

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**BOARD OF COMMISSIONERS REGULAR MEETING**  
**February 19, 2026**  
**Commencing Upon the Conclusion of the Clinic Workshop**  
**Sanborn Center**  
**815 S. Alabama Avenue, DeLand, FL**  
**AMENDED AGENDA**

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda:
  - A. Approval of Minutes - Regular Meeting January 15, 2026
  - B. Quarter One Uneven Spend-Down of Funding
    1. FDOH Dental Program
    2. RAAO HIV Outreach Program
    3. The Neighborhood Center Access to Care
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Reporting Agenda:
  - A. EBMS January Report – Written Submission
  - B. WVHA miCare Clinic DeLand/Deltona January Report – Senior Account Executive Sue Wayte and Senior Vice President, Member and Clinical Transformation Tom Brown
  - C. The House Next Door (THND) January Application Processing Report
  - D. Hospital Services 4<sup>th</sup> Quarter of 2025 (Oct – Dec)
    1. Halifax Health | UF Health – Medical Center of Deltona
    2. Advent Health DeLand & Advent Health Fish Memorial
    3. EMPros
7. Discussion Items:
  - A. Review of Responses to RFP for Public Awareness and Outreach Services
  - B. WVHA YouTube Channel (Tabled on January 15, 2026 – Commissioner Ford)
  - C. Health Care Consultant for Long Term Strategy (Commissioner Coen)
  - D. Potential Funding Agreement with True Health
    1. Mobile Health Clinic Plan (Commissioner Moore follow up item)
  - E. James Moore & Co Management Representation Letter to the Board and WVHA Management Representation Letter to Powell and Jones in reference to FY 2024-2025 Audit
  - F. Tentative Dates & Location for September Budget Hearings and Regular Meeting
8. Follow Up Item - miCare Clinic Consolidation / Survey
9. Administrator Report
10. Finance Report
  - A. January Financials
  - B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Upcoming – Joint Meeting with the CAC on March 19, 2026
13. Adjournment

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

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

Sanborn Center  
815 S. Alabama Avenue, DeLand, FL  
January 15, 2026

**Board Members in Attendance:**

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

**Others Present:**

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
Accountant for the Authority: Webb Shephard, CPA of James Moore & Company  
WVHA Administrator Stacy Tebo

**Call to Order**

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:05 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Election of Officers**

Chair Coen opened the floor for nominations of Chair.

Commissioner Ford nominated himself. There were no other nominations. By acclamation, Commissioner Ford was elected Chair.

Attorney Small said that there was a past tradition of the newly elected chair passing the gavel to the outgoing Chair; that Commissioner Ford had not had the benefit of the pre-Board meeting; and that he could choose to allow Chair Coen to preside over the meeting. Commissioner Ford agreed.

Attorney Small suggested that they could hold the election of officers in future January meetings at the end of the agenda. There was Board consensus to do so.

Chair Coen opened the floor for nominations of Vice-Chair.

Commissioner Manning nominated Commissioner Moore for Vice-Chair.

Chair Coen nominated herself.

There were no other nominations, and the Board Members voted by paper ballot. Mr. Shephard reviewed the ballots and announced that Commissioner Moore was elected Vice-Chair.

Chair Coen opened the floor for nominations of Secretary.

Commissioner Craig nominated herself. Commissioner Moore nominated Commissioner Manning. Mr. Shephard reviewed the ballots and announced that Commissioner Craig was elected Secretary.

Chair Coen opened the floor for nominations of Treasurer.

Chair Coen said she would nominate herself, and she was elected Treasurer by acclamation.

## **Approval of Amended Agenda**

Chair Coen said they received a request to move the True Health Presentation up to Discussion Item 9A.

**Motion 001 – 2026** Commissioner Manning moved to approve the amended agenda. Commissioner Craig seconded. The motion passed 5-0.

## **Consent Agenda**

- 1. Approval of Minutes - Regular Meeting November 20, 2025**
- 2. Quarter One Uneven Spend-Down of Funding - SMA Residential II & Psychiatric Outpatient Programs**
- 3. Auditor Legal Letter and Signature of Chair**

**Motion 002 – 2026** Commissioner Craig moved to approve the Consent Agenda. Commissioner Ford seconded. The motion passed 5-0.

## **Citizen Comments**

Dr. Sherry Pough addressed the Board regarding her organization's work and offered assistance to help educate the community on the WVHA health card program.

## **Presentation of Annual Audit for WVHA FYE 2025 by CPA Caleb Perla of Powell & Jones**

Chair Coen noted that the Board only received the draft report earlier in the day, and there was not time for adequate review.

Mr. Perla outlined his presentation of the audit for the Board and answered questions.

Commissioner Manning asked if they could receive future reports in November. Mr. Perla said November would be too early after fiscal year end, as transactions are still coming in. Chair Coen said they were not required to receive the report in January, and she did not want to rush the CPA to produce its final report. She added that the agenda deadline is on Tuesday a week prior to the Board meeting.

Attorney Small asked about the management representation letter dated January 14<sup>th</sup> on page thirty-four. Mr. Perla said that it was an oversight, and it is to be signed at the completion of the audit.

**Motion 003 – 2026** Commissioner Craig moved to receive the report with the caveat that a corrected management representation letter will be sent and included in the audit report. Commissioner Manning seconded. The motion passed 5-0.

## **Reporting Agenda**

- EBMS November/December Reports – Written Submission**
- WVHA miCare Clinic DeLand/Deltona November/December Reports – miCare Practice Manager Gretchen Soto**
- WVHA miCare Clinic DeLand/Deltona 1<sup>st</sup> Quarter Report**
- WVHA miCare Clinic Population Health Annual Report**

Ms. Soto introduced the new miCare Medical Director, Dr. Ratzel, and then outlined the miCare reports for the Board.

Commissioner Craig said that she did not see a great deal of movement towards increasing membership and asked Dr. Ratzel to look at management and the medical practice itself.

Commissioner Moore asked Ms. Soto to bring back three numbers: average cost per patient seen at the clinics, average cost per member, and the average cost per patient not seen at the clinics.

Commissioner Manning asked about the status of Phase Three. Ms. Soto answered that their administrative team would be in attendance next month, and she would pass along the question to them.

Attorney Small clarified that Phase Three as originally proposed by EBMS/Veracity involved expanding the utilization of the two clinics by bringing in additional users from an outside entity at a negotiated rate.

Chair Coen added that possible outside organizations discussed might be other governmental entities or funded agencies. She thanked the miCare staff and suggested to the Board that they might consider an appreciation luncheon for the clinic staff at a future meeting.

### **The House Next Door (THND) November/December Application Processing Reports**

Chair Coen noted a typo on the report dated January 5<sup>th</sup> and asked Mr. Booker to confirm that the report was for December activity. Mr. Booker affirmed it was.

The reports were received into the written record.

### **Discussion Items**

#### **True Health Presentation**

Chief Operations Officer Nurez Madhany outlined their services, eligibility criteria, and the potential for collaboration with WVHA to serve more patients.

Commissioner Craig asked Mr. Madhany to attend the upcoming workshop and if they could contract with WVHA for mobile health services. He responded that he or a team member could attend the workshop, and they could potentially see WVHA card members if they had the ability to accept the health card.

Attorney Small asked if the Board wanted him to pursue detailed contracting and credentialing discussions with True Health.

**Motion 004 – 2026** Commissioner Craig moved to direct Attorney Small to initiate discussions with True Health. Commissioner Ford seconded. The motion passed 5-0.

Chair Coen suggested that they obtain a healthcare professional to perform a cost analysis of the entire healthcare program to ensure cost effectiveness.

#### **miCare No-Show Policy Review**

Ms. Soto explained the data, options, and recommendations for patients having three or more no-shows.

Commissioner Ford asked Ms. Soto to explain the schedule and what “same day scheduling” means. She outlined the scheduling procedures and need for some sort of action in place to hold the patients accountable for attending their visits. She added that their main goal is making sure that the appointment slots are open for patients that really need to get into the clinic. She said their

preference would be to remove the option of scheduling appointments ahead of time and require the member to use same day scheduling for six months.

There was Board consensus to go with Option B but impose a period of three months instead of six months.

**Motion 005 – 2026** Commissioner Craig moved to approve Option B with a period of three months of same day scheduling for members having three or more no-shows. Commissioner Ford seconded. The motion passed 5-0.

### **Approval of Non-Primary Care Funding Application 2026-2027 & Release on Tuesday, January 20, 2026**

**Motion 006 – 2026** Commissioner Craig moved to approve the application and release on January 20, 2026. Commissioner Manning seconded. The motion passed 5-0.

### **WVHA YouTube Channel (Tabled on October 16, 2025 – Commissioner Ford)**

Commissioner Ford asked to table the item, as they would be reviewing the proposals received in response to the RFP for Public Awareness and Outreach Services in February. He added that they have seven applicants, and hopefully there is an alignment with YouTube.

### **Request from Rue & Ziffra for Lien Reduction**

Attorney Small recommended that the Board accept the proposed reduction from \$428.67 to \$188.61.

**Motion 007 – 2026** Commissioner Craig moved to accept the lien reduction request from Rue & Ziffra for \$188.61. Commissioner Manning seconded. The motion passed 5-0.

### **Approval of EBMS Assignment to Imagine 360**

Attorney Small explained that Imagine 360 bought EBMS in 2021, and they want to formally assign the agreement between WVHA and EBMS to Imagine 360. He added there are representations made in the letter that there will be no substantive changes to the relationship, the staffing, and the process in which WVHA deals with them. He said he did not see any reason for the Board not approving the assignment.

### **Citizen Comments**

Tanner Andrews concurred with Attorney Small.

**Motion 008 – 2026** Commissioner Craig moved to approve the EBMS assignment to Imagine 360 and authorize the Chair's signature. Commissioner Moore seconded. The motion passed 5-0.

### **Contractual Site Visit Review Write Ups FYE 2025**

Mr. Shephard explained the way in which James Moore & Co conducts site visits and noted there were no compliance issues found with the two RAAO programs and SMA's Residential Treatment program. He elaborated on the issues discovered with SMA's Baker Act and Psychiatric Outpatient programs.

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

Mr. Shephard described the missing or insufficient documentation noted in his report. He noted that SMA performed their own internal audit of the program for FY25 and found missing required documentation in 121 of the 404 client charts reviewed; that they determined that about \$27,000 had been billed without proper support, and they are recommending that they repay WVHA that amount; and that they stated they have strengthened controls by updating processes, providing additional staff training, and adding a final administrative review of all client charts before billing to prevent further issues. He added that Jennifer Stephenson of SMA submitted a signed affidavit stating that their representations regarding the Baker Act and Psychiatric Outpatient programs are true and correct.

**Motion 009 – 2026** Commissioner Craig moved to accept SMA’s affidavit and the reimbursement of \$27,109.09 for the Baker Act program and to direct James Moore & Co to perform an additional site visit in FY26. Commissioner Ford seconded. The motion passed 5-0.

Roll Call:

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

#### **SMA Healthcare, Inc. – Psychiatric Outpatient Services**

Mr. Shephard explained that none of the tested files had documentation of enrollment in the patient assistance program (PAP). He added that Ms. Stephenson stated that PAP applications were submitted for the clients but were not approved; and that SMA did not retain the denial documentation but indicated that SMA has since corrected the process to keep PAP denial documentation going forward. He added that James Moore has improved its testing, and they did not test for this component in prior years.

Commissioner Manning said that considering this is something new being evaluated, she did not feel they should request repayment.

Commissioner Moore voiced concern regarding ramifications for the Board not addressing the noncompliance.

Chair Coen suggested they could impose a \$250 penalty and retest in the current fiscal year.

#### **Citizen Comments**

Tanner Andrews requested a formal finding of mitigation.

**Motion 010 – 2026** Commissioner Craig moved to accept the statement mitigation expressed in the affidavit submitted by SMA that they were in substantial compliance with the requirements of the contract, but failed to maintain records of that compliance as a reason for the Board assessing them a less than full repayment for the noncompliance in the amount of \$250; and that James Moore & Co should perform an additional site visit in FY26. Commissioner Manning seconded. The motion passed 5-0.

Roll Call:

Commissioner Craig	Yes
Commissioner Ford	Yes

Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Coen	Yes

**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**

The site visit reports were received into the written record.

**Notice of Resignation and Letters of Appreciation for CAC Members Felicia Benzo  
& Creg Kennedy**

**Motion 011 – 2026** Commissioner Manning moved to approve the letters of appreciation and authorize the Chair’s signature. Commissioner Moore seconded. The motion passed 5-0.

**Natalie Brown CAC Appointment – Commissioner Manning**

Commissioner Manning said her nominee is retired, loves finance, and is looking forward to working with the committee.

**Motion 012 – 2026** Commissioner Craig moved to approve the appointment of Natalie Brown to the CAC. Commissioner Ford seconded. The motion passed 5-0.

**WVHA Administrator Job Description (Tabled on November 20, 2025)**

Attorney Small said he revised Ms. Tebo’s final draft for the Board’s consideration. He explained that the items in red are things that he struck and changed to different wording, and the items in green were included as additional points.

**Motion 013 – 2026** Commissioner Craig moved to approve the WVHA Administrator job description. Commissioner Manning seconded. The motion passed 5-0.

**First Amendment to WVHA Administrator Employment Agreement**

Attorney Small emphasized that the two changes to the agreement reflect Board decisions already made, and the amendment memorializes those modifications that have already been voted upon.

**Motion 014 – 2026** Commissioner Craig moved to approve the first amendment to the WVHA Administrator’s employment agreement. Commissioner Moore seconded. The motion passed 5-0.

**Follow Up Items**

**miCare Clinic Consolidation / Survey**

Chair Coen said that a spreadsheet was emailed that afternoon and asked if Mr. Shephard or Attorney Small could explain it. Attorney Small said it was intended for the February 19<sup>th</sup> workshop, and he had asked Mr. Shephard if he could calculate an annual cost for primary care since the inception of the contract in 2020. He added that it was provided by miCare/EBMS in response to Mr. Shephard’s request. Chair Coen pointed out that the spreadsheet was not specific to Deltona cost and was a combined amount for both clinics.

Commissioner Ford asked what the goal is for the workshop because he saw people posting online that it would be for a vote on clinic consolidation.

Commissioner Craig said the workshop is an opportunity to sit down and thoroughly discuss the issue, and if there is a recommendation coming out of the workshop, it can be voted upon at the regular meeting.

Attorney Small said the Board does not serve itself well by continuing to table the issue of whether it wants to renew the lease for the Deltona clinic or whether it wants to put in a plan of closure. He added that Board must decide if it wants to continue offering services at two locations or not.

### **Mobile Health Clinic Plan (Commissioner Moore)**

This item was discussed during the True Health presentation.

### **Administrator Report**

Ms. Tebo updated the Board on the WVHA presentation at the December 9<sup>th</sup> Orange City Council Meeting. She spoke briefly about the card member surveys and pointed out that only four of the eighty-nine answered that they would not be interested in a mobile clinic. She reminded the members that they each had copies of the seven RFP responses, and they would discuss them at the regular meeting on February 19<sup>th</sup>.

### **Finance Report**

#### **November and December Financials**

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

Mr. Shephard outlined the December financial statements for the Board. He pointed out the large \$14.5 million transfer to be made for the purpose of earning interest in the money market account. He added that they would slowly transfer it back to operating as needed throughout the year.

**Motion 015-2026** Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co., the \$14,515,334 transfer from Ameris Operating to Ameris Money Market, and estimated expenditures for the next month totaling \$17,086,973. Commissioner Moore seconded the motion. The motion passed 5-0.

### **Legal Update**

Attorney Small had nothing further to discuss.

### **Upcoming – CAC Meeting February 3<sup>rd</sup>, WVHA Workshop February 19<sup>th</sup> at 4:00 p.m., and Regular Meeting February 19<sup>th</sup> Immediately Following Workshop**

Chair Coen reminded everyone that the meetings and workshop would be held at the Sanborn Center.

### **Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 8:55 p.m.

Adjournment – Rakeem Ford, Chair

**WEST VOLUSIA HOSPITAL AUTHORITY  
AGENDA MEMO**

TO: WVHA Commissioners  
FROM: Stacy Tebo, WVHA Administrator  
RE: Quarter One Uneven Spend-Down of Funding  
DATE: February 19, 2026

The following provision is contained in the funding agreements for Rising Against All Odds (RAAO), Florida Department of Health (FDOH), and The Neighborhood Center (TNC).

*“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 letters submitted by the funded agencies apply to the first quarter of the current fiscal year, which is October through December. Services are invoiced the following month. Per James Moore & Co’s January financial statements, RAAO is at 26%, FDOH is at 28%, and TNC is at 30%.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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February 9, 2026

West Volusia Hospital Authority  
Attn.: Chairman and Board of Commissioners  
PO Box 940  
DeLand, FL 32721-0940

Re: WVHA Dental Services – Notice of Quarterly Spending Limit

Dear Board,

As required by the Dental Care Services Agreement for WVHA-VCHD 2025-2026 (“Agreement”), specifically Section 6.a., this letter serves to advise the West Volusia Hospital Authority (“WVHA”) that the Volusia County Health Department (“VCHD”) will exceed one-fourth of the funding limit of the Agreement for the current quarter.

Section 6.a. provides, in pertinent part, that: *“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. Undisputed invoices submitted by Grantee shall be paid by the Authority within sixty (60) days of presentment. In no event shall the annual aggregate Funding Disbursements provided to Grantee by the Authority under this Agreement be required to exceed the Funding Limit (as defined above).”*

The funding limit of the 2025-2026 Agreement is \$165,000, with a quarterly allocation of \$41,250. As of this date, February 9, 2026, the combined invoices for dental services provided for the WVHA in October through December 2025 total \$46,429. The January 2026 invoice we anticipate being up to \$16,241.94. The uneven spend-down of funding is due to an increase utilization of VCHD dental services by eligible participants (WVHA HealthCard) in need of dental services, resulting in total utilization for quarter exceeding the quarterly funding limitation. At this time, VCHD does not anticipate requesting additional funding for the October 1, 2025, through September 30, 2026 funding period.

From your review of this letter, please let me know if any additional information is needed.

Thank you for your consideration on this matter.

Sincerely,

Stephen A. Civitelli, RS, MPH  
Administrator/Health Officer  
Volusia County Health Department



340 S Woodland Blvd, DeLand FL 32720, (386) 202-4209

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Feb 9, 2026

To: West Volusia Hospital Authority  
Board of Commissioners

Rising Against All Odds (RAAO) monthly funding generally decreases through the summer months due to inclement weather, which limits program activity and participation. This seasonal decline has been anticipated and is expected to remain consistent, with Requests for Reimbursement levels lower during the summer months.

RAAO does not anticipate requesting additional funding during this period.

Respectfully submitted,

**Brenda Flowers Dalley**

Founder, Rising Against All Odds

phone: (386) 202-4209 ext 1315

mobile: (386) 215-7881

address: 340 South Woodland Blvd, DeLand, FL 32720

site: [www.risingagainstallodds.com](http://www.risingagainstallodds.com)

email: [bdalley@risingagainstallodds.com](mailto:bdalley@risingagainstallodds.com)



February 12, 2026

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

Program – Access to Care Waiver

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.

Neighborhood Center of West Volusia 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 of program clients in the district in need of referrals to medical and psychiatric services (WVHA Health Card) resulting in total utilization for quarter exceeding the quarterly funding limitation.

Thank you for your consideration on this matter.

Sincerely,

Savannah-Jane Griffin  
Chief Executive Officer  
Neighborhood Center of West Volusia



EBMS

February 19, 2026

Submission Report for  
WVHA Board Members

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# Executive Summary for 00532

Client: West Volusia Hospital Authority  
 Paid Dates: 1/1/2026 to 1/31/2026  
 Location: All

Department: All  
 Benefit Plan: All  
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	8127		Charges	\$10,007,958	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$8,818,747	Duplicate Charges	\$403,750	4.03%
Medical	\$1,174,160	\$855	Allowed	\$1,189,211	Not Medically...	\$120	0.00%
Professional	\$370,265	\$269	less Member	\$14,901	Plan Limitations	\$1,229,600	12.29%
Facility	\$803,894	\$585	less Adjustments	\$150	Cost Savings	\$7,146,874	71.41%
PBM	\$0	\$0	Paid Benefit	\$1,174,160	UCR Reductions	\$885	0.01%
<b>Total Plan Paid:</b>	<b>\$1,174,160</b>	<b>\$855</b>	plus Admin Costs	\$324,676	Other	\$37,517	0.37%
			<b>Total Plan Paid:</b>	<b>\$1,498,835</b>	<b>Total:</b>	<b>\$8,818,747</b>	<b>88.12%</b>

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
1/31/2026										
0 to 19	34	33	67	0	0	0	0	67	0	0
20 to 25	25	43	68	0	0	0	0	68	0	0
26 to 29	31	27	58	0	0	0	0	58	0	0
30 to 39	105	102	207	0	0	0	0	207	0	0
40 to 49	150	186	336	0	0	0	0	336	0	0
50 to 59	156	208	364	0	0	0	0	364	0	0
60 to 64	84	113	197	0	0	0	0	197	0	0
65 and Older	30	47	77	0	0	0	0	77	0	0
<b>Totals</b>	<b>615</b>	<b>759</b>	<b>1374</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1374</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.38</b>	<b>47.07</b>	<b>46.31</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.31</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 1/31/2026	Employee	Spouse	Dependent
Adventhealth Deland	131	\$271,394	0 to 19	\$1,935	\$0	\$0
Halifax Hospital Medical	14	\$173,494	20 to 25	\$26,523	\$0	\$0
Adventhealth Fish	107	\$144,558	26 to 29	\$12,284	\$0	\$0
Medical Center Of Deltona	26	\$103,703	30 to 39	\$76,790	\$0	\$0
Florida Cancer Specialists	87	\$76,750	40 to 49	\$139,205	\$0	\$0
Deland Dialysis	58	\$66,708	50 to 59	\$472,802	\$0	\$0
Quest Diagnostics Tampa	486	\$31,232	60 to 64	\$307,642	\$0	\$0
06 Radiology Associates	141	\$16,609	65 and Older	\$136,978	\$0	\$0
Adventhealth Deland	140	\$15,032	<b>Totals</b>	<b>\$1,174,160</b>	<b>\$0</b>	<b>\$0</b>
Blue Springs Surgery	11	\$13,542				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
Month	Paid	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
October 25	\$289,856	Medical	\$25,479	41	\$1,044,639
November 25	\$551,040	Vision	\$0	11	\$0
December 25	\$712,075	RX	\$0	69	\$0
January 26	\$1,174,160	<b>Total:</b>	<b>Total:</b>		<b>\$1,044,639</b>
<b>Total:</b>	<b>\$2,727,131</b>				



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
 Paid Dates: 1/1/2026 to 1/31/2026  
 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	5	\$1,574	\$1,574	\$0	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	68	\$111,939	\$93,136	\$18,803	\$0	\$0	\$18,803	\$18,803	1.60%
CHIROPRACTIC	14	\$1,535	\$958	\$577	\$90	\$0	\$487	\$487	0.04%
DIALYSIS	109	\$2,461,065	\$2,367,512	\$93,553	\$0	\$0	\$93,553	\$93,553	7.97%
DME/APPLIANCE	12	\$26,697	\$26,697	\$0	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	521	\$1,153,730	\$1,024,838	\$128,892	\$3,982	\$0	\$124,909	\$124,909	10.64%
INELIGIBLE	457	\$202,657	\$202,454	\$203	\$0	\$0	\$203	\$203	0.02%
INPATIENT PHYS	445	\$133,118	\$98,292	\$34,826	\$0	\$0	\$34,826	\$34,826	2.97%
IP HOSP CHARGES	114	\$3,040,189	\$2,669,814	\$370,375	\$1,750	\$0	\$368,625	\$368,625	31.39%
MATERNITY	10	\$10,150	\$9,671	\$479	\$0	\$0	\$479	\$479	0.04%
MEDICAL MISC	42	\$10,809	\$9,691	\$1,118	\$189	\$0	\$929	\$929	0.08%
OFFICE VISIT	774	\$135,921	\$94,563	\$41,359	\$3,810	\$0	\$37,549	\$37,549	3.20%
OP PHYSICIAN	250	\$104,347	\$78,021	\$26,326	\$279	\$0	\$26,047	\$26,047	2.22%
OTHER	176	\$12,763	\$7,180	\$5,582	\$0	\$150	\$5,432	\$5,432	0.46%
OUTPAT HOSP	36	\$88,935	\$73,803	\$15,132	\$824	\$0	\$14,308	\$14,308	1.22%
PSYCHIATRIC	158	\$56,742	\$31,769	\$24,973	\$565	\$0	\$24,408	\$24,408	2.08%
RADIATION /CHEMO	165	\$381,912	\$305,681	\$76,231	\$32	\$0	\$76,199	\$76,199	6.49%
SUBS ABUSE	7	\$45,423	\$37,325	\$8,098	\$0	\$0	\$8,098	\$8,098	0.69%
SURG FACILITY	53	\$717,920	\$620,541	\$97,379	\$1,000	\$0	\$96,379	\$96,379	8.21%
SURGERY	124	\$31,391	\$27,167	\$4,224	\$0	\$0	\$4,224	\$4,224	0.36%
SURGERY IP	49	\$74,314	\$52,464	\$21,850	\$0	\$0	\$21,850	\$21,850	1.86%
SURGERY OP	46	\$75,099	\$58,432	\$16,667	\$0	\$0	\$16,667	\$16,667	1.42%
THERAPY	346	\$31,370	\$20,272	\$11,098	\$1,030	\$0	\$10,068	\$10,068	0.86%
URGENT CARE	5	\$1,749	\$1,243	\$506	\$100	\$0	\$406	\$406	0.03%
WELLNESS	883	\$73,508	\$60,926	\$12,582	\$0	\$0	\$12,582	\$12,582	1.07%
XRAY/ LAB	3600	\$1,023,102	\$844,725	\$178,377	\$1,250	\$0	\$177,127	\$177,127	15.09%
<b>Totals:</b>	<b>8469</b>	<b>\$10,007,958</b>	<b>\$8,818,747</b>	<b>\$1,189,211</b>	<b>\$14,901</b>	<b>\$150</b>	<b>\$1,174,160</b>		



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
 Paid Dates: 10/1/2025 to 1/31/2026  
 Location: All

Department: All  
 Benefit Plan: All  
 TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	27963		Charges	\$28,007,299	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$25,243,110	Addl Info Not Provided	\$96,646	0.35%
Medical	\$2,727,130	\$496	Allowed	\$2,764,189	Duplicate Charges	\$850,539	3.04%
Professional	\$1,264,014	\$230	less Member	\$42,181	Not Medically...	\$480	0.00%
Facility	\$1,463,117	\$266	less Adjustments	-\$5,156	Plan Limitations	\$8,233,855	29.40%
PBM	\$0	\$0	Paid Benefit	\$2,727,130	Cost Savings	\$16,000,675	57.13%
<b>Total Plan Paid:</b>	<b>\$2,727,130</b>	<b>\$496</b>	plus Admin Costs	\$1,404,847	UCR Reductions	\$2,707	0.01%
			<b>Total Plan Paid:</b>	<b>\$4,131,977</b>	Other	\$58,209	0.21%
					<b>Total:</b>	<b>\$25,243,110</b>	<b>90.13%</b>

Census											
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision	
1/31/2026											
0 to 19	34	33	67	0	0	0	0	67	0	0	
20 to 25	25	43	68	0	0	0	0	68	0	0	
26 to 29	31	27	58	0	0	0	0	58	0	0	
30 to 39	105	102	207	0	0	0	0	207	0	0	
40 to 49	150	186	336	0	0	0	0	336	0	0	
50 to 59	156	208	364	0	0	0	0	364	0	0	
60 to 64	84	113	197	0	0	0	0	197	0	0	
65 and Older	30	47	77	0	0	0	0	77	0	0	
<b>Totals</b>	<b>615</b>	<b>759</b>	<b>1374</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1374</b>	<b>0</b>	<b>0</b>	
<b>Average Age</b>	<b>45.38</b>	<b>47.07</b>	<b>46.31</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.31</b>	<b>0.00</b>	<b>0.00</b>	

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 1/31/2026	Employee	Spouse	Dependent
Adventhealth Deland	339	\$486,471	0 to 19	\$12,157	\$0	\$0
Florida Cancer Specialists	389	\$329,530	20 to 25	\$48,202	\$0	\$0
Adventhealth Fish	343	\$281,800	26 to 29	\$68,644	\$0	\$0
Halifax Hospital Medical	37	\$226,658	30 to 39	\$202,241	\$0	\$0
Medical Center Of Deltona	62	\$181,342	40 to 49	\$362,946	\$0	\$0
Deland Dialysis	183	\$140,052	50 to 59	\$1,083,095	\$0	\$0
Quest Diagnostics Tampa	1537	\$99,291	60 to 64	\$642,762	\$0	\$0
06 Radiology Associates	489	\$56,058	65 and Older	\$307,083	\$0	\$0
Shands UF	6	\$40,721	<b>Totals</b>	<b>\$2,727,130</b>	<b>\$0</b>	<b>\$0</b>
Adventhealth Deland	395	\$37,011				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
Month	Paid	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
October 25	\$289,856	Medical	\$25,479	41	\$1,044,639
November 25	\$551,040	Vision	\$0	11	\$0
December 25	\$712,075	RX	\$0	69	\$0
January 26	\$1,174,160	<b>Total:</b>			<b>\$1,044,639</b>
<b>Total:</b>	<b>\$2,727,131</b>				



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
 Paid Dates: 10/1/2025 to 1/31/2026  
 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	19	\$8,818	\$8,818	\$0	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	213	\$367,764	\$307,348	\$60,417	\$0	\$0	\$60,417	\$60,417	2.22%
CHIROPRACTIC	106	\$11,372	\$7,961	\$3,410	\$500	\$0	\$2,910	\$2,910	0.11%
DIALYSIS	352	\$7,013,512	\$6,813,929	\$199,583	\$0	\$0	\$199,583	\$199,583	7.32%
DME/APPLIANCE	24	\$29,005	\$29,005	\$0	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1727	\$3,587,513	\$3,267,214	\$320,300	\$9,732	\$0	\$310,567	\$310,567	11.39%
INELIGIBLE	1649	\$668,485	\$666,913	\$1,572	\$0	\$0	\$1,572	\$1,572	0.06%
INPATIENT PHYS	958	\$269,826	\$213,866	\$55,960	\$0	\$0	\$55,960	\$55,960	2.05%
IP HOSP CHARGES	281	\$7,633,244	\$7,068,819	\$564,424	\$3,050	\$0	\$561,374	\$561,374	20.58%
MATERNITY	38	\$30,737	\$29,196	\$1,541	\$0	\$0	\$1,541	\$1,541	0.06%
MEDICAL MISC	176	\$89,381	\$78,527	\$10,855	\$631	\$0	\$10,224	\$10,224	0.37%
OFFICE VISIT	2959	\$474,121	\$318,283	\$155,837	\$13,030	\$0	\$142,807	\$142,807	5.24%
OP PHYSICIAN	788	\$498,889	\$357,619	\$141,270	\$714	\$0	\$140,556	\$140,556	5.15%
OTHER	654	\$12,783	\$7,200	\$5,582	\$0	-\$5,156	\$10,738	\$10,738	0.39%
OUTPAT HOSP	153	\$329,779	\$296,062	\$33,717	\$2,874	\$0	\$30,843	\$30,843	1.13%
PSYCHIATRIC	519	\$127,298	\$74,441	\$52,857	\$1,718	\$0	\$51,139	\$51,139	1.88%
RADIATION /CHEMO	595	\$1,078,515	\$817,313	\$261,202	\$96	\$0	\$261,106	\$261,106	9.57%
SLEEP DISORDER	2	\$96	\$96	\$0	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	14	\$58,705	\$48,414	\$10,291	\$0	\$0	\$10,291	\$10,291	0.38%
SURG FACILITY	209	\$2,077,703	\$1,800,682	\$277,021	\$3,125	\$0	\$273,896	\$273,896	10.04%
SURGERY	601	\$153,232	\$116,885	\$36,347	\$0	\$0	\$36,347	\$36,347	1.33%
SURGERY IP	108	\$156,251	\$117,858	\$38,393	\$0	\$0	\$38,393	\$38,393	1.41%
SURGERY OP	169	\$175,577	\$126,827	\$48,750	\$0	\$0	\$48,750	\$48,750	1.79%
THERAPY	1076	\$107,593	\$74,571	\$33,022	\$2,970	\$0	\$30,018	\$30,018	1.10%
URGENT CARE	55	\$11,232	\$7,856	\$3,376	\$625	\$0	\$2,751	\$2,751	0.10%
VISION	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
WELLNESS	2364	\$204,221	\$166,779	\$37,442	\$0	\$0	\$37,442	\$37,442	1.37%
XRAY/ LAB	12829	\$2,831,647	\$2,420,628	\$411,019	\$3,116	\$0	\$407,902	\$407,902	14.96%
<b>Totals:</b>	<b>28639</b>	<b>\$28,007,299</b>	<b>\$25,243,110</b>	<b>\$2,764,189</b>	<b>\$42,181</b>	<b>-\$5,156</b>	<b>\$2,727,130</b>		

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	1566	0	1566
12/1/2025	1525	0	1525
1/1/2026	1493	0	1493
2/1/2026	1373	0	1373
3/1/2026	1196	0	1196
4/1/2026	939	0	939
5/1/2026	731	0	731
6/1/2026	530	0	530
7/1/2026	309	0	309
8/1/2026	74	0	74
<b>Total Member Days</b>			1,030.00



# Enrollment Counts by City and State

Block of Business ID: EBMSI  
Client ID: 00532

As Of Date: 1/31/2026

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	118	0	118
Debary, FL	35	0	35
Deland, FL	677	0	677
Deltona, FL	326	0	326
Lake Helen, FL	8	0	8
Orange City, FL	73	0	73
Osteen, FL	9	0	9
Pierson, FL	85	0	85
Seville, FL	43	0	43
<b>Total</b>	<b>1374</b>	<b>0</b>	<b>1374</b>



# Tier Census by Product 1/1/2026

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	1382	624	758	0	0	0	0	1382
		Subtotal for Active:	1382	624	758	0	0	0	0	1382
		<b>Total for Medical:</b>	1382	624	758	0	0	0	0	1382

Requested by: ReportScheduler from p316 data [P316]

Generated at: 07:31:38 on 01 January 2026





# Tier Census by Product 1/15/2026

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	1354	613	741	0	0	0	0	1354
		Subtotal for Active:	1354	613	741	0	0	0	0	1354
		<b>Total for Medical:</b>	1354	613	741	0	0	0	0	1354



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 1/1/2026 to 1/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	5	1,574.00	1,574.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	68	111,938.50	4,878.80	88,256.88	18,802.82	0.00	0.00	18,802.82	1.60%
CHIROPRACTIC	14	1,535.30	119.92	838.04	577.34	90.00	0.00	487.34	0.04%
DIALYSIS	109	2,461,064.95	58,004.40	2,309,507.13	93,553.42	0.00	0.00	93,553.42	7.97%
DME/APPLIANCE	12	26,697.00	26,697.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	521	1,153,729.88	144,180.72	880,657.49	128,891.67	3,982.34	0.00	124,909.33	10.64%
INELIGIBLE	457	202,656.67	201,007.60	1,446.35	202.72	0.00	0.00	202.72	0.02%
INPATIENT PHYS	445	133,118.41	37,326.81	60,965.26	34,826.34	0.00	0.00	34,826.34	2.97%
IP HOSP CHARGES	114	3,040,188.88	652,533.77	2,017,280.01	370,375.10	1,750.00	0.00	368,625.10	31.39%
MATERNITY	10	10,150.00	9,000.00	671.29	478.71	0.00	0.00	478.71	0.04%
MEDICAL MISC	42	10,809.38	6,711.38	2,979.58	1,118.42	188.99	0.00	929.43	0.08%
OFFICE VISIT	774	135,921.45	8,902.20	85,660.47	41,358.78	3,810.00	0.00	37,548.78	3.20%
OP PHYSICIAN	250	104,347.26	0.00	78,021.24	26,326.02	278.55	0.00	26,047.47	2.22%
OTHER	185	12,762.50	1,598.00	5,582.25	5,582.25	0.00	150.31	5,431.94	0.46%
OUTPAT HOSP	36	88,934.87	0.00	73,802.92	15,131.95	823.85	0.00	14,308.10	1.22%
PSYCHIATRIC	158	56,742.15	5,129.00	26,639.78	24,973.37	565.00	0.00	24,408.37	2.08%
RADIATION /CHEMO	165	381,912.02	62,778.56	242,902.20	76,231.26	32.27	0.00	76,198.99	6.49%
SUBS ABUSE	7	45,423.27	539.95	36,785.35	8,097.97	0.00	0.00	8,097.97	0.69%
SURG FACILITY	53	717,920.13	24,647.58	595,893.45	97,379.10	1,000.00	0.00	96,379.10	8.21%
SURGERY	124	31,390.52	11,108.18	16,058.53	4,223.81	0.00	0.00	4,223.81	0.36%
SURGERY IP	49	74,314.00	7,438.00	45,025.59	21,850.41	0.00	0.00	21,850.41	1.86%
SURGERY OP	46	75,098.68	16,096.50	42,335.24	16,666.94	0.00	0.00	16,666.94	1.42%
THERAPY	346	31,370.00	3,265.00	17,007.07	11,097.93	1,030.00	0.00	10,067.93	0.86%
URGENT CARE	5	1,749.00	0.00	1,242.90	506.10	100.00	0.00	406.10	0.03%
WELLNESS	883	73,507.68	1,818.52	59,107.32	12,581.84	0.00	0.00	12,581.84	1.07%
XRAY/ LAB	3600	1,023,101.78	77,973.33	766,751.43	178,377.02	1,250.33	0.00	177,126.69	15.09%
<b>Totals for 00532</b>	<b>8478</b>	<b>10,007,958.28</b>	<b>1,363,329.22</b>	<b>7,455,417.77</b>	<b>1,189,211.29</b>	<b>14,901.33</b>	<b>150.31</b>	<b>1,174,159.65</b>	



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2025 to 1/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	19	8,817.80	8,817.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	213	367,764.20	14,582.80	292,764.76	60,416.64	0.00	0.00	60,416.64	2.22%
CHIROPRACTIC	106	11,371.66	2,567.60	5,393.83	3,410.23	500.00	0.00	2,910.23	0.11%
DIALYSIS	352	7,013,511.81	-67,601.24	6,881,530.00	199,583.05	0.00	0.00	199,583.05	7.32%
DME/APPLIANCE	24	29,005.04	29,005.04	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1727	3,587,513.38	519,621.37	2,747,592.37	320,299.64	9,732.34	0.00	310,567.30	11.39%
INELIGIBLE	1649	668,484.51	656,777.68	10,135.18	1,571.65	0.00	0.00	1,571.65	0.06%
INPATIENT PHYS	958	269,826.48	114,197.86	99,668.36	55,960.26	0.00	0.00	55,960.26	2.05%
IP HOSP CHARGES	281	7,633,243.71	2,714,007.29	4,354,811.98	564,424.44	3,050.00	0.00	561,374.44	20.58%
MATERNITY	38	30,737.00	26,677.00	2,518.51	1,541.49	0.00	0.00	1,541.49	0.06%
MEDICAL MISC	176	89,381.18	50,924.18	27,602.38	10,854.62	630.64	0.00	10,223.98	0.37%
OFFICE VISIT	2959	474,120.53	43,842.87	274,440.16	155,837.50	13,030.00	0.00	142,807.50	5.24%
OP PHYSICIAN	788	498,889.35	3,885.98	353,733.45	141,269.92	713.62	0.00	140,556.30	5.15%
OTHER	687	12,782.50	1,618.00	5,582.25	5,582.25	0.00	-5,156.24	10,738.49	0.39%
OUTPAT HOSP	153	329,778.91	16,061.17	280,000.74	33,717.00	2,873.85	0.00	30,843.15	1.13%
PSYCHIATRIC	519	127,297.93	17,036.29	57,404.43	52,857.21	1,718.29	0.00	51,138.92	1.88%
RADIATION /CHEMO	595	1,078,515.42	85,873.00	731,440.31	261,202.11	95.64	0.00	261,106.47	9.57%
SLEEP DISORDER	2	96.13	96.13	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	14	58,705.27	8,448.95	39,965.20	10,291.12	0.00	0.00	10,291.12	0.38%
SURG FACILITY	209	2,077,703.18	115,837.74	1,684,844.20	277,021.24	3,125.00	0.00	273,896.24	10.04%
SURGERY	601	153,232.32	17,214.74	99,670.19	36,347.39	0.00	0.00	36,347.39	1.33%
SURGERY IP	108	156,251.00	39,315.42	78,542.45	38,393.13	0.00	0.00	38,393.13	1.41%
SURGERY OP	169	175,576.96	17,458.50	109,368.76	48,749.70	0.00	0.00	48,749.70	1.79%
THERAPY	1076	107,592.83	17,976.83	56,594.03	33,021.97	2,970.00	0.00	30,018.12	1.10%
URGENT CARE	55	11,231.80	0.00	7,855.68	3,376.12	625.00	0.00	2,751.12	0.10%
VISION	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	2364	204,220.93	8,955.77	157,823.51	37,441.65	0.00	0.00	37,441.65	1.37%
XRAY/ LAB	12829	2,831,646.87	411,926.03	2,008,702.34	411,018.50	3,116.34	0.00	407,902.16	14.96%
<b>Totals for 00532</b>	<b>28672</b>	<b>28,007,298.70</b>	<b>4,875,124.80</b>	<b>20,367,985.07</b>	<b>2,764,188.83</b>	<b>42,180.72</b>	<b>-5,156.24</b>	<b>2,727,130.50</b>	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 08:19:14 on 01 February 2026





# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2026 to 1/31/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
miCareDeLand	2092	693,417.69	0.00	0.00	0.00	0.00	693,417.69
miCareDelton	1426	450,261.78	0.00	0.00	0.00	0.00	450,261.78
miCarePierso	104	30,480.18	0.00	0.00	0.00	0.00	30,480.18
N/A	20	0.00	0.00	0.00	0.00	0.00	0.00
<b>00532 Totals:</b>	<b>3642</b>	<b>1,174,159.65</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,174,159.65</b>



# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2025 to 1/31/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
miCareDeLand	6760	1,578,899.82	0.00	0.00	0.00	0.00	1,578,899.82
miCareDelton	5056	1,075,765.58	0.00	0.00	0.00	0.00	1,075,765.58
miCarePierso	366	72,465.10	0.00	0.00	0.00	0.00	72,465.10
N/A	44	0.00	0.00	0.00	0.00	0.00	0.00
<b>00532 Totals:</b>	<b>12226</b>	<b>2,727,130.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,727,130.50</b>

Requested by: ReportScheduler from p316 data [P316]

Generated at: 07:06:21 on 01 February 2026



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

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 1/1/2026 to 1/31/2026

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	532	0.00	0.00	0.00	0.00	0.00	0.00

Requested by: ReportScheduler from p316 data [P316]

Generated at: 19:10:32 on 01 February 2026



JV-1.28.5.0

Yes



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

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2025 to 1/31/2026

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	1974	0.00	0.00	0.00	0.00	0.00	0.00

Requested by: ReportScheduler from p316 data [P316]

Generated at: 23:11:10 on 01 February 2026



JV-1.28.5.0

Yes



**CLAIMS PAID BY MONTH**

**Paid Date: 10/1/25 to 1/31/26**

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
<b>00532 - West Volusia Hospital Authority</b>																
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	1015	\$323.12	\$122.63	\$24.04	\$0.62	\$175.82	\$0.00
miCareDeLand	12-2025	\$190,118.41	\$18,506.81	\$501.72	\$211,473.54	\$0.00	1500	\$420,600.48	\$0.00	998	\$421.44	\$190.50	\$18.54	\$0.50	\$211.90	\$0.00
miCareDeLand	01-2026	\$419,155.94	\$28,915.27	\$1,454.53	\$243,891.95	\$0.00	2038	\$693,417.69	\$0.00	973	\$712.66	\$430.79	\$29.72	\$1.49	\$250.66	\$0.00
	<b>Subtotal:</b>	<b>\$741,456.18</b>	<b>\$86,486.38</b>	<b>\$3,289.13</b>	<b>\$747,668.13</b>	<b>\$0.00</b>	<b>6647</b>	<b>\$1,578,899.82</b>	<b>\$0.00</b>	<b>4009</b>	<b>\$393.84</b>	<b>\$184.95</b>	<b>\$21.57</b>	<b>\$0.82</b>	<b>\$186.50</b>	<b>\$0.00</b>
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	467	\$584.85	\$277.99	\$24.08	\$0.25	\$282.54	\$0.00
miCareDelton	01-2026	\$296,075.89	\$12,610.54	\$142.66	\$141,432.69	\$0.00	1414	\$450,261.78	\$0.00	460	\$978.83	\$643.64	\$27.41	\$0.31	\$307.46	\$0.00
	<b>Subtotal:</b>	<b>\$496,085.87</b>	<b>\$54,354.49</b>	<b>\$4,768.74</b>	<b>\$520,556.48</b>	<b>\$0.00</b>	<b>4981</b>	<b>\$1,075,765.58</b>	<b>\$0.00</b>	<b>1928</b>	<b>\$557.97</b>	<b>\$257.31</b>	<b>\$28.19</b>	<b>\$2.47</b>	<b>\$270.00</b>	<b>\$0.00</b>
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
miCarePierse	01-2026	\$11,751.54	\$2,094.17	\$0.00	\$16,634.47	\$0.00	103	\$30,480.18	\$0.00	60	\$508.00	\$195.86	\$34.90	\$0.00	\$277.24	\$0.00
	<b>Subtotal:</b>	<b>\$23,648.26</b>	<b>\$6,076.01</b>	<b>\$0.00</b>	<b>\$42,740.83</b>	<b>\$0.00</b>	<b>365</b>	<b>\$72,465.10</b>	<b>\$0.00</b>	<b>241</b>	<b>\$300.69</b>	<b>\$98.13</b>	<b>\$25.21</b>	<b>\$0.00</b>	<b>\$177.35</b>	<b>\$0.00</b>
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
N/A	01-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20	\$0.00	\$324,675.66	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>44</b>	<b>\$0.00</b>	<b>\$1,404,846.83</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Total:</b>	<b>\$1,261,190.31</b>	<b>\$146,916.88</b>	<b>\$8,057.87</b>	<b>\$1,310,965.44</b>	<b>\$0.00</b>	<b>12037</b>	<b>\$2,727,130.50</b>	<b>\$1,404,846.83</b>	<b>6178</b>	<b>\$668.82</b>	<b>\$204.14</b>	<b>\$23.78</b>	<b>\$1.30</b>	<b>\$212.20</b>	<b>\$0.00</b>

**Parameters**

Beginning Location:  
 Ending Location:  
 Paid Date: 10/1/2025-1/31/2026  
 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

## January 2026 Report

### miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
<b>DeLand</b>			
2026	268	230	86%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
<b>Deltona</b>			
2026	199	137	69%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
<b>Overall</b>			
2026	467	367	73%

### 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 within a given date range against the number of 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 %
<b>DeLand</b>	75	8%
<b>Deltona</b>	43	7%



## Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	Number of visits	%	Notes
Total Provider visits	403	45%	Schedulable patient activities
Total Labs	199	22%	Schedulable patient activities
Total Nurse Visits	4	0%	Schedulable patient activities
Total medication pick-up	266		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	18		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>890</b>		

### DeLand

- There was a total of 606 clinic visits at the DeLand clinic in January plus 266 medication pick-ups and an additional 18 med pick-ups from the PAP program
- Of the 606 clinic visits, there were 17 phone visits
- There were 13 **new patients** that established care at the DeLand clinic last month
- There were 73 **Physicals** in January – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	275	50%	Schedulable patient activities
Total Labs	80	15%	Schedulable patient activities
Total Nurse Visits	5	1%	Schedulable patient activities
Total medication pick-up	173		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	18		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>551</b>		

### Deltona

- There was a total of 360 clinic visits at the Deltona clinic in January plus 173 medication pick-ups from Deltona as well as 18 med pick-ups from the PAP program
- Of the 360 visits, 13 were phone visits
- There were 12 **new patients** that established care at the Deltona clinic last month
- There were 35 **Physicals** in January – Male/Female Wellness – Established Patients



## miCare Member Migration

January 2026

	Total Unique Patients with Appointments	Total Eligible Membership
<b>DeLand</b>	965	1,413
<b>Deltona</b>	594	1,413

**\* Combined migration – 48% for January**

\*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.

<b>PAP Summary – January 2026</b>	
Application Approved	410
Application Pending Approval	3
Application Started but Not Submitted	0
<b>Total Active Applications</b>	<b>413</b>
	(Active Applications)

**Key Insights:**

- **36 PAP medications were picked up between the two locations**
- **Currently, WVHA has 413 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,654,133**

Administrative Office  
804 North Woodland Blvd.  
DeLand, FL 32720  
386-734-7571



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

Serving Volusia & Flagler Counties

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February 4, 2026

West Volusia Hospital Authority  
Monthly Enrollment Report

In the month of January there were 303 client interviews conducted. Of these, 265 appointments were to assist with new /renewal applications and 38 to assist with pending applications.

For the month a total of **265** applications were submitted for verification and enrollment. Of these, 265 were processed by the end of the month, leaving no rollovers to carry over into the following month for approval.

Of the 265 that were processed, 219 were approved, 8 were denied, and 38 were 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
The House Next Door	24	196	220
Advent Health / Fl Hospital	3	1	4
RAAO	19	13	32
Other/WVHA Website	4	1	5
SMA	3	0	3
Neighborhood Center	1	0	1
<b>Totals</b>	<b>54</b>	<b>211</b>	<b>265</b>

Outreach Efforts:

- Attended the West Volusia Community Partners meeting.
- Reached out to all clients due to renew with a phone call as well as the reminder letter.
- Communicating with partners, working together to better service the community.
- Working Community Events to promote the WVHA.

Respectfully submitted by Chris Booker



## **Halifax Health Quarterly Report to West Volusia Hospital Authority**

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

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

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

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

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

WVHA Member Patient Type (Hospital)				
	Months	Inpatient	Outpatient	Grand Total
2022	Jan	8	30	38
	Feb	6	26	32
	Mar	5	33	38
	Apr	5	33	38
	May	5	33	38
	Jun	1	32	33
	Jul	3	28	31
	Aug	3	27	30
	Sep	6	23	29
	Oct	5	22	27
	Nov	5	26	31
	Dec	1	26	27
		<b>2022 Total</b>	<b>53</b>	<b>339</b>
2023	Jan	6	31	37
	Feb	3	25	28
	Mar	5	22	27
	Apr	6	32	38
	May	2	18	20
	Jun	4	20	24
	Jul	1	15	16
	Aug	5	23	28
	Sep		32	32
	Oct	7	28	35
	Nov	2	24	26
	Dec	5	25	30
		<b>2023 Total</b>	<b>46</b>	<b>295</b>
2024	Jan	9	16	25
	Feb	8	30	38
	Mar	10	31	41
	Apr	3	35	38
	May	8	40	48
	Jun	7	39	46
	Jul	2	25	27
	Aug	7	26	33
	Sep	3	28	31
	Oct	6	24	30
	Nov	6	30	36
	Dec	10	27	37
		<b>2024 Total</b>	<b>79</b>	<b>351</b>
2025	Jan	2	21	23
	Feb	5	31	36
	Mar	3	20	23
	Apr	3	16	19
	May	3	20	23
	Jun	4	19	23
	Jul	3	20	23
	Aug	1	23	24
	Sep	4	10	14
	Oct	7	20	27
	Nov	6	16	22
	Dec	3	21	24
		<b>2025 Total</b>	<b>44</b>	<b>237</b>
2026	Jan	6	18	24
	<b>2026 Total</b>	<b>6</b>	<b>18</b>	<b>24</b>
<b>Grand Total</b>		<b>228</b>	<b>1240</b>	<b>1468</b>

**Age Mix (Hospital)**

<b>Age Group</b>	<b>Patients</b>	<b>Percent</b>
0 - 19	34	2.3%
20 - 29	133	9.1%
30 - 39	184	12.5%
40 - 49	316	21.5%
50 - 59	506	34.5%
60 - 69	251	17.1%
70 - 79	40	2.7%
80 +	4	0.3%
<b>Total</b>	<b>1468</b>	<b>100.0%</b>

<b>Halifax Health   UF Health Deltona ER Times (All Patient Types)</b>	<b>Arrival to Discharge/Admit Minutes (Average)</b>	<b>Arrival to Provider Minutes (Average)</b>
May - Jul	186	19
Aug - Oct	213	26
Nov - Jan	216	29

<b>Halifax Health   UF Health Deltona Left Without Being Seen by Provider – All Patient Types</b>	<b>Total Patients</b>	<b>LWBS</b>	<b>Percent</b>
CY 2022	18,287	440	2.41%
CY 2023	19,693	183	0.93%
CY 2024	19,988	222	1.11%
CY 2025	19,273	293	1.52%
YTD 2026	1,516	39	2.57%

<b>Halifax Health   UF Health Deltona Left Against Medical Advice – All Patient Types</b>	<b>Total Patients</b>	<b>AMA</b>	<b>Percent</b>
CY 2022	18,287	286	1.56%
CY 2023	19,693	152	0.77%
CY 2024	19,988	191	0.96%
CY 2025	19,273	221	1.15%
YTD 2026	1,516	11	0.73%

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

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

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

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

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

<b>Specialty</b>	<b>Visits</b>
Cardiology	41
Cardiovascular Disease	115
Clinical Cardiac Electrophysiolo	0
Critical Care: Intensive	28
Emergency Medicine	128
Family Medicine	7
Gastroenterology	29
Gynecological/Oncology	16
Hematology/Oncology	58
Hospitalist	99
Infectious Disease	3
Internal Medicine	0
Nephrology	1
Neurology	1
Ophthalmology	5
Pediatric Medicine	1
Phys. Med. & Rehab.	0
Psychiatry	41
Pulmonary Critical Care	0
Pulmonary Disease	9
Radiation Oncology	27
Transplant Surgery	0
Urology	3
Wound Care	31
<b>Total</b>	<b>643</b>

<b>Medical Center of Deltona</b>	<b><u>July-22</u></b>	<b><u>July-23</u></b>	<b><u>July-24</u></b>	<b><u>July-25</u></b>	<b><u>Jan-26</u></b>
<b>Patient Experience (HCAHPS Top Box %)</b>					
<b>Overall Hospital Rating 0-10</b>	<b>66%</b>	<b>69%</b>	<b>69%</b>	<b>66%</b>	<b>68%</b>
<b>Willingness to Recommend Hospital</b>	<b>71%</b>	<b>66%</b>	<b>71%</b>	<b>67%</b>	<b>69%</b>
<b>Hospital Compare Healthcare Associated Infections (Raw Patient Count)</b>					
<b>MRSA</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>CDiff</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>3</b>
<b>CLABSI</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAUTI</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>SSI (Colo)</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>2</b>
<b>SSI (Hyst)</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

## AdventHealth DeLand Quality Indicators for West Volusia Hospital Authority

January 2026

- A. Fully accredited by The Joint Commission- [www.jointcommission.org](http://www.jointcommission.org)
- B. Rated A by The Leapfrog Group in Fall 2025 and Top hospital for 2023, 2024 & 2025  
[www.leapfroggroup.org](http://www.leapfroggroup.org)
- C. No separate specific ER department accreditation
- D. CMS 4 – Star Rating
- E. **Customer Satisfaction:** <https://www.medicare.gov/care-compare/> as of 11/26/2025  
Completed surveys- 1309 Response rate- 19%.

**Patients who reported that their nurses "Always" communicated well: 78%.**

National average: 80%

Florida average: 76%

**Patients who reported that their doctors "Always" communicated well: 76%.**

National average: 80%

Florida average: 75%

**Patients who reported that they "Always" received help as soon as they wanted: 60%.**

National average: 67%

Florida average: 61%

**Patients who reported that the staff "Always" explained about medicines before giving it to them: 65%.**

National average: 62%

Florida average: 58%

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

National average: 74%

Florida average: 72%

**Patients who reported that the area around their room was "Always" quiet at night: 55%.**

National average: 62%

Florida average: 58%

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

National average: 87%

Florida average: 84%

**Patients who "Strongly Agree" they understood their care when they left the hospital: 50%.**

National average: 53%

Florida average: 50%

**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 70%**

National average: 73%

Florida average: 68%

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

National average: 71%

Florida average: 68%

**F. Emergency Department Metrics**

- a. Door to Provider:
  - i. (CY2024) Average:11 Minutes
  - ii. (PY2025): 11 minutes
- b. Door to Discharge:
  - i. (CY2024) Average: 158 minutes
  - ii. (PY2025): 158 Minutes
- c. Left Without Being Seen %
  - i. (CY2024): 0.7%
  - ii. (PY2025): 0.6%

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

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

**H. LeapFrog Healthcare Associated Infections (updated September 2025)**

**C. difficile Infection**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.169

**Infection in the Blood**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.389

**Infection in the Urinary Tract**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.461

**MRSA Infection**

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 1.313

**Surgical Site Infection After Colon Surgery**

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

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



▲ SHOW LESS ▲

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

Additional publicly reported data is available at

<https://ratings.leapfroggroup.org/facility/details/10-0045/adventhealth-deland-deland-fl>



## AdventHealth Fish Memorial Quality Indicators for West Volusia Hospital Authority

November 2025

- A. Fully accredited by The Joint Commission- [www.jointcommission.org](http://www.jointcommission.org)
- B. Rated A by The Leapfrog Group in Fall 2025 - [www.leapfroggroup.org](http://www.leapfroggroup.org)
- C. No separate specific ER department accreditation
- D. CMS 5- Star Rating
- E. **Customer Satisfaction:** <https://www.medicare.gov> as of 11/26/2025  
Completed surveys-1748 Response rate- 18%.

**Patients who reported that their nurses "Always" communicated well: 83%.**

National average: 80%

Florida average: 76%

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

National average: 80%

Florida average: 75%

**Patients who reported that they "Always" received help as soon as they wanted: 71%.**

National average: 67%

Florida average: 61%

**Patients who reported that the staff "Always" explained about medicines before giving it to them: 65%.**

National average: 62%

Florida average: 58%

**Patients who reported that their room and bathroom were "Always" clean: 75%.**

National average: 74%

Florida average: 72%

**Patients who reported that the area around their room was "Always" quiet at night: 68%.**

National average: 62%

Florida average: 58%

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

National average: 87%

Florida average: 84%

**Patients who "Strongly Agree" they understood their care when they left the hospital: 56%.**

National average: 53%

Florida average: 50%

**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 75%**

National average: 73%

Florida average: 68%

**Patients who reported YES, they would definitely recommend the hospital: 73%**

National average: 71%

Florida average: 68%

**F. Emergency Department Metrics**

- a. Door to Provider:
  - i. (CY2024) Average: 22 Minutes
  - ii. (PY2025): 19 minutes
- b. Door to Discharge:
  - i. (CY2024) Average: 183 minutes
  - ii. (PY2025):184 minutes
- c. Left Without Being Seen %
  - i. (CY2024): 1.0%
  - ii. (PY 2025): 0.8%

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

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

**H. LeapFrog Healthcare Associated Infections (updated September 2025)**

Measure name	Leapfrog's Standard	Hospital's Progress
C. difficile Infection	<p>Hospitals should have fewer than expected colon infections from C. diff bacteria.</p> <p>Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.</p>	 <p>ACHIEVED THE STANDARD</p>
<p>▲ SHOW LESS ▲</p>		
<p>This hospital's standardized infection ratio (SIR) is: 0.000</p>		

**Infection in the Blood**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.286

**Infection in the Urinary Tract**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.264

**MRSA Infection**

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.395

**Surgical Site Infection After Colon Surgery**

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

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



▲ SHOW LESS ▲

This hospital's standardized infection ratio (SIR) is: 0.642

Additional publicly reported data is available at <https://ratings.leapfroggroup.org/facility/details/10-0072/adventhealth-fish-memorial-orange-city-fl>

**Emergency Medicine Professionals, P.A. (EMPros)**  
**3rd Q 2025 Report for West Volusia Hospital Authority**  
**February 19, 2026 Report**  
**4Q 2025 Turnover Rate - 2.1% - 3 terminations (2 retirees)**

<b>AdventHealth Deland</b>	<b>4Q 2025</b>
<b>Emergency Department Metrics</b>	
Total ED Visits	11,808
Total WVHA Cardholder ED Visits	130
<b>Total ED</b>	
Minutes from Door to Doc	10
Minutes from Door to Discharge or Inpatient Admission	161
Left Without Being Seen (LWBS)	41
LWBS/Day	0.45
LWBS/%	0.30%

<b>AdventHealth Fish Memorial</b>	<b>4Q 2025</b>
<b>Emergency Department Metrics</b>	
Total ED Visits	12,050
Total WVHA Cardholder ED Visits	84
<b>Total ED</b>	
Minutes from Door to Doc	18
Minutes from Door to Discharge or Inpatient Admission	184
Left Without Being Seen (LWBS)	96
LWBS/Day	1.04
LWBS/%	0.80%

<b>AdventHealth Fish Memorial/Deltona OSED</b>	<b>4Q 2025</b>
<b>Emergency Department Metrics</b>	
Total ED Visits	5,750
Total WVHA Cardholder ED Visits	15
<b>Total ED</b>	
Minutes from Door to Doc	16
Minutes from Door to Discharge or Inpatient Admission	108
Left Without Being Seen (LWBS)	51
LWBS/Day	0.55
LWBS/%	0.90%

<b>AdventHealth Combined Deland/Fish Memorial/Deltona OSED</b>	<b>4Q 2025</b>
<b>Emergency Department Metrics</b>	
Total ED Visits	29,608
Total WVHA Cardholder ED Visits	229
<b>Total ED</b>	
Minutes from Door to Doc	14
Minutes from Door to Discharge or Inpatient Admission	155
Left Without Being Seen (LWBS)	188
LWBS/Day	2.04
LWBS/%	0.60%

## RFP – Public Awareness and Outreach Services

Evaluation Criteria	Competitiveness of Proposed Fee Structure  35%	Experience and Organizational Qualifications, Including Financial Stability  25%	Creativity, Feasibility and Alignment with WVHA’s Mission and Statutory Purpose  25%	Overall Presentation, Clarity and Completeness  15%
Applichat				
GFXcreative				
Having Incredible Victory				
KVJINC				
Sirena Media				
(spark)				
Trueba Media				

Scoring scale: Each category will be rated on a scale of 1 to 5, with 5 being the highest and 1 being the lowest. Please enter your score in each of the four areas for the seven proposals received.

## WVHA RFP Evaluation Matrix

Use the criteria and scoring anchors below to evaluate each proposal. Each category is scored on a scale of 1–5, then weighted to calculate the total score.

Category (Description & Scoring Guide)	Weight	Score (1–5)
Clarity, Feasibility, and Cost Effectiveness of Proposal How clear the proposal is, whether it can realistically be done, and if the costs make sense. 5=Very clear & cost-effective   4=Clear w/minor questions   3=Adequate   2=Concerns   1=Unclear	35%	
Experience and Organizational Qualifications The organization's experience, skills, and ability to deliver the work. 5=Extensive experience   4=Solid	25%	

3=Some | 2=Limited |  
1=None

Creativity and Alignment with  
WVHA Mission 25%

How innovative the  
proposal is and how  
well it aligns with  
WVHA's mission.

5=Highly aligned &  
innovative | 4=Good |  
3=General | 2=Weak |  
1=None

Overall Presentation and Completeness 15%

How organized,  
professional, and  
complete the  
proposal is.

5=Excellent |  
4=Mostly complete |  
3=Adequate | 2=Poor  
| 1=Incomplete

TOTAL SCORE: 100%

**WEST VOLUSIA HOSPITAL AUTHORITY –  
CENTRAL FLORIDA FAMILY HEALTH CENTER INC. DBA “True Health”  
FUNDING AGREEMENT 2026**

This Funding Agreement (this "Agreement") is entered into as of \_\_\_\_\_, 2026, between WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and CENTRAL FLORIDA FAMILY HEALTH CENTER, INC. dba “True Health” ("Grantee").

**Background Information**

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

Grantee is a community-based, 501(c)(3), non-profit Federally Qualified Health Center, “FQHC” currently located in Seminole County, Florida that operates health clinics in multiple locations around Central Florida, including the Tax District. Grantee’s program is intended to deliver care to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation’s veterans. Grantee is awarded federal funding to serve populations in the service area of Central Florida. The healthcare related programs to be provided pursuant to this Agreement through Grantee will include all services within Grantee’s scope .

The parties endeavor to create mechanisms and programs to encourage health and wellness amongst the indigent population of the Tax District thereby decreasing the overall financial impact associated with indigent medical care.

The Grantee in addition to providing health care services for the Authority’s Indigent Healthcare Program, will also provide access to health care services to all other persons regardless of financial status. Healthcare services themselves will be provided on a sliding scale fee basis as approved by the Board of Grantee and in compliance with all applicable FQHC program requirements.

The Enabling Legislation authorizes and empowers the Authority to enter into lawful contracts that its Board of Commissioners may deem proper or expedient to carry out the purposes of the Enabling Legislation. The Board of Commissioners of the Authority has determined that the total consideration and benefits to be received by the Authority in connection with this funding Agreement merit its adoption.

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

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

### TERMS

1. **Term of the Agreement.** The Term of this Agreement shall begin on the date first written above ["Effective Date"], and shall continue through September 30, 2026. This agreement shall auto renew in successive one-year terms, unless a ninety (90) days-notice is provided to terminate by either party .

2. **Program.** "Program" as used in this Agreement shall mean the Grantee's provision of healthcare access to WVHA Health Card members to its multiple health clinics and mobile health clinic.

3. **Funding.** The Authority agrees to provide up to \$55,000 (Fifty-five Thousand dollars) in Funding ("Funding Limit") through September 30, 2026 to facilitate the Program. Funding Limit was calculated by estimating 10 (ten) clinical encounters per day at an estimated average sliding scale rate of \$80 dollars per visit plus \$20 for any lab work needed. In addition, the Funding Limit includes an estimated 10 (ten) mobile deployments at a rate of \$2,500 per deployment. The actual fees per visit will be determined as set forth in Paragraph 4 and the actual number of mobile deployments will be decided after coordination and approval of the Authority's Board of Commissioners. ***Grantee acknowledges that the Authority has not approved additional funding, and there is no obligation of any kind on the part of the Authority to provide additional funding, for the Program, however Grantee may apply for additional funding consistent with Authority practices. Grantee agrees to continue to seek additional third party funding for all of its programs, including this Program.***

4. **Disbursements.** The Authority shall reimburse Grantee for the Allowable Costs that the Grantee incurs for the Program in accordance with the following provisions:

4.1 Funding Disbursements ("Disbursements") will be made in monthly installments up to the Funding Limit subject to, and based upon, the presentation of utilization data and other supportive information on a monthly basis directly to the Authority's Administrator. 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 before the end of the Authority's fiscal year on September 30<sup>th</sup>. Undisputed invoices submitted by Grantee shall be paid by the Authority within thirty (30) days of presentment. The Authority may, in its sole discretion, deny payment for invoices that are not submitted within sixty (60) days after the health care services were provided. In no event shall the annual aggregate Funding Disbursements provided to Grantee by the Authority under this Agreement be required to exceed the Funding Limit (as defined above).

4.2 Reimbursement Rate. Grantee shall be reimbursed a fee-for-service basis pursuant to the sliding scale pasted into Paragraph 4.2.7 \$40-80.00 for Primary Care Services and \$20 for Laboratory Services for each "visit" by an Eligible Participant (as defined in Paragraph 5)

who receives health care services from a health care professional working at the Facility. A visit as used herein shall mean the same as defined by the Florida Medicaid County Health Department Clinic Services Coverage and Limitations Handbook, as revised. (“Handbook”) (Currently, a primary care “visit” is defined as a single-day, face-to-face visit between a patient and any one or more of the following healthcare professional(s): medical physicians, osteopathic physicians, advanced registered nurse practitioners, physician assistants, registered nurses, licensed practical nurses. Immunization and non-primary care services are to be excluded from reimbursement.

4.2.1 Grantee shall indicate the type of service rendered using either an Evaluation & Management (CPT Code).

4.2.2 Reimbursement of services shall be limited to one visit per day per service type. Valid service types are for Primary Care Services and Laboratory Services; all others are to be excluded from reimbursement.

4.2.3 Grantee will submit to WVHA’s Enrollment Certifying Agent (currently The House Next Door) a list of Eligible Participants seen in the previous month, no later than the 15<sup>th</sup> of the following month.

4.2.4 WVHA’s Enrollment Certifying Agent will verify that those persons listed were Health Card members on the dates of service, provide Applicant Information from page 1 of the first page of their completed Health Card Application and Provide their proof of income details.

4.2.5 Based on the information provided, Grantee will assign a sliding scale cost for services rendered and then compile its invoice and submit the invoice to the Authority’s Administrator for reimbursement within 60 days from the date of service.

4.2.6 The Authority shall pay the invoice within 45 days of submission via check.

4.2.7

Scale	Fee	Primary Care Services	Laboratory Services
A		\$40	\$20
B		\$60	\$20
C		\$80	\$20
D		\$100	\$20
E		\$120	\$20
F		\$250	\$20
Sports Physicals		\$30	N/A

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. “Allowable Costs” shall be the amounts set for in the Grantee’s sliding scale fee schedule as pasted in Paragraph 4.2.7, which Grantee’s Board has determined based on income and family size. If the proof of income is not provided by the Authority through the WVHA

Enrollment Certifying Agent (currently The House Next Door), the parties agree that Allowable Costs shall be the full price for services as listed in Slide F. Allowable Costs for Sports Physicals for students shall be a flat rate of \$30.

5. **Program Participation.** “Eligible A Program Participant is considered income eligible if they have income of up to and including 150% of the then applicable Federal Poverty Guidelines. The Program is to operate in, and benefit the health of residents of, the Tax District with an emphasis on providing access to care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage Program Participants to apply for a WVHA Health Card or any other federal or state health care program that Program Participants may be eligible. Grantee shall establish written referral procedures that provide for the referral of Eligible Participants to other non-specialty care medical providers who receive funding from WVHA (miCare, LLC, miRX, LLC, Stewart-Marchman Act Behavioral Services, Inc. (Baker Act, Level II Residential Treatment, Psychiatric Outpatient), The House Next Door, Inc., The Neighborhood Center of West Volusia, Inc., Volusia County Health Department, Rising Against All Odds, Inc. (HIV/AIDS Outreach), Hispanic Health Initiatives, Inc., Life Spire Community Services (Stigma-Free Mental Health Care for All), Easter Seals Early Autism Diagnostic Services before referring them into the Employee Benefit Management Services, LLC (“EBMS”) managed specialty care network whenever such referral is medically appropriate and whenever the Eligible Participant does not already have an established relationship for the subject services with a provider in the specialty care network. Grantee’s written referral procedures shall include steps for communication with the specialist regarding the authorization and the specific timeframe(s) of the referral.

6. **Screening.** In order to qualify for services under this Agreement, Program Participants must have a currently active WVHA Health Card on the date of service. Residents of the Tax District may obtain the WVHA Health Card by submitting a completed application along with the required supporting documentation to The House Next Door, Inc., WVHA’s Enrollment Certifying Agent for a determination of eligibility based on the applicant’s residency, identification, income and assets based on guidelines in the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 17, 2025 (“Screening Requirements”). The Authority reserves the right to amend these Screening Requirements.

7. **Utilization Reports.** As provided in Paragraph 4.1, Grantee shall provide utilization data on a monthly basis. The Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall also provide the Authority with reports made by it to other entities funding the Program, and Grantee shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Project and/or this Agreement when they become available to the Grantee. Grantee is not required to provide information related to non-parties to this Agreement to the Authority that is protected under Florida or Federal privacy or non-disclosure laws. In addition, Grantee shall make at least four (4) verbal reports to the Authority board during the Term detailing aspects of program utilization and efficacy. Grantee's efficacy in helping Authority in carrying out its mission shall be a significant factor in reviewing further funding requests.

8. **Site Inspection/Agreed Upon Procedures Report.** Subject to applicable privacy laws, such as HIPPA, Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, in order to compile a Compliance Report on Grantee regarding the terms of this Agreement. If Grantee receives an independent audit for a fiscal year that includes the Term of this Agreement, then it shall provide the Authority a copy of the audit within thirty (30) days of the audit's delivery to Grantee. Grantee shall also provide the Authority with a copy of any audit performed to establish or re-certify its status as a federally qualified health center within (30) days of such an audit's delivery to the Grantee.

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

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

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

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

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

10. **Breach.** A failure by either party to do or cause to be done, or omit to do, any act required by this Agreement shall constitute a "Breach" of this Agreement. Further, a continuing Breach of any other Authority Agreement, including prior agreements, shall constitute a Breach of this Agreement. Upon the occurrence of any such Breach, the Authority may terminate funding under this Agreement. Before declaring a "Breach" the non-breaching party shall provide the

breaching party with written notice of the alleged breach and a period of thirty (30) days to cure the alleged breach. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under Paragraph 4.4 no later than thirty (30) days after the date of termination of funding. Should Grantee fail to provide information sufficient to determine Final Reimbursement as of the date of termination of funding then Grantee shall be responsible for repayment of the entire amount of any Funding Disbursements for which supporting documentation was not previously provided pursuant to paragraph 4.1 herein, including interest as specified in Paragraph 4.4. This provision shall not be in limitation of, but in addition to, any other rights the Authority may have in law or equity. Unless otherwise specified herein, all remedies of a party for a breach of this Agreement are cumulative.

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

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

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

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

If to Grantee:

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.  
Attn: Chief Executive Officer  
4930 E Lake Mary BLVD  
Sanford, FL 32771-5003

If to the Authority:

West Volusia Hospital Authority  
Attn: Chairman  
P.O. Box 940  
DeLand, FL 32721-0940

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

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

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

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

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

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

20. **Assignability.** This Agreement shall bind and inure to the benefit of the parties hereto, and their successors and assigns. Notwithstanding the foregoing, neither party may assign any of its rights nor obligations under this Agreement without the prior express written consent of the other party. For purposes of this provision, an assignment requiring the written approval of the Authority shall be deemed to have occurred in any usual and customary legal change of ownership and control of Grantee as well as whenever residents of the Tax District no longer make up a majority of the Grantee's current board of directors.

21. **Indemnity.** Grantee shall obtain and maintain reasonable levels of insurance, provide evidence of that coverage upon reasonable request of the Authority, and make the Authority an additional insured under the insurance policies during the term of this Agreement. The Facility is qualified as an FQHC site under Grantee's approved federal scope of project. Accordingly, Grantee would be deemed as an employee of the Federal Government pursuant to the Federally Supported Health Centers Assistance Act of 1995 (Pub. L. 104-73). Grantee and its employees and contractors, therefore, would have protection under the Federal Tort Claims Act (FTCA) for claims relating to personal injury, including death, resulting from the performance of medical procedures required under this Agreement. Grantee would only be covered under the FTCA for duties performed under this Agreement and within Grantee's approved scope of project. Pursuant to the requirements of the Federally Supported Health Centers Assistance Act of 1995 (Pub. L. 104-73), the Authority would not be eligible for coverage or indemnification under the FTCA.

Further, Grantee shall be liable for and shall indemnify, defend, and hold harmless the Authority and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions neglect, or omissions by the Grantee, its agents, or employees during the performance or operation of this Agreement or any subsequent modifications thereof, whether direct or indirect,

and whether to any person or tangible or intangible property except that the Grantee will not be liable for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Authority or any of its officers, agents, or employees.

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

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

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

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

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

**WEST VOLUSIA HOSPITAL AUTHORITY**

By: \_\_\_\_\_  
Rakeem R. Ford, Its Chair  
Date:

ATTEST

By: \_\_\_\_\_  
Judith L. Craig, Its Secretary

**CENTRAL FLORIDA FAMILY HEALTH CENTER, INC**

By: \_\_\_\_\_,  
Janelle Dunn, Its Chief Executive Officer

Date:

ATTEST

By: \_\_\_\_\_

\_\_\_\_\_, Its Secretary or Board Chairman (Circle one)

February 19, 2026

West Volusia Hospital Authority  
Board of Commissioners

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority) as of September 30, 2025 and for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows, where applicable, of the Authority in accordance with accounting principles generally accepted for governments in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of February 19, 2026:

#### **Financial Statements**

1. The financial statements have been prepared and are fairly presented in accordance with U.S. GAAP.
2. The financial statements include all properly classified funds and activities of the Authority. The Authority has no component units required to be included in the financial reporting entity.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. We acknowledge our responsibility for compliance with applicable laws, regulations, budget ordinances (including adopting, approving, and amending budgets), tax or debt limits, and provisions of contracts and grant agreements applicable to us.
6. We have reviewed, approved, and taken responsibility for the financial statements and related notes.
7. We have a process to track the status of audit findings and recommendations.
8. We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
9. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
10. There have been no related party transactions.
11. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
12. There is no summary of unrecorded misstatements shown in an attached schedule since all adjustments proposed by the auditor, material and immaterial, have been recorded.
13. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
14. All funds and activities are properly classified.
15. All funds that meet the quantitative criteria in GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*,

GASB Statement No. 37, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus* as amended, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.

16. All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
17. The policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
18. Deferred outflows of resources and deferred inflows of resources are properly recognized and reported, where applicable.
19. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
20. All interfund and intra-entity transactions and balances, if any, have been properly classified and reported.
21. Special items and extraordinary items have been properly classified and reported.
22. Deposit and investment risks have been properly and fully disclosed.
23. The Authority has no derivative instruments, endowment investments, or conduit debt obligations requiring disclosure.
24. Provisions for uncollectible receivables are not required, as there are no receivables requiring allowance.
25. Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
26. All required supplementary information is measured and presented within the prescribed guidelines.
27. Accrued workers' compensation claims have been properly reserved for and the amount recorded is adequate given the circumstances.
28. With regard to investments and other instruments reported at fair value:
  - The underlying assumptions are reasonable and they appropriately reflect the Authority's intent and ability to carry out its stated courses of action.
  - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
  - The disclosures related to fair values are complete, adequate, and in accordance with U.S. GAAP.
  - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.
29. We acknowledge our responsibility for presenting the Schedule of Healthcare Expenditures in accordance with U.S. GAAP. We believe the Schedule, including its form and content, is fairly presented in accordance with U.S. GAAP. The methods of measurement and presentation have not changed from the prior period, and we have disclosed any significant assumptions or interpretations underlying its preparation. If the Schedule of Healthcare Expenditures is presented separately from the audited financial statements, we will make the audited financial statements readily available to intended users no later than the date the Schedule is issued.

### **Information Provided**

30. We have provided you with:
  - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements of the Authority referred to above, such as records, documentation, meeting minutes, and other matters;

- Additional information that you have requested from us for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
31. All transactions have been recorded in the accounting records and are reflected in the financial statements.
  32. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
  33. We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
    - The Board of Commissioners of the West Volusia Hospital Authority
    - Employees (if any, whether current or former), contractors, and/or others who have significant roles in internal control; or
    - Others where the fraud could have a material effect on the financial statements.
  34. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors, regulators, or others.
  35. Except as disclosed to you, we are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.
  36. We have disclosed to you the identity of the entity's related parties. There have been no related party transactions.
  37. There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
  38. The Authority has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
  39. We have disclosed to you all guarantees, whether written or oral, under which the Authority is contingently liable.
  40. We have disclosed to you all significant estimates and material concentrations known to us that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
  41. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
  42. Except as disclosed to you, we have no knowledge of:
    - Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
    - Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
    - Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
  43. The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
  44. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
  45. In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures including the performance of the following functions:
    - Reconcile general ledger amounts to the draft financial statements utilizing grouping schedules to be provided by JMCO.

- Review all supporting documentation and explanations for journal entries proposed and approve the entries.
  - Review the adequacy of financial statement disclosures by completing a disclosure checklist.
  - Review and approve schedules and calculations supporting amounts included in the notes to the financial statements.
  - Apply analytic procedures to the draft financial statements.
  - Perform other procedures as considered necessary by us.
46. In regards to the financial statement preparation assistance services performed by you, we have:
- Made all management decisions and performed all management functions.
  - Designated a management-level individual with suitable skill, knowledge, or experience to oversee the services.
  - Evaluated the adequacy and results of the services performed.
  - Accepted responsibility for the results of the services.
  - Established and maintained internal controls, including monitoring ongoing activities.

**Section 218.415, Florida Statutes, *Local Government Investment Policies***

We confirm, to the best of our knowledge and belief, the following representations made to you during your examination engagement:

- 47. We are responsible for complying with Section 218.415, Florida Statutes, *Local Government Investment Policies*.
- 48. We are responsible for selecting the criteria and have selected the following: Section 218.415, Florida Statutes, *Local Government Investment Policies*.
- 49. We have determined that the criteria are suitable and appropriate for our purposes.
- 50. We are responsible for establishing and maintaining effective internal control over compliance.
- 51. We assert that the Authority is in compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* for the year ended September 30, 2025.
- 52. There is no known noncompliance.
- 53. There has been no correspondence or other communications we have received from regulatory authorities, internal auditors, and other practitioners regarding possible noncompliance with the specified requirements.
- 54. We have made available to you all records and documentation applicable to compliance with the specified requirements.
- 55. There is no known noncompliance that has occurred subsequent to through the date of this letter that would affect the presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies*, or your report.
- 56. We represent that your report will be available for general use.



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Webb Shephard, Contracted Accountant for the WVHA



## West Volusia Hospital Authority

February 19, 2026

Powell and Jones CPA  
1359 SW Main Blvd.  
Lake City, FL 32024

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority), which comprise the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information as of September 30, 2025, and the respective changes in financial position and, where applicable, cash flows for the year then ended, and the disclosures (collectively, the financial statements), for the purpose of expressing opinions as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered to be material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of February 19, 2026, the following representations made to you during your audit.

### **Financial Statements**

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated September 13, 2022 including our responsibility for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP and for preparation of the supplementary information in accordance with the applicable criteria.
- 2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP and include all properly classified funds and other financial information of the primary government and all component units required by generally accepted accounting principles to be included in the financial reporting entity.
- 3) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- 4) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 5) The methods, significant assumptions, and data used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with U.S. GAAP.
- 6) Related party relationships and transactions, including revenues, expenditures/expenses, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties have been appropriately accounted for and disclosed in accordance with U.S. GAAP.
- 7) Adjustments or disclosures have been made for all events, including instances of noncompliance, subsequent to the date of the financial statements that would require adjustment to or disclosure in the financial statements.
- 8) Guarantees, whether written or oral, under which the Authority is contingently liable, if any, have been properly recorded or disclosed.

## Information Provided

- 9) We have provided you with:
  - a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records (including information obtained from outside of the general and subsidiary ledgers), documentation, and other matters and all audit or relevant monitoring reports, if any, received from funding sources.
  - b) Additional information that you have requested from us for the purpose of the audit.
  - c) Unrestricted access to persons within the Authority from whom you determined it necessary to obtain audit evidence.
  - d) Minutes of the meetings of the Board of Commissioners or summaries of actions of recent meetings for which minutes have not yet been prepared.
- 10) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 11) We have no knowledge of any fraud or suspected fraud that affects the Authority and involves—
  - Management,
  - Employees who have significant roles in internal control, or
  - Others where the fraud could have a material effect on the financial statements.
- 12) We have no knowledge of any allegations of fraud or suspected fraud affecting the Authority's financial statements communicated by employees, former employees, regulators, or others.
- 13) We have no knowledge of instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements, or waste or abuse, whose effects should be considered when preparing financial statements.
- 14) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- 15) We have disclosed to you the names of the Authority's related parties, if any, and all the related party relationships and transactions, including any side agreements.

## Government-specific

- 19) There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
- 20) We have identified to you any previous audits, attestation engagements, and other studies related to the objectives of the audit and whether related recommendations have been implemented.
- 21) We have identified to you any investigations or legal proceedings that have been initiated, if any, with respect to the period under audit.
- 22) The Authority has no plans or intentions that may materially affect the carrying value or classification of assets, deferred outflows of resources, liabilities, deferred inflows of resources, and fund balance or net position.
- 23) We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us, if any exist, including tax or debt limits and debt contracts, and legal and contractual provisions for reporting specific activities in separate funds.
- 24) We have appropriately disclosed all information for conduit debt obligations, if any, in accordance with [GASBS No. 91](#).
- 25) We have identified and disclosed to you any instances of identified and suspected fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we believe have a material effect on the financial statements.
- 26) There are no violations or possible violations of budget ordinances, laws and regulations (including those pertaining to adopting, approving, and amending budgets), provisions of contracts and grant agreements, tax or debt limits, and any related debt covenants whose effects should be considered for disclosure in the financial statements, or as a basis for recording a loss contingency, or for reporting on noncompliance.

- 27) As part of your audit, you assisted with preparation of the financial statements and disclosures. We acknowledge our responsibility as it relates to those non-audit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services. We have reviewed, approved, and accepted responsibility for those financial statements and disclosures.
- 28) The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- 29) The Authority has complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- 30) The financial statements properly classify all funds and activities in accordance with [GASBS No. 34](#), as amended.
- 31) All funds that meet the quantitative criteria in [GASBS Nos. 34](#) and [37](#) for presentation as major are identified and presented as such and all other funds that are presented as major are particularly important to financial statement users.
- 32) Components of net position (net investment in capital assets; restricted; and unrestricted) and classifications of fund balance (nonspendable, restricted, committed, assigned, and unassigned) are properly classified and, if applicable, approved.
- 33) Investments, derivative instrument transactions, and land and other real estate held by endowments are properly valued, if any.
- 34) Provisions for uncollectible receivables, if any, have been properly identified and recorded.
- 35) Expenses have been appropriately classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
- 36) Revenues are appropriately classified in the statement of activities within program revenues, general revenues, contributions to term or permanent endowments, or contributions to permanent fund principal.
- 37) Interfund, internal, and intra-entity activity and balances have been appropriately classified and reported.
- 38) Special and extraordinary items are appropriately classified and reported.
- 39) Deposits and investment securities and derivative instrument transactions, if any, are properly classified as to risk and are properly disclosed.
- 40) Capital assets, including infrastructure and intangible assets, are properly capitalized, reported, and, if applicable, depreciated or amortized.
- 41) We have appropriately disclosed the Authority's policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available and have determined that net position is properly recognized under the policy.
- 42) We are following our established accounting policy regarding which resources (that is, restricted, committed, assigned, or unassigned) are considered to be spent first for expenditures for which more than one resource classification is available. That policy determines the fund balance classifications for financial reporting purposes.
- 43) We acknowledge our responsibility for the required supplementary information (RSI). The RSI is measured and presented within prescribed guidelines and the methods of measurement and presentation have not changed from those used in the prior period. We have disclosed to you any significant assumptions and interpretations underlying the measurement and presentation of the RSI.
- 44) With respect to the Schedule of Healthcare Expenditures:
  - a) We acknowledge our responsibility for presenting the Schedule of Healthcare Expenditures in accordance with accounting principles generally accepted in the United States of America, and we believe the Schedule of Healthcare Expenditures including its form and content, is fairly presented in accordance with accounting principles generally accepted in the United States of America. The methods of measurement and presentation of the Schedule of Healthcare Expenditures have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplementary information.

b) If the Schedule of Healthcare Expenditures is not presented with the audited financial statements, we will make the audited financial statements readily available to the intended users of the supplementary information no later than the date we issue the supplementary information and the auditor's report thereon.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**SCHEDULED MEETINGS – 2026**

**Citizens Advisory Committee Meetings**  
**Tuesdays at 5:30pm**

**Joint Meetings**

**Board of Commissioners Meetings**  
**Thursdays at 5:00pm**

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**January 15**  
**Sanborn Center**

**February 3 – CAC Organizational/Orientation**  
**\*Judy Craig Sanborn Center**

**February 19 (4:00 p.m.) Clinic Workshop**  
**Followed by Regular Meeting**  
**Sanborn Center**

**March 19 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding**  
**Application Review (TNC/FDOH) Sanborn Center**

**April 7 – Mandatory Applicant Q & A**  
**\*Jennifer Coen Center at Deltona**

**April 16 (SMA/RAAO)**  
**Sanborn Center**

**May 5 – Preliminary Ranking**  
**\*Voloria Manning Sanborn Center**

**May 21 (THND/Healthy Comm)**  
**Sanborn Center**

**June 2 – Final Ranking Meeting**  
**\*Rakeem Ford Center at Deltona**

**June 18 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations**  
**Sanborn Center**

**July (CAC Hiatus)**

**July 16 (4:00 p.m.) Budget**  
**Workshop Followed by Regular**  
**Meeting (HHI/CLSMF)**  
**Sanborn Center**

**August (CAC Hiatus)**

**August 20 (Life-Spire/Easterseals)**  
**Sanborn Center**

**September (CAC Hiatus)**

**Sept. 10– Tentative Budget Hearing 5:05 PM**

**Sept. 24 Final Budget Hearing/Regular**  
**Meeting 5:05 PM**

**October (CAC Hiatus)**

**October 15 Sanborn Center**

**November (CAC Hiatus)**

**November 19 Sanborn Center**

**\*WVHA Commissioner to attend CAC Meeting**

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

**WEST VOLUSIA HOSPITAL AUTHORITY**

**FINANCIAL STATEMENTS**

**JANUARY 31, 2026**



## ACCOUNTANTS' COMPILATION REPORT

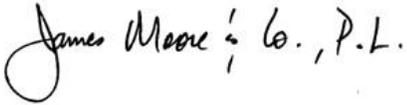
To the Board of Commissioners,  
West Volusia Hospital Authority:

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 January 31, 2026, 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  
February 19, 2026



**WEST VOLUSIA HOSPITAL AUTHORITY  
BALANCE SHEET - MODIFIED CASH BASIS  
JANUARY 31, 2026**

**ASSETS**

Ameris Bank - operating	\$ 2,499,413
Ameris Bank - MM	14,537,300
Ameris Bank - payroll	87,889
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	7,996,209
Surety Bank - MM	1,645,382
Prepaid items and deposits	2,000
<b>Total Assets</b>	<b><u><u>\$ 26,968,193</u></u></b>

**FUND BALANCE**

<b>Total Fund Balance</b>	<b><u><u>\$ 26,968,193</u></u></b>
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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 FOUR MONTHS ENDED JANUARY 31, 2026**

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
<b>Revenues</b>					
Ad valorem taxes	\$ 767,346	\$ 15,724,320	\$ 19,200,000	\$ 3,475,680	82%
Interest income	32,517	287,200	400,000	112,800	72%
Other income	2,859	75,336	34,333	(41,003)	219%
Total revenues	<u>802,722</u>	<u>16,086,856</u>	<u>19,634,333</u>	<u>3,547,477</u>	82%
<b>Expenditures</b>					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	1,354,020	4,062,060	2,708,040	33%
H C R A - In County	-	-	400,000	400,000	0%
H C R A - Outside County	2,546	2,546	400,000	397,454	1%
Total Statutorily Mandated Expenditures	<u>341,051</u>	<u>1,356,566</u>	<u>4,862,060</u>	<u>3,505,494</u>	28%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	6,744	18,813			0%
Specialty Care - Non-ER	362,390	1,123,775			0%
Total Specialty Care Services	<u>369,134</u>	<u>1,142,588</u>	4,500,000	3,357,412	25%
Hospitals					
Halifax Hospital	169,622	332,331			0%
AdventHealth	333,029	620,945			0%
Total hospitals	<u>502,651</u>	<u>953,276</u>	3,200,000	2,246,724	30%
Primary Care	471,841	759,778	2,500,000	1,740,222	30%
Emergency Room Care	100,499	261,025	1,000,000	738,975	26%
Pharmacy	102,746	149,427	700,000	550,573	21%
SMA - Residential Treatment	-	-	550,000	550,000	0%
Rising Against All Odds	21,100	65,050	249,801	184,751	26%
Florida Dept of Health Dental Svcs	11,648	46,429	165,000	118,571	28%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
The Neighborhood Center	11,225	37,200	125,000	87,800	30%
Hispanic Health Initiatives	10,600	26,350	100,000	73,650	26%
SMA - Psychiatric Outpatient	7,408	24,798	90,000	65,202	28%
Community Legal Services	6,026	20,309	88,500	68,191	23%
Life-Spire Community Services, Inc.	-	-	74,500	74,500	0%
The House Next Door	3,142	9,795	45,000	35,205	22%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	<u>1,959,071</u>	<u>4,852,591</u>	<u>18,633,468</u>	<u>13,780,877</u>	26%
Personnel services					
Regular salaries and wages	5,964	23,676	71,564	47,888	33%
FICA	498	1,867	5,475	3,608	34%
Retirement	837	2,510	10,756	8,246	23%
Life and Health Insurance	1,000	3,876	12,000	8,124	32%
Workers Compensation Claims	3,821	3,821	25,000	21,179	15%
Total personnel services	<u>12,120</u>	<u>35,750</u>	<u>124,795</u>	<u>89,045</u>	29%

See accountants' compilation report.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND FOUR MONTHS ENDED JANUARY 31, 2026**

	<b>One Month Period Actual</b>	<b>Year to Date Actual</b>	<b>Annual Budget</b>	<b>Amount Remaining Budget Balance</b>	<b>Percent Budget Used</b>
Other expenditures					
Locally Mandated Fees					
Tax Collector & Appraiser Fee	100,020	481,780	650,000	168,220	74%
City of DeLand Tax Increment District	-	184,837	165,000	(19,837)	112%
Total Locally Mandated Fees	<u>100,020</u>	<u>666,617</u>	<u>815,000</u>	<u>148,383</u>	82%
TPA Services (EBMS)	71,910	147,556	500,000	352,444	30%
Application Screening - THND	36,649	110,172	445,008	334,836	25%
General Accounting - Recurring	10,000	20,000	119,658	99,658	17%
Building Repairs	6,338	22,090	100,000	77,910	22%
Application Screening - RAAO	7,872	20,352	97,742	77,390	21%
Legal Counsel	6,630	26,520	79,560	53,040	33%
Healthy Communities Kid Care Outreach	5,065	16,136	72,202	56,066	22%
Advertising	117	383	50,000	49,617	1%
Audit	-	-	22,500	22,500	0%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	4,149	20,816	59,400	38,584	35%
Total other expenditures	<u>248,750</u>	<u>1,050,642</u>	<u>2,376,070</u>	<u>1,325,428</u>	44%
<b>Total expenditures</b>	<u>2,219,941</u>	<u>5,938,983</u>	<u>21,134,333</u>	<u>15,195,350</u>	28%
<b>Excess (deficiency) of revenues over expenditures</b>	<u>\$ (1,417,219)</u>	<u>\$ 10,147,873</u>	<u>\$ (1,500,000)</u>	<u>\$ (11,647,873)</u>	-677%

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