

West Volusia Hospital Authority
BOARD OF COMMISSIONERS WORKSHOP
February 19, 2026
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
4:00 P.M.
AMENDED AGENDA

1. Call to Order
2. Approval of Proposed Agenda
3. Citizens Comments – Comments are limited to 3 minutes per speaker.
4. Time Certain 4:30 PM Commissioner Discussion of miCare Clinic Consolidation
5. Adjournment

**The miCare Clinic representatives present are Senior Account Executive Sue Wayte and Senior Vice President, Member and Clinical Transformation Tom Brown*

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.

From: [Laura Rookhuizen](#)
To: [Theodore Small](#)
Cc: [Stacy Tebo](#); [Sue Wayte](#); [Gretchen Soto](#); [Rose Alberts-Veracity](#); [Tom Brown](#)
Subject: RE: ?Comparing the February 2026 and March 2025 miCare Board submissions?
Date: Friday, February 13, 2026 5:20:23 PM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)
[March 2025 board submission.pdf](#)
[miCare Feb 2026 board submission \(2\).pdf](#)

Ted,

First, thanks for being so on top of all this data – we appreciate it.

Second, there has been some confusion with our analyst around overall Deltona utilization vs. *exclusive* Deltona utilization. We have fully worked through the details and have updated our attached documents. To summarize:

- **March 2025 board submission:** we updated this document to now include data from the 10/2024 – 9/2025 plan year; we also noted on page 2 where we updated the incorrect figure from the 10/2023 – 9/2024 plan year
- **Feb 2026 board submission:** we updated the 40% figure to 25%
 - The figure the board should be using to make decisions around Deltona is that 25% of WVHA health card members utilize the Deltona clinic *exclusively*.
 - For further context, 47% of health card members utilized Deltona at some point during the 10/2024 – 9/30/2025 plan year

Third, I'd like to introduce you via email to Tom Brown, our SVP of Member and Clinical Transformation. I report into Tom and he has a good working knowledge of WVHA. Tom will be attending the board meeting next week along with Sue and is looking forward to meeting yourself along with the rest of the board. Tom and I did leave you a voicemail earlier as an FYI.

I hope you have a wonderful weekend, Ted – thanks, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations



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I. Board Considerations – Deltona Clinic based off plan year 2024-25

Clinic Consolidation

- Approximately 25% of WVHA members exclusively use the Deltona clinic.

miCare Member Migration

	Total Unique Patients with Appointments	DeLand	Deltona
Total Eligible Membership	1,539	1,297	804

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

- The operational costs unique to the Deltona site were **\$143,362**. This includes rent, licensing, janitorial, maintenance, and utilities. This figure illustrates the approximate savings WVHA can expect to realize should the Deltona location be closed.
 - As mentioned in prior miCare board submission documents, there will be minor clinic closure expenses to include moving costs (of actual Clinic furnishings), IT support to set-up new exam rooms and workstations at DeLand Clinic, light construction work to move permanent wall fixtures from Deltona to DeLand (art, clinical displays, pamphlet holders, etc.)
- The House Next Door uses the Deltona clinic space two days per week for member enrollment purposes.
- Staffing is the highest expense of any medical clinic. Should the WVHA board elect to consolidate all clinic operations to DeLand, miCare will review staffing for potential savings.
- miCare is aware of the current RFP around a marketing effort to solicit more members enrolling in the WVHA health card. miCare would be remiss if we did not state the fact that if the marketing campaign is successful in increasing membership, and the Deltona clinic is closed, there is a potential for access issues at the DeLand location. Please note that miCare can support one clinic or two (as previously communicated) but we did want to ensure this point was outlined.

Current Real Estate Market Rates

- Should the WVHA board want to consider alternate physical space for the Deltona location, miCare provided a high-level summary of local real estate conditions:
 - Recent market data show the average cost for medical office space in the Deltona area is between \$15 - \$18 per square foot.
 - This does not include (NNN) fees that can add up to \$9 per square fee.

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- High demand areas like Deltona Blvd, Elkcam Blvd and Howland Blvd will be on the higher end of the range.
- Current lease renewal shows \$15/SF base + \$4/SF CAM, with 3% annual increases.

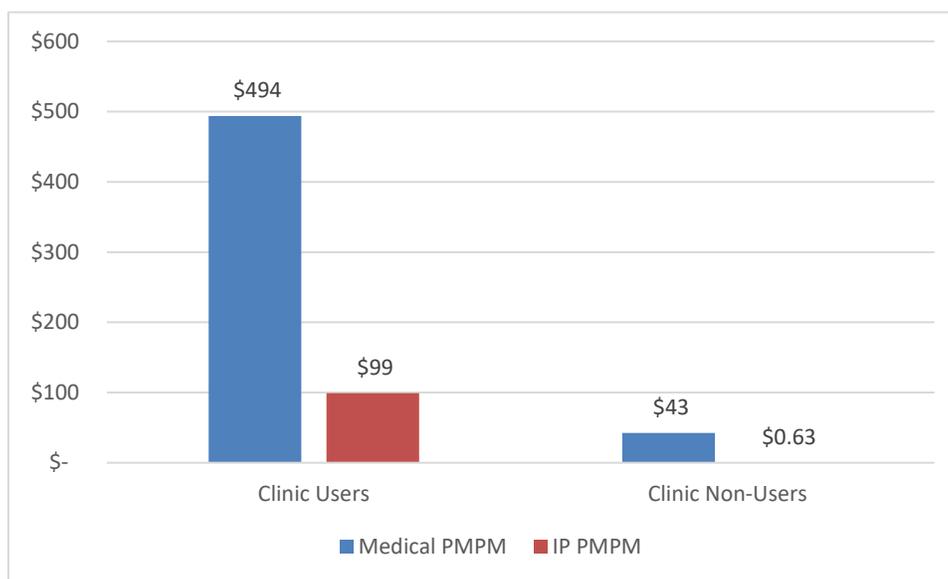
II. Questions from January 2026 Board Meeting - miCare responses:

Population Health Report (PHR):

On the PHR report submitted for the January 2026 board meeting, the data shows all claims in the categories of chronic diseases measured. The PHR was designed as an aggregate report and includes claims from miCare and specialty care from a utilization standpoint. miCare claims are submitted as \$0 claims and therefore the PMPM figures included in the Population Health Report are reflective of specialty, hospital care, etc. only. All miCare fees are included in the monthly invoices.

Regarding the question about the cost of patients using the clinic vs. those who do not. We know from previous reports (e.g. risk scoring) that WVHA members have higher than average risk levels and often seek out WVHA for care given they need specialty care. As a result, we know that members that use the clinic could very well end up with a referral to a specialist. For those who elect not to use the clinic, there is not another entry point into the specialty care system for them.

The following chart illustrates the cost of those WVHA health card members who have utilized the miCare clinic and those who have not. The timeframe used for this review was 10/1/2024 – 9/30/2025.



It should be noted that the WVHA access to healthcare pathway is driven through the use of the miCare clinic (the specialty referral process, etc.) Therefore, for members who are classified as ‘clinic non-users’ (approx. 20% of the WVHA population), we expect little to no utilization of healthcare services outside of miCare – thus, the very

low PMPM rates illustrated above. While ‘lower cost’ can often be deemed positive, miCare would illustrate that this is not the case here. At minimum, these ‘clinic non-users’ are not receiving the necessary primary care, preventive, and lab services to manage their healthcare. Additionally, we now know through our risk score modeling (and the fact that WVHA is one of the only programs in the area serving the indigent residents that offers specialty care) that the WVHA population as a more at-risk population as a whole – which in turn, means these members should be utilizing healthcare in order to manage their health.

Membership Enrollment:

miCare has been active in provider engagement and partnerships with case management resource teams within the local communities. As WVHA’s provider of primary care, our focus is on patient care and engagement with enrolled members. While the main recruitment and community outreach efforts are a function of direct marketing campaigns and the contracted enrollment services entities, miCare does recognize the importance of WVHA growing its membership. To this end, the RN Clinic Manager has provided WVHA brochures to the following organizations to assist the board in promoting the health card overall:

- Advent DeLand Case Management (in the hospital)
- Advent Fish Case Management (in the hospital)
- Halifax Deltona Case Management (in the hospital)
- RAAO
- The Dream Center
- The Neighborhood Center

miCare would be remiss if we did not interject one thought regarding the recruitment of new members to join the health card program. We fully understand the importance of attracting new members and why the WVHA board would want to focus on this. However, one area that might be of value would be to focus on the approx. 20% of currently enrolled health card members who have never utilized the miCare clinic. How can we partner to get them into the clinic? Can the marketing RFP assist in this area at all?

Member Migration:

The overall member migration figure is calculated off the unique member visit count. Using the Q1 report as an example, the overall member migration is 69%. The breakdown between clinics shows the unique visits at each site (DeLand: 800 or 56% and Deltona 489 or 34%) compared to the total eligible membership. Since some members use both sites, the number of individual site migrations will not add up to the overall 69%. The board requested the separate member migration to see the usage of each site, but the overlap will not align with the overall migration number. miCare will revise how this is presented in future reports.



Utilization Question:

Deltona’s available hours have increased, as did the hours utilized for Q1. However, the % of utilized vs. available showed a decrease in % over last year, even though more hours were used. The chart below lifted from the Q1 report illustrates this.

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

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

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



III. WVHA Specialty Network

Upon arrival to miCare/EBMS, WVHA was accessing a specialty network consisting of approximately 70 contracts. As part of the Phase II commitment to WVHA, miCare/EBMS has worked diligently to expand the specialty network. Since inception, the EBMS contracting team, referral management team and clinical miCare team meet several times a month regarding the specialty network. This dedicated team ensures contracts are executed and operating as expected, that there are the appropriate clinical specialties contracted to serve the referral needs that the miCare clinic providers identify, and so much more. To date, we have 126 contracts executed, an additional 56 from inception. The chart below illustrates how many contracts exist by clinical category.

Clinical Category	Specialty Count by Unique Provider TIN's
Allergy Count	3
Anesthesia Count	5
Cardiology Count	5
Chiropractic Count	3
Colo Rectal Count	1
Dermatology Count	3
Dialysis Count	6
Emergency Medicine Count	1
ENT-Hearing Count	1
Endocrinology Count	3
Eye Care Count	7
Foot and Leg Care Count	5
Gastroenterology Count	3
Infectious Disease Count	5
Laboratory Count	10
Mental Health Psychiatry Count	1
Mental Health Count	2
Mental Health Psychiatry Count	1
Mental Health Psychologist Count	1
Mental Health IOP/OP Count	1
Mental Health License Counselor Count	1
Mental Health Count	1
Mental Health Counseling Center Count	1
Mental Health - Psychiatry, psychotherapy, medication, OP treatment Count	1
Mental Health - Psych testing, Neuropsych Exam, Cognitive testing; Sees pediatrics Count	1
Mental Health License Counselor Count	1
Mental Health Count	2
Neurology Count	5



Nephrology Count	1
OBGYN Count	3
Occupational Therapy Count	1
Physical Therapy Count	1
Oncology Count	1
Oncology Radiation Count	1
Oncology surgeon Count	1
Orthopedic Count	2
Podiatry Count	1
Podiatry Foot and ankle surgery Count	1
Orthopedic Count	1
Pain Management Count	2
Pain Management - Palliative Care Count	1
Pediatric primary care Count	1
Physical Therapy Count	5
Plastic Surgery Count	1
Plastic Surgery Dermatology, Allergy, Count	1
Pulmonary Count	3
Radiology Count	4
Rheumatology Count	2
Skilled nursing Count	1
Surgery Ctrs & Groups Count	7
Urology Count	1
Vascular Surgery Count	1
Wound Care Count	2
Grand Total	126

IV. Email questions submitted by Ted Small to miCare

- Approximately 25% of WVHA members exclusively use the Deltona clinic.

- 92 WVHA members reside in Pierson, and, of these members:
 - 1 uses Deltona only
 - 16 use both clinic locations
 - 75 use DeLand only

- A request was submitted by Attorney Ted Small around miCare establishing a BAA with True Health. After discussions with our in-house counsel, because WVHA (the covered entity) has established contracts and BAA's with both True Health and miCare, an additional BAA between True Health and miCare is not needed. The existing contracts and BAA structure covers True Health and miCare in terms of sharing basic information.

The BAA structure described above does not however allow True Health to access the WVHA specialty network that miCare/EBMS has established and maintains. To do this, a contract would need to be drafted and established between True Health and miCare. As WVHA can infer, this could incur legal fees and take time to execute. To avoid a contracting exercise, it is miCare's recommendation to proceed as follows:

- miCare/EBMS will provide True Health with the clinical specialties that are currently under contract (see chart above in section III).
 - miCare will provide True Health with a form to complete for each individual patient when a specialty referral is required.
 - True Health will complete the form and submit it to the miCare/EBMS team that currently manages the WVHA referral process (along with the supporting medical records that the specialist will need).
 - The referral team will enter the referral into the system, contact the appropriate specialist office to submit the referral and call the patient to close the loop allowing for the appointment to be scheduled.
-
- Phase 3
 - Discussion with WVHA board members

Updated Summary Plan year 2024-2025

1. Maximum Utilization by Clinic location

The following table illustrates the maximum utilization in total by using the average visit time of 31 mins, or two per hour by Clinic location. The updated data reflects an increase in available capacity as well as actual # of visits. As a result, there was a decrease in the cost per visit.

2024-25

Location	Max # of Visits (average visit = 31 mins)	Actual # of visits	Actual Lab + Nurse Visits	Actual Medication Pick-Ups
Combined	9,413	7,817	3,621	6,683
DeLand	5,415	4,579	2,310	4,044
Deltona	4,007	3,238	1,311	2,639

2023-24

Location	Max # of Visits (average visit = 31 mins)	Actual # of visits	Actual Lab + Nurse Visits	Actual Medication Pick-Ups
Combined	8,195	7,341	3,701	6,802
DeLand	4,536	4,262	2,416	3,957
Deltona	3,659	3,079	1,285	2,845

2. Operating Costs

Utilizing the financials from 10/2024 - 9/2025, should the WVHA board elect to close the Deltona Clinic location, an approximate annual savings of **\$143,362** will be realized. This figure includes utilities, IT support, janitorial expenses, maintenance, insurance, and rent. Please note the rent was figured using current lease arrangement.

The Board should consider there will be Clinic closure costs. These will include moving costs (of actual Clinic furnishings), IT support to set-up new exam rooms and workstations at DeLand Clinic, light construction work to move permanent wall fixtures from Deltona to DeLand (art, clinical displays, pamphlet holders, etc.).

Below is an 'all in per visit cost' for each clinic location for the past two plan years:

2024-25

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)
Combined	\$313	\$377
DeLand	\$321	\$380
Deltona	\$301	\$372

2023-24

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)
Combined	\$345	\$386
DeLand	\$368	\$391
Deltona	\$318	\$378

3. Can all health card members be served at one access point at the DeLand Clinic should the Deltona Clinic be closed?

The simple answer is, yes, all health card members can be served at one location.

MiCare has extensively reviewed the Clinic layout in DeLand. A couple notations:

- 7 exam rooms will be required to accommodate visits with providers.
- Through sharing offices by various staff members and adjusting the flow of the clinic, all outside vendor partner space can be accommodated (e.g. SMA).
- Stacy maintains her own private office.
- While miCare staff can accommodate operations in one Clinic space, we would be remiss not to mention that we have slight concerns about how this will impact overall utilization. Numbers for consideration regarding this:
 - For the plan year 10/2023 - 9/2024 ***Corrected from the March 2025 Board Meeting**
 - 1,662 used one of the miCare clinics within this period
 - 437 used Deltona **only**
 - 700 used DeLand **only**
 - 525 utilized both clinics
 - For the plan year 10/2024 - 9/2025
 - 1,649 used one of the miCare clinics within this period
 - 415 used Deltona **only**
 - 878 used DeLand **only**
 - 356 utilized both clinics
 - These numbers represent health card members that were *active at any point* during this 12-month time period.

4. Updated staffing allocations

Please find an updated staffing allocation table below.

Key Roles	Hours/Week (Deland Clinic Only)	Hours/Week (Deltona Clinic Only)
Medical Director/ Supervising Physician	18	
Supervising Physician	8	8
Physician Extenders	56	40
Coordinators	78	62
Practice Manager	40	
Other Clinical Professionals	128	64
Other Non-Licensed Staff (Reception, Referral authorization, ER Diversion)	110	56
Disease Educators (Virtual)	5	
Referral Management Staff (Virtual)	40	

5. Patient Assistance Program (PAP)

For the past plan year, the PAP program currently served 305 unique health card members with 410 applications (one member can have multiple applications). This program has saved approximately \$2.5 million to date.

miCare has an extensive workflow process built into Clinic operations that support the onboarding of new PAP patients and applications as well as managing the renewal process of existing applications (required every 12 months/medication). miCare interacts with several drug companies and complies with their various application process requirements in order to maintain free drug access for WVHA health card members.

miCare LLC
WEST VOLUSIA HOSPITAL AUTHORITY
For 12 Months Ending September 30, 2025

CLINIC ADMINISTRATIVE EXPENSES	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Admin Fees	55,579.05	55,923.94	60,522.31	55,543.97	55,295.31	56,882.39	61,675.50	55,475.66	59,984.41	59,731.92	57,820.21	58,289.12	692,723.79
Prescriptions Filled	20,334.15	9,237.01	7,813.68	11,947.58	5,261.66	10,795.91	11,345.61	6,886.49	12,192.46	10,160.22	6,079.31	8,772.84	120,826.92
Population Health Mgmt Fee	17,380.74	17,488.74	18,926.85	17,369.94	17,292.24	17,788.56	19,287.48	17,348.64	18,758.64	18,679.68	18,081.84	18,228.48	216,631.83
Salaries	100,685.61	98,953.96	110,222.06	152,762.73	94,701.12	95,086.40	92,705.36	85,426.05	107,026.30	138,788.52	202,300.85	139,437.58	1,418,096.54
Bonus	2,500.00	-	-	-	-	-	-	-	-	-	-	-	2,500.00
Overtime	2,350.93	1,120.81	377.69	814.95	509.40	725.29	399.06	1,435.88	754.75	983.29	3,355.18	1,875.45	14,702.68
Group Health Insurance	14,276.35	13,320.91	15,307.27	20,323.08	17,087.10	16,036.12	17,087.10	11,583.10	14,902.11	13,851.12	13,851.12	11,666.13	179,291.51
401K Matching Expense	1,192.89	1,127.48	1,106.70	1,663.11	1,115.76	1,131.72	1,111.02	1,027.54	1,023.91	1,061.76	1,653.90	1,129.01	14,344.80
Payroll Taxes	8,077.88	7,582.51	6,974.35	12,284.30	7,179.05	6,765.80	6,725.62	6,323.30	6,354.80	8,801.21	13,930.40	8,984.49	99,983.71
Recruiting	-	-	-	-	-	-	-	-	-	-	-	-	-
Regular Travel	42.58	-	-	-	46.90	9.66	-	46.62	-	18.20	21.00	-	184.96
Meals & Entertainment	-	-	-	-	-	-	-	-	-	-	-	-	-
Telephone & Internet	-	-	-	-	-	-	-	-	-	-	-	-	-
Postage & Courier	-	-	-	-	-	-	-	-	-	-	-	-	-
Office Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Printing & Stationary	125.00	-	-	-	-	-	-	-	-	-	-	-	125.00
Dues & Subscriptions	-	-	-	-	316.84	-	-	-	-	-	-	-	316.84
Licenses & Registration	-	-	406.10	-	40.38	-	-	-	-	-	-	-	446.48
Insurance Casualty	1,354.23	1,354.23	1,354.23	1,354.23	1,354.23	1,354.23	1,354.23	1,354.23	1,354.23	1,544.62	1,544.61	1,544.61	16,821.91
Contracted Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Software Licenses & Agreements	-	-	-	-	-	-	2,160.00	-	-	-	-	-	2,160.00
Wellness Coaching	375.00	412.50	237.50	637.50	237.50	162.50	75.00	325.00	425.00	625.00	712.50	712.50	4,937.50
Total Administrative Expenses	224,274.41	206,522.09	223,248.74	274,701.39	200,437.49	206,738.58	213,925.98	187,232.51	222,776.61	254,245.54	319,350.92	250,640.21	2,784,094.47

DELAND CLINIC	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Travel	-	-	-	-	-	-	-	-	18.20	-	-	-	18.20
Staff Travel Meals	-	-	-	-	-	-	-	-	-	-	-	-	-
Occupancy-Utilities	695.53	624.78	565.64	461.75	540.98	531.55	622.70	545.02	658.54	762.48	742.13	880.00	7,631.10
Telephone & Internet	282.54	282.54	282.54	282.54	441.23	282.54	286.72	286.72	445.41	286.72	286.72	286.72	3,732.94
Postage & Courier	88.81	63.31	43.06	42.32	107.13	63.42	63.65	67.24	127.34	76.12	121.38	51.03	914.81
Office Expense	330.00	-	-	-	885.00	1,534.42	855.00	-	1,025.07	220.00	63.89	-	4,913.38
Hazardous Waste Removal & Lab Testing	58.76	58.76	58.76	58.76	58.76	58.76	176.31	60.52	-	119.23	176.31	60.52	945.45
Office Supplies	1,233.24	786.02	1,290.38	1,445.63	815.30	925.16	862.10	855.09	489.10	1,395.12	790.80	870.70	11,758.64
Medical Supplies	2,120.83	1,048.54	1,727.10	3,359.32	1,389.05	949.66	2,993.30	1,779.04	1,531.96	1,178.40	1,665.61	1,772.24	21,515.05
Printing & Stationery	-	254.00	64.00	-	190.00	296.32	64.00	-	190.00	460.44	-	-	1,518.76
Dues & Subscriptions	-	25.00	-	-	-	-	-	-	-	-	-	-	25.00
Licenses & Registration	-	-	-	-	-	-	-	-	14.95	280.00	-	-	294.95
Security System/Shredding/IT Support	1,598.39	1,855.61	1,579.45	1,894.23	1,657.42	1,714.23	1,714.23	1,663.31	2,323.54	2,105.44	1,773.71	1,660.48	21,540.04
Contracted Clinic Staff	-	-	-	-	-	-	-	760.35	968.40	3,590.64	3,143.52	1,294.02	9,756.93
Rent-Equipment	275.02	335.53	324.00	275.02	275.02	275.02	275.02	350.75	280.29	359.31	280.29	280.29	3,585.56
Education	-	-	-	-	-	-	-	-	-	-	-	-	-
Workforce Engagement	183.04	-	139.46	-	-	34.18	93.66	-	-	38.45	116.29	21.36	626.44
Maintenance & Repairs	150.96	4,323.98	8,060.50	4,116.97	14,717.87	3,912.50	3,440.68	3,419.00	3,179.00	3,134.00	3,494.00	2,769.00	54,718.46
Total Deland Clinic Expenses	7,017.12	9,658.07	14,134.89	11,936.54	21,077.76	10,577.76	11,447.37	9,787.04	10,226.73	14,811.42	12,810.76	10,010.25	143,495.71

DELTONA CLINIC	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
Travel	11.70	-	-	-	-	-	-	-	-	-	-	134.40	146.10
Occupancy-Utilities	594.40	564.04	430.35	341.86	-	732.89	393.23	513.42	666.96	505.14	834.04	712.76	6,289.09
Telephone & Internet	194.97	181.97	194.97	194.97	194.97	195.00	195.00	195.00	195.00	195.00	195.00	195.00	2,326.85
Postage & Courier	-	97.15	20.03	22.00	43.13	43.12	21.12	44.00	21.12	21.16	44.00	22.00	398.83
Office Expense	-	-	-	-	885.00	1,107.55	-	-	-	-	-	-	2,056.44
Hazardous Waste Removal & Lab Testing	112.41	58.76	58.76	58.76	117.52	58.76	60.52	-	181.56	60.52	115.78	60.52	943.87
Office Supplies	98.96	863.56	418.73	1,349.10	412.46	650.30	559.98	682.92	1,068.22	447.57	777.62	396.89	7,726.31
Medical Supplies	1,414.47	753.96	840.88	1,071.99	2,428.06	1,355.85	1,628.82	306.20	1,686.58	380.22	1,729.72	1,436.97	15,033.72
Printing & Stationery	-	190.00	-	-	190.00	119.00	64.00	-	190.00	376.36	-	-	1,129.36
Dues & Subscriptions	-	25.00	-	-	-	-	-	-	-	-	-	106.49	131.49
Business License	-	255.00	-	-	-	-	-	-	-	-	-	-	255.00
Security System/Shredding/IT Support	1,534.51	1,742.03	1,608.23	1,593.58	1,628.54	1,707.99	1,685.37	1,599.43	1,663.32	1,559.66	1,559.66	2,909.05	20,791.37
Business Tax Expense	-	-	-	-	-	-	-	-	-	-	195.00	-	195.00
Contracted Clinic Staff	-	-	-	-	-	-	-	760.35	968.40	1,286.64	3,143.52	1,294.02	7,452.93
Rent-Equipment	275.02	283.94	324.00	275.02	362.54	275.02	275.02	296.42	280.29	280.29	280.29	280.29	3,488.14
Maintenance & Repairs	-	2,626.65	5,006.64	3,528.32	1,848.90	2,583.32	2,038.32	2,052.42	2,558.32	1,758.32	1,883.32	2,278.42	28,162.95
Total Deltona Clinic Expenses	4,236.44	7,642.06	8,902.59	8,435.60	8,111.12	8,828.80	6,921.38	6,450.16	9,479.77	6,870.88	10,757.95	9,890.70	96,527.45

Statistics	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
# Employees	1,545	1,552	1,678	1,541	1,533	1,579	1,710	1,538	1,663	1,656	1,603	1,616	19,214.00
Total Costs	235,527.97	223,822.22	246,286.22	295,073.53	229,626.37	226,145.14	232,294.73	203,469.71	242,483.11	275,927.84	342,919.63	270,541.16	3,024,117.63
Cost per Employee	\$ 152.45	\$ 144.22	\$ 146.77	\$ 191.48	\$ 149.79	\$ 143.22	\$ 135.84	\$ 132.30	\$ 145.81	\$ 166.62	\$ 213.92	\$ 167.41	\$ 157.39

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: February 10, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for February 19, 2026 Workshop & Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the January 15, 2026 Regular Meeting Minutes.

I. To Renew or Not to Renew: Lease Agreement for Justin Square Suite M & Related “Access to Healthcare” Considerations.

Lease Agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal: *“After the Initial Term, LESSEE will have the right (but not the obligation) to renew this Lease Agreement with the same terms and conditions as set forth herein for an additional three one-year terms (i.e. three Renewal Terms).”*

WVHA is currently in the middle of its third automatic 1-year Renewal Term which means that it currently has the following options concerning its termination of this Lease: 1. Continue paying rent until the end of the lease on September 30, 2026 and notify the Landlord of its intent not to renew the current lease IF WVHA decides that it no longer desires to continue maintaining a 2nd clinic location; 2. Continue paying rent until the end of the lease on September 30, 2026 and simply abandon the lease on September 30, 2026 without any prior notice to the Landlord; 3. Decide as early as practicable before September 30, 2026 that it desires to continue maintaining the 2nd clinic location and authorize counsel to engage in good faith negotiations with the Landlord to renew the lease, possibly including incentives for an early renewal date at a higher rent before September 30, 2026.

Based upon requested analysis, surveys and Board discussions over the past year plus concerning the future of the Deltona clinic location and the potential for consolidating its operations into the miCare DeLand infrastructure, several questions have been asked and answered:

1. **Renewal Lease Terms:** Now that the Landlord is no longer represented by the aggressive attorney who had insisted upon a litany of unfavorable terms in an entirely new lease document, the only uncertainty that remains are the exact financial terms of

a renewal lease. The Landlord's latest proposal as of October 2025, is simply to amend the existing lease with new business terms such as the following:

- a. Renewal could be completed as a simple amendment to the existing lease (no complex new form).
- b. Proposed rate: \$15/SF base + \$4/SF CAM — well below current market levels of \$18–\$20/SF + CAM.
- c. Term: 3 years with 3% annual increases, with clear monthly and annual rent comparisons previously outlined.

2. Excerpts from EBMS's Management Analysis on the Feasibility of Consolidating Deltona Clinic into miCare DeLand infrastructure (10/1/23-9/30/24 WVHA Health Card Utilization Data):

Can all health card members be served at one access point at the DeLand Clinic should the Deltona Clinic be closed?

The simple answer is, yes, all health card members can be served at one location. MiCare has extensively reviewed the Clinic layout in DeLand. A couple notations: 7 exam rooms will be required to accommodate visits with providers.

Through sharing offices by various staff members and adjusting the flow of the clinic, all outside vendor partner space can be accommodated (e.g. SMA).

Stacy maintains her own private office.

- While miCare staff can accommodate operations in one Clinic space, we would be remiss not to mention that we have slight concerns about how this will impact overall utilization. Numbers for consideration regarding this:
- For the last plan year 10/2023 – 9/2024: 1292 health card members have utilized both Clinics at some point
 - 685 health card members have only used one Clinic or the other:
 - 101 only used Deltona
 - 584 only used DeLand

Please note that 685 + 1292 equals more than the current # of health card members. These numbers represent health card members that were *active at any point* during this 12-month time period.

3. Excerpts from EBMS's Management Analysis about the "All-In Costs"/Visit at the Deltona Clinic (10/1/23-9/30/24 WVHA Health Card Utilization Data):

Utilizing the financials from 10/2023 – 9/2024, should the WVHA board elect to close the Deltona Clinic location, an approximate annual savings of **\$152,973** will be realized. This figure includes utilities, IT support, janitorial expenses, maintenance, insurance, and rent. Please note the rent was figured using current lease arrangement.

The Board should consider there will be Clinic closure costs. These will include moving costs (of actual Clinic furnishings), IT support to set-up new exam rooms and workstations at DeLand Clinic, light construction work to move permanent wall fixtures from Deltona to DeLand (art, clinical displays, pamphlet holders, etc.).

“

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)
Combined	\$345	\$386
DeLand	\$368	\$391
Deltona	\$318	\$378

4. **Mobile Primary Care:** After several presentations from existing mobile primary care providers--True Health and Excellence Health—along with consideration of Health Card member survey results, the Board at its January 2026 meeting authorized counsel to explore the legalities of contracting with True Health to provide mobile primary care access for WVHA Health Card Members. Those discussions with True Health have been very productive and counsel will attach a draft funding agreement. That draft was developed from the contract terms within the last, 2019-20 funding agreement between WVHA and Northeast Florida Health Services (NFHS) d/b/a “Family Health Source”. The draft True Health agreement is much smaller (\$55,000 Funding Limit for the remainder of the first partial year) and is limited to primary care and labs on a per visit basis along with mobile primary care on a per (mutually agreed) deployment basis. The most noteworthy substantive change from the terms of WVHA’s prior agreement with Family Health Source is that the per visit cost is much lower (\$115-120 with Family Health Source and \$40-80 with True Health) and a deletion of provisions that would have required True Health to account for how its per visit costs might be subsidized from other payor sources. Instead, the draft agreement presumes that True Health is receiving other federal, state or private funding in order to be able to provide WVHA with the lower sliding scale cost per visit. The draft True Health agreement still needs to be reviewed by True Health’s legal counsel, but its COO, Nurez Madhany is optimistic that it can be in a final draft form by February 19th. A non-final draft will be circulated to the Board with this Legal Update so that Board can refamiliarize itself with the general terms.
5. **Presence of Nearby Alternative Healthcare Access:** The WVHA-funded miCare clinics are NOT the only low or no-cost primary health care clinic operation available in West Volusia. Family Health Source has its Deltona clinic operation, 1.4 miles away from the Deltona miCare Clinic location and True Health has its Enterprise clinic operation, 2 miles away from the Deltona miCare Clinic location. The Deltona location of Family Health Source provides a comprehensive set of primary care services, including dental and women’s health and 340b drug prescriptions, with sliding fees of low or no-cost based on income up to 200% of the federal poverty guidelines. It is noteworthy as a historical reference that before the February 2007 tornado destroyed the Florida Department of Health’s huge one-stop primary care clinic operation on South Woodland Boulevard and WVHA decided to transition primary clinic funding from the Department of Health to the FQHC/now Family Health Source clinics (initially only available in Pierson and DeLand), virtually all of the primary care for indigent residents was accessed

through only two locations, 1. funded by WVHA through the Department of Health at that South Woodland Boulevard location and 2. from the limited FQHC operations in Pierson.

One way of framing the overall question presented and yet unanswered for the upcoming workshop was aptly framed by then Chair Cohen during the February 20, 2025 Discussion on this topic: “Chair Coen acknowledged that WVHA is not a for-profit organization; that she appreciates location and convenience for the card holders; and that there is a break even point if they are losing too much money, it is worth considering consolidation. She said it would be helpful to break down the operating cost of each clinic and then divide it by the number of patient visits per year.” (See Official Minutes from February 20, 2025)?

Now that EBMS (Report dated 3/11/25) has in-fact broken down the all-in operating costs for the Deltona Clinic as \$378 per visit at its 2024 utilization rates current, the WVHA Board needs to decide whether the convenience of approximately 101 Health Card members who utilize miCare Deltona exclusively it is worth signing a 3-year lease that will commit taxpayers to paying \$152,973 per year in extra primary care clinic operation costs?

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

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

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

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

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

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

From: [Stacy Tebo](#)
To: [Theodore Small](#)
Cc: [Webb Shephard](#)
Bcc: [Jennifer Coen](#); [Judy Craig](#); judyleslicraig@aol.com; volorialmanning@hotmail.com; [Voloria Manning](#); [Rakeem Ford](#); [Jennifer Moore](#)
Subject: FW: Deltona Primary Care Clinic
Date: Wednesday, April 16, 2025 4:55:00 PM
Attachments: [image001.png](#)

WVHA Board Members,

Please see below for analysis from Jennifer Ambs at AdventHealth regarding clinic consolidation. Please note that her embedded reference links don't work. Ms. Ambs said that the first section of stats market analysis come from their internal official reports, but the others are from the clinic documents Chair Coen emailed her.

I will be out of the office April 21st.

Stacy Tebo

WVHA Administrator



From: AMBS, JENNIFER <JENNIFER.AMBS@AdventHealth.com>
Sent: Monday, April 7, 2025 5:14 PM
To: Jennifer Coen <jcoen@westvolusiahospitalauthority.org>
Cc: swayte@ebms.com; Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Subject: Deltona Primary Care Clinic

Jennifer,

I apologize for the delay in getting this to you. I hope it's not too late.

Firstly, I have included a high-level business plan that highlights some of the benefits to the community and all hospitals. Secondly, there is a quick financial analysis of the clinic. Lastly, I have provided an analysis on whether the rental increase would raise the cost per patient above that of the DeLand clinic.

From what I recall of our discussion, if the data is accurate, my analysis shows that the cost per patient remains lower than DeLand despite the lower volumes, even with a rent increase. To match the size of DeLand, it appears there is a gap of 4 patients per day.

Please review for accuracy, as I used some tools to help consolidate the information.

Business Development Plan for Deltona Primary Care Clinic

Executive Summary

The primary care clinic in Deltona serves a specific payor group and is crucial for addressing the healthcare needs of this population. Despite considerations for closure, maintaining the clinic will provide significant benefits to the community and local hospitals.

Market Analysis

- **Population Data:** Deltona has a growing population with diverse healthcare needs. The population is projected to increase from 104,042 in 2025 to 110,015 in 2030¹.
- **Age and Income:** The average age in Deltona is 40.92 years, with an average household income of \$92,301.86 in 2025¹. This demographic is likely to benefit from accessible primary care services.
- **Ethnicity/Race:** The population includes a significant Hispanic community (41.98% in 2025, increasing to 47.08% in 2030)⁴, indicating a need for culturally competent care.

Healthcare Utilization

- **Inpatient and Outpatient Outmigration:** A substantial volume of patients from

Deltona are seeking IP and OP services outside the area. For example, 42.88% of IP discharges and 67.44% of OP surgeries are outmigrated¹.

Payor Mix Percentages

- **Commercial:** 48.54% in 2024, projected to be 48.85% in 2029¹.
- **Medicaid:** 16.29% in 2024, projected to be 14.07% in 2029¹.
- **Medicare:** 22.88% in 2024, projected to be 24.89% in 2029¹.
- **Uninsured:** 12.29% in 2024, projected to be 12.16% in 2029¹.

Benefits for Hospitals

1. **Reduced Outmigration:** By providing primary care locally, hospitals such as AdventHealth Fish Memorial and Halifax Health UF Health Medical Center Of Deltona will see a reduction in patient outmigration, leading to increased local patient retention¹.
2. **Enhanced Community Health:** With better access to primary care, the overall health of the community will improve, reducing the burden on hospitals for preventable conditions and emergency visits¹.
3. **Collaborative Opportunities:** The clinic will foster collaboration between hospitals and primary care providers, enhancing integrated care models and improving patient outcomes¹.

Implementation Plan

Since the clinic already exists, the focus will be on maintaining and optimizing its operations:

- **Location:** The clinic is strategically located in Deltona to maximize accessibility for residents².
- **Services Offered:** Comprehensive primary care services including preventive care, chronic disease management, and minor acute care².
- **Staffing:** The clinic is staffed with qualified healthcare professionals including primary care physicians, nurse practitioners, and support staff².
- **Technology:** The clinic utilizes electronic health records (EHR) to ensure seamless coordination with local hospitals².
- **Marketing:** Community outreach programs will continue to educate residents about the benefits of the clinic and encourage utilization².

Financial Considerations

- **Operating Costs:** The Deltona Clinic's annual operating costs include utilities, IT

support, janitorial expenses, maintenance, insurance, and rent, totaling approximately \$85,403.70³.

- **Potential Savings:** Closing the Deltona Clinic could save approximately \$152,973 annually, but there will be closure costs⁴.
- **Patient Assistance Program (PAP):** The PAP primarily saves money for patients by providing access to free or reduced-cost medications and healthcare services. The program has saved approximately \$2.3 million to date and serves 275 unique Health Card members⁴.

Indirect Savings for the Health Plan

1. **Preventive Care and Chronic Disease Management:** By ensuring that patients have access to necessary medications, the program helps manage chronic conditions and prevent complications. This reduces the need for more expensive emergency care and hospitalizations, which can be costly for the health plan⁴.
2. **Improved Health Outcomes:** Better access to medications and healthcare services leads to improved health outcomes for patients. Healthier patients are less likely to require costly medical interventions, which reduces overall healthcare costs for the health plan⁴.
3. **Reduced Utilization of High-Cost Services:** By providing preventive care and managing chronic conditions effectively, the program reduces the utilization of high-cost services such as emergency room visits and hospital admissions. This results in cost savings for the health plan⁴.
4. **Administrative Efficiency:** The program's streamlined process for managing patient applications and renewals helps in efficiently managing resources and reducing administrative costs for the health plan⁴.

Conclusion

The primary care clinic in Deltona is essential for addressing the healthcare needs of the specific payor group it serves. By maintaining the clinic, the community will benefit from improved access to primary care, reduced outmigration, and enhanced overall health. Local hospitals will also see improved patient flow and collaborative opportunities. Would you like to delve deeper into any specific section or need additional details?

Based on the detailed information from the documents, here is a comparison of the Deltona Clinic and the DeLand Clinic in terms of financial performance and patient volume:

Financial Performance

Deltona Clinic

- **Total Operating Costs:** \ \$85,403.70 annually¹.
- **All-in Cost per Visit:**
 - At maximum capacity: \ \$318².
 - At current utilization: \ \$378².

DeLand Clinic

- **Total Operating Costs:** \ \$133,581.24 annually¹.
- **All-in Cost per Visit:**
 - At maximum capacity: \ \$368².
 - At current utilization: \ \$391².

Patient Volume

Deltona Clinic

- **Maximum Number of Visits:** 3,659².
- **Actual Number of Visits:** 3,079².
- **Actual Lab + Nurse Visits:** 1,285².
- **Actual Medication Pick-Ups:** 2,845².
- **Average Unique Patients per Day:** 12².

DeLand Clinic

- **Maximum Number of Visits:** 4,536².
- **Actual Number of Visits:** 4,262².
- **Actual Lab + Nurse Visits:** 2,416².
- **Actual Medication Pick-Ups:** 3,957².
- **Average Unique Patients per Day:** 16².

Summary

- **Financial Performance:** The Deltona Clinic has lower total operating costs compared to the DeLand Clinic. However, the all-in cost per visit at current utilization is slightly lower for the Deltona Clinic (\ \$378) compared to the DeLand Clinic (\ \$391)².

- **Patient Volume:** The DeLand Clinic handles a higher volume of visits, lab + nurse visits, and medication pick-ups compared to the Deltona Clinic. The DeLand Clinic also sees more unique patients per day (16) compared to the Deltona Clinic (12)².

In conclusion, while the Deltona Clinic operates at lower costs, the DeLand Clinic handles a higher patient volume and has slightly higher costs per visit at current utilization. Both clinics play a crucial role in serving the healthcare needs of the community, but the DeLand Clinic appears to have a higher capacity and utilization rate².

To determine if the cost per unique patient day for the Deltona Clinic will still be less than the DeLand Clinic after a rent increase, we need to calculate the new cost per unique patient day for the Deltona Clinic with the increased rent and compare it to the current cost per unique patient day for the DeLand Clinic.

Current Data

Deltona Clinic

- **Operating Costs:** \ \$85,403.70 annually³.
- **Unique Patients per Day:** 12³.
- **Rent Increase:** 6%³.

DeLand Clinic

- **Operating Costs:** \ \$133,581.24 annually³.
- **Unique Patients per Day:** 16³.

Calculations

1. New Rent for Deltona Clinic:

- Current Rent: \ \$85,403.70
- Rent Increase: 6%
- New Rent: $\$85,403.70 * (1 + 0.06) = \$90,527.92$

2. Cost per Unique Patient Day for Deltona Clinic:

- New Operating Costs: \ \$90,527.92
- Unique Patients per Day: 12

Days in a Year: 365

- New Cost per Unique Patient Day: $\$90,527.92 / (12 * 365) = \20.68

3. Cost per Unique Patient Day for DeLand Clinic:

- Operating Costs: $\$133,581.24$
- Unique Patients per Day: 16
- Days in a Year: 365
- Cost per Unique Patient Day: $\$133,581.24 / (16 * 365) = \22.88

Comparison

- **Deltona Clinic:** $\$20.68$ per unique patient day (after rent increase)
- **DeLand Clinic:** $\$22.88$ per unique patient day

Conclusion

Even after a 6% rent increase, the cost per unique patient day for the Deltona Clinic ($\$20.68$) will still be less than the cost per unique patient day for the DeLand Clinic ($\$22.88$).

If you need further details or have any other questions, feel free to ask!

From: Jennifer Coen <jcoen@westvolusiahospitalauthority.org>

Sent: Thursday, March 27, 2025 3:15 PM

To: AMBS, JENNIFER <JENNIFER.AMBS@AdventHealth.com>

Cc: swayte@ebms.com; Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Subject: [EXTERNAL] Consideration of miCare Deltona clinic consolidation

Hi, Jennifer,

Thank you for your call in this matter & any help that AdventHealth can lend our Commissioners in consideration of this matter is very much appreciated.

I am attaching most of the data Commissioners have been presented with to include:

1. miCare clinic management recommendation/presentation

2. 12 month rolling expenses broke down by clinic as you requested, Stacy Tebo receives this report
3. Legal/historical background on clinic management
4. Answers from ebms (clinic management) on Questions referred to them from Commissioneers at February meeting
5. Census data provided to us from Citizens Comments in March meeting

We have a follow up phone call scheduled on Friday, April 11 at 12pm. I also cc'd Sue Wayte to this email if you need additional information she is Senior Account Executive at miCare Health Ctr.

Sue, Jennifer Ambs, is Chief Financial Officer, Adventhealth West Volusia & very graciously willing to look over the matter before us.

Thank you.

Jennifer Coen

Commissioner

West Volusia Hospital Authority Board of Commissioners

Tax Area	Sum of Distributed Amt	percent
DELAND	\$4,682,347.84	30.39%
DELTONA	\$4,312,010.67	27.99%
NO CITY	\$1,720,137.23	11.17%
DEBARY	\$1,701,546.74	11.05%
ORANGE CITY	\$1,501,228.25	9.75%
DELEON SPRINGS	\$259,762.00	1.69%
OSTEEN	\$239,842.27	1.56%
LAKE HELEN	\$204,039.60	1.32%
PIERSON	\$201,647.81	1.31%
CONFIDENTIAL	\$153,540.26	1.00%
NEW SMYRNA BEACH	\$99,882.20	0.65%
ENTERPRISE	\$81,545.77	0.53%
ASTOR	\$68,383.45	0.44%
MIMS	\$49,991.68	0.32%
SEVILLE	\$47,473.86	0.31%
ORMOND BEACH	\$39,380.32	0.26%
COUNTY	\$16,399.54	0.11%
(blank)	\$12,965.17	0.08%
CASSADAGA	\$9,845.93	0.06%
DAYTONA BEACH	\$1,646.19	0.01%
DE LEON SPRINGS	\$702.74	0.00%
GLENWOOD	\$536.57	0.00%
SUB SURFACE	\$74.92	0.00%
OAK HILL	\$53.19	0.00%
ORANDE CITY	\$9.06	0.00%
Grand Total	\$15,405,107.23	100.00%

Property taxes collected in each town residing in the West Volusia Hospital Authority District for the period of 10-1-23 - 9-30-24. Records received on 3-26-25 from Wanda Lindberg, Chief Financial Officer, Office of Will Roberts-Tax Collector. See attached email.

Information request

From Wanda Lindberg <WLindberg@vctaxcollector.org>
Date Wed 3/26/2025 12:01 PM
To Jennifer Coen <jcoen@westvolusiahospitalauthority.org>

 1 attachment (16 MB)

WVol Req.xlsx;

Good morning Jennifer,

Here is the available information. We don't really break it down by City so these are purely based on the information available. Confidential account and tangible accounts do not have cities associated with them. Column D is the distributed amount and column J is the location City.

Hope this helps.

Wanda

Wanda Lindberg
Chief Financial Officer
Office of Will Roberts –Tax Collector
123 W. Indiana Ave., Room 103
DeLand, FL 32720
Ext. 17049
Phone: 386-943-7049
Email: wfindberg@vctaxcollector.org
Web: vctaxcollector.org
Pay online at vctaxcollector.org/pay



Any email or attachment sent to or received from this email address may be considered a "public record" as defined by Chapter 119, Florida statutes and is subject to disclosure as a public record in absence of an exemption established by law.

10-1-2023 - 9-30-24 Ad Valorem Property Taxes Collected for West Volusia Hospital Authority

From Jennifer Coen <jcoen@westvolusiahospitalauthority.org>

Date Thu 3/20/2025 11:48 AM

To BLogan@volusia.org <BLogan@volusia.org>

Cc Stacy Tebo <stebo@westvolusiahospitalauthority.org>; patrick.rogers517@gmail.com
<patrick.rogers517@gmail.com>

Dear Mr. Logan,

I would like to get the amount of ad valorem taxes collected in each town residing in the West Volusia Hospital Authority District for the period of 10-1-2023 thru 9-30-24.

For example, how much was collected from each of the corresponding towns:

- Deland
- Deltona
- Pierson
- Debary
- Org City
- Lake Helen
- Osteen, etc.

Please advise me how I can go about getting this information.

Thank you.

Jennifer Coen

Commissioner

West Volusia Hospital Authority Board of Commissioners

West Volusia Hospital Authority,
P.O. Box 940,
DeLand, FLA 32721.

Tanner Andrews,
1027 W Euclid Ave.,
P.O. Box 1208,
DeLand, FLA 32721.

To the Board, update of *wvha2601.txt* 09-Feb:

11-Feb-2026

Initially, I should report that there are other facilities near our facility in Deltona.

True Health	105 Main St, Enterprise	1.6 mi	
Family Health Source	1200 Deltona Blvd, Deltona	1.0 mi	← corrected
Halifax Health	3400 Halifax Crossing	6.2 mi	
WVHA MiCare	840 Deltona Blvd		

Lest we feel that six miles is too far, I observe that Google Maps shows the distance to our facility as 6.2 miles from Deltona city hall, and 30.2 from Pierson town hall. I offer no speculation as to distance for a possible mobile clinic.

We do not have good data telling us what portion of users of the Deltona clinic already use the DeLand facility as well. We do know that it is substantial.

That said, I am minded to turn back to the calculations I shared last February. With 6 exam rooms, down from 10 when NEFHS was in the same space, and using one of them for storage, we have

40	hours per week	40 ×
2	½ hour segments per hour	2 ×
4	weeks per month	4 ×
5	exam rooms	≡ 1600

amounting to **1600** half-hour slots per month. See *wvha2501.txt*.

Card members visit our facilities, on average, two times in three months. The most recent report to hand, January 2026, shows 1423 members. However, cherry-picking October for the highest number, 1595. I get $2/3 \times 1595 \equiv 1063.333$

That is, while continuing to use an exam room for storage, and not getting nosy as to how we went from 10 to 6, and assuming that every month is February (20 work days) and not January (23 work days) in order to have a smaller total number of available slots, we could manage 66% utilization of the space. The other 33% could be used for cleaning and pre-positioning of patients, should the load reach that level.

I do not speculate as to the capacity of Family Health Source, True Health, or Halifax. Surely, however, they are non-zero. If we contract with any or all of them, we should expect a cost per visit which is lower than the fully-burdened cost (\gg \$350.00) of a visit to our facility.

We also realize some savings on the margin. With closure of the rented space in Deltona, there is no need for medical or administrative supervision to travel a half hour each way. We also avoid paying rent, and should avoid duplication of supply and inventory control.

Right now, EBMS is staffing to cover but a fraction of the physical plant capacity. We achieve published utilization of 80% of staff, but staff availability is perhaps a quarter of the facility capacity. It does not take a transom peeper to see that the DeLand facility is essentially a ghost town, with great but unused physical plant. The numbers say that Deltona is the same.

We own the facility in DeLand. It is centrally located in the district. The physical capacity greatly exceeds either the staffing or demand. It follows that we should use the facility we own, rather than leasing excess space at taxpayer expense.

Yours,


Tanner Andrews

Summary of reasons to maintain the Deltona miCare Clinic

Population:

There is a greater potential to reach more of the WVHA target population, serve those in need and to have a greater impact by increasing the utilization of the Deltona clinic. In Deltona there is 2.5 times the population and 1.8 times those without health care coverage.

	Population		W/O Health Care coverage	
Deland	37,351	21.5%	4,258	11.4%
Deltona	93,692	54.0%	7,495	8.0%

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

As noted in the December report, there is the potential to serve more of those in need in the Deltona area.

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

December 2025 Report

If the Deltona area residents needed to take public transportation from the current miCare site in Deltona to the Deland clinic, it takes 1 hour and 37 minutes, including 22 minutes of walking.

Continuity of Patient Care and Program Oversight:

miCare tracks utilization of services by clients at each clinic and provides detailed reporting on a monthly basis to the board. They track cardholders to monitor what services are provided and how many times and where clients utilize which services. This provides for continuity of care for the cardholders which is necessary to provide the most effective health care. In addition, the integrated miCare statistics provides the WVHA board members the data needed to fulfill their board roles, ensure proper utilization of services and identify opportunities for improvement.

Use of alternate clinic provider:

Referrals for specialty care are made to our local hospitals that are active partners in WVHA and other specialist. This is necessary to maintain accurate information regarding ER utilization, monitor specialty services referrals and to effectively work together to reduce inappropriate ER utilization.

If consideration is given to utilizing a different health care provider in the Deltona area, patient care will be fragmented and WVHA loses the ability to cohesively and effectively track patient care and to monitor overall utilization. miCare enables us to provide an integrated healthcare system.

Program Funding:

WVHA Tax Area	Sum of Distributed Amt	percent
DELAND	\$4,682,347.84	30.4%
DELTONA	\$4,312,010.67	28.0%
NO CITY	\$1,720,137.23	11.2%
DEBARY	\$1,701,546.74	11.0%
ORANGE CITY	\$1,501,228.25	9.7%
DELEON SPRINGS	\$259,762.00	1.7%
OSTEEN	\$239,842.27	1.6%
LAKE HELEN	\$204,039.60	1.3%
PIERSON	\$201,647.81	1.3%
TOTAL OTHER	\$582,430.85	3.8%
	\$15,404,993.26	100.0%

The City of Deltona provides 28% of the funding for WVHA, just 2.4% less than Deland.

Debary and Orange City, both adjacent to Deltona, provide an additional 20.7% of WVHA funding.

On the national level, the ACA enhanced funding ended in 2025 and has caused ACA premiums to increase an average of 21.7%. This will make it far more difficult for families to afford health insurance and how that may impact the residents of the WVHA region.

With all of the factors stated above, it would be in the WVHA's best interest to maintain the miCare Clinic in Deltona.

Stacy Tebo

From: tsmall@businessemploymentlawyer.com
Sent: Thursday, January 15, 2026 12:58 PM
To: Stacy Tebo
Cc: Webb Shephard
Subject: FW: miCare costs
Attachments: WVHA - Financials - 2020 - 2025.xlsx

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Stacy, you probably already recognized it as such, but the below email string and attached spreadsheet should be included in the packet of materials for the February Board Workshop on Primary Clinic Consolidation.

Because these administrative and operative costs are not presented separately in the WVHA Annual Budget, it is likely that Board members (particularly new ones) are not tracking these costs in the same way that they pay attention to the TPA administrative fees which are tracked separately. In a nutshell, our original primary clinic contract with EBMS/Imagine360 (dated October 2020) requires that WVHA pay EBMS \$31.00 PMPM for "Clinic Administrative Fee" plus \$10.00 PMPM for "Health Management Fee" as well as to reimburse all other pass-through costs for operating the clinics.

It is noteworthy that the original EBMS primary care clinic plan (Phase 2) anticipated the operation of at least 3 separate clinics (DeLand, Deltona and Pierson), but EBMS later persuaded the Board that the anticipated Pierson location would not be efficient to start-up and operate and that those Health Card members could commute to the DeLand location for their care.

The original EBMS primary care plan (Phase 3) also anticipated increasing the number of patients served in each clinic to achieve full utilization and operating efficiencies. At the time of EBMS's proposal the trailing 4-month average Health Card membership was 1895 enrollees, but it was expected that once that enrollment would drop to around 1650 after the Covid-19 related ACA extended eligibility ended. As indicated in the dramatic swings in the PMPM fees paid to EBMS on the attached spreadsheet, the drop in membership and primary care clinic utilization was much more dramatic and is only now getting close to the level that was anticipated before the planned Phase 3 expansion, which has not occurred during these first 5 years.

At a minimum, the Board should definitely consider whether it wants to separately track these fees and pass-through costs on its Annual Budget as opposed to presenting them as a consolidated amount as "Primary Care" so that it can more closely appreciate the cost of operating its own primary care clinics.

I'm going to blind copy the entire Board on this email just in case they would like to ask me some follow-up questions about the underlying contract and negotiations from 2019-20.

Thanks, tsmall

From: Sue Wayte <swayte@ebms.com>
Sent: Wednesday, January 14, 2026 4:43 PM
To: Webb Shephard <Webb.Shephard@JMCo.com>; Laura Rookhuizen <lrookhuizen@ebms.com>; Rose Alberts-Veracity <ralberts@veracity-benefits.com>; Ted Small <tsmall@businessemploymentlawyer.com>; Curtis C. Leonard <Curtis.Leonard@jmco.com>; Vince Tenaglia <Vince.Tenaglia@jmco.com>

Cc: Stacy Tebo (stebo@westvolusiahospitalauthority.org) <stebo@westvolusiahospitalauthority.org>

Subject: RE: miCare costs

Good afternoon, Webb,

Attached is a breakdown of the miCare pass-through costs from the start up (2020) through 2025. These are based on the fiscal year.

We have broken down costs into Operational Cost – Medical and Non-Medical and Admin Costs. Please let me know if you have any questions around any of the data etc.

Best,

Sue Wayte

Senior Account Executive – miCare Health Centers



p: 406.869.5528 ext. 1170

c: 559-691-2939

e: swayte@ebms.com

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From: Webb Shephard <Webb.Shephard@JMCo.com>

Sent: Tuesday, January 13, 2026 1:11 PM

To: Laura Rookhuizen <lrookhuizen@ebms.com>; Rose Alberts-Veracity <ralberts@veracity-benefits.com>; Ted Small <tsmall@businessemploymentlawyer.com>; Curtis C. Leonard <Curtis.Leonard@jmco.com>; Vince Tenaglia <Vince.Tenaglia@jmco.com>

Cc: Stacy Tebo (stebo@westvolusiahospitalauthority.org) <stebo@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>

Subject: RE: miCare costs

[External Sender]

Thursday would be ideal, but I don't know how much of a lift it is, and I don't think it's a fair timeframe, so unless it can be turned around that quickly, next week would be great.

Thanks!



Webb Shephard, CPA

Main Office: 386-257-4100

Direct: 386-236-4466

Email: Webb.Shephard@JMCo.com

Website: www.jmco.com



From: Laura Rookhuizen <lrookhuizen@ebms.com>

Sent: Tuesday, January 13, 2026 4:00 PM

To: Rose Alberts-Veracity <ralberts@veracity-benefits.com>; Webb Shephard <Webb.Shephard@JMCo.com>; Ted Small <tsmall@businessemploymentlawyer.com>; Curtis C. Leonard <Curtis.Leonard@jmco.com>; Vince Tenaglia <Vince.Tenaglia@jmco.com>

Cc: Stacy Tebo (stebo@westvolusiahospitalauthority.org) <stebo@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>

Subject: RE: miCare costs

WARNING --- This email originated outside of JMCo. Please review the sender's email address. Report any suspicious attachments, links, or requests to the Help Desk.

Thanks, Rose.

Hi Webb,

Yes, we can compile this information and get it over to you. Is there a deadline you need this by?

Thanks, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations



p: 406-869-6585
e: lrookhuizen@ebms.com
w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087



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From: Rose Alberts <ralberts@veracity-benefits.com>

Sent: Tuesday, January 13, 2026 1:57 PM

To: Webb Shephard <Webb.Shephard@JMCo.com>; Ted Small <tsmall@businessemploymentlawyer.com>; Curtis C. Leonard <Curtis.Leonard@jmco.com>; Vince Tenaglia <Vince.Tenaglia@jmco.com>

Cc: Stacy Tebo (stebo@westvolusiahospitalauthority.org) <stebo@westvolusiahospitalauthority.org>; Laura Rookhuizen <lrookhuizen@ebms.com>

Subject: RE: miCare costs

[External Sender]

Webb, this is not something I would have access to. The MiCare clinic is managed by Laura Rookhuizen and would be your best source to obtain this information to you. I have included Laura on this response and following is her contact information:

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations

p: 406-869-6585
e: lrookhuizen@ebms.com
w: ebms.com

Rose Alberts

Director of Implementation



O: 678-290-5154
E: ralberts@veracity-benefits.com
W: Veracity-Benefits.com
1701 Barrett Lakes Blvd., Ste 200 | Kennesaw, GA



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From: Webb Shephard <Webb.Shephard@JMCo.com>

Sent: Tuesday, January 13, 2026 3:44 PM

To: Rose Alberts <ralberts@veracity-benefits.com>; Ted Small <tsmall@businessemploymentlawyer.com>; Curtis C. Leonard <Curtis.Leonard@jmco.com>; Vince Tenaglia <Vince.Tenaglia@jmco.com>

Subject: miCare costs

Hi Rose,

Can you please help us understand the amounts related to miCare that are not directly tied to patient care (e.g., utilities, repairs, Clinic Administrative Fees, Health Management Fees, etc.)?

Is there a report you could run showing how much WVHA has paid EBMS for non-care-related miCare costs? Additionally, could you include the total amounts associated with miCare overall (i.e., what we code to primary care)?

If possible, we'd like the information summarized by fiscal year for each year from October 2020 through present, or at least the most recent couple of fiscal years.

Thanks!



Webb Shephard, CPA

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Website: www.jmco.com



WVHA - 2020-2025

Fiscal Year Oct-Sep	** Start up costs included in Operating Costs					
	**2020(Jul-Sep)	**2020-21	2021-22	2022-23	2023-24	2024-25
1-Operating Costs	\$310,421.75	\$1,648,752.07	\$1,416,419.70	\$1,608,561.30	\$1,817,683.60	\$1,959,292.55
2-Non-Medical Costs	\$7,413.72	\$200,232.42	\$133,682.04	\$158,368.34	\$155,428.06	\$155,469.46
Admin Costs	\$0.00	\$745,248.00	\$493,051.50	\$544,465.23	\$605,109.44	\$692,723.79
Pop. Health Mgnt	\$0.00	\$204,752.00	\$159,120.00	\$170,389.50	\$189,205.35	\$216,631.83
Total Costs	\$317,835.47	\$2,798,984.49	\$2,202,273.24	\$2,481,784.37	\$2,767,426.45	\$3,024,117.63

- 1-Operating Costs Include: Staffing, Licensing, Insurance, Supplies, Rx
- 2-Non-Medical Costs Include: Utilities, Services, Maint. & Repairs
- **Start Up Costs Include: Furnishings, Repairs, Supplies, All set-up costs

From: [Rose Alberts](#)
To: [Stacy Tebo](#)
Cc: [Laura Rookhuizen](#); [Sue Wayte](#)
Subject: WVHA 2025-2026 Administrative Renewal Proposal
Date: Wednesday, May 21, 2025 4:06:23 PM
Attachments: [vblogo_2021_f7c56ad3-9012-4da5-afb3-f8f5da59d7aa_1e9f9071-e0d7-42c3-866f-c5b79a1f938f.png](#)
[linkedin_32x32_1fada0f8-9033-4d12-b217-5758e1e6296f_86d8258f-640e-402f-be33-04164b910e00.png](#)

Good afternoon Stacy,

Based on our ASA agreement the most recent CPI-U available for April 2025 is 2.3%. Based on this we are proposing a 2.3% increase to our Medical Administration Fee and miCare administrative fees to be effective on October 1, 2025, for the 25-26 fiscal year:

- *Medical Admin Fee – Current \$25.02 moving to \$25.60 starting Oct 1, 2025*
- *miCare Admin Fee – Current \$36.07 moving to \$36.90 starting Oct 1, 2025*

On our Population Health Management Fee and miRX Dispensing fee we will also be implementing a 2.3% increase effective on October 1, 2025, as follows for the new 25-26 fiscal year:

- *Population Health Management Fee – Current \$11.28 moving to \$11.54 starting Oct 1, 2025*
- *miRX Dispensing Fee – Current \$10.30 moving to \$10.54 starting Oct 1, 2025*

We hope that the above increases are found to be acceptable to WVHA and look forward to another successful year of improving and providing health coverage for West Volusia's members.

Please advise if you have any questions or require any additional documentation. Let me know when approved.

Rose Alberts
Director of Implementation



O: 678-290-5154
E: ralberts@veracity-benefits.com
W: Veracity-Benefits.com
1701 Barrett Lakes Blvd., Ste 200 | Kennesaw, GA



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West Volusia Hospital Authority
1006 N. Woodland Blvd
Deland, FL 32720



1550 Liberty Ridge Drive, Suite 330
Wayne, PA 19087

Monthly Billing Statement for February 1, 2026

Client ID: 00532

This is a summary of Amounts Due; please reference the Premium Billing Detail for additional information.

Previous Billed Amount	\$324,675.66	
Payments Received through 01/15/2026	\$324,675.66	
Outstanding Balance		\$0.00
Medical Management Fee	\$33,305.60	
miCare Administration	\$48,006.90	
Health Management	\$15,013.54	
Current Premium Due		\$96,326.04
Dec 2025 Clinical Expenses INV. SIN6138847	\$176,127.55	
Dec 2025 Rx Expenses INV. SIN6138848	\$55,704.91	
Miscellaneous Invoices		\$231,832.46
Total Amount Due by 2/1/2026		\$328,158.50

Please pay as indicated on the provided remittance slips. Changes received after the 1st of each month may not be reflected until the next month's statement.

It is the Plan Administrator's responsibility to review this statement for accuracy. If an error is discovered, please contact your Eligibility Administrator.

Pursuant to the administrative services agreement, credits shall not reflect retroactive changes in excess of 2 months.

Should you have any questions, please call EBMS at 800-777-3575 or email EBMS at Billing@ebms.com.

Print Date: January 15, 2026

Remittance slip for West Volusia Hospital Authority

Medical Management Fee	\$33,305.60
miCare Administration	\$48,006.90
Health Management	\$15,013.54
Miscellaneous Fees	\$231,832.46

Fees will be issued off your benefit plan checking account. \$328,158.50

Remit payment by 2/1/2026

EBMS
1550 Liberty Ridge Drive, Suite 330
Wayne, PA 19087

Client ID: 00532

From: [Theodore Small](#)
To: [Stacy Tebo](#)
Cc: [Webb Shephard](#)
Subject: Materials for miCare Clinic Consolidation Workshop
Date: Thursday, February 5, 2026 3:54:26 PM
Attachments: [WVHA--miCare-EBMS WVHA Clinics Proposal April 2020.pdf](#)

Stacy, please include the following notes in the MiCare Clinic Consolidation Workshop. You previously provided the 2019 EBMS/Veracity Proposal for Phase 1, but please email the attached EBMS Primary, Pharmacy and Health Management Proposal (4/27/20) to all Board Members so they can see where I derived the below notes. (To save paper, I wouldn't suggest including the Proposal in the Workshop materials unless a Board member requests it). I prepared the below synopsis to assist all Board members, especially new ones, to better appreciate how the current primary care clinic model was originally proposed and to provide an easy comparison of the membership, cost and proposed use of facilities as compared to what has actually been implemented over the past five years.

EBMS's Phase 1 Proposal, which concerns EBMS's takeover of traditional TPA services from UMR, is not addressed in the below notes.

EBMS' Phase 2 & Phase 3 Primary, Pharmacy and Population Health Management Proposal was submitted by EBMS (through Dr. Murray) on 4/27/2020:

1. From a cost standpoint, it offered WVHA the option of either simply replacing the clinic, pharmacy and specialty care system that had been coordinated through NFHS/FHS in three clinic locations (DeLand, Deltona & Pierson) with 70 hours/week of available clinic hours for a \$31.00 PMPM cost, or to enhance and expand that system to implement EBMS's "Comprehensive Model" which was proposed to include 100 hours/week of available clinic hours (plus other individualized health management programs like sourcing medications from the PAP program) for an additional \$10.00 PMPM cost.
2. On Page 9, the EBMS Proposal estimated \$600,000 per year in potential cost-savings for WVHA with implementation of the Comprehensive Model. EBMS described those cost-savings as follows: WVHA's 2019-20 Primary Care & Pharmacy Costs would increase from \$2,200,000 to \$2,900,000, but those higher administrative costs would be offset with potential savings in WVHA's 2019-20 Lab Testing budget (a decrease \$400,000 to \$300,000), in WVHA's 2019-20 Specialty Care budget (\$3,100,000 to \$2,500,000), in WVHA's 2019-20 Hospital Care budget (\$5,900,000 to \$5,200,000).
3. WVHA accepted the proposed Comprehensive Model with the expectation that the three proposed primary care clinics would indeed become the "one-stop" medical home for the at least 1700 Health Card members.

With inexact numbers derived from the numbers reported by EBMS in the January, 2026 Board Meeting Materials and the WVHA Budget adopted for 2025-26, it appears that Health Card enrollment has decreased from 1,700 in April 2020 to 1,418 as of December 2025; the number of available hours is about 101 per week and those hours are split between two--not three--clinics in DeLand and Deltona (EBMS (Darik Croft) determined that starting up the proposed Pierson clinic location would be inefficient and that health care access for those Health Card members would not be harmed by a commute from the Pierson area to the DeLand MiCare clinic); the Primary Care & Pharmacy budget has increased to \$3,200,000 (\$2.5 Million for Primary Care and \$.7 Million for Pharmacy); the Specialty Care budget has increased to \$4,500,000; the Hospitals budget has decreased to a contractually negotiated maximum (by Dr. Murray) of \$4,200,000 (\$3.2 Million for

Hospitals and \$1 Million for ER).

In a nutshell, WVHA is now budgeting approximately **\$1.3 Million Dollars more for 282 less eligible Health Card members**, when comparing April 2020 to December 2025.

From an infrastructure standpoint, the exam rooms in the DeLand and Deltona clinics were originally built out to serve at least 1700 Health Card members PLUS additional patients from other "Like-Minded Tax Funded Entities" in groups which were to be added by EBMS during a Phase 3 implementation which has never been implemented in spite of repeated requests from the Board and assurances from Darik Croft that he was in discussions about such implementation.

I'm not an accountant and perhaps I didn't fully capture what is actually going on behind the labels in the current budget (e.g. perhaps what was characterized as "Lab Services" in the EBMS proposal is now captured in the Specialty Care line item), so I'm copying Webb to let me know if I need to make adjustments for an accurate comparison? I welcome any other such corrections so that my notes are as accurate as possible before the Workshop begins.

On another topic, my discussions with True Health have been productive and we are now working to develop a concrete proposal with a Funding Limit of \$55,000 on a fee-for-service basis. We still have some details to work through and the True Health legal counsel hasn't yet weighed in, but stay tuned for details in another legal update.

Thanks and have a relaxing weekend, ts

Ted W. Small, Esq.
c/o Law Office of Theodore W. Small, P.A.
PO Box 172
DeLand, FL 32721
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From: [Theodore Small](#)
To: [Laura Rookhuizen](#)
Cc: [Stacy Tebo](#); [Sue Wayte](#); [Gretchen Soto](#); [Rose Alberts-Veracity](#)
Subject: RE: ?Comparing the February 2026 and March 2025 miCare Board submissions?
Date: Thursday, February 12, 2026 2:16:07 PM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)

Laura, if I'm not misunderstanding your earlier email, I'd like for your team to explain in more detail what exactly about the March 2025 submission was in error, particularly those concrete numbers on usage and costs and staffing. If I misread your earlier email and all you were saying is that your February 2026 submission is based on a different data period (so the March report was accurate as reported) then I think it would be helpful to the Board to see this new period broken down in the same charting that you did for the March submission so that one is presented with hard data-based numbers and the other with only estimates and approximations.

Feel free to call me if I'm still being unclear, 386-717-2626.

On Feb 12, 2026 13:55, Laura Rookhuizen <lrookhuizen@ebms.com> wrote:
Ted,

The March 2025 submission was using plan year 10/2023 – 9/2024. So, yes, the savings figure was updated in our Feb 2026 submission as we used the more current plan year, 10/2024 – 9/2025.

To clarify, are you asking for this chart to be updated? This chart is on page 3 of the March 2025 submission.

5. Operating Costs

Utilizing the financials from 10/2023 – 9/2024, should the WVHA board elect to close the Deltona Clinic location, an approximate annual savings of **\$152,973** will be realized. This figure includes utilities, IT support, janitorial expenses, maintenance, insurance, and rent. Please note the rent was figured using current lease arrangement.

The Board should consider there will be Clinic closure costs. These will include moving costs (of actual Clinic furnishings), IT support to set-up new exam rooms and workstations at DeLand Clinic, light construction work to move permanent wall fixtures from Deltona to DeLand (art, clinical displays, pamphlet holders, etc.).

A request was made for miCare to provide an 'all in per visit cost' for each clinic location. Using the financials from 10/2023 – 9/2024, these figures are as such:

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)
Combined	\$345	\$386
DeLand	\$368	\$391
Deltona	\$318	\$378

Thanks, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations



p: 406-869-6585

e: lrookhuizen@ebms.com

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1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087



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From: Theodore Small <tsmall@westvolusiahospitalauthority.org>

Sent: Thursday, February 12, 2026 10:07 AM

To: Laura Rookhuizen <lrookhuizen@ebms.com>

Cc: Stacy Tebo <stebo@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>; Gretchen Soto <gsoto@micareclinic.com>; Rose Alberts-Veracity <ralberts@veracity-benefits.com>

Subject: RE: ?Comparing the February 2026 and March 2025 miCare Board submissions?

[External Sender]

Good morning, Laura et al., this is significant error that has been left uncorrected for nearly a year while the Board has been considering this issue. Were there any other errors in that prior submission and, if so, what accounts for them? I noticed also that the amount of savings that WVHA would save from consolidation and the impact on overall staffing has also changed from the March 2025 to February 2026 submission. Are you able to provide the Board with a revised set of actual membership utilization numbers in the same charted format that you provided for the March 2025 submission so that the Board doesn't have to rely solely on "approximately" and "estimated" for this critical very important fact? Similarly, can you breakdown what cost factors and staffing considerations changed in less than a year.

Thanks, ts

On Feb 12, 2026 11:01, Laura Rookhuizen <lrookhuizen@ebms.com> wrote:

| Good morning,

Ted – thank you for your email. We have run the reports on this topic two different times to ensure accuracy across the 10/2023 – 9/2024 and 10/2024 – 9/2025 plan years. We are very confident that approximately 40% of WVHA members use the Deltona clinic exclusively. So, our February 2026 board meeting submission document is accurate.

You will recognize that this figure was off in our March 2025 report and we apologize for that – there was clearly an error in the data pull.

We hope this aligns everything for the board going into the next board meeting.

Thank you and have a good day, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations

p: 406-869-6585



e: lrookhuizen@ebms.com

w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087



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From: Theodore Small <tsmall@westvolusiahospitalauthority.org>

Sent: Wednesday, February 11, 2026 2:24 PM

To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Cc: Laura Rookhuizen <lrookhuizen@ebms.com>; Sue Wayte <swayte@ebms.com>; Gretchen Soto <gsoto@micareclinic.com>; Rose Alberts-Veracity <ralberts@veracity-benefits.com>

Subject: ?Comparing the February 2026 and March 2025 miCare Board submissions?

[External Sender]

Stacy, I didn't think it would be necessary to have you include all the attached miCare WVHA Board Submission, March 2025 in the Board Meeting materials for February 19th. But in quickly scanning the document you just forwarded, "miCare February 2026 submission" there is at least one huge discrepancy between the headline in the new submission that "Approximately 40% of WVHA members exclusively use the Deltona clinic." vs. the statement from actual data in the attached March 2025 submission that only 101 WVHA members exclusively use the Deltona clinic. I'll copy Laura and the EBMS team, to whom I posed that very question last week, in order to allow them to explain this discrepancy (or misreading) of the prior report. Either way, please include the entire March 2025 so that the Board can appreciate the basis for the discrepancy.

We all owe it to the Board to get such factual representations resolved so that they can finally resolve this issue based on the most accurate numbers.

Thanks, ts

Ted W. Small, Esq.

Outside Counsel to West Volusia Hospital Authority

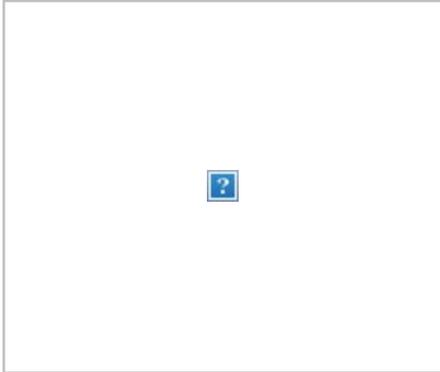
From: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Sent: Wednesday, March 12, 2025 5:03 PM
To: Theodore Small <tsmall@westvolusiahospitalauthority.org>
Cc: Webb Shephard <Webb.Shephard@JMCo.com>
Subject: FW: miCare WVHA board meeting submission

WVHA Board Members,

Please see the attached information from Laura at miCare. This contains further information regarding the lease and consideration of consolidating the clinics. Sue Wayte will be present at the meeting next week to discuss.

Stacy Tebo

WVHA Administrator



From: Laura Rookhuizen <lrookhuizen@ebms.com>
Sent: Tuesday, March 11, 2025 11:22 PM
To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Cc: Gretchen Soto <gsoto@micareclinic.com>; Sue Wayte <swayte@ebms.com>
Subject: miCare WVHA board meeting submission

Hi Stacy,

I hope this email finds you doing well.

Please find attached the miCare submission for next week's board meeting.

If there are any questions, please reach out.

Thank you, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations

p: 406-869-6585

A. Department of Health	
Division of Health Care Regulation	
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Billings, Montana 59101	
Phone: (406) 241-2000	
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This document is a public record under the Montana Public Access to Information Act.	
If you have any questions, please contact the Department of Health.	
Thank you for your interest in the Department of Health.	

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1. Maximum Utilization by Clinic location

The following table illustrates the maximum utilization in total, and by Clinic location. This is based on the most recent year, 10/2023 - 9/2024.

Location	<u>Max # of Visits</u> (average visit = 31 mins)	Actual # of visits	Actual Lab + Nurse Visits	Actual Medication Pick-Ups
Combined	8,195	7,341	3,701	6,802
DeLand	4,536	4,262	2,416	3,957
Deltona	3,659	3,079	1,285	2,845

2. Average appointment time & average unique patients / day

The average appointment time across both Clinic locations is **31 minutes**. This is based on the most recent year, 10/2023 - 9/2024.

The following represents how many unique patients *on average* are seen at each Clinic location. This is based on the most recent plan year, 10/2023 - 9/2024. Please note, the below figures represent provider visits only. Patients can have multiple encounters while in the Clinic - for example, medication pick-up, lab draw, etc.

- a. Deltona: 12
- b. DeLand: 16

3. Updated staffing allocations

In response to the request to update Attachment B-1 of the contract, please find an updated staffing allocation table below.

Key Roles	Hours/Week (Deland Clinic Only)		Hours/Week (Deltona Clinic Only)
Medical Director/ Supervising Physician	14		
Supervising Physician	8		8
Physician Extenders	55		40
Coordinators	92		68
Practice Manager	40		
Other Clinical Professionals	96		56
Other Non-Licensed Staff (Reception, Referral authorization, ER Diversion)	114		71
Disease Educators (Virtual)	5		
Referral Management Staff (Virtual)	40		

4. Can all health card members be served at one access point at the DeLand Clinic should the Deltona Clinic be closed?

The simple answer is, yes, all health card members can be served at one location. MiCare has extensively reviewed the Clinic layout in DeLand. A couple notations:

- 7 exam rooms will be required to accommodate visits with providers.
- Through sharing offices by various staff members and adjusting the flow of the clinic, all outside vendor partner space can be accommodated (e.g. SMA).
- Stacy maintains her own private office.
- While miCare staff can accommodate operations in one Clinic space, we would be remiss not to mention that we have slight concerns about how this will impact overall utilization. Numbers for consideration regarding this:
 - o For the last plan year 10/2023 – 9/2024:
 - 1292 health card members have utilized both Clinics at some point
 - 685 health card members have only used one Clinic or the other:
 - 101 only used Deltona
 - 584 only used DeLand
 - Please note that 685 + 1292 equals more than the current # of health card members. These numbers represent health card members that were *active at any point* during this 12-month time period.

5. Operating Costs

Utilizing the financials from 10/2023 – 9/2024, should the WVHA board elect to close the Deltona Clinic location, an approximate annual savings of **\$152,973** will be realized. This figure includes utilities, IT support, janitorial expenses, maintenance, insurance, and rent. Please note the rent was figured using current lease arrangement.

The Board should consider there will be Clinic closure costs. These will include moving costs (of actual Clinic furnishings), IT support to set-up new exam rooms and workstations at DeLand Clinic, light construction work to move permanent wall fixtures from Deltona to DeLand (art, clinical displays, pamphlet holders, etc.).

A request was made for miCare to provide an ‘all in per visit cost’ for each clinic location. Using the financials from 10/2023 – 9/2024, these figures are as such:

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)
Combined	\$345	\$386
DeLand	\$368	\$391
Deltona	\$318	\$378

6. Patient Assistance Program (PAP)

The PAP program currently services 275 unique health card members with 378 applications (one member can have multiple applications). This program has saved approximately \$2.3 million to date.

miCare has an extensive workflow process built into Clinic operations that support the onboarding of new PAP patients and applications as well as managing the renewal process of existing applications (required every 12 months/medication). miCare interacts with several drug companies and complies with their various application process requirements in order to maintain free drug access for WVHA health card members.

From: [Christopher Bellingham](#)
To: [Jennifer Coen](#)
Cc: [Judy Craig](#); [Rakeem Ford](#); [Voloria Manning](#); [Jennifer Moore](#); [Stacy Tebo](#); JBrower@volusia.org; JJohansson@volusia.org; mavilavazquez@deltonafl.gov; wright.tom.web@flsenate.gov; barnaby.webster@myfloridahouse.gov; leek.thomas.web@flsenate.gov; cnabicht@deltonafl.gov; news@news-journalonline.com; info@beacononlinenews.com; news@wftv.com; news@wesh.com; newstips@wkmg.com
Subject: Preserving Access at the Deltona Clinic – A Call for Deliberative Prioritization Ahead of the 2026 Clinic Workshop
Date: Friday, February 13, 2026 8:14:05 AM

Chair Jennifer Coen and Members of the West Volusia Hospital Authority,

The question before you regarding the potential consolidation or closure of the Deltona clinic, as discussed in your March 2025 joint meeting with the Citizens Advisory Committee, is more than an operational adjustment. It is a reflection of how we steward public resources in service of community health. Your own materials from that meeting estimate an annual savings of approximately \$152,973 through closure, primarily from rent, utilities, and related costs. Yet, when framed within the broader data, this figure demands a fuller examination of its human and systemic consequences.

Recent utilization reports underscore the clinic's vital role: In the second quarter of 2025 (January–March), the Deltona site operated at 83% capacity, handling 43% of provider visits, 17% of labs, and 2% of nurse visits across both clinics, with a notably low 5% no-show rate. Historical data from the 2023–2024 plan year further reveals that 35% of HealthCard members reside in Deltona, 32% rely on it for member penetration, and over 1,292 members have utilized both clinics, with 101 depending solely on Deltona. These numbers do not depict a redundant facility; they illustrate a cornerstone of access for a population exceeding 90,000 in Deltona alone, where transportation barriers—such as 90-minute bus rides to DeLand—can transform routine care into an insurmountable challenge.

When access contracts for such a significant portion of the covered population, costs do not vanish. They migrate—to emergency departments when preventive care is delayed, to EMS systems when conditions escalate, and to county budgets and state programs that shoulder the downstream burdens of unmanaged chronic diseases like diabetes or cardiovascular issues, which your own population health reports (as presented in earlier 2024 meetings) show are being effectively managed at lower costs through clinic interventions. The Authority's adopted district budget does not indicate insolvency; this is a prioritization decision, one that echoes the CAC bylaws' mandate to advise on effectively and efficiently meeting the healthcare needs of West Volusia citizens.

I offer these observations not in opposition, but in partnership with the Authority's mission. I recognize the fiscal pressures you face, as highlighted in past financial reports and audits, and respect the careful deliberations evident in your meeting minutes. If structural constraints—such as lease renewals or capacity limits—are driving this consideration, the community would benefit from a transparent unpacking of those factors. Transparent dialogue not only bolsters institutional trust but also invites collaborative solutions. For instance, alternatives like enhanced outreach to underserved communities (noted in 2024 discussions on patient education via mail and calls), transportation partnerships with Volusia County, or phased adjustments to boost Deltona's utilization could preserve proximity while addressing efficiencies. Drawing on the CAC's independent advisory authority, as outlined in its bylaws, to study this issue further could yield recommendations that align savings with sustained access. I would welcome the opportunity to contribute constructively, perhaps through public

input at your upcoming February 19, 2026, Clinic Workshop, alongside county and legislative stakeholders who will feel the ripple effects of any contraction in primary care.

This decision extends beyond the Authority's ledger, touching intergovernmental loops from local EMS to state health expenditures and federal programs for the medically vulnerable. As your March 2025 motion to consider consolidation passed 4-1, with thoughtful comments from commissioners on both sides—ranging from concerns over medication compliance and community trust to potential service improvements through consolidation—it is clear this warrants deeper civic engagement. Before any final action, I respectfully request that the Authority defer a vote, publish a comprehensive cost-benefit analysis incorporating projected increases in ER utilization and transportation strains, and hold a publicly noticed hearing focused on Deltona residents, ideally integrated with the 2026 workshop.

Budgets reveal our collective priorities, and in this moment, the question is whether access to care remains central to West Volusia's vision. Institutions like the WVHA are stewards of that promise; let us ensure decisions reflect the gravity of that role.

Respectfully, Chris Deltona, FL

661-429-8634