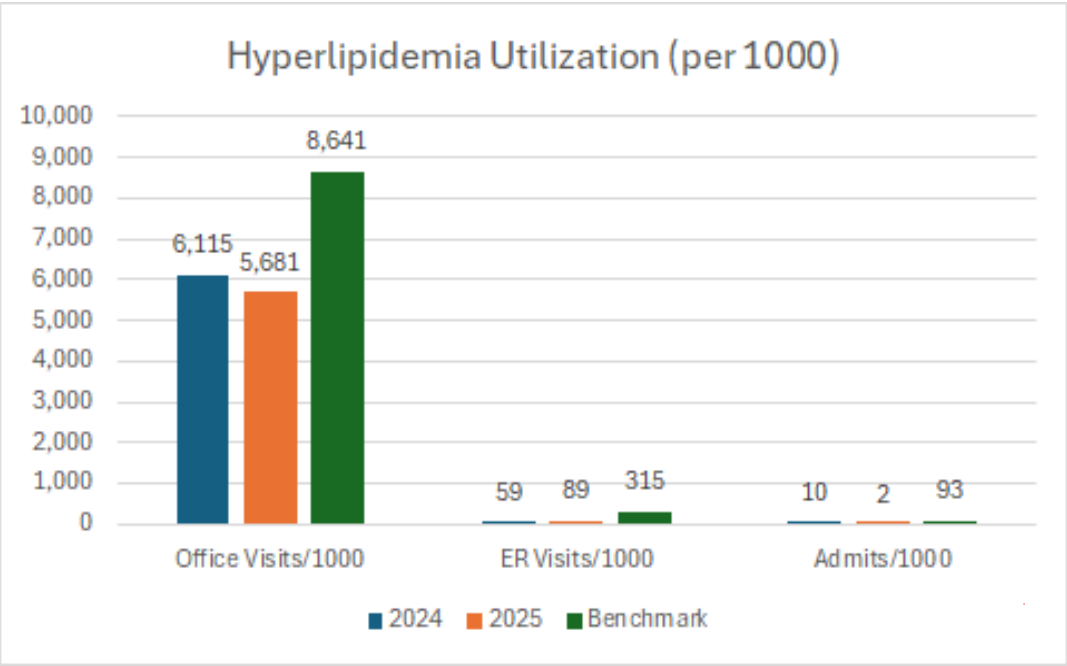
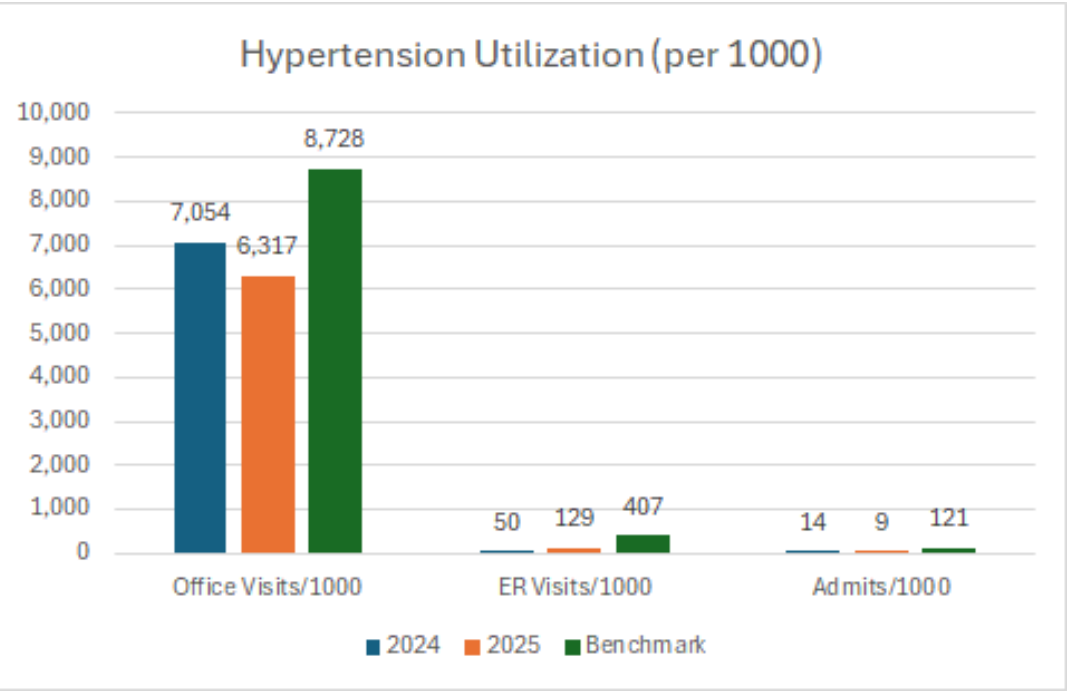
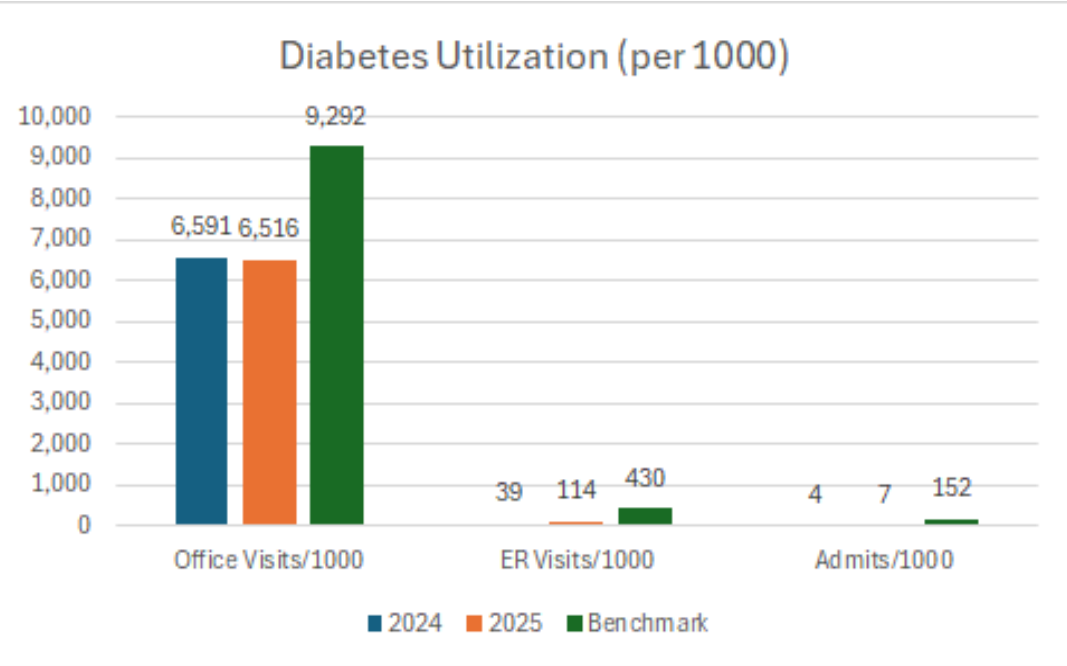
- The Doctor is very conscientious and explains all of my test results very well. He is very patient with all of my questions.
- I really like the nurse and doctor. They really care about me and make me feel important.
- The attention given by each professional is excellent; I am very satisfied and grateful for the service..
- Everyone in my Deland office is awesome
- Gracias
- I believe I was pretty honest in the beginning. I've been struggling with an issue. It seems like it's just been ongoing and ongoing and never really got any resolution to it.
- Pues la berda para mi todo el personal asido unas lindas personas dios los bendigas siempre con esa pasiencia al personal 🙏🙏🙏🙏 no tengo nada que más solo que son un amor en todas las oficinas que siempre eyegado. *Well, honestly, for me, all the staff have been wonderful people. May god bless them always with that patience. I have nothing more to say, except that they are lovely people in the offices I've ever visited*
- Excellent staff and great workers
- My Nurse was Amazing!!! Front desk was Amazing!!!
- Sadie, Amanda and Dr Ratzel are amazing!!!
- Thank you
- Todo fue muy agradable. *Everything was very pleasant*



WVHA miCare Clinic Annual Population Health Report

Utilization

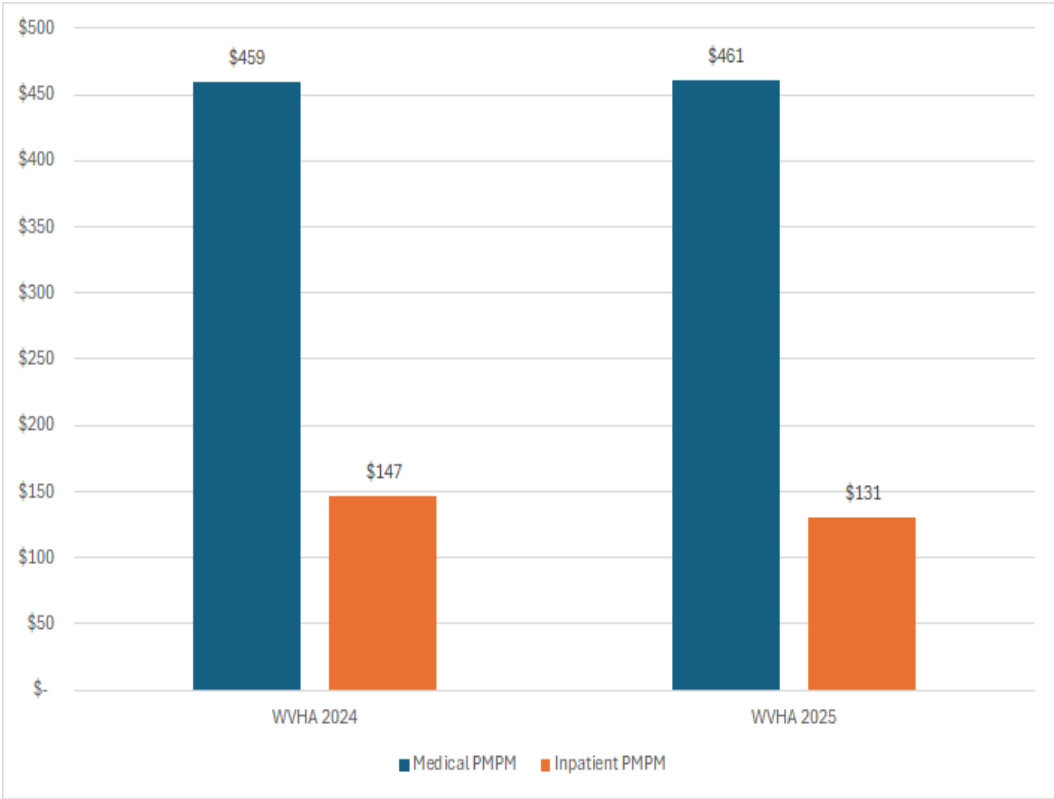
The number of office visits, ER visits, and inpatient admissions for patients diagnosed with Diabetes, Hypertension, Hyperlipidemia





Financial

Medical Cost PMPM and Inpatient cost PMPM, PAP (Patient Assistance Program) Cost Savings

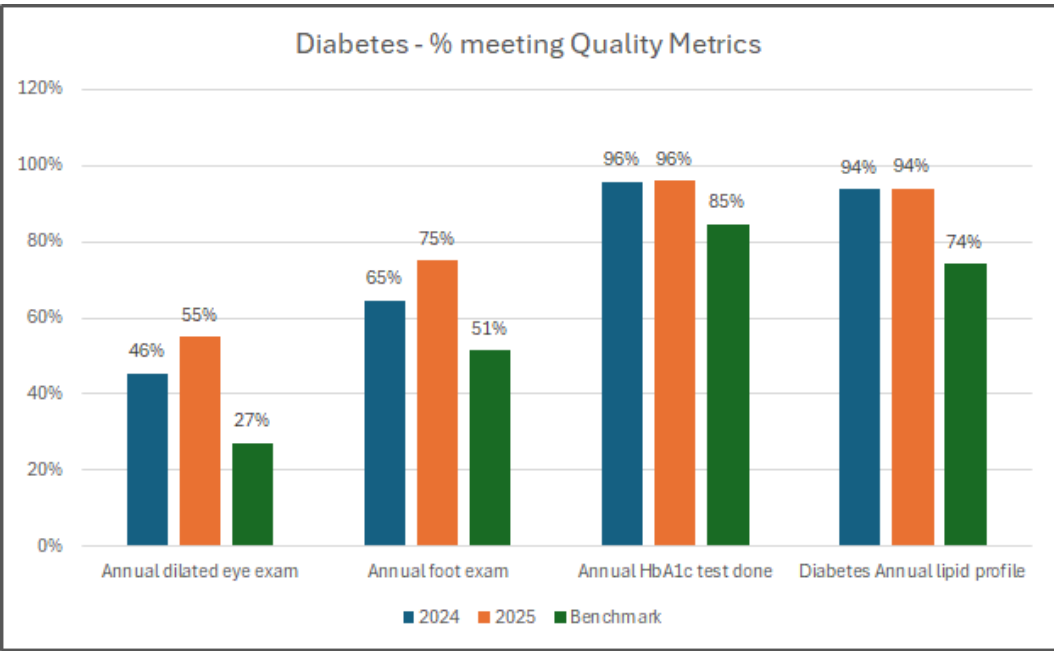


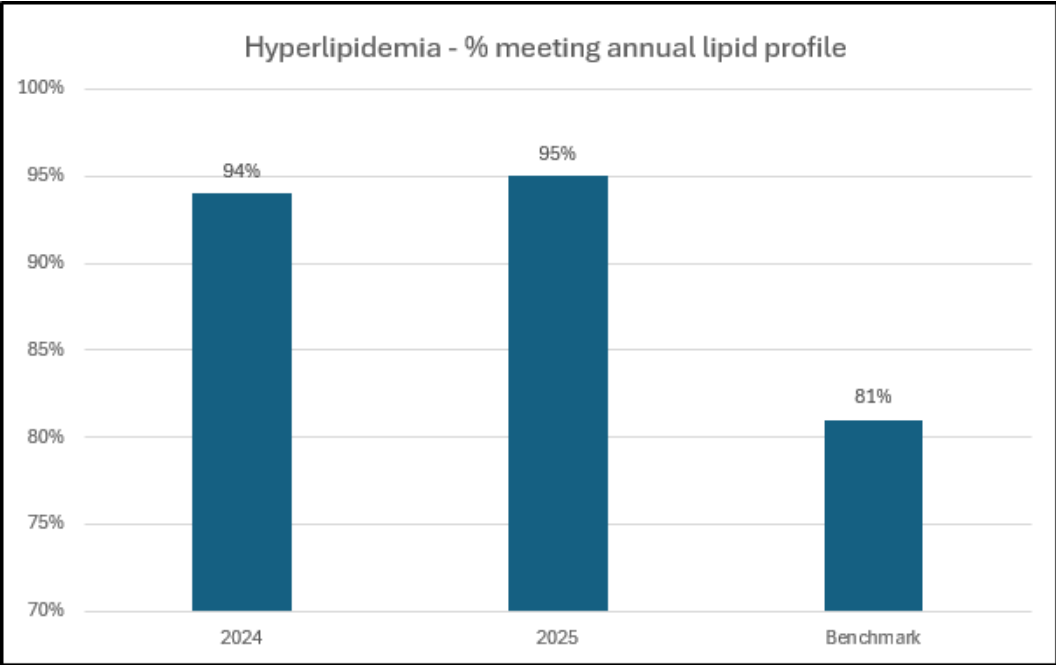
PAP (Patient Assistance Program)- Branded Medication

2025	Applications	Monthly	Annual
Application Pending But not Submitted	1	\$360.00	\$4,139.00
Application Approved	412	\$220,875.00	\$2,650,506.00
Application Pending Approval	3	\$1,323.00	\$15,879.00
Totals	416	\$222,558.00	\$2,670,524.00

Quality

The percentage of care opportunities closed for health card members diagnosed with Diabetes, Hyperlipidemia





** National Benchmark - CedarGate is the reporting and analytics platform that EBMS uses for health plan and clinical outcomes. CegarGate is a national leader in this space and considered the industry gold standard. The benchmark used in this report is the CedarGate book of business which consists of just over 17.1 million lives making the benchmark a statistically valid metric to compare populations to.



WVHA – No-Show Policy Review
January 2026

The report utilized was from the last full plan year to demonstrate in time what the no-shows are costing WVHA.

Plan year October 2024 – September 2025

- There was a total of 1,543 no-shows (both sites)
- At an average appointment time of 30 mins, this equates to 771 hours, which is approx. **64 hours per month**
- To impact the no-show rate by approximately 50%, miCare is proposing targeting those members who have 3 or more no-shows (in the box below) as a first step.

○

Member Count	1	2	1	8	6	8	18	44	86	186	446	
# of No-Shows	18	10	9	8	7	6	5	4	3	2	1	
Total Count	18	20	9	64	42	48	90	176	258	372	446	1543

miCare's goal is not to block services for members, but to instill an understanding that card holders need to notify miCare when they are unable to attend their scheduled appointment. There may be members that face true challenges with attendance and for these members Gretchen will guide the staff on accommodating access, so no member goes without necessary services.

We are proposing one of two options:

Option A - a \$5.00 fee to be paid before scheduling after 3 no shows

Option B - remove the option to schedule an appointment ahead of time. This option requires the member to use the same-day scheduling option for 6 months. *This option would be miCare's preference so we do not involve staff with monetary duties and members would still be able to access care.*



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)

Deltona WVHA Office
840 Deltona Blvd., Suite K
Deltona, FL 32725 386-232-
2055
386-860-6006 (fax)



December 2, 2025

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of Nov there were 290 client interviews conducted. Of these, 205 appointments were to assist with new /renew applications and 38 to assist with pending applications from August to September

For the month a total of 205 applications were submitted for verification and enrollment. Of these, 205 were processed by the end of the month, leaving no rollovers to carry over into November for approval.

Of the 205 that were processed, 162 were approved, 13 were denied, and 30 pending.

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	11	159	170
Halifax (Health Fund Solutions)	0	0	0
Advent Health/Fl Hospital	5	0	5
RAAO	12	13	25
Other/WVHA Website	1	0	1
SMA	3	0	3
Neighborhood center	1	0	1
Good Samaritan	0	0	0
Totals	33	172	205

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



January 5, 2025

West Volusia Hospital Authority Monthly Enrollment Report

In the month of November there were 221 client interviews conducted. Of these, 188 appointments were to assist with new/renewal applications and 33 to assist with pending applications from November to December.

For the month a total of 221 applications were submitted for verification and enrollment. Of these, 221 were processed by the end of the month, leaving no rollovers to carry over into November for approval.

Of the 221 that were processed, 179 were approved, 9 were denied, and 33 pending.

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	17	149	166
Halifax (Health Fund Solutions)	3	1	4
Advent Health/Fl Hospital	8	0	8
RAAO	22	19	41
SMA	2	0	2
Totals	52	169	221

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

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



CREDIBILITY • INTEGRITY • ACHIEVEMENT



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

APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, THURSDAY, MARCH 5, 2026

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

ELIGIBLE APPLICANTS

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

ELIGIBLE SERVICES

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

CONTENT OF APPLICATIONS

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

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, March 5, 2026**, a strictly enforced deadline, at the following address:

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

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

APPLICATION REVIEW

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

REPORTING REQUIREMENTS/INVOICES

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

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

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

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

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

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

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

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

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

Mission of your Agency:

SECTION I – PROPOSAL (See Appendix A)

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

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

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

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

Grant Year	WVHA number proposed served	Actual WVHA numbers served
Previous grant application year		
Current grant year Oct. through _____ (month)		
2026-2027		

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

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

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

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

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

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

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

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

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

SECTION II - AGENCY ORGANIZATION

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

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

Remainder of this page intentionally blank

SECTION III – FUNDING

Proposed Program Budget

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

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

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

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

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

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

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

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

BUDGET

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

Personnel:

List each person who will be employed by position title only. Include description, salary, payroll taxes and cost of benefits for each position.

Contracted Services:

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

Administrative and Other Services:

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

Medical:

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

Pharmacy:

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

Other:

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

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2026-2027, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency, or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap, or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on March 5, 2026 with all other parts of the completed application:
 - a) Balance sheet and profit & loss statement for prior fiscal year and PDF of 990 or last filed tax return and, if audit was performed, complete audited financial statements including the management letter from an independent audit for the previous fiscal year. Provide one set of financials per agency if you have multiple program applications.
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax-Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:
 - a) Yes No Has your agency ever had a contract canceled for cause?
 - b) Yes No Does your organization owe any repayment of funds to any funding sources?

c) Yes No Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

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

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

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

APPENDIX A Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

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

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

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

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

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

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

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

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

Good afternoon,

Thank you for the update on this. Yes, the request is to reduce the lien from \$428.67 to \$188.61. Our firm did reduce the attorney fee from 40% to 33.333%. I can get you that letter confirming that we reduced our fee either this afternoon or tomorrow, depending on when the attorney returns from his current appointment.

Sincerely,



Lisa Snipes
EXECUTIVE LITIGATION MANAGER

632 Dunlawton Avenue • 386-788-7700
Port Orange, FL 32127 • lisas@RueZiffra.com
Fax: 386-788-8707 • RueZiffra.com

IN YOUR COMMUNITY
RUE & ZIFFRA
ON YOUR SIDE
Your Local Attorneys

FRP #1055483

From: Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Sent: Wednesday, December 17, 2025 12:30 PM

To: Lisa Snipes <LisaS@rueziffra.com>

Subject: RE: Reduction Request

Ms. Snipes,

The WVHA Board of Commissioners considers all reduction requests at monthly Board meetings; I do not have authority to approve them. Their last meeting was November 20th, and they don't meet in December. The next meeting is scheduled for January 15th. Board agendas are set a week before the meeting, and the Board's attorney requires time before that date to review any requests.

Our lien is \$428.67. Is the request to reduce the lien by 56% to \$188.61?

Stacy Tebo

WVHA Administrator



RUE & ZIFFRA

ATTORNEYS & COUNSELORS AT LAW

ATTORNEYS:

ALLAN L. ZIFFRA

LUIS R. GRACIA*

DAVID L. SWEAT

KIM E. BOUCK

DARREN COLEMAN

EDWARD S. RUE

MATTHEW J. MITCHELL

CHRISTY E. MONTOTO

JAKOB UZZLE

* Board Certified in Social Security
Disability Law by the National Board
of Trial Advocacy

SEND ALL MAIL TO MAIN OFFICE:
PORT ORANGE
632 DUNLAWTON AVE.
PORT ORANGE, FL 32127
(386) 788-7700
(386) 788-8707 FAX

PALM COAST
(386) 439-0249

DELAND
(386) 734-5900

LAKE MARY
(407) 259-4485

ORLANDO
(407) 329-3976

WINTER PARK
(407) 634-2250

RUEZIFFRA.COM
ATTORNEYSFORBIKERS.COM

November 19, 2025

West Volusia Hospital Authority PO
Box 940
Deland FL 32721

Re: Our Client: [REDACTED]
Reference No: 98W001101
Our File No.: 43094
Date of Accident: 1/27/2022

Dear Sir or Madam:

At this time our office is writing to advise you that Mr. [REDACTED] case has settled. Please apply your statutory fees and costs reduction and forward confirmation of the new lien amount at your earliest convenience. Pursuant to Fla. Stat. 768.76(4) we have projected the reduction to be 56%. The breakdown of that figure is listed below.

Total Settlement:	\$70,000.00
Attorney Fee:	\$23,333.33
Attorney Costs:	\$15,926.12
Total Fees and Costs:	\$39,259.45/ Total Settlement: \$70,000.00
Reduction Percentage:	56%

Should you have any questions regarding this matter, please do not hesitate to contact our office.

Very truly yours,

Lisa Snipes

Case Manger to
Luis R. Gracia, Esquire



RUE & ZIFFRA

ATTORNEYS & COUNSELORS AT LAW

ATTORNEYS:

ALLAN L. ZIFFRA

LUIS R. GRACIA*

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(407) 329-3976

WINTER PARK
(407) 634-2250

December 17, 2025

West Volusia Hospital Authority
Attn: Stacy Tebo
PO Box 940
Deland FL 32721

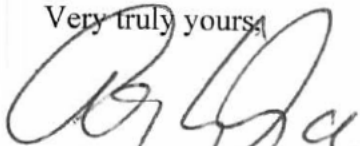
Re: Our Client: [REDACTED]
Reference No: 98W001101
Our File No.: 43094
Date of Accident: 1/27/2022

Dear Sir or Madam:

In support of our request for reduction on [REDACTED]'s lien, please be advised that the law firm of Rue & Ziffra reduced their attorney's fee from \$28,000.00 (40%) to \$23,333.33 (33.3333%).

If you require any additional information, please do not hesitate to contact our office.

Very truly yours,



Luis R. Gracia, Esquire



December 17, 2025

To the Board of West Volusia Hospital Authority:

Attached is a notice regarding a legal consolidation that requires your Board's formal approval to assign your Administrative Services Agreement. For context, Imagine360's acquisition of EBMS occurred in 2021, and this step is simply the final administrative formality—"papering" a change that has already been fully in place for the past four years.

Please rest assured that **nothing about your operations, services, or member experience will change** as a result of this assignment. **WVHA will see no impact whatsoever** to service delivery, contractual terms, personnel, processes, or support. The EBMS brand will continue to be maintained, all claims payment and banking functions will remain exactly as they are today, and clinic operations will continue without interruption.

EBMS has also proactively reached out to any contracted providers on your behalf to ensure continuity and avoid any disruption or confusion.

This is truly an **administrative update only**. The **sole step needed from you** is your Board's consent to the assignment—no additional work, changes, or follow-up will be required. The EBMS team, systems, and member support resources that your organization relies on will remain unchanged and fully dedicated to your account.

We respectfully request that your Board sign the attached notice at its earliest convenience. Should any questions arise, our legal team is ready and available to provide support.

Thank you for your continued trust and partnership.



APPROVAL OF ASSIGNMENT

As a result of the acquisition of Employee Benefit Management Services ("EBMS") by Imagine360 Administrators, LLC ("Imagine360"), EBMS intends to assign all of its rights, obligations, and interests under the January 1, 2020 Administrative Services Agreement ("Agreement"), and any subsequent amendments, between EBMS and West Volusia Hospital Authority ("WVHA"), to Imagine360 effective as of January 1, 2026 (the "Effective Date");

WVHA consents to EBMS's assignment of all its rights, obligations, and interests under the Agreement to Imagine360 effective as of January 1, 2026. WVHA acknowledges that, as of January 1, 2026, Imagine360 will assume all rights, obligations, and responsibilities of EBMS under the Agreement. Except as expressly approved herein, all terms and conditions of the Agreement shall remain in full force and effect.

By signing below, WVHA confirms its approval of the assignment as outlined above.

West Volusia Hospital Authority

By: _____

Name: _____

Title: _____

Date: _____

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	<u>0/5</u>	<u>0%</u>
Total Not In Compliance	<u>0/5</u>	<u>0%</u>

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)	<u>2/5</u>	<u>40%</u>
Total In Compliance	<u>2/5</u>	<u>40%</u>
Not In Compliance		
No Documentation	<u>3/5</u>	<u>60%</u>
Total Not In Compliance	<u>3/5</u>	<u>60%</u>

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	<u>1/5</u>	<u>20%</u>
Total Not In Compliance	<u>1/5</u>	<u>20%</u>

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	<u>5/5</u>	<u>100%</u>

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.

Jennifer Stephenson, Vice President at SMA Healthcare, stated that SMA completed an internal audit of all clients billed to WVHA under the Baker Act contract and determined that required documentation was missing in 121 of the 404 client charts reviewed. These specific charts were subsequently reviewed by SMA's finance department to identify the amount billed to WVHA that was not supported by required documentation. Based on this review, SMA identified \$27,109.09 as having been billed in error and indicated that this amount would be repaid to WVHA.

Ms. Stephenson also noted that SMA has updated its internal processes, provided additional training to staff involved in documentation and billing, and implemented a final administrative review of each client chart prior to billing to ensure compliance going forward.

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

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	<u>5%</u>

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. Based on testing, 100% of the sampled clients lacked proof of Patient Assistance Program (PAP) enrollment. When extrapolated to the full population, this indicates that the entire \$90,000 funded under the SMA Psychiatric Outpatient Services Program was potentially unsupported by documentation reasonably expected under the funding agreement.

However, Jennifer Stephenson, Vice President at SMA Healthcare, clarified that the PAP program is intended to secure financial assistance from pharmaceutical companies for prescribed medications. Per Ms.

Stephenson, the clients tested who did not have proof of PAP enrollment related only to medication costs totaling \$17,284.97 for the year, which were billed to WVHA under the Meds/Labs category.

Ms. Stephenson further explained that SMA actually provided \$99,641.73 in total eligible services during the year. Since only \$90,000 was billed under the contract, the remaining \$9,641.73 represents additional services provided by SMA that were not billed to WVHA.

Based on Ms. Stephenson's calculation, SMA provided \$99,641.73 in total eligible services during the year, which exceeds the \$90,000 contract amount by \$9,641.73. Because these additional services were not billed to WVHA, she noted that they should offset part of the \$17,284.97 in medication costs that lacked the required PAP documentation. After applying the \$9,641.73 in unbilled services against the \$17,284.97 medication amount, she is stating the remaining portion potentially in question is:

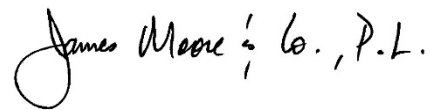
$$\$17,284.97 - 9,641.73 = \$7,643.24$$

Ms. Stephenson also explained that PAP applications were submitted for these clients but were not approved; however, SMA did not retain the denial documentation at the time. She indicated that SMA has since corrected the process and will maintain PAP denial documentation going forward.

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.

A handwritten signature in black ink that reads "James Moore & Co., P.L." The signature is written in a cursive, flowing style.

Daytona Beach, Florida
January 15, 2026

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	<u>25%</u>

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
Prescription	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	<u>0/4</u>	<u>0%</u>

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	<u>4/4</u>	<u>100%</u>
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	<u>0/4</u>	<u>0%</u>

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	<u>0/4</u>	<u>0%</u>

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

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	<u>6%</u>

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	<u>0/10</u>	<u>0%</u>
Total Not In Compliance	<u>0/10</u>	<u>0%</u>

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 one-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	<hr/>
% Selected	<hr/> 6% <hr/>

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	<hr/> 0/10	<hr/> 0%
Total Not In Compliance	<hr/> 0/10 <hr/>	<hr/> 0% <hr/>

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

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	<u>17%</u>

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	<u>4/4</u>	<u>100%</u>
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	<u>0/4</u>	<u>0%</u>

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

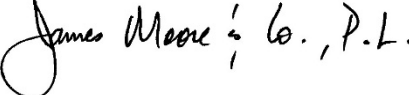
**RAAO - Health Card Enrollment and Retention Services
Income and Asset Eligibility Documentation Compliance**

In Compliance	4/4	100%
Not In Compliance		
No Documentation	0/4	0%
Total Not In Compliance	<u>0/4</u>	<u>0%</u>

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

APPLICATION FOR THE WVHA CITIZENS ADVISORY
COMMITTEE

NAME: Natalie W. Brown_____

ADDRESS: 344 S. Sans Souci Ave. DeLand, FL 32720_____

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: Over 50 Years_____

HOME PHONE: 386-801-0665_____CELL PHONE: 386-801-0665_____

WORK PHONE: N/A_____

EMAIL ADDRESS: natevabla@gmail.com_____

ADDITIONAL INFORMATION (COMMUNITY AFFILIATIONS,
EDUCATION, PROFESSIONAL BACKGROUND) THAT YOU FEEL
WOULD ASSIST THE BOARD OF COMMISSIONERS IN MAKING A
FINAL DETERMINATION:

I am a member of First Presbyterian Church of DeLand. I am a retired
teacher. I am also a member of Delta Sigma Theta Sorority, Inc.



WVHA Administrator

Employment Status: Full-Time

FLSA Status: Exempt

Experience ~~Preferred~~ Required: Five (5) years of experience dealing with the public in a related field.

~~Directly related work experience may be substituted for the formal education requirement on a year-for-year basis.~~

Minimum Education ~~Preferences~~ Requirements: Bachelor's degree in political science, public administration, business administration, or related field. Directly related work experience may be substituted for the formal education requirement on a year-for-year basis.

Direct Supervisor: Board of Commissioners

Supervisory Responsibility: None.

Certification: Valid State of Florida driver's license, Florida Notary Public,⁵ Certified Municipal Clerk Designation is not required but would be a plus.-

ESSENTIAL FUNCTIONS:

(Essential job functions may include the following. This list is ILLUSTRATIVE ONLY and is not a comprehensive listing of all functions and tasks performed.)

- A. Provide staffing for the Authority sufficient to conduct business during a regular set of agreed-upon working hours, five days a week.
- B. Establish administrative processes to ensure performance of all general office functions including but not limited to:
 1. Responding in a timely manner to all communications and requests for information from Board, Citizens Advisory Committee (CAC), Attorney (Law Office of Theodore W. Small, P.A.), Accountant (James Moore & Co) Third Party Administrator (EBMS); Primary Care Clinic (MiCare) and public.
 2. Maintaining sufficient competent records of all such communications and correspondence.
 3. Facilitating cloud-based storage of all administrative records and share access with Board.
 4. Receiving and forwarding citizen comments to Board, CAC, Attorney, Accountant and all other relevant parties.
 5. Ordering and maintaining office and meeting supplies and equipment.
- C. Coordinate annually with Board and CAC on future meeting dates, Coordinate with meeting venues to verify availability and present Board and CAC with a consolidated annual calendar of meeting dates, times and locations.
- D. Ensure placement of required newspaper advertising in advance of monthly Board and CAC meetings to comply with Sunshine Law notice requirements.
- E. Ensure preparation of monthly Board and CAC meeting agenda books, distribute electronically and make available hard copies for Board, Accountant, Attorney and the public.
- F. Coordinate with Attorney to provide the Board with final versions of proposed agreements, resolutions, letters and other documents for Board review, votes of approval and then signature(s) once approved by the Board.

- G. Coordinate date and time to schedule and attend monthly virtual pre-meetings between Board Chair, Accountant and Attorney, generally scheduled Tuesdays at 2p.m. before a scheduled Board meeting.
- H. Coordinate at least monthly with Chair or Vice Chair of Board and CAC to plan for completion of administrative tasks prior to upcoming meetings.
- I. Attend evening Board and CAC meetings to provide any updates to the Board and CAC about any requested matters and ensure the meetings are tape recorded in compliance with Florida's Public Records Act.
- J. Ensure the preparation of summary (non-verbatim) meeting minutes of Board and CAC monthly meetings based upon tape recordings and notes taken while attending the meetings.
- K. Serve as WVHA's designated Records Management Liaison Officer (RMLO) to maintain records, comply with annual records destruction requirements and respond to straightforward requests for copies of public records and coordinate with Attorney to respond to those requests from lawyers.
- L. Coordinate with website design vendor to make electronic public records of general interest available online to the extent practicable.
- M. Coordinate with website design vendor to update regularly the WVHA website with meeting materials, annual budget financial statement information, and any other Board approved information that is deemed necessary by law or cost-effective for a local government to make available to the public online.
- N. Supervise the processing of subrogation matters, initial receipt of mail notification from attorneys representing Health Card members in third party lawsuits, responding to notice by editing and then sending a form letter that notifies lawyers of WVHA's assertion of its subrogation rights, then coordinating with Third Party Administrator (TPA), Accountant and Attorney to provide any requested summary of bills paid on behalf of the Health Card member who is involved in the third party lawsuit. Periodically update lien balances after reviewing medical claims.
- O. Perform any other matters common to maintaining an efficient administration office for the purpose of conducting the business of the Authority, including long-term planning research and reports that will facilitate Board decision making on how best to carry out its statutory purposes. In particular, the Administrator is expected to devote any of his/her time that is not already taken with the administration of items described in subparagraphs A-N, *supra*, to develop recommendations relating to the improvement of WVHA's internal controls and fraud prevention, public relations, governmental relations and regulatory compliance. It is expected that the Administrator will monitor the policy agendas of other local governments in Volusia County items that are or could become relevant to WVHA's fulfillment of its statutory purposes. WVHA Recommendations from the Administrator on such long-term planning proposals shall be given great weight along with the professional opinions of the WVHA Attorney, Accountant and TPA when considered for approval by the Board.
- P. After due consultation with the WVHA Attorney, Accountant and Board and/or CAC Chair, the Administrator is authorized to exercise discretion and determine when to reschedule any and all meetings or call a special meeting of the WVHA Board of Commissioners or CAC in order to respond to new circumstances or time-sensitive matters for which a delay for a decision by the Board and/or CAC until the next regularly scheduled meeting would significantly harm or prejudice the implementation of WVHA's statutory purposes.
- Q. Coordinate with funded agencies, TPA, primary care provider, hospitals, and other entities to ensure reports are received for WVHA Board of Commissioners and CAC consideration.
- R. Administer oaths as required and/or authorized under the laws of the State of Florida.
- S. Coordinate annual financial disclosure notification with State Commission on Ethics regarding changes in persons required to file financial disclosure. Monitor financial disclosure and conflict of interest statements.
- T. Monitor and update WVHA's social media platform(s) with Board approved information.

- U. Coordinate with the Board to obtain approval of updates to~~Update~~ WVHA brochures and order as needed for community distribution.
- V. Receive, review, and upload to WVHA Accountant's portal ~~process~~ all invoices submitted to WVHA. Upload all invoices to the WVHA Accountant's portal by the 2nd and 4th Thursday of each month with adequate backup materials. Coordinate with funded agencies to ensure invoices are accurate and submitted timely.
- W. Receive correspondence and upload deposits, reimbursements, and payments to the WVHA Accountant's portal. Deposit TPA's Board authorized checks to Wells Fargo account and then provide proof of the deposit and backup to EBMS/Veracity and MiCare accountant (when it involves the monthly clinic and Rx pass-through costs) so that those payments can be released by EBMS/Veracity to the hospitals, labs, and specialty providers ~~provide backup to TPA for providers payment distribution.~~
- X. Assist in the preparation of the annual budget and monitor expenses to prevent budget line-item overage.
- Y. Retrieve mail from WVHA's PO Box and mail out WVHA Board authorized payments, transfers, and correspondence appropriately.
- Z. Monitor WVHA's main telephone and, where Board approved information is available, ~~to~~ answer questions from providers, vendors, prospective card members, ~~and other general questions from the general public.~~
- AA. Receive, review and prepare for submission to the WVHA Accountant ~~process~~ all Health Care Responsibility Act (HCRA) claims received from Volusia County Human Services. Submit completed claims with payment calculations to WVHA Accountant for hospital payments. Prepare and submit monthly HCRA reports to Volusia County Human Services.
- BB. Maintain good relations with the public ~~to represent the WVHA~~ and educate others on WVHA activities and services. When authorized by the Board and using Board approved information and materials, ~~C~~ommunicate with representatives of governmental entities, elected officials, businesses, professional and community agencies, and the general public to promote awareness of WVHA.
- BB-CC. Perform other duties as assigned by the Board of Commissioners. The Authority, in its sole discretion, may assign the Employee with other duties that may be different from those herein specified. The Administrator position does not give Employee any right or authority to make any contract or any binding promise of any nature on behalf of the Authority unless such is authorized in this agreement or based upon well-established WVHA policy or a Board resolution or motion which has been voted upon during a public meeting of the WVHA Board of Commissioners. By accepting this offer of employment, Employee agrees to abide by all policies, practices, procedures and rules of the Authority.

~~CC.~~

KNOWLEDGE, SKILLS AND ABILITIES:

- Possess an ~~an-detailed~~ understanding of public administration and public relations.
- Knowledge of the Florida Public Records Law, the Sunshine Law, and Ethics laws.
- Knowledge and familiarity of appropriate federal, state, municipal, and county requirements pertaining to the WVHA.
- Knowledge of archives and records management retention laws, systems, and technology.
- ~~Comprehensive~~ computer and research knowledge and skills that are adequate to perform all duties and responsibilities. Familiarity with Microsoft Office software programs and public meeting tape

recording, slide presentation and video conferencing technology-

- Knowledge of modern office procedures, equipment and operational methods.
- Ability to meet and coordinate multiple deadlines and tasks simultaneously.
- Ability to prepare accurate and concise meeting minutes.
- Ability to assess needs and prioritize them.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively both in written and verbal form.
- Ability to work independently and as a part of a team with all other contracted professionals to facilitate WVHA purposes and Board directives-

QUALIFICATIONS:

- Certified Municipal Clerk accreditation (by the International Institute of Municipal Clerks Association) is not required but is a plus-preferred. ~~Must maintain certification as required by the International Institute of Municipal Clerks Association or be in process to obtain such accreditation-~~
- Bachelor's Degree and five years' local government or reasonably equivalent experience.
- State of Florida Notary Public and possession of a valid Florida driver's license.

ENVIRONMENTAL AND PHYSICAL CONDITIONS:

Employee works partly from home and partly in a medical clinic ~~n~~-office environment with moderate noise levels, controlled temperature conditions, ~~and no direct exposure to hazardous physical substances~~. Must possess mobility to work in a standard office setting and use standard office equipment, including a computer, and to operate a motor vehicle to visit various medical and meeting sites; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment.

WVHA will comply with all State and Federal law employment requirements. ~~(Reasonable accommodation will be made for otherwise qualified individuals with a disability.)~~

**FIRST AMENDMENT TO THE EMPLOYMENT AGREEMENT—WVHA
ADMINISTRATOR DATED JUNE 16, 2022 (“First Amendment”)**

This First Amendment is entered into as of the 15th day of January 2026 with retroactive effect as indicated in each amended provision, between West Volusia Hospital Authority, a special taxing district, public body corporate and politic of the State of Florida in Volusia County, Florida (the "Authority") and Stacy C. Tebo (hereinafter "Employee").

Whereas, Employee and the Authority entered into the Employment Agreement—WVHA Administrator dated June 16, 2022 (hereinafter the “Employment Agreement”); and

Whereas, Employee and the Authority desire to continue with the employment relationship under the Employment Agreement as amended in this First Amendment.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree that the Employment Agreement is amended as follows:

1. Miscellaneous paragraph IX(m) shall be added with retroactive effect to July 20, 2023, stating: After completing one-year of continuous employment and on her anniversary date each year thereafter, Employee shall accrue twenty (20) paid working day absences (“Absent Days”). All vacation time, sick time and personal absences are included in these paid Absent Days. At the end of a monthly pay period, if Employees total hours are less than the Employee’s regularly scheduled hours, the Board Accountant will automatically apply accrued Absent Time. Once accrued, Absent Time must be utilized within the 12-month period immediately following accrual or forfeited; Employee will forfeit any Absent Time that is not taken within 12 months of its accrual. Whenever practicable, Employee shall notify the Board of her expected Absent Days at least one-month in advance; such advance notice shall not be required when Absent Days are necessary but but cannot be anticipated with reasonable care.
2. The following sentence shall be added at the end of Paragraph A with retroactive effect to October 1, 2025: Effective on October 1, 2025, Employee’s annual salary shall be increased by \$2,500.00, and thereafter on each October 1 Employee’s salary shall be subject to an annual CPI increase based on the most recent June Consumer Price Index (CPI; Series ID CUUR0300SA0); All Items in South; average for all Urban Customers), not to exceed 5%.
3. Any term not defined herein shall have the same meaning as under the Employment Agreement.
4. The provisions of the Employment Agreement shall continue to control the relationship of the parties, except as specifically modified by the content of this First Amendment.

IN WITNESS THEREOF, the parties have executed this First Amendment as of the effective day and year set forth above.

WEST VOLUSIA HOSPITAL AUTHORITY

By: _____

_____, Its Chair

West Volusia Hospital Authority

P.O. Box 940

DeLand, FL 32721-0940

Date:

ATTEST

By: _____

_____, Its Secretary

Stacy C. Tebo:

Date: _____

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

NOVEMBER 30, 2025



ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of November 30, 2025, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

DeLand, Florida
January 15, 2026

**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
NOVEMBER 30, 2025**

ASSETS

Ameris Bank - operating	\$ 6,367,407
Ameris Bank - MM	13,606
Ameris Bank - payroll	102,865
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	7,955,567
Surety Bank - MM	1,637,591
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 16,279,036</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 16,279,036</u></u>
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See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TWO MONTHS ENDED NOVEMBER 30, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 1,086,503	\$ 1,218,030	\$ 19,200,000	\$ 17,981,970	6%
Interest income	208,898	230,406	400,000	169,594	58%
Other income	63,690	69,410	34,333	(35,077)	202%
Total revenues	<u>1,359,091</u>	<u>1,517,846</u>	<u>19,634,333</u>	<u>18,116,487</u>	8%
Expenditures					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	677,010	4,062,060	3,385,050	17%
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	<u>338,505</u>	<u>677,010</u>	<u>4,862,060</u>	<u>4,185,050</u>	14%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	4,711	6,192			
Specialty Care - Non-ER	255,797	355,927			
Total Specialty Care Services	<u>260,508</u>	<u>362,119</u>	4,500,000	4,137,881	8%
Hospitals					
Halifax Hospital	54,776	54,776			
AdventHealth	144,723	156,303			
Total hospitals	<u>199,499</u>	<u>211,079</u>	3,200,000	2,988,921	7%
Primary Care	224,314	292,158	2,500,000	2,207,842	12%
Emergency Room Care	64,387	98,283	1,000,000	901,717	10%
Pharmacy	46,681	46,681	700,000	653,319	7%
SMA - Residential Treatment	-	-	550,000	550,000	0%
Rising Against All Odds	20,850	20,850	249,801	228,951	8%
Florida Dept of Health Dental Svcs	22,476	22,476	165,000	142,524	14%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
The Neighborhood Center	14,225	14,225	125,000	110,775	11%
Hispanic Health Initiatives	7,750	7,750	100,000	92,250	8%
SMA - Psychiatric Outpatient	10,460	10,460	90,000	79,540	12%
Community Legal Services	7,257	7,257	88,500	81,243	8%
Life-Spire Community Services, Inc.	-	-	74,500	74,500	0%
The House Next Door	3,981	3,981	45,000	41,019	9%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	<u>1,220,893</u>	<u>1,774,329</u>	<u>18,633,468</u>	<u>16,859,139</u>	10%
Personnel services					
Regular salaries and wages	5,784	11,748	71,564	59,816	16%
FICA	456	912	5,475	4,563	17%
Retirement	-	837	10,756	9,919	8%
Life and Health Insurance	959	1,918	12,000	10,082	16%
Workers Compensation Claims	-	-	25,000	25,000	0%
Total personnel services	<u>7,199</u>	<u>15,415</u>	<u>124,795</u>	<u>109,380</u>	12%

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TWO MONTHS ENDED NOVEMBER 30, 2025

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Locally Mandated Fees					
Tax Collector & Appraiser Fee	22,225	106,984	650,000	543,016	16%
City of DeLand Tax Increment District	-	-	165,000	165,000	0%
Total Locally Mandated Fees	<u>22,225</u>	<u>106,984</u>	<u>815,000</u>	<u>708,016</u>	13%
TPA Services (EBMS)	37,349	75,646	500,000	424,354	15%
Application Screening - THND	37,114	37,114	445,008	407,894	8%
General Accounting - Recurring	-	-	119,658	119,658	0%
Building Repairs	6,083	11,130	100,000	88,870	11%
Application Screening - RAAO	7,680	7,680	97,742	90,062	8%
Legal Counsel	6,630	13,260	79,560	66,300	17%
Outside Legal Counsel	-	-			
Healthy Communities Kid Care Outreach	5,451	5,451	72,202	66,751	8%
Advertising	133	133	50,000	49,867	0%
Audit	-	-	22,500	22,500	0%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	7,945	11,988	59,400	47,412	20%
Total other expenditures	<u>130,610</u>	<u>269,386</u>	<u>2,376,070</u>	<u>2,106,684</u>	11%
Total expenditures	<u>1,358,702</u>	<u>2,059,130</u>	<u>21,134,333</u>	<u>19,075,203</u>	10%
Excess (deficiency) of revenues over expenditures	<u>\$ 389</u>	<u>\$ (541,284)</u>	<u>\$ (1,500,000)</u>	<u>\$ (958,716)</u>	36%

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
FINANCIAL STATEMENTS
DECEMBER 31, 2025



ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

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

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

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

DeLand, Florida
January 15, 2026



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

ASSETS

Ameris Bank - operating	\$ 18,456,973
Ameris Bank - MM	13,635
Ameris Bank - payroll	95,398
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	7,975,862
Surety Bank - MM	1,641,544
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 28,385,412</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 28,385,412</u></u>
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See accountants' compilation report.

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

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 13,738,944	\$ 14,956,974	\$ 19,200,000	\$ 4,243,026	78%
Interest income	24,277	254,683	400,000	145,317	64%
Other income	3,067	72,477	34,333	(38,144)	211%
Total revenues	13,766,288	15,284,134	19,634,333	4,350,199	78%
Expenditures					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	1,015,515	4,062,060	3,046,545	25%
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	1,015,515	4,862,060	3,846,545	21%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	5,877	12,069			0%
Specialty Care - Non-ER	405,458	761,385			0%
Total Specialty Care Services	411,335	773,454	4,500,000	3,726,546	17%
Hospitals					
Halifax Hospital	107,933	162,709			0%
AdventHealth	131,613	287,916			0%
Total hospitals	239,546	450,625	3,200,000	2,749,375	14%
Primary Care	(4,221)	287,937	2,500,000	2,212,063	12%
Emergency Room Care	62,243	160,526	1,000,000	839,474	16%
Pharmacy	-	46,681	700,000	653,319	7%
SMA - Residential Treatment	-	-	550,000	550,000	0%
Rising Against All Odds	23,100	43,950	249,801	205,851	18%
Florida Dept of Health Dental Svcs	12,305	34,781	165,000	130,219	21%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
The Neighborhood Center	11,750	25,975	125,000	99,025	21%
Hispanic Health Initiatives	8,000	15,750	100,000	84,250	16%
SMA - Psychiatric Outpatient	6,930	17,390	90,000	72,610	19%
Community Legal Services	7,026	14,283	88,500	74,217	16%
Life-Spire Community Services, Inc.	-	-	74,500	74,500	0%
The House Next Door	2,672	6,653	45,000	38,347	15%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	1,119,191	2,893,520	18,633,468	15,739,948	16%
Personnel services					
Regular salaries and wages	5,964	17,712	71,564	53,852	25%
FICA	457	1,369	5,475	4,106	25%
Retirement	836	1,673	10,756	9,083	16%
Life and Health Insurance	958	2,876	12,000	9,124	24%
Workers Compensation Claims	-	-	25,000	25,000	0%
Total personnel services	8,215	23,630	124,795	101,165	19%

See accountants' compilation report.

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

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Locally Mandated Fees					
Tax Collector & Appraiser Fee	274,776	381,760	650,000	268,240	59%
City of DeLand Tax Increment District	184,837	184,837	165,000	(19,837)	112%
Total Locally Mandated Fees	<u>459,613</u>	<u>566,597</u>	<u>815,000</u>	<u>248,403</u>	70%
TPA Services (EBMS)	-	75,646	500,000	424,354	15%
Application Screening - THND	36,409	73,523	445,008	371,485	17%
General Accounting - Recurring	10,000	10,000	119,658	109,658	8%
Building Repairs	4,622	15,752	100,000	84,248	16%
Application Screening - RAAO	4,800	12,480	97,742	85,262	13%
Legal Counsel	6,630	19,890	79,560	59,670	25%
Healthy Communities Kid Care Outreach	5,620	11,071	72,202	61,131	15%
Advertising	133	266	50,000	49,734	1%
Audit	-	-	22,500	22,500	0%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	<u>4,679</u>	<u>16,667</u>	<u>59,400</u>	<u>42,733</u>	28%
Total other expenditures	<u>532,506</u>	<u>801,892</u>	<u>2,376,070</u>	<u>1,574,178</u>	34%
Total expenditures	<u>1,659,912</u>	<u>3,719,042</u>	<u>21,134,333</u>	<u>17,415,291</u>	18%
Excess (deficiency) of revenues over expenditures	<u>\$ 12,106,376</u>	<u>\$ 11,565,092</u>	<u>\$ (1,500,000)</u>	<u>\$ (13,065,092)</u>	-771%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: January 6, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for January 15, 2026 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the November 20, 2025 Regular Meeting Minutes.

I. Annual Overview of Funding Agreements or other Contracts: [*See new info. in italics and bold*] [*Refer back to Legal Update Memorandum dated 5/12/2020 for additional background details, including details regarding now expired 20-year AdventHealth related Hospital agreements*]

Each Board member is responsible for making his or her own independent determination about whether the terms of a particular contract are consistent with the public interest. Counsel, as well as the accounting and administrative team at JAMES MOORE & CO (“JMCo”), are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation. For your convenience, the following is a listing of the major contracts, hospital services subcontracts in the EBMS Network and funding agreements between the Authority and other entities with notation of termination dates, if any. (If the agreements self-renew or are “evergreen”, then they automatically renew usually for another 1-year term unless WVHA or the other party gives notice of an intent not to renew within a specified time frame before the end of the current term)

The below listing is intended to include most, but not all of WVHA’s contractual agreements. If any Board members desires to drill down deeper into the contractual thicket, feel free to contact Counsel for an overview of all other agreements.

Year-to Year Health Care or Access to Health Care Funding Agreements, October 1, 2025-September 30, 2026:

- A. Community Legal Services, Inc. Medical-Legal Partnership program.
- B. Healthy Communities – Kidcare Outreach
- C. Hispanic Health Initiatives, Inc.’s Taking Care of My Health
- D. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- E. Rising Against All Odds, Inc.—Health Card Enrollment & Retention Services
- F. SMA Healthcare – Emergency Behavioral Services (Baker Act)
- G. SMA Healthcare– Psychiatric Outreach Services

- H. SMA Healthcare —Level II Residential Treatment
- I. The House Next Door – Therapeutic/Mental Health Services
- J. The House Next Door—Health Card Program-Eligibility Determination Services
- K. The Neighborhood Center of West Volusia “Access to Care”
- L. Volusia County Health Department—Florida Department of Health (Dental Care)
- M. EasterSeals Northeast Central Florida (Early Autism Diagnostic Services)
- N. Life-Spire Community Services (Stigma-Free Mental Health Care for All)

WVHA-Owned Primary Care Clinics Management Agreement:

- A. Employee Benefit Management Services, LLC (“EBMS”) Amendment No. 1 to Administrative Services Agreement, effective 10/01/2020 expanded EBMS’s portfolio of services to include the set-up and management of primary care clinic services, pharmacy services and healthcare management services, along with the third-party administrator services that it had already been providing since 1/01/2020. Amendment No. 1 provides for with automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of then-current term or Renewal Term. Pursuant to Amendment No. 1 to the Administrative Services Agreement, as amended (No. 2, 3 & 4), and the automatic renewal on September 30, 2025, the current term was extended to end on September 30, 2026.
 - 1. The Board retains the right to establish policy that governs the terms on which EBMS provides this new portfolio of services, including the selection of the location of where the services are provided. Along with the terms of Amendment No. 1 to the Administrative Services Agreement, the WVHA Health Card Program Eligibility Guidelines and Procedures (“Eligibility Guidelines”) and Summary Benefit Plan set forth most of the Board’s existing policy concerning the terms on which WVHA authorizes EBMS to provide this portfolio of services. Schedule 1, Article IV, Section 4.01, provides that the “Parties will collaborate to jointly make determinations around significant operational parameters including clinic budget, capacity, hours of operation, staffing model, scope of services and other material decisions.”
- B. Lease Agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal: “After the Initial Term, LESSEE will have the right (but not the obligation) to renew this Lease Agreement with the same terms and conditions as set forth herein for an additional three one-year terms (i.e. three Renewal Terms).”
 - 1. WVHA is currently in the middle of its third automatic 1-year Renewal Term which means that it currently has the following options concerning its termination of this Lease: 1. Continue paying rent until the end of the lease on September 30, 2026 and notify the landlord of its intent not to renew the

current lease IF WVHA decides that it no longer desires to continue maintaining a 2nd clinic location; 2. Continue paying rent until the end of the lease on September 30, 2026 and simply abandon the lease on September 30, 2026 without any prior notice to the Landlord; 3. Decide as early as practicable before September 30, 2026 that it desires to continue maintaining the 2nd clinic location and authorize counsel to engage in good faith negotiations with the Landlord to renew the lease, possibly including incentives for an early renewal date.

EBMS-Owned Network of In-Hospital Services Agreements:

- A. *(AdventHealth DeLand (AHD), AdventHealth Fish Memorial (AHFM)), Halifax Hospital Medical Center, EMPros)* -- Following the 9/30/2020 expiration of the direct contractual agreement between AdventHealth and WVHA, EBMS as Third-Party Administrator is now responsible for qualifying and contracting directly with the hospitals and their emergency room specialists to establish terms for their participation in the network of providers that serve WVHA Health Card members.
- B. The Board retains the right to establish policy that governs the terms on which EBMS may qualify and contract with its network of providers. An example of such policy intervention is the Board's passage of WVHA Resolution 2020-007 in which the Board excluded any reimbursement for Emergency Room care services and established 85% of Medicare as the maximum that EBMS is allowed to contract with hospitals for reimbursement of inpatient hospital facilities and professional services. Through extensive negotiations between EBMS, the hospitals and EMPros, the Board at its April, 2021 Regular Meeting approved Amended Motion 43-2021, which provides the still relevant Board policies concerning this network of in-hospital service agreements:
- *Increase hospital funding for the 2021/22 program budget to \$4MM, of which 25% would be reserved for ED reimbursement – this establishes a de facto \$1.0M ED budget for 2021/22. Future year ED budgets to increase/decrease formulaically if utilization increase/decrease materially from a mutually agreed baseline: for example (a) increase the budget from \$1.0M to \$1.25M if ED utilization increases by 25% or more; similarly, (b) decrease the budget from \$1.0M to \$750k if ED utilization decrease by 25% or more.*
 - *Invest in an ED diversion program by expanding access to this new ED budget for care through more cost-effective, alternative sites of service (i.e. Urgent Care). Urgent Care should be reimbursable only when the miCare clinic is not available.*
 - *All contracted ED and/or Urgent Care providers draw down from this annual budget through submitting invoices for either facility fee charges (e.g. hospitals) or professional fee charges (all contracted specialists*

working in the ED / Urgent Care, whether hospital-employed or independent).

- *Rate of reimbursement for both facility and professional fees to be contracted at 85% of Medicare.*
- ***Participating providers should agree to provide all hospital care including ED care without any member balance billing, even when the annual hospital-ED budget has been depleted.***
- *Participating providers should agree to a formal 3-year network agreement with fixed rate of 85% of Medicare, subject to annual hospital and ED budget caps as proposed above.*
- ***Hospitals should commit to a mutually agreeable accountability / transparency mechanism that may include submitting quarterly reports, periodically sharing external accreditation reports and agreement to not decrease access or adversely impact the quality of care available to the community.***

EBMS contracts directly with the Hospitals and EMPros to facilitate this network and must negotiate and present to the WVHA Board for approval any proposed changes to the above-listed terms. According to EBMS, the agreed 3-year network agreements terminate effective 9/30/2024. However, all of these contracts between EBMS and the Hospitals and EMPros are ‘evergreen’ and provide for automatic renewal for successive one-year terms unless either EBMS or the contracted party provides 90-days written notice of non-renewal.

C. Halifax Hospital Medical Center Extended HCRA

1. *Extended HCRA Hospital Coverage and Physician Indigent Hospital Program Reimbursement Agreement (2007) (“Extended HCRA”) Second Addendum* to Extended HCRA dated 9/23/2010, terminable at will by either party upon 60-days written notice. Establishes reimbursement rate consistent with HCRA guidelines, as opposed to 105% of Medicare rate (except for adult psychiatric and medical device implants) which was agreed in prior agreements dated 11/20/2008 and 4/19/2007.

WVHA Administrative Services

1. Employee Benefit Management Services, LLC (“EBMS”) Administrative Services Agreement, effective 1/1/2020 for Third Party Administrator services with automatic renewals for additional one-year terms unless either party gives notice of non-renewal at least 90-days before the end of then-current term. Pursuant to Amendment No. 1 to the Administrative Services Agreement and automatic renewals, the current term end on September 30, 2024. Pursuant to the automatic renewal on September 30, 2025, the current term was extended to end on September 30, 2026.
2. The House Next Door—Eligibility Determination Services, effective 10/1/2018, renewable on annual basis.
3. Rising Against All Odds, Inc. – Health Card Enrollment and Retention, effective 10/1/2018, renewable on annual basis.

4. Law Office Of Theodore W. Small, P.A. dated 11/2006 (outside legal counsel), as amended pursuant to Motion 053-2024 on 7/18/2024, terminable at will by the Board.
5. Stacy Tebo dated 6/16/2022 (administrative services), as amended pursuant to Motion 062-2023 to include 20 Absent Days, is terminable by will by either party upon at least 90-days written notice or immediately by WVHA upon the occurrence of causes specified therein. If WVHA terminates her employment without cause, Tebo would be entitled to severance based on the number of years of continuous employment up to a maximum of 6 weeks.
6. JAMES MOORE & CO., P.L. dated 7/01/2022 (accounting services), is terminable at will by either party, subject to a transition period of at least 3 months following receipt of the notice to terminate, unless another transition period is agreed upon by both parties. Base fees were agreed through September, 30, 2023 and then were then renegotiated to include an annual CPI adjustment each year as approved in Motion 051-2024.
7. VISION HR ASO, Inc. dated 7/21/2022 (payroll processing) for a one-year term, with automatic renewals for additional one-year terms unless either party delivers written notice at least 30-days prior to the expiration of the initial term or any extension term.
8. Powell & Jones, CPAs (audit of financial statements) was signed September, 2022 for a one-year term. On Page 1, it states that it includes “the option to renew for four subsequent one-year periods”, while on Page 8 it states that it is renewable by written agreement for “an additional two years in the form of two additional 1-year periods”. The agreement is not a model of clarity, but considering all other terms including its financial payment terms stated on Page 8, it would likely be construed as authorizing four subsequent 1-year terms up to and including an audit for the fiscal year ending on September 30, 2026. **Because the written number of renewal terms will have been utilized after the 2025-2026 audit is completed, WVHA will be required by State law to issue an RFP before it can engage Powell & Jones, CPA or any other audit firm to conduct the 2026-2027 audit process and any future years.**

II. First Amendment to Employment Agreement—WVHA Administrator Dated 6/16/2022 *[See attached or included as separate item in Board Meeting Materials]*

III. TWS Tracked Recommended Changes to MS. Tebo’s Draft #2 of Administrator Job Description *[See attached redlined document or as included as a separate item in the Board Meeting Materials]*

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

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

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

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

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

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

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

"While there is no statutory prohibition against a city council member posting comments on a privately maintained electronic bulletin board or blog, members of the board or commission must not engage in an exchange or discussion of matters that foreseeably will come before the board or commission for official action. The use of such an electronic means of posting one's comments and the inherent availability of other participants or contributors to act as liaisons would create an environment that could easily become a forum for members of a board or commission to discuss official issues which should most appropriately be conducted at a public meeting in compliance with the Government in the Sunshine Law. It would be incumbent upon the commission members to avoid any action that could be construed as an attempt to evade the requirements of the law."

Once our candidates for the Board of Commissioners become "members-elect" either because they ran unopposed or won their election, Government in the Sunshine Law rules will apply to them.

Courts have recognized the applicability of section 286.011, Florida Statutes, to members-elect of public boards or commissions. In *Hough v. Stembridge*, the court concluded that an individual upon immediate election to public office loses his status as a private individual and acquires a position more akin to that of a public trustee. The court thus held that a meeting of an incumbent council member with several council members-elect who would serve together on the city council when sworn into office was subject to the Sunshine Law when the discussion at that meeting concerned matters on which foreseeable action would be taken by the city council.

Similarly, the Sunshine Law will prohibit any conversations between incumbent WVHA Board members and any new members-elect about matters which foreseeable action could be taken by WVHA unless these conversations occur at a duly noticed public meeting.