

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS & CITIZENS ADVISORY COMMITTEE
JOINT MEETING
June 18, 2026
5:00 PM
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda:
 - A. Approval of Minutes - Regular Meeting May 21, 2026
 - B. Approval of Revised Eligibility Guidelines with Amendment Approved at April Meeting
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee – Chair Patrick Rogers
 - A. Minutes Final Ranking Meeting on June 2, 2026
 - B. CAC Ranking Results and Comments with Spreadsheet Attached
7. CAC Meeting Adjournment (CAC members may exit if desired.)
8. Reporting Agenda:
 - A. EBMS May Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona May Report – Practice Manager Gretchen Soto
 - C. The House Next Door (THND) May HealthCard Report
 - D. True Health May Report – Selenita Delgado, Regional Director of Operations
9. Discussion Items:
 - A. Applichat Social Media Ads
 - i. Responses to Board Website Questions
 - B. Board Review of Administrative Applications
 - i. Halifax Healthy Communities
 - ii. THND HealthCard Program
 - iii. RAAO Prescreening Services
 - C. SMA Healthcare – WVHA Residence Verification, Asset Test, and Health Card Application Process for Chet Bell Crisis Center
 - D. Additional Mobile Clinic Deployment Locations
 - E. Updates to Select Internal Organizational Policies of the WVHA (tabled on 5/21/26)
 - F. June Board Submission from miCare
 - i. Text Campaigns
 - ii. Flooring Proposal
 - iii. Transportation
 - iv. Deltona Consolidation
10. Administrator Report
11. Finance Report
 - A. May Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
12. Legal Update
13. Upcoming Meetings – Budget Workshop and Regular Meeting July 16th at 4PM
14. Adjournment

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

WEST VOLUSIA HOSPITAL AUTHORITY AGENDA MEMO

TO: WVHA Commissioners

FROM: Stacy Tebo, WVHA Administrator

RE: Approval of Revised Eligibility Guidelines with Amendment Approved at April Meeting

DATE: June 11, 2026

On April 16th, the Board voted to extend the provisional enrollment period from sixty to ninety days to allow adequate time for the applicant to receive a Medicaid denial letter.

Motion 041 - 2026 Commissioner Manning moved to approve the extension of the 60-day provisional enrollment period to ninety days. Commissioner Craig seconded the motion. The motion passed 5-0.

This has been updated on page five of the attached eligibility guidelines Section 2.02 (4).

4. Medical Coverage.

All applicants who are US Citizens must provide written proof that they have submitted an application for Medicaid within 90 days of submitting the WVHA Application and that they have received a Medicaid denial letter within **90** days after submission of the WVHA Application. Denials for reasons of noncompliance with Medicaid application requirements will not be accepted.

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 18, 2026

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WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

The West Volusia Hospital Authority (WVHA) Enabling Act recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of the West Volusia Hospital Authority Taxing District and to maximize the health and well-being of residents by providing comprehensive planning, funding, and coordination of health care service delivery. Program elements may include, but not be limited to, preventive health services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care.

The WVHA Board of Commissioners has established policies and procedures to qualify clients who are in need of medical services, who do not have the ability to pay, and are residents of the WVHA Taxing District.

WVHA Health Card availability is restricted until all other means of payment have been exhausted, including, but not limited to, bank accounts, certificates of deposit, stock ownership, bank loans, savings accounts, mutual funds, non-exempt property, insurance loans, family member loans and the like. If an individual or a family member receives benefits under WVHA Health Card to treat an injury or medical condition that was caused by a third party, then WVHA hereby claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (e.g., a defendant in a lawsuit or a defendant's insurer). WVHA must be reimbursed for the benefits it has paid if the WVHA Health Card member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition.

As this policy cannot cover all variables, it should be noted that on occasion a determination must be made upon the available facts coupled with the good judgment of the WVHA Enrollment Certifying Agent.

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

Each applicant must meet the following criteria for consideration of enrollment:

1. Residency ([Article VIII](#)).

All applicants must reside within the WVHA District (refer to Section 11.03)

- a. Residency exists when the applicant has been residing for at least three (3) months within the District.
- b. Exception - Those qualified as “homeless” are subject to a one (1) month residency requirement.

2. Identification (Article VIII).

An applicant must provide the forms of identification that are required under this policy.

3. Income (Article IX).

The calculated family income must be equal to or below the West Volusia Hospital Authority Board approved percentage of the Federal Poverty Level Guidelines for that family unit size.

4. Medical Coverage.

All applicants who are US Citizens must provide written proof that they have submitted an application for Medicaid within 90 days of submitting the WVHA Application and that they have received a Medicaid denial letter within 90 days after submission of the WVHA Application. Denials for reasons of noncompliance with Medicaid application requirements will not be accepted.

Note: The ACA insurance exchange will also be a point of entry for Medicaid applications

5. WVHA Affordable Care Act (ACA) Requirements

The WVHA policy is that the WVHA Health Care Program funds health care for indigent residents only as a payer of last resort (thereby avoiding replacement of affordable private insurance or displacement of available federal programs). It is the policy of the WVHA Board of Commissioners that an application for insurance coverage, tax credits, and subsidies under the ACA insurance exchange (www.healthcare.gov) is a requirement before an applicant can qualify for a WVHA health card. All other provisions of the WVHA Eligibility Guidelines are in addition to the ACA requirements.

Denials of eligibility, tax credits or cost-sharing subsidies for reasons of noncompliance with established exchange procedures will not be accepted.

WVHA reserves the right to verify all information. Verification includes but is not limited to income, assets, credit, and employment. This may be accomplished at any time during the application process, enrollment or after benefits have been assigned. If any information is discovered to be false or altered in any way, WVHA may deny the application or dis-enroll the member and recover any charges previously adjusted under this program. Any member or applicant denied for falsification of information may be prohibited from ever applying again.

WVHA is the payer of last resort and assists patients with no medical benefits. Patients that have health coverage are excluded from the program. Certain programs, such as ‘Aids Drugs Assistance Program’ (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify an applicant from the WVHA Health Card program because such programs are not considered inclusive medical benefits.

Section 2.03 Purpose

To summarize the eligibility process.

Section 2.04 Policy

All applicants follow a three (3) step process to verify enrollment into WVHA programs. The steps include: Application, Evaluation and Determination, and Enrollment. The Evaluation, Determination, and Enrollment steps are performed exclusively by a WVHA Enrollment Certifying Agent.

Procedures

The following is the procedure used for determining eligibility for the WVHA program:

1. Application: The application ([Section 12.04](#)) and assessment form ([Section 12.05](#)) must be fully completed by the applicant. The following documentation is required to complete the application.
 - a. Proof of residency in WVHA Taxing District ([Article VIII](#))
 - b. Identification ([Article IX](#))
 - c. Proof of Income ([Article X](#))
 - d. Proof of Assets ([Article XI](#))
 - e. Proof of Medicaid Application or Medicaid Application Denial Letter
 - f. Proof of Affordable Care Act (www.healthcare.gov) Application
 - g. **Applicants can only apply for WVHA Assistance during periods of Open Enrollment as defined by the Federal Government for coverage under the Affordable Care Act. WVHA adopts the Open Enrollment Period set forth by the Federal Government, including Special Enrollment Periods.**
 - i. Exceptions:
 1. New applicants: applicants that were not eligible during the prior six (6) months AND were NOT eligible during the last Open Enrollment Period may apply for WVHA assistance outside of the Open Enrollment Period set forth by the Federal Government.
 - a. Unless the new applicant is determined to have a non-citizen resident exemption, all new applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
 - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
 - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
 2. Renewal applicants: applicants that were eligible on the date that their application was received by the Enrollment Certifying Agent.
 - a. Unless the renewal applicant is determined to have a non-citizen resident exemption, all renewal applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
 - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
 - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
 3. Applicants Eligible for ACA Special Enrollment Periods
 - i. If a Special Enrollment Period is indicated on the ACA Determination Letter, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.

- ii. If a Special Enrollment Period is indicated, but the cost of a plan is more than 8%, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.

h. Available ACA Plans

- i. If the cost of a plan, net of premium tax credits, is less than 8% of gross income (excluding child support, gifts, Supplemental Security Income (SSI), Veteran's disability payments, Worker's compensation, proceeds from loans (like student, home equity or bank loans)), the WVHA application may be denied entirely, or approved for a shortened period of assistance.
 - 1. The WVHA Enrollment Certifying Agent will make the determination of whether or not a plan is available at a cost of less than 8% of the applicant's annual gross income by reviewing premium costs for the applicant (based upon age, gender, residence) indicated on the ACA Marketplace website in concert with the ACA Determination Letter information.
 - a. In this case, the WVHA Application will be denied
 - b. If, however, the applicant submits proof of coverage within the month they enroll for the ACA plan, and the applicant meets all other WVHA eligibility guidelines, the WVHA Enrollment Certifying Agent may approve a shortened period of eligibility, This is to allow for WVHA assistance during the short period prior to the patient's effective date with the ACA Plan.
 - i. Patients that apply for an ACA plan prior to the 15th of the month become effective for the ACA plan on the 1st day of the following month.
 - ii. Patients that apply for an ACA plan after the 15th of the month become effective on the first day of the second month following enrollment.
 - 1. WVHA assistance for the gap between the date the patient enrolled in an ACA plan and the ACA plan effective date shall not exceed a period of 45 days.

2. Evaluation and Determination:

- a. Upon receipt of the application and assessment form, the WVHA Enrollment Certifying Agent will evaluate the application and documentation for accuracy and appropriateness.
- b. Prior to submitting an application for WVHA, applicants must first submit an application for insurance on the ACA insurance exchange (www.healthcare.gov)
 - i. Note: The ACA insurance exchange will also be a point of entry for Medicaid applications.
 - ii. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association (FWA) in lieu of an ACA Application. The date of the FWA attestation shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
 - iii. Note: Deferred Action for Childhood Arrivals (DACA) residents may submit proof of their Employment Authorization Card in lieu of an ACA determination letter.
 - iv. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Application. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- c. WVHA Applicants must submit an ACA determination letter along with their WVHA application as proof of their ACA application. The date of the ACA Determination Letter shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent; provided however, the ACA may be dated up to and including a date 6 months prior to the receipt of the WVHA Application by the WVHA Enrollment Certifying Agent if the ACA Determination Letter is accompanied by a ACA Pre-Qualifying Form (See Appendix K, 0) which is completed by a Person Assisting who is approved by WVHA.

- i. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association in lieu of an ACA Determination Letter. The date of the attestation from FWA must be within 30 days of the application.
- ii. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Determination Letter. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- iii. If the WVHA Applicant's Household income is less than 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
 - 1. If the only item that the ACA Determination Letter requests additional information to complete the application is to confirm tax filing status, the ACA Determination Letter shall be considered complete.
- iv. If the WVHA Applicant's Household income is greater than or equal to 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
 - 1. The WVHA applicant **CANNOT** be approved for WVHA assistance unless the ACA Determination Letter is complete (does not require additional information to determine eligibility for coverage or eligibility for premium tax credits or out of pocket costs credits/subsidies).
- v. The WVHA Enrollment Certifying Agent has discretion to approve an applicant if the ACA Determination Letter states that the applicant is ineligible or likely ineligible in whatever wording is being utilized to indicate an interim determination of Medicaid ineligibility: e.g., "likely not eligible due to the state the applicant resides in". The WVHA Enrollment Certifying Agent also has discretion to approve an applicant if the ACA Determination Letter is plainly in error based on a generally known computer glitch or other similar problem that prevents the issuance of accurate ACA Determination Letters, but the Agent may exercise this discretion only after verifying that this computer glitch or other problem has been reported in writing to CMS and/or HHS officials who have responsibility to work on a solution. This includes the attestation process where the WVHA Enrollment Certifying Agent has assisted the applicant with uploading documentation after verifying that the application would not meet the ACA subsidy or tax credit requirement based on income. The WVHA Enrollment Certifying Agent has discretion to grant provisional approval of a WVHA Application if it has written evidence, such as a screenshot from the Medicaid program website showing that the applicant has submitted an application for Medicaid within 90 days of submitting the WVHA Application, that the applicant is currently ineligible but a Medicaid denial letter is not available for reasons other than noncompliance with the Medicaid application requirements.
- d. The information provided in the application and accompanying documentation is the basis for one of three determinations. The application determination must be made on a timely basis.
 - a. Denied- The case is denied and a "Notice of Determination" is sent to the applicant and documented. Applicant does not proceed to enrollment.
 - b. Pending – The case may be returned for corrections or the submission of additional information. Cases can only be pended for a total of 30 calendar days. While an application is pending submission of additional information, the WVHA Enrollment Certifying Agent has discretion to accept in lieu of requested documents the written clarifications on basic questions about an applicant (e.g., marital status, relationship to applicant) submitted by a supervisory level staff member at a WVHA funded agency; provided however, the applicant must be mailed a copy of any such clarification with notice that it will be considered as a part of the application unless objected. If the required information or some such clarification is not received, the case will be denied on the 31st calendar day.
 - c. Approved – The case is approved. "Notice of Determination" is sent to the applicant. Applicant proceeds to enrollment.

3. Enrollment: The enrollment process includes:
 - a. Explanation of the benefits covered under the assigned plan and how to receive care.
 - b. Explaining the policy and providing a copy of the WVHA guidelines.
 - c. The issuance and explanation of the WVHA Health Card.

Article III. WVHA Application Time Standards

Section 3.01 Purpose

To define the allowable time standards for submission of applications and supporting documentation for the purpose of eligibility determination.

Section 3.02 Policy

Time Standards – Applications:

1. Date of Application: The application date is determined in one of the followings ways:
 - a. The date the application is received by WVHA Enrollment Certifying Agent becomes the enrollment date should the applicant be found to be eligible.
 - b. The date of emergency room treatment or date of discharge if patient was subsequently admitted to an approved WVHA area hospital. These applicants must be instructed to make arrangements for initial screening and application at designated WVHA Enrollment Certifying Agent within fifteen (15) business days.
2. Time Standards – Submission for eligibility determination:
 - a. WVHA Enrollment Certifying Agent will respond to applications and make a determination in a timely manner.
3. Reapplication – (after denial)
 - a. Effective February 16, 2016, an applicant may reapply 21 days from date of denial should there be a material change in application circumstances. After submitting three (3) applications and receiving three (3) denials, the applicant may reapply ONLY after presenting a money order in the amount of \$21.00 and payable to the WVHA.
4. Renewal
 - a. A WVHA Enrollee can apply for renewal no earlier than 30 days prior to expiration date of existing card. If a cardholder applies at renewal, and a lapse occurs within 30 days from coverage term date, dates will be adjusted to avoid a lapse in coverage. Each reapplication is treated as a new application and all forms and updated documents need to be submitted accordingly.
5. Eligibility Term
 - a. WVHA Health Cards are issued for a period of six (6) months. WVHA reserves the right to issue short term eligibility periods for special circumstances to be determined by WVHA Enrollment Certifying Agent.

Article IV. WVHA Family Size

Section 4.01 Purpose

To identify the person or persons to be considered as part or all of a family unit.

Section 4.02 Policy

WVHA Enrollment Certifying Agent shall consider family size as part of the eligibility process. Inmates under the control of a law enforcement authority or under prison control are excluded from consideration.

Section 4.03 Definitions

To determine if the family unit's gross income is within the WVHA income standards, it must first be determined who is in the applicant's family unit.

A family unit is defined as one or more persons residing together in the same household, whose needs, income, and assets are included in the household budget (excluding: roomers, boarders, lodgers, wards, employees, foster children, or adult dependents who are not Full Time Students). Members include the applicant, legal spouse, dependent children, stepchildren, adopted children, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian, or natural parents of minor children, or minor siblings.

Other relatives under the age of 18 and living in the household must be dependent on the Head of the Family for financial support and claimed as a dependent for income tax purposes and does not have an independent income, to be considered part of the family unit.

Full Time Students-Persons 18 years of age or older who are full-time students (this must be proven and documented by IRS tax documentation in which the student is claimed as a dependent) are considered part of the family unit size until 24 years of age, after which they are considered as a separate family unit. Documentation must be provided and placed in the eligibility file.

Persons Not Considered Part of the Family Unit- Parent, grandparent, son, daughter, brother, or sister 18 years of age or older who resides in the family residence is not considered part of the family unit size, but a separate family except as described above. (Full Time Students)

Emancipated persons are not considered part of the family unit size, but rather as a separate family.

If a residence is shared by one or more family units, the Federal Poverty Level Guideline levels are applied to each family unit and not to the residence as a whole.

Eligibility is based on the entire family unit.

Qualifying Levels - The family size along with the gross income is compared to approved qualifying levels for the purpose of determining eligibility.

Article V. WVHA Qualifying Levels

Section 5.01 Purpose

To identify the application of qualifying levels based on family size and income.

Section 5.02 Policy

WVHA utilizes the Federal Poverty Level Guidelines, published annually in the Federal Register and approved for use on April 1 of each year. The guidelines are used to determine qualifying levels for eligibility. The WVHA Board establishes the qualifying percentages which cannot be modified without WVHA Board approval.

Section 5.03 Guideline

150% of the approved Federal Poverty Level Guidelines for children and adults - Link below: (See [Appendix A – Current Federal Poverty Guidelines](#)).

Article VI. WVHA Termination

Section 6.01 Purpose

To establish criteria for the termination of member eligibility for WVHA Health Card programs.

Section 6.02 Policy

Termination of individuals from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission.
2. Failure to keep appointments
3. Abusive or disruptive behavior
4. Inappropriate or excessive use of Emergency Room Services
5. Inappropriate or excessive use of other provided services, including altered RX Prescriptions
6. Illegal possession of firearms or weapons
7. Physical or verbal threats
8. Enrollment in a Health Insurance Plan
9. Eligible for Medicaid
10. Eligible to enroll in ACA Marketplace private insurance, net of premium tax credits, for cost that is less than 8% of gross income.
11. Repeated failure to cooperate with the recommendations of WVHA miCare team and/or other agencies to ensure that Members receive the right care at the right time and at best pricing for WVHA Taxpayers.

If terminated for reasons 1,4,5,6, or 7, individuals may be determined temporarily ineligible by any agency contracted by WVHA to provide enrollment, access to healthcare, or healthcare services to indigent residents. Such temporary ineligibility shall continue until the next WVHA Board meeting where the Board shall determine how long the ineligibility will continue based on all information presented by the individual and contracted agency.

Termination of entire family unit from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission; changing, tampering or altering information printed on a Health Card in any way
2. Income exceeds guidelines
3. Assets exceed guidelines

If terminated for reason 1, entire family unit is ineligible for future consideration.

Article VII. WVHA Residency

Section 7.01 Purpose

This section defines residency as it relates to the WVHA Health Card eligibility process and identifies acceptable documentation to prove residency in the WVHA Taxing District ([Appendix C - WVHA Taxing District \(Zip Codes Included in District\)](#)).

Section 7.02 Policy

The applicant must reside in WVHA Taxing District. Except for those qualified as “homeless”, residency exists when the applicant has lived within the WVHA Taxing District and has been a permanent resident for a minimum of three (3) months.

- Homeless residency is established when a homeless applicant registers at an approved social service agency and has been seen by that agency for at least one (1) month.
- Residency does not exist when the stay is for a temporary purpose or there is intent to return to another location outside of the WVHA Taxing District.
- Admission to an institution located within WVHA Taxing District does not constitute fulfillment of the residency requirement.
- A student attending school away from home is considered a resident of the county in which his parents reside if he is claimed as a dependent for federal income tax purposes.
- A visit to West Volusia County for any purpose does not qualify as residency.
- A temporary living arrangement in WVHA Taxing District prior to admission/treatment in a medical facility does not qualify as residency.
- Documentation supplied by the applicant to prove residency may not be used to verify the applicant’s identity.
- For applications containing multiple applicants from the same household, documents for the head of household shall apply to all applicants in the same application for the purposes of establishing residency.
- For addresses not verifiable through the Volusia County Property Appraiser or Volusia County Tax Collector website, supporting documentation can be provided from the Property Appraiser or County Tax office confirming the street residence listed on the application is within the Volusia County taxing district. This is an option for the applicant to allow processing of the application to continue without being pended or denied.

Section 7.03 Procedures

All residency documentation must be copied and placed in the applicant’s permanent case file. WVHA may request to see original documentation.

Residency for WVHA programs is satisfied when an applicant provides proof of WVHA Taxing District residency by presenting any two (2) of the following documents (The documents may be from different street addresses, as long as the street addresses are within the WVHA Tax District).

APPLICANT IS HOMELESS (only one (1) document required):

- WVHA Homeless Verification Form ([Section 12.06](#)) from an approved social service agency. (must have a valid mailing address)

APPLICANT LIVES WITH OTHERS **OR** RENTS/OWNS (Two (2) Documents required):

- WVHA Verification of Support ([Section 12.07](#))
- Vehicle Registration
- Children registered in West Volusia Schools
- Mail received by applicant in West Volusia County for three (3) month period. (i.e., government correspondence, USPO change of address, court documents, other bills) If mail sent to a P.O. Box, the applicant’s physical address must be noted in document. If online bills are provided, they must include Date (Billing Period), Name, & Address.

- Property tax bill
- Mortgage payment
- Lease Agreement/Contract
- WVHA Verification of Rent ([Section 12.08](#))
- Utility bills

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

- Letter from agency or group home where applicant is enrolled.
- Proof of West Volusia residency as outlined above for immediate past three (3) month period,
- If applicant was homeless prior to enrollment, then proof of residency for one (1) month as outlined above.

Section 7.04 Definitions

- Property Tax Bill - For current or prior year depending on the date of application (most recent bill issued). WVHA Enrollment Certifying Agent will confirm data from Volusia County website.
- Lease Agreement/Contract - The lease must be for the current year. The documentation must include landlord's name, address, telephone number, and lease start and end date.
- Rent Receipts - The rent receipts must be for the immediate past three (3) months. If the required receipts are not available, a WVHA Verification of Rent form may be completed and signed by the renter/lessor ([Section 12.08](#)).
- Utility Bills - Electric, water, telephone, gas or other city or county utilities or other contracted service (i.e., pest control, cable service...) that would indicate the address the service is provided, for the past immediate three (3) months. These are only accepted as proof of residency for applicants that own or rent and must be in the same name as the applicant.
- Enrollment in a Facility or Agency Program - Letter from agency or group home where applicant is enrolled. This form of documentation must be accompanied by an approved proof of residence for the past immediate three (3) months in the WVHA Taxing District prior to enrollment in the facility program. (Homeless - one (1) month -([Section 12.06](#)))
- WVHA Verification of Support- if the applicant is living with another party ([Section 12.07](#)).
- WVHA Homeless Verification Form from a WVHA approved social service agency ([Section 12.06](#))
- Vehicle Registration in the name of applicant/spouse. Must be current and include address in the WVHA Taxing District.
- Proof of children registered in area schools.
 - Applicants that provide a WVHA Verification of Support, may be subject to verification through skip tracing, credit report and property search tools. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.
 - All proof of residency documents must show street address within the WVHA Tax District.
 - Post office boxes may be used for mailing purposes only. Applicants mailing address must include their residence physical address. Applicants with post office boxes are still required to meet all residency requirements. The USPO will deliver mail to a post office box shown on the line directly above City and State line and physical address shown below name.

Example: Name of applicant
 Street Address
 Post Office Box
 City, State and Zip

Note: Any WVHA member mail or correspondence returned to WVHA Enrollment Certifying Agent as undeliverable or with an invalid address will be subject to suspension of coverage until a new application can be processed or address is verified by applicant.

Article VIII. WVHA Identification

Section 8.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 8.02 Policy

Every applicant must provide copies of two (2) acceptable documents (one must be a photo I.D.) to prove his/her identity. Children who are Members of the Household of an adult applicant, but are too young to have a middle or high school photo I.D. may satisfy this requirement with their birth certificate along with verification of the photo I.D. of both parents. Identification must be current.

Section 8.03 Procedures

The following define acceptable documentation for proving identification.

- a. Birth Certificate
- b. Florida Picture Identification Card (Such as Florida Driver's License with West Volusia address)
- c. Social Security Card
- d. The Farmworker Association of Florida, Inc. (Photo Identification with correct address)
- e. Passport
- f. Certificate or official document that includes name, address, and social security number (such as a tax form or social security document).
- g. Alien Registration receipt card, (Green card, Form I-151 or I-551)
- h. Any government issued photo identification

Article IX. WVHA Income

Section 9.01 Purpose

To identify the sources, calculation, and verification of income and how it relates to the WVHA Health Card eligibility process.

Section 9.02 Policy

The WVHA Board will set the income levels allowable for inclusion into the WVHA programs.

All income must be verified by the source of the income.

Income will be calculated using a Quarterly (thirteen weeks) or Annual (fifty-two weeks) method.

Section 9.03 Definitions

Gross Income-The amount of income received as of the date of the application for the prior twelve (12) month time period under consideration. For family size of two or more, income for all household members must be included.

Section 9.04 Procedures

The following are considered as sources of income or value for the purpose of determining eligibility:

1. Wages, salaries and gratuities, Pay Stubs for previous 8 weeks
2. Social Security Benefits for any household member
3. Supplemental Social Security Income (SSI) or Disability Benefits
4. Temporary Assistance for Needy Families (TANF)
5. Retirement or Pension Benefits, Stocks, Bonds and Annuities (e.g., 401K, 403B, IRA, SEP)
6. Royalties and Rents/Income from Rental Property
7. Unemployment/Worker's Compensation Statement
8. Veterans or Military Benefits/Allotments
9. Strike Benefits
10. Insurance and Annuity Income
11. Dividends and Interest Earnings (stocks, bonds, etc.)
12. Estate and Trust Fund Income
13. Private Loans of a Recurring Nature
14. Training Stipends
15. Alimony/Child Support
16. Inheritance
17. Compensation for an Injury/Settlements
18. Gifts-(include donations from churches, other organizations and family members.)
19. Insurance Payments
20. Self-employment Income. Defined as the amount of "net profit (loss)" as reported on tax return Form 1040 Schedule C, line 31. The WVHA Enrollment Certifying Agent may request supporting documentation for deductions not in line with industry standards. Deductions for personal expenses and wages will be adjusted accordingly. (Include last Quarter Financial Statements, bank settlements and most recent Tax Return)
21. All sources of value including free rent and barter goods will be used to determine the applicant's income
22. Housing Assistance Statement (Section Eight)
23. Food Stamps/Social Pensions
24. DCF Verification of Employment/Loss of Income Form

25. WVHA Verification of Support Form ([Section 12.07](#)) (unemployed applicants)
26. Most Recent Tax Return, 1040
27. Other income from any other source

(a) Verification of Income

1. Income verification is accomplished by submitting copies of the
 - a. Most recent individual income tax return, Form 1040 and W-2's for all wage earners in household
 - b. Recent paystubs- Eight (8) weeks prior or Florida DCF Verification of Employment/Loss of Income Form from current employer and/or Year to Date for all jobs.
 1. If applicant has recently lost their job, the Loss of Income Section of the DCF Verification of Employment/Loss of Income Form must be completed.
 - c. Bank Statements (previous three (3) months) include all pages
 - d. Medicaid Denial Letter or proof of Medicaid application and date of application. (Clinics, specialists, pharmacy and hospitals should check for Medicaid eligibility each time a patient presents for services, even if the patient has a current WVHA Health Card). Applicants unable to provide documentation of citizenship will be exempt from applying for Medicaid.
 - e. Unemployment/Worker's Compensation Statement. Applicants unable to provide documentation of citizenship will be exempt from applying for unemployment benefits.
 - f. Child Support/Alimony
 - g. Social Security Benefits for any family member
 - h. Pensions/Retirements/Interest
 - i. Veterans Benefits
 - j. Any settlements, court ordered or otherwise. Evidence of amount and duration of all settlements are required.
 - k. Other appropriate supporting documents.
 - l. Self-Employment
 1. Bank Statements for all business accounts for the last 3 (three) months; all pages must be included
 2. Previous Year's Business Tax Return-complete w/attachments/schedules
 3. Most recent self-employment quarterly financial statement

(b) Calculation of Income

2. The calculation of income is calculated by the annual method. This method calculates the previous twelve (12) months of gross earnings received to establish a monthly average income (MAI). This MAI is compared to the WVHA Board approved level as it relates to the Federal Poverty Level Guidelines, to determine qualification for the WVHA programs.
3. The following methods shall be used to compute MAI:
 - a. Hourly rate known x 2080 hours (year) divided by 12 = monthly income
 - b. Weekly rate known x 52 weeks (year) divided by 12 = monthly income
 - c. Bi-weekly rate known x 26 weeks (year) divided by 12 = monthly income
 - d. Yearly rate known divided by 12 = monthly income
 - e. If the applicant has worked or will work part of the year, the monthly income amount will be determined predicated upon the number of months worked. For example, if the applicant

works 9 months, then the total amount of earnings during the 9 months will be divided by 12 to arrive at a monthly income amount.

If an applicant is claiming \$0 income and **lives alone**, the applicant must provide a notarized WVHA Verification of Support Form which includes statement of monthly household expenses that are paid on his/her behalf. This amount is considered applicant's monthly income. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

If an applicant is claiming \$0 income and **resides with others** the applicant must provide a notarized Verification of Support Form which includes statement of monthly household expenses and the number of people in the household. (Divide the total expenses by the number of people in household to calculate the applicant's monthly income amount) The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

Article X. WVHA Assets

Section 10.01 Purpose

To identify sources, calculation and verification of assets and how it relates to the WVHA Health Card eligibility process

Section 10.02 Policy

The WVHA Board will set the asset levels allowable for inclusion into the WVHA programs.

Section 10.03 Procedures

The following are considered assets that are **excluded** from asset calculations.

1. Assets Excluded

- a. One homestead-A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
- b. Household furnishings
- c. One automobile in operating condition
- d. Clothing
- e. Tools used in employment
- f. Cemetery plots, crypts, vaults, mausoleums and urns
- g. Produce and animals raised for the applicant's personal home consumption
- h. Long term fixed retirement accounts (e.g., 401K, 403B, IRA, SEP). Income from these accounts will still be included when calculating household income.
- i. Assets that are jointly owned by an applicant who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the accused and the applicant is no longer residing in the homestead.
 - i. Official court documentation, such as a restraining order, must be supplied as proof that the applicant is a victim of domestic violence.
 - ii. The WVHA Health Card program will require a certified statement from a court official, or a notarized statement from the applicant attesting that the applicant is unable to liquidate the subject asset because of a domestic violence situation.

In order to be considered, an asset must first be "available" to the applicant or family unit. An asset is available if the applicant or member of the family unit has the right, authority or power to liquidate the property or his share of the property. The following assets, if "available," must be considered toward the asset limit:

2. Assets to be considered

- a. Checking and saving accounts- the value of a checking or savings account excludes amounts deposited in the four (4) weeks prior to application because such funds are counted as income.
- b. Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value (for the purpose of the asset calculation under this program) must be tied to the property through formalized legal obligation. Generally, this is a recorded lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e.,: receiving payment from a buyer when selling or transferring the title). An unrecorded loan provided to the property owner [for example a loan from a friend or family member] is not considered an encumbrance for asset amount determination.
- c. Cash surrender value of whole life insurance, if the combined face value of all policies owned by the family unit exceeds \$2,500.

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
 - e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
 - f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
 - g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.
-
- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in [Section 11.02](#).
 - If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
 - If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

Article XI. Appendices

Section 11.01 Appendix A – Current Federal Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Persons in family/household | Poverty guideline | 150% |
|---|--------------------------|-------------|
| 1 | \$15,960 | \$23,940 |
| 2 | \$21,640 | \$32,460 |
| 3 | \$27,320 | \$40,980 |
| 4 | \$33,000 | \$49,500 |
| 5 | \$38,680 | \$58,020 |
| 6 | \$44,360 | \$66,540 |
| 7 | \$50,040 | \$75,060 |
| 8 | \$55,720 | \$83,580 |
| For families/households with more than 8 persons, add \$5,680 for each additional person. | | |

The federal poverty guidelines are updated every January, and WVHA utilizes the most current numbers available at the following website. WVHA uses the column labeled 150%.

<https://aspe.hhs.gov/poverty-guidelines>

Section 11.02 Appendix B - Asset Limits

WVHA Health Card Program

ASSET LIMITS

If family unit's available assets are \leq the amount shown on the chart for a household of the same size, then the patient has met the asset criterion for the WVHA Health Card Program.

If family unit's available assets are $>$ the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

| FAMILY SIZE | ASSET LIMIT |
|--------------------|--------------------|
| 1 | \$5,000 |
| 2 | \$5,500 |
| 3 | \$6,000 |
| 4 | \$6,500 |
| 5 | \$7,000 |
| 6 | \$7,500 |
| 7 | \$8,000 |
| 8 | \$8,500 |
| 9 | \$9,000 |
| 10 | \$9,500 |

Each Additional Person \$500

West Volusia Hospital Authority Taxing District

Zip Codes

| | |
|-------|--|
| 32102 | Astor * (Only Volusia County Side) If address has 5 numbers- Lake County |
| 32105 | Barberville |
| 32130 | DeLeon Springs |
| 32180 | Pierson |
| 32190 | Seville |
| 32706 | Cassadaga |
| 32713 | DeBary |
| 32720 | DeLand * (Only Volusia County Side) If address has 5 numbers – Lake County Side |
| 32721 | DeLand (P.O. Boxes) |
| 32722 | Glenwood |
| 32723 | DeLand |
| 32724 | DeLand |
| 32725 | Deltona |
| 32728 | Deltona |
| 32738 | Deltona |
| 32739 | Deltona |
| 32744 | Lake Helen |
| 32754 | Mims * (Only Volusia County) |
| 32763 | Orange City |
| 32764 | Osteen |
| 32774 | Orange City |

* These zip codes overlap other counties. Look up record on **Volusia County Property Appraiser** or **Volusia County Tax Collector** websites to confirm they are located within the county.



WVHA HEALTH CARD APPLICATION

Application Date:

Section 1: Applicant Information. All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

| | | | | |
|--|--------------------------------------|----------------|------------------------|----------------------|
| Last | | First | Middle | Maiden or Other Name |
| Physical Address (where you reside) | | | | |
| City | | County | State | Zip |
| Mailing Address | | | | |
| City | | | State | Zip |
| How long have you lived at residence? | Temp/Perm | Rent/Own/Other | Daytime Telephone | Evening Telephone |
| Date of Birth | Sex (circle one) Male Female | | Social Security Number | |
| Previous address if less than 3 months | | | | |
| City | | | State | Zip |

Section 2: Members of the Household. List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

| Name | Applying for Health Card | DOB | Relationship | SS# |
|------|--------------------------|-----|--------------|-----|
| 1. | Yes No (circle one) | | | |
| 2. | Yes No (circle one) | | | |
| 3. | Yes No (circle one) | | | |
| 4. | Yes No (circle one) | | | |
| 5. | Yes No (circle one) | | | |
| 6. | Yes No (circle one) | | | |
| 7. | Yes No (circle one) | | | |
| 8. | Yes No (circle one) | | | |

Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).

All Applicants over 18 must sign below or application will be pended.

I on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize West Volusia Hospital Authority (WVHA), WVHA miCare Clinics and any of their successors and/or assigns and any of their independent sub-contractors and participating providers, to release and exchange any and all data, records and information related to medical records and individually identifiable protected health information (PHI) in their respective capacities as covered entities under HIPAA, and as allowable under federal and state laws, including but not limited to the data, records and information as necessary to provide care and/or administer the WVHA Indigent Health Card Program.

I hereby waive, relinquish and release the organizations referenced above, who have been granted the authority to release information to each other and otherwise, from any and all claims arising out of my authorization to release this information in accordance with the terms of this document.

A photocopy of this Authorization is considered as valid as the original. You are entitled to make and return a photocopy of this authorization. The authorization referenced above in regards to medical records shall remain in effect indefinitely unless properly terminated by written notice.

I understand that if I or any of my family members receive benefits under WVHA HealthCard to treat an injury or medical condition that was caused by a third party, then WVHA claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (to be subrogated will mean that WVHA must be reimbursed for the benefits it has paid if the WVHA HealthCard member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition).

I certify that the information given by me for the purpose of qualifying for the WVHA HealthCard Program is true and correct. I understand that is my responsibility to report to the WVHA Enrollment Certifying Agent (The House Next Door) with fifteen (15) days any change in my residence and/or mailing address and if my household income goes higher than the 150% gross income limit for my household size. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA HealthCard Program.

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date



WVHA HEALTH CARD ASSESSMENT FORM

Screened by
(THND Representative): _____

Instructions: Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.*

Section 1: General Information.

| Date | Applicant Name | Date of Birth | Clinic |
|------|----------------|---------------|--------|
| | | | |

How did you hear about the WVHA Health Card Program? Check one box:

- WVHA Webpage
 Printed advertisement or flyer
 Public meeting
 Florida Hospital
 The House Next Door
 Rising Against All Odds
 The Neighborhood Center
 Healthy Start
 Hispanic Health
 Other

Section 2: Insurance Information.

| | | |
|---|---|-----------------------------|
| 2.1 Do you have any Medical Insurance? | <input type="checkbox"/> Yes <i>If Yes, please indicate Carrier and ID #: _____</i> | <input type="checkbox"/> No |
| 2.2 Are you eligible for COBRA Benefits from a current/prior employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.3 Do you have Medicare A or B? | <input type="checkbox"/> Yes <i>If Yes, please indicate which coverage you are enrolled in & effective date _____</i> | <input type="checkbox"/> No |
| 2.4 Do you receive healthcare assistance or aid other than WVHA? | <input type="checkbox"/> Yes <i>If Yes, please indicate the assistance and/or aid you receive & effective date _____</i> | <input type="checkbox"/> No |
| 2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident? | <input type="checkbox"/> Yes <i>If Yes, please describe _____</i> | <input type="checkbox"/> No |

2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission

Section 3: Family Size.

| | | |
|---|---|-----------------------------|
| 3.1 Marital Status (Circle One): | <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widow | |
| 3.2 Do you have any dependent children living in the household? | <input type="checkbox"/> Yes <i>If Yes, how many? _____</i> | <input type="checkbox"/> No |

Section 4: Identification.

| | | |
|--|--|-----------------------------|
| 4.1 Do you have a Driver License or other Government ID? | <input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i> | <input type="checkbox"/> No |
|--|--|-----------------------------|

4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

Non-Picture ID:

- Social Security Card
- Birth Certificate
- Certificate or Official Document w/ Name, Address, & SSN

Picture ID:

- Passport
- Green Card
- Form I-151
- Form I-551
- Farmworkers Association of Florida-Photo ID

Section 5: Residency.

| | | |
|--|---|-----------------------------|
| 5.1 Do you own the house where you live? | <input type="checkbox"/> Yes <i>If Yes, please provide Property Tax Bill of current or prior year</i> | <input type="checkbox"/> No |
| 5.2 Do you rent? | <input type="checkbox"/> Yes <i>If Yes, please provide a copy of current Lease Contract or Verification of Rent Form</i> | <input type="checkbox"/> No |
| 5.3 Do you live in someone else's house? | <input type="checkbox"/> Yes <i>If Yes, please provide Verification of Support Form</i> | <input type="checkbox"/> No |
| 5.4 Do you consider yourself homeless? | <input type="checkbox"/> Yes <i>If Yes, please provide Homeless Verification Form</i> | <input type="checkbox"/> No |

5.5 All proof of residency documents must show street address within the WVHA Tax District and must be for the past immediate 3 months. Two (2) forms of residency are required, unless you are homeless applicant. Homeless applications only need to submit the Homeless Verification Form.

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)
- Mail received for three (3) month period
- Vehicle Registration in the applicant/spouse's name
- Mortgage Payment
- Proof of children registered in West Volusia School

Section 6: Financial Information.

| | | |
|---|--|-----------------------------|
| 6.1 Have you been employed in the last 8 weeks? | <input type="checkbox"/> Yes <i>If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form</i> | <input type="checkbox"/> No |
|---|--|-----------------------------|

| | |
|---------------|--|
| Employer Name | Pay Rate (circle one) |
| | Hourly Daily Weekly Biweekly Monthly |

Employer Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | |
|---|---|-----------------------------|
| 6.2 Have you lost your job in the last 8 weeks? | <input type="checkbox"/> Yes <i>If Yes, please provide a DCF Verification of Employment/Loss of Income Form</i> | <input type="checkbox"/> No |
| 6.3 Are you self-employed? | <input type="checkbox"/> Yes <i>If Yes, please provide most recent tax return (complete with all schedules/forms) or self-employment quarterly statement</i> | <input type="checkbox"/> No |
| 6.4 Are you receiving Unemployment or Worker's Comp benefits? | <input type="checkbox"/> Yes <i>If Yes, please provide Unemployment or Worker's Comp Documents</i> | <input type="checkbox"/> No |
| 6.5 Is someone else supporting you financially? | <input type="checkbox"/> Yes <i>If Yes, please provide notarized Verification of Support Form</i> | <input type="checkbox"/> No |
| 6.6 Do you receive Veteran or Military Benefits? | <input type="checkbox"/> Yes <i>If Yes, please provide benefits paperwork</i> | <input type="checkbox"/> No |
| 6.7 Do you receive any settlements? | <input type="checkbox"/> Yes <i>If Yes, please provide settlement paperwork</i> | <input type="checkbox"/> No |
| 6.8 Do you receive Food Stamps? | <input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation from Florida DCF along with approved amount.</i> | <input type="checkbox"/> No |
| 6.9 Are you receiving any monthly Pension or Retirement Income? | <input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i> | <input type="checkbox"/> No |
| 6.10 Do you receive Alimony/Child Support Income? | <input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i> | <input type="checkbox"/> No |
| 6.11 Do you receive any income from rental properties? | <input type="checkbox"/> Yes <i>If Yes, please provide rental income amount and rental agreement</i> | <input type="checkbox"/> No |
| 6.12 Do you receive Social Security Income/Disability Benefits? | <input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation</i> | <input type="checkbox"/> No |

Section 7: List All Sources of Income for the Household (i.e., Temporary Assistance for Needy Families, Strike Benefits, Insurance/Annuity Income, Dividend/Interest Earning, Training Stipends, Compensation for Injury/Settlement, Gifts-from Churches/family/organizations, etc.) Please provide all supporting documentation for any income listed below.

| Individual's Name | Type of Income | Source of Income or Employer | Monthly Amount (before deductions) |
|-------------------|----------------|------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|------------------------------|-----------------------------|
| Section 8: Assets | | |
| 8.1 Do you have a checking/savings account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--|---|--|--|
| | <i>If Yes, please provide copy of statements for all the accounts for last 3 months</i> | | |
| 8.2 Do you own a Business? | <input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i> | <input type="checkbox"/> No | |
| 8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)? | <input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, & provide any outstanding mortgage documentation outside of your permanent residence</i> | <input type="checkbox"/> No | |
| Property Address | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Property Address | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Property Address | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8.4 Have you sold or transferred title to any property in the last 3 years? | <input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i> | <input type="checkbox"/> No | |
| Property Address | Date of Sale: ____/____/____ | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Property Address | Date of Sale: ____/____/____ | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Property Address | Date of Sale: ____/____/____ | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.5 How many automobiles, motorized vehicles or motorcycles do you own? Single automobile should only be recorded on <u>one</u> applicant's assessment form | _____ <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i> | | |
| 8.6 Do you own any recreational vehicles? | <input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i> | <input type="checkbox"/> No | |
| Section 9: List All Sources of Assets for the Household (i.e., IRAs, CDs, Inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below. | | | |
| Asset Type | Source of Asset | Amount | Monthly or Lump Sum |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum |
| Section 10: Applicant Certification. | | | |
| I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary and at any time during the application process, enrollment or after benefits have been assigned to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program. | | | |
| Signature of Individual or Legal Representative | | | Date |



WVHA Homeless Verification Form

Agency Instructions: *To be printed on Agency letterhead. Please complete this form in its entirety. Failure to provide all information on Homeless Verification Form will result in a Pended application.*

Section 1: General Information.

| | | | |
|------|-------------|---------------|-----------------|
| Date | Client Name | Date of Birth | Photo ID Number |
|------|-------------|---------------|-----------------|

Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

Length of time in Volusia County

Section 3: Agency Assessment.

I, _____, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.

| | |
|-------------------|-------|
| Agency Signature: | Date: |
| Client Signature: | Date: |

Section 12.07 Appendix G - WVHA Verification of Support Form



WVHA Verification of Support

Instructions: Please complete this form in its entirety. *Failure to provide all information on Verification of Support Form will result in a Pended application.*

Section 1: General Information.

| | | | |
|------|----------------|---------------|-------------------------|
| Date | Applicant Name | Date of Birth | Last Four Digits of SSN |
|------|----------------|---------------|-------------------------|

Section 2: I am presently residing at.

Physical Address

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

I have been residing at the above address since: _____

Section 3: My previous address was.

Address

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

I lived at this previous address for: _____

Section 4: My food and/or living expenses are provided by.

Provider Name

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

Section 5: To be completed by Provider.

| | | |
|--|------------------------------|-----------------------------|
| 5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.2 Does the applicant reside with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

- The amount listed below should be the household expenses for where the applicant resides.
- If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting.
- If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ _____

5.4 Total number of people residing in household (including the applicant) _____

5.5 In addition to the monthly household expenses, I provide \$ _____ per month to the applicant.

| | | |
|------------------|---------------------------|--------------------|
| Provider Name | Relationship to Applicant | |
| Provider Address | City | |
| State | Zip | Provider Phone No. |

Section 6: Provider Signature & Notary.

I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.

| | |
|---------------------|---------------------|
| Provider Signature: | Date: |
| Notary Public | Notary Public Seal: |

Section 12.08 Appendix H - WVHA Verification of Rent Form



WVHA Verification of Rent

Instructions: Please complete this form in its entirety. *Failure to provide all information on Verification of Rent Form will result in a Pended application.*

Section 1: General Information.

| | | | |
|-------|-----------------|----------------|--------------------------|
| Date: | Applicant Name: | Date of Birth: | Last Four Digits of SSN: |
|-------|-----------------|----------------|--------------------------|

Section 2: I am presently residing at.

Physical Address

| | | | |
|------|--------|-------|-----|
| City | County | State | Zip |
|------|--------|-------|-----|

2.1 The monthly rent is \$ _____.

2.2 I began renting at the above location on the following date _____.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

Section 3: Renter/Lessor Information. Must be completed by the Renter/Lessor

| | |
|--------------------|----------------------------|
| Renter/Lessor Name | Renter/Lessor Phone Number |
|--------------------|----------------------------|

Renter/Lessor Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Relationship to Tenant

Tenant Name

3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).

3.2 The current monthly rental rate is \$ _____.

| | |
|---|---|
| 3.3 The monthly rent does / does not (circle one) include utilities. | 3.4 If yes, list utilities included. |
|---|---|

Section 4: Renter/Lessor Signature

I, the undersigned, do hereby swear that the information contained herein is true and correct.

| | |
|-------------------------|------|
| Renter/Lessor Signature | Date |
|-------------------------|------|

Section 12.09 Appendix I - WVHA Self-Employment Quarterly Statement



WVHA Health Card: Self Employment Quarterly Statement

Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. *Failure to provide all information on the form will result in a Pended application.*

1. APPLICANT'S NAME: (First) _____ (M.I.) _____ (Last) _____

2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____%

3. BUSINESS OWNER NAME(S) (First) _____ (M.I.) _____ (Last) _____

4. BUSINESS NAME: _____

5. BUSINESS ADDRESS: _____ **6. BUSINESS PHONE #** _____

| Section 1: -Total Gross Income- Add total monthly income and sales from your business each of the past 3 months. | MONTH 1 _____/_____ (MM) (YY) | MONTH 2 _____/_____ (MM) (YY) | MONTH 3 _____/_____ (MM) (YY) |
|---|--|--|--|
| | 1A: \$ | 2A: \$ | 3A: \$ |

| Section 2: Business Expenses | DEDUCTIONS | DEDUCTIONS | DEDUCTIONS |
|---|--------------------------------|--------------------------------|--------------------------------|
| Supplies | \$ | \$ | \$ |
| Heat/Utilities/Phone | | | |
| Business property rent | | | |
| Business Equipment Rent | | | |
| Business Vehicle Expenses | | | |
| Business Taxes | | | |
| Advertising | | | |
| Insurance | | | |
| Bank Charges | | | |
| Other (specify) | | | |
| TOTAL Business Expenses | 1B: \$ | 2B: \$ | 3B: \$ |
| NET INCOME: Subtract A FROM B = C | 1C: \$ (1A minus 1B) | 2C: \$ (2A minus 2B) | 3C: \$ (3A minus 3C) |

Section 3: Calculate average monthly income

| | |
|---|---|
| TOTAL 3 MONTHS: \$ _____ (ADD 1C, 2C, 3C) | AVERAGE 3 MONTHS: \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3) |
|---|---|

APPLICANT SIGNATURE: Applicants must read and sign the below

I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

CAC Final Ranking 6/2/2026 for Applicants 2026-2027

A = Fund at 100% B = Not fund C = Fund, but not at requested amount. Instead, fund at \$_____

| Applicant | Amount | C. Brown | N. Brown | J. Brown | Price | Mayers | Belton | Monroe | Worthen | Rogers | Valdivia |
|-----------------------------------|-----------|------------|------------|----------|------------|--------|--------|------------|------------|------------|------------|
| FDOH Dental Services | \$190,000 | A | A | A | A | A | A | A | A | A | A |
| SMA Psychiatric Outpatient | \$90,000 | A | A | A | A | A | A | A | A | A | A |
| SMA Residential Treatment | \$700,000 | A | A | A | A | A | A | A | A | A | A |
| The Neighborhood Center | \$109,000 | A | A | A | A | A | A | A | A | A | A |
| THND Therapeutic Services | \$45,000 | A | A | A | A | A | A | A | A | A | A |
| Life-Spire Community Services | \$74,500 | C \$65,000 | A | A | A | A | A | A | A | C \$37,250 | C \$60,000 |
| Community Legal Services | \$94,695 | A | A | A | A | A | A | A | A | A | A |
| RAAO HIV/AIDS Outreach | \$274,781 | A | A | A | A | A | A | A | A | A | A |
| Levi Long Sickle Cell Association | \$65,000 | C \$45,000 | A | A | C \$50,000 | B | A | C \$45,500 | C \$32,500 | B | B |
| Hispanic Health Initiatives | \$100,000 | A | C \$90,000 | A | A | A | A | C \$95,000 | A | A | A |

WVHA/CAC Ranking Sheet

CAC Member: Chelsey BROWN

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name and Amount | A, B, or C |
|--|------------|
| FL Department of Health Dental Services \$190,000 This organization has shown extreme promise and has shown success in multiple objectives. | A |
| SMA Psychiatric Outpatient Services \$90,000 This organization has been consistent with their objectives and have had successful outcomes. | A |
| SMA Residential Treatment Services \$700,000.00 The reason for the increase was properly explained and needed for the community. | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 This is a well-established and innovative org. that is a staple to the West Valusia Community. Improvements in the expansion of marketing to neighboring counties are recommended. | A |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|---|------------|
| <p>This organization had presented very successful outcomes. This organization deserves full funding.</p> | A |
| <p>Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 \$65,000</p> | |
| <p>This organization has a great mission. I would recommend outcomes to be a bit more aligned with results of past year. This recommendation would be to ensure they are requesting an appropriate amount for clients served.</p> | C |
| <p>Community Legal Services of Mid-Florida MLP \$94,695</p> | |
| <p>This is a needed service in the community and while the services list is few their impact is large and needed.</p> | A |
| <p>Rising Against All Odds HIV/AIDS Outreach \$274,781</p> | |
| <p>This organization is a staple of the community and given the national changes to care for HIV this is needed.</p> | A |
| <p>Levi Long Sickle Cell Association \$65,000 \$45,000</p> | |
| <p>This organization is important, the partial is due to the concern of identifying qualified patients. I recommend a stark revision of outcomes since they are so new.</p> | C |
| <p>Hispanic Health Initiative - Taking Care of My Health \$100,000</p> | |
| <p>This organization is a staple and helps provide resources to a community that may be unaware. I recommend this org focuses on retaining outreach to their visitors so the impact can be greater.</p> | A |

WVHA/CAC Ranking Sheet

CAC Member: NATALIE BROWN

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING**

| Agency Name and Requested Amount | A, B, or C |
|---|-----------------|
| <p>FL Department of Health Dental Services \$190,000</p> <p>This service is a vital need in our community given the high cost of dental care. By directly addressing the needs of indigent citizens, this initiative will provide essential support for those who otherwise lack access to necessary dental services.</p> | <p>A</p> |
| | |
| | |
| | |
| <p>SMA Psychiatric Outpatient Services \$90,000</p> <p>Mental health is an increasing concern within our community. This service provides essential assessments to determine if a patient can safely remain and function in the community while being treated as an outpatient. This is a vital resource.</p> | <p>A</p> |
| | |
| | |
| | |
| <p>SMA Residential Treatment Services \$700,000.00</p> <p>As stated before, mental health is an increasing concern within our community. This service provides essential assessments to determine if a patient should be confined because of their mental state. This also is a vital resource. This ensures the safety of the patient as well as the community.</p> | <p>A</p> |
| | |
| | |
| | |
| <p>The Neighborhood Center Outreach-Access to Care \$109,000</p> <p>This is a well established agency. It has proven itself over and over again. It provides essential benefits to the community on a regular basis.</p> | <p>A</p> |
| | |
| | |
| | |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|---|-------------------|
| Because of its long-standing in the community, I feel this agency is well familiar with the needs of the local residents. I believe this is a reasonable request to ensure the agency provides the level of service intended. | A |
| | |
| | |
| | |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| Because mental health needs are on the rise in West Volusia County, this is a much needed service. It not only counsels individuals but also groups and families. | A |
| | |
| | |
| | |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| Legal services are needed and expensive. This agency provides services to low-income residents, seniors, and other vulnerable populations locally. | A |
| | |
| | |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| This agency provides a number of needed services including health and disease prevention, social support, and community outreach. Well established locally | A |
| | |
| | |
| Levi Long Sickle Cell Association \$65,000 | |
| Many people live with the sickle cell trait without being aware of their status until they are formally tested. | |
| Since we don't locally have an agency whose main objective is to address formal sickle cell testing I believe there is a need to provide residents with this opportunity. Florida's Sickle Cell rate is nearly double the national average. | A |
| | |
| | |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | |
| This agency seems to be well established. It provides a variety of medical services to the community. It also has only two paid members and the rest of the staff are volunteers. I recommend 90,000.00. | C |
| | |
| | |

WVHA/CAC Ranking Sheet

Tabari Brown

CAC Member:

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name | A, B, or C |
|--|------------|
| FL Department of Health Dental Services \$190,000 Only service up that about dental services that people tend to neglect overlook | A |
| SMA Psychiatric Outpatient Services \$90,000 Program is well established | A |
| SMA Residential Treatment Services \$700,000.00 Looking to expand their program with the money | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 Trying to be more proactive in reaching out to communities | A |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|---|------------------|
| The amount of people they are expected to serve will probably exceed what they stated. | A |
| | |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| Only charge when services are rendered not just using funds and seek to match people with helpers who can relate to them. | A |
| | |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| Legal services make things easier in the long run. | A |
| | |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| well established. Strong foundation in the community with their outreach and services. | A |
| | |
| Levi Long Sickle Cell Association \$65,000 | |
| New program was is not but with time can address a needed resource in the community. | A A |
| | still |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | |
| Every dollar is used. well established program that's been seen and known in the community. | A |
| | |

WVHA/CAC Ranking Sheet

CAC Member: Angela Livingston Price

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING**

| Agency Name and Requested Amount | A, B, or C |
|--|-------------------|
| <p>FL Department of Health Dental Services \$190,000 I supportfull funding. This program provides essential healthcare access for our underserved residents and I think dental care is essential to ocerall health and quality of life. The outcomes and level of services support the request.</p> | A |
| | |
| | |
| | |
| <p>SMA Psychiatric Outpatient Services \$90,000 I support full funding. Mental Health outpatient services continues to be a major need in our commmunity and this program continues to demonstrate value and consistent service .</p> | A |
| | |
| | |
| | |
| <p>SMA Residential Treatment Services \$700,000.00 I support full funding. . Strong program with measurable outcomes. Residential treatment provides a higher level of care for individuals in a crisis and the structured dsupport offered through the program addresses the community need significantly.</p> | A |
| | |
| | |
| | |
| <p>The Neighborhood Center Outreach-Access to Care \$109,000 I support full funding. Important service for underserved residents. This program continues to help bridge gaps in access of healthcare and needed resources and services for vulnerable residents by providing practical support like food, shelter to those who may otherwise fall through the cracks.</p> | A |
| | |
| | |
| | |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|--|-------------------|
| I support full funding. This service remains critically important, especially for children and families experiencing trauma and instability.Strong program with measurable outcomes | A |
| | |
| | |
| | |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| I support full funding. Reducing stigma surrounding mental health is important to increasing access to care and improving long term positive outcomes through therapy is beneficial to our underserved community . | A |
| | |
| | |
| | |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| I support full funding.Clear community need and demonstrated impact. This program serves an important role for low-income residents who need legal help which often impacts housing, healthcare and overall wellbeing.. | A |
| | |
| | |
| | |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| I support full funding . Strong program with measurable outcomes. HIV/AIDS outreach, education and the needed healthcare co to be important public health services especially for vunerable populations that experience barriers to health care . | |
| | |
| | |
| | A |
| Levi Long Sickle Cell Association \$65,000 (\$50,000) | |
| I recognize the importance of sickle cell awareness and support services and think it's a worthwhile program, but I'd be more comfortable with partial funding until there's a strong track record showing the projected results and a greater clarity regarding direct client impact. | |
| | |
| | |
| | |
| | C |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | |
| I support full funding. This program appears to provide important education and health support services to an underserved population with clear community benefits. | A |
| | |
| | |
| | |
| | |

From: [Ann Price](#)
To: [Stacy Tebo](#)
Subject: Re: Final ranking reminder
Date: Monday, June 8, 2026 7:59:05 PM
Attachments: [image001.png](#)
[Ranking Sheetfo JUNE 2 2026.xlsx](#)

These are my thoughts on the process.

I looked for the connection between the funding request and the direct benefit to the client. Most applications did a good job connecting the funding request to the services provided. In a few cases, I wanted a clearer picture of what the client actually receives and how the funding supports those services. I thought the process was well organized and the workshops did a good job helping applicants understand the expectations. I wish there were a way to make it easier for reviewers to identify what portion of the funding supports direct services, outreach, education, advocacy, or administrative activities. For me, that would create a clearer picture of how the funding is used.

On Mon, Jun 8, 2026 at 5:39 PM Stacy Tebo <stebo@westvolusiahospitalauthority.org> wrote:

Hi Angela, this is just a reminder to email me your final ranking tomorrow for the Board/CAC agenda packet. Thanks!

Stacy Tebo

WVHA Administrator



WVHA/CAC Ranking Sheet

CAC Member: *Randa Mayers*

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name | A, B, or C |
|---|------------|
| FL Department of Health Dental Services \$190,000 <i>Support full funding</i> <i>Necessary for relief.</i> | A |
| SMA Psychiatric Outpatient Services \$90,000 <i>Support full - Necessary - Grounding for</i> <i>Fill's gaps + people.</i> | A |
| SMA Residential Treatment Services \$700,000.00 <i>Necessary for some -</i> <i>Additional th - Consolidating services.</i> | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 <i>Provides services in such way that it</i> <i>truly provides support</i> | A |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|---|------------|
| <i>Integrated services support</i> | A |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| <i>Direct funding</i> | A |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| <i>Men Awareness</i> | A |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| <i>Necessary services - Community education - and awareness Unfortunately still a prob.</i> | A |
| Levi Long Sickle Cell Association \$65,000 | |
| <i>Lacking clarity Not comfortable w/ full funding Not cost effective</i> | B |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | |
| <i>Community consciousness Follow-up evals further developed</i> | A |

WVHA/CAC Ranking Sheet

CAC Member: Thelma Bolton

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ ~~500,000~~ 1,742,976, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
 APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name and Requested Amount | A, B, or C |
|--|------------|
| FL Department of Health Dental Services \$190,000 Very needed so important for our health. Only program offering dental services. Essential and primary care part of digital and immune system. | A |
| SMA Psychiatric Outpatient Services \$90,000 Demonstrated a need for funding. I have referred this organization as they help the community as they strive for health. Effective and established services. Well established. | A |
| SMA Residential Treatment Services \$700,000.00 Providing essential services needed in community. Working to expand program. Effective, essential and well established. | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 • Served community for a great period of time. • Supply Housing, Food Outreach, Low Barrier Shelter • Staff mostly volunteers • Effective, essential, well established. • 200 people serviced daily with their partner households | A |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|--|------------|
| <p>- Definitely needed NEW but needed - trauma services - Essential, Effective and Well Established - 50 WVA clients - serve individuals and their families</p> | A |
| <p>Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 fastest a network of skills workers (BLPOC) Black, Indigenous, and People of Color, Goals are strong and can be met. In Need Service / Trying to establish enhanced relationships with The House Next Door RHO & SMA / need with American Indian Tribes</p> | A |
| <p>Community Legal Services of Mid-Florida MLP \$94,695 Help with Social Security / Collections / Legal Hospital charges & Empower the community / very well needed amongst the community community</p> | A |
| <p>Rising Against All Odds HIV/AIDS Outreach \$274,781 HIV OH ^{Testing} each HIV services are needed & they are visible in the community, Essential, Effective and Well Established Will come in adding testing for sickle cell and trait</p> | A |
| <p>Levi Long Sickle Cell Association \$65,000 (Essential) in other counties Very active & have a great track record. Education, empowering and supporting health wise outreach is probab. take. This agency has its work set out with most minorities are not tested.</p> | A |
| <p>Hispanic Health Initiative - Taking Care of My Health \$100,000 Very needed we have a rising hispanic / minority community. Essential, Effective, Well Established exceeded 1/4 of</p> | A |

WVHA/CAC Ranking Sheet

CAC Member: Aracely Monae

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name and Amount | A, B, or C |
|---|------------|
| FL Department of Health Dental Services \$190,000 <i>Increased access to dental care, it's essential and services are needed</i> | A |
| SMA Psychiatric Outpatient Services \$90,000 <i>Mental health assistance is desperately needed. It affects our community everyday.</i> | A |
| SMA Residential Treatment Services \$700,000.00 <i>Provides essential services to our community. Using their funds effectively.</i> | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 <i>Has served this community for 50 years and intervention services have been consistent. The access to care allows preventive care through this program.</i> | A |

Sweadelyn Monroe

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|--|-----------------------------------|
| <p><i>Program is well run and meets its stated goals. The therapeutic services are needed and the HND provides it.</i></p> | <p><i>A</i></p> |
| <p>Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500</p> | |
| <p><i>Most underserved populations have access to services. Allows representation when dealing w/ BIPOC. There is a need and #'s should increase over time, especially through word of mouth.</i></p> | <p><i>A</i></p> |
| <p>Community Legal Services of Mid-Florida MLP \$94,695</p> | |
| <p><i>Assists when other options are not necessarily available to the elderly for legal assistance. Economy is tough on everyone especially our elderly population, and this program can provide help.</i></p> | <p><i>A</i></p> |
| <p>Rising Against All Odds HIV/AIDS Outreach \$274,781</p> | |
| <p><i>Community respects this organization as a force runner in providing services. Very visible/words to provide services/non judge mental. #'s are consistent and they are true to their goals</i></p> | <p><i>A</i></p> |
| <p>Levi Long Sickle Cell Association \$65,000</p> | |
| <p><i>Need more services on this side of the county. Need to build their case load on this side. Program may grow once it becomes active. Partial funding to begin services.</i></p> | <p><i>C</i> <i>45,500</i></p> |
| <p>Hispanic Health Initiative - Taking Care of My Health \$100,000</p> | |
| <p><i>Meeting their goals and actually appear to be exceeding them. It's needed and funding will allow continuation of services. Would like to see them be able to capture more client intel for services. *Note application was late.</i></p> | <p><i>C</i> <i>95,000</i></p> |

WVHA/CAC Ranking Sheet

CAC Member: Dr. Najwa Washien

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name & Requested Amount | A, B, or C |
|--|------------|
| FL Department of Health Dental Services \$190,000 A service needed in the community. No other program for my knowledge & access to care. 12 years due to complications. Goal to serve more participants, exceeding # from last year. This grant provides a 100% of funding for the program. | A |
| SMA Psychiatric Outpatient Services \$90,000 Provides a unique service to the community that is in need. Stable program & great track record. No other program provides the extent of the care (the needs, Rx or lab work) with no cost to eligible participants. Exceeds their numbers. Through application packet, other funding source. | A |
| SMA Residential Treatment Services \$700,000.00 Utilize funds allocated by consolidating basis center to expand the residential center. Facility exceeds need this & other resources where most needed. Stable well established program. Through application & other funding sources. | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 Center point to provide resources to the community. In this economy, will need this program more than ever. Longstanding & stable program. Recommendation to provide more outreach to better disperse services throughout the county. | A |

| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
|--|------------|
| <p>Needed program in the community, predict & demand for services. Am. center point for services for participants. Long-term program that exceeded its projected budget 15% above national average. Other funding sources.</p> | A |
| <p>Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500</p> | |
| <p>Provide a unique service providing multi-cultural counseling services. May be more appealing to participants to receive counseling by someone who can relate to their life experiences & need support to grow. Has other funding sources.</p> | A |
| <p>Community Legal Services of Mid-Florida MLP \$94,695</p> | |
| <p>Legal counsel is hard to access & attend. This is a needed service that provides cost-effective services to the community. No other programs like it. Consistent & stable program.</p> | A |
| <p>Rising Against All Odds HIV/AIDS Outreach \$274,781</p> | |
| <p>Very strong appreciation, long standing & stable program in the community. Very visible in the community & lots of outreach. Link participants to services. Exceeds #1 & objectives are clear.</p> | A |
| <p>Levi Long Sickle Cell Association \$65,000 (\$32,500)</p> | |
| <p>Needed service to offer in the community. However, needs time to build case load in the West Valley area. Only 1 pt. of dx currently within WVA card participants. Fund at 50%. Need to define clear services & processes.</p> | C |
| <p>Hispanic Health Initiative - Taking Care of My Health \$100,000</p> | |
| <p>This program is visible in the community & a long-standing program committed to service. To be commended for going out a way to measure outcomes & # of referrals from program to WVA card holder.</p> | A |

WVHA/CAC Ranking Sheet

CAC Member: Patrick Rogers

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

Please provide detailed explanations for your rankings in the spaces below each Agency Name
APPLICANTS APPLYING FOR 2026-2027 FUNDING

| Agency Name | A, B, or C |
|--|------------|
| FL Department of Health Dental Services \$190,000 Fund at 100% Dental health is fundamental to overall health, very limited other providers Served 65.8% of target numbers to be served annually in first 4 months / 33% of the budget year | A |
| SMA Psychiatric Outpatient Services \$90,000 Fund at 100% High need, Agency costs exceeds available funding. Leverages other funding Exceeded target numbers to date by over 200% | A |
| SMA Residential Treatment Services \$700,000.00 Fund at 100% Agency costs exceeds available funding. Fills a key need in the community Leverages other funding, aligns resources as needed, utilize funds effectively | A |
| The Neighborhood Center Outreach-Access to Care \$109,000 A) Fund at 100% Successfully addresses critical needs Provides comprehensive services, outreach and direct linkage to healthcare services | A |
| | |

| | |
|---|----------------|
| The House Next Door Therapeutic Services \$45,000.00 | |
| A) Fund at 100% Successfully addresses critical needs | |
| | A |
| | |
| | |
| | |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| New agency last year, served 4 clients Oct.through Feb 15th of 75 client target for year | |
| | C - 50% |
| | |
| | |
| | |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| Fund at 100% Enables high service utilizing clients to leverage other funding services | |
| Works to increase collaboration between agencies. | |
| Exceeded target numbers to date by over 200% | A |
| | |
| | |
| | |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| Met requirements and service goals | |
| | A |
| | |
| | |
| | |
| Levi Long Sickle Cell Association \$65,000 | |
| Unclear organizational structure, services provided or staffing | |
| Not clearly demonstrated need | |
| 1 card holder of 1034 current card holders identified as affected | B |
| Est. # people to be served in budget year: 50 WVHA Funds Requested: \$65,000 WVHA cost per person served: \$1300- | |
| | |
| | |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | |
| Addresses a high need area with potential to impact long term health and decrease health care cost | |
| | A |
| | |
| | |
| | |

WVHA/CAC Ranking Sheet

CAC Member: Maria Valdivia

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ _____, why:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name
 APPLICANTS APPLYING FOR 2026-2027 FUNDING**

| FL Department of Health Dental Services \$190,000 | A, B, or C |
|--|-------------------|
| To guarantee essential dental care and reduce preventable emergencies for uninsured residents. | A |
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|---|-------------------|
| The House Next Door Therapeutic Services \$45,000.00 | A, B, or C |
| To ensure essential therapeutic support that strengthens family stability and protects vulnerable residents | A |
| | |
| | |
| | |
| Life-Spire Community Services, Inc. Stigma-Free Mental Health Care \$74,500 | |
| As a new provider, I recommend \$60,000 to support essential stigma-free mental-health services with accountable early-stage impact | C \$60,000.00 |
| | |
| | |
| | |
| Community Legal Services of Mid-Florida MLP \$94,695 | |
| This funding ensures that vulnerable residents receive the legal support necessary to secure housing, safety, and access to medical care—core elements that directly improve community health outcomes | A |
| | |
| | |
| | |
| Rising Against All Odds HIV/AIDS Outreach \$274,781 | |
| As a long-standing, well-organized partner with strong local collaborations, full funding ensures continuity of a trusted service for WVHA residents | |
| | |
| | |
| | |
| Levi Long Sickle Cell Association \$65,000 | A |
| I do not recommend funding because Volusia County has only about 50 sickle cell cases, with an estimated 21–23 residents affected, and the program does not demonstrate a sustainable plan to reach the 50 annual cases it promises or to deliver measurable outcomes | |
| | |
| | |
| Hispanic Health Initiative - Taking Care of My Health \$100,000 | B |
| This is a long-standing, dependable organization with a strong record of service and deep community trust. | |
| Its program consistently supports WVHA residents with reliable, accessible health services that address priority needs across the community | A |
| | |
| | |
| | |



EBMS

May 2026

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 5/1/2026 to 5/31/2026
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

| Plan Experience Summary | | | Cash Flow Summary | | Disallowed Charges by Category | | |
|-------------------------|--------------------|--------------|-------------------------|--------------------|--------------------------------|--------------------|---------------|
| Claim Counts | 7620 | | Charges | \$10,573,305 | Disallowed Category | Amount | % of Gross |
| Claim Type | Total Paid | Per EE/Mo | less Disallowed | \$9,478,653 | Addl Info Not Provided | \$80,355 | 0.76% |
| Medical | \$1,077,767 | \$836 | Allowed | \$1,094,652 | Duplicate Charges | \$274,246 | 2.59% |
| Professional | \$321,585 | \$249 | less Member | \$14,434 | Plan Limitations | \$1,203,906 | 11.39% |
| Facility | \$756,182 | \$587 | less Adjustments | \$2,451 | Cost Savings | \$7,913,126 | 74.84% |
| PBM | \$0 | \$0 | Paid Benefit | \$1,077,767 | UCR Reductions | \$4,183 | 0.04% |
| Total Plan Paid: | \$1,077,767 | \$836 | plus Admin Costs | \$322,441 | Other | \$2,838 | 0.03% |
| | | | Total Plan Paid: | \$1,400,208 | Total: | \$9,478,653 | 89.65% |

| Census | | | | | | | | | | |
|--------------------|--------------|--------------|-----------------|-------------|---------------|-------------|-------------|---------------|--------------|--------------|
| Census Date: | Male Emp | Female Emp | Total Employees | Male Spouse | Female Spouse | Male Dep | Female Dep | Total Medical | Total Dental | Total Vision |
| 5/31/2026 | | | | | | | | | | |
| 0 to 19 | 39 | 31 | 70 | 0 | 0 | 0 | 0 | 70 | 0 | 0 |
| 20 to 25 | 26 | 32 | 58 | 0 | 0 | 0 | 0 | 58 | 0 | 0 |
| 26 to 29 | 28 | 26 | 54 | 0 | 0 | 0 | 0 | 54 | 0 | 0 |
| 30 to 39 | 98 | 98 | 196 | 0 | 0 | 0 | 0 | 196 | 0 | 0 |
| 40 to 49 | 144 | 174 | 318 | 0 | 0 | 0 | 0 | 318 | 0 | 0 |
| 50 to 59 | 133 | 197 | 330 | 0 | 0 | 0 | 0 | 330 | 0 | 0 |
| 60 to 64 | 74 | 111 | 185 | 0 | 0 | 0 | 0 | 185 | 0 | 0 |
| 65 and Older | 33 | 45 | 78 | 0 | 0 | 0 | 0 | 78 | 0 | 0 |
| Totals | 575 | 714 | 1289 | 0 | 0 | 0 | 0 | 1289 | 0 | 0 |
| Average Age | 44.84 | 47.44 | 46.28 | 0.00 | 0.00 | 0.00 | 0.00 | 46.28 | 0.00 | 0.00 |

| Top Paid | | | Plan Payment by Age & Claimant Type | | | |
|----------------------------|-------------|-----------|-------------------------------------|--------------------|------------|------------|
| Name | Claim Count | Paid | Census Date: 5/31/2026 | Employee | Spouse | Dependent |
| Halifax Hospital Medical | 16 | \$264,393 | 0 to 19 | \$2,705 | \$0 | \$0 |
| Adventhealth Deland | 135 | \$227,262 | 20 to 25 | \$26,873 | \$0 | \$0 |
| Adventhealth Fish | 99 | \$105,206 | 26 to 29 | \$19,157 | \$0 | \$0 |
| Deland Dialysis | 56 | \$74,943 | 30 to 39 | \$101,402 | \$0 | \$0 |
| Florida Cancer Specialists | 95 | \$67,224 | 40 to 49 | \$300,834 | \$0 | \$0 |
| Medical Center Of Deltona | 14 | \$33,184 | 50 to 59 | \$321,690 | \$0 | \$0 |
| Quest Diagnostics Tampa | 398 | \$30,584 | 60 to 64 | \$205,970 | \$0 | \$0 |
| Deltona Dialysis | 17 | \$18,680 | 65 and Older | \$99,135 | \$0 | \$0 |
| Halifax Health | 10 | \$14,493 | Totals | \$1,077,767 | \$0 | \$0 |
| 06 Radiology Associates | 108 | \$13,611 | | | | |

| Claims Paid by Month | |
|----------------------|--------------------|
| October 25 | \$289,856 |
| November 25 | \$551,040 |
| December 25 | \$712,075 |
| January 26 | \$1,174,160 |
| February 26 | \$649,985 |
| March 26 | \$492,037 |
| April 26 | \$714,705 |
| May 26 | \$1,077,767 |
| Total: | \$5,661,624 |

| Average Lag & Average Spend (rolling 12 months) | | | |
|---|------------------|--------------|------------------|
| Product | Avg Paid per Day | Avg Lag Days | Lag Dollars |
| Medical | \$24,147 | 41 | \$990,027 |
| Vision | \$0 | 10 | \$0 |
| RX | \$0 | 142 | \$0 |
| Total: | | | \$990,027 |



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 5/1/2026 to 5/31/2026
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

| Benefit Analysis | | | | | | | | |
|------------------|-------------|---------------------|--------------------|--------------------|-----------------|----------------|--------------------|------------|
| Benefit Category | Line Counts | Charges | Disallowed | Allowed | Member | Adjustments | Plan Paid | % of Total |
| ANESTHESIA | 55 | \$125,507 | \$103,669 | \$21,838 | \$0 | \$0 | \$21,838 | 2.03% |
| CHIROPRACTIC | 28 | \$2,602 | \$1,892 | \$711 | \$120 | \$0 | \$591 | 0.05% |
| DIALYSIS | 120 | \$2,521,611 | \$2,412,637 | \$108,973 | \$0 | \$0 | \$108,973 | 10.11% |
| DME/APPLIANCE | 7 | \$2,734 | \$2,734 | \$0 | \$0 | \$0 | \$0 | 0.00% |
| EMERG ROOM CHRGS | 508 | \$1,227,241 | \$1,093,120 | \$134,120 | \$4,000 | \$0 | \$130,120 | 12.07% |
| INELIGIBLE | 538 | \$240,833 | \$240,767 | \$67 | \$0 | \$0 | \$67 | 0.01% |
| INPATIENT PHYS | 245 | \$79,942 | \$66,317 | \$13,625 | \$0 | \$0 | \$13,625 | 1.26% |
| IP HOSP CHARGES | 82 | \$3,323,679 | \$3,009,508 | \$314,171 | \$1,200 | \$0 | \$312,971 | 29.04% |
| MATERNITY | 10 | \$1,150 | \$851 | \$299 | \$0 | \$0 | \$299 | 0.03% |
| MEDICAL MISC | 40 | \$9,341 | \$7,840 | \$1,501 | \$210 | \$0 | \$1,291 | 0.12% |
| OFFICE VISIT | 890 | \$171,115 | \$123,064 | \$48,051 | \$3,852 | \$0 | \$44,199 | 4.10% |
| OP PHYSICIAN | 204 | \$72,252 | \$58,412 | \$13,840 | \$250 | \$0 | \$13,590 | 1.26% |
| OTHER | 170 | \$0 | \$0 | \$0 | \$0 | \$2,451 | -\$2,451 | -0.23% |
| OUTPAT HOSP | 15 | \$121,149 | \$91,941 | \$29,208 | \$148 | \$0 | \$29,060 | 2.70% |
| PSYCHIATRIC | 106 | \$33,866 | \$13,398 | \$20,469 | \$450 | \$0 | \$20,019 | 1.86% |
| RADIATION /CHEMO | 78 | \$307,657 | \$224,842 | \$82,815 | \$2 | \$0 | \$82,813 | 7.68% |
| SLEEP DISORDER | 4 | \$199 | \$199 | \$0 | \$0 | \$0 | \$0 | 0.00% |
| SUBS ABUSE | 1 | \$20,745 | \$15,092 | \$5,653 | \$0 | \$0 | \$5,653 | 0.52% |
| SURG FACILITY | 101 | \$1,094,715 | \$994,629 | \$100,086 | \$1,700 | \$0 | \$98,386 | 9.13% |
| SURGERY | 167 | \$48,455 | \$40,458 | \$7,997 | \$0 | \$0 | \$7,997 | 0.74% |
| SURGERY IP | 20 | \$37,378 | \$26,767 | \$10,612 | \$0 | \$0 | \$10,612 | 0.98% |
| SURGERY OP | 42 | \$61,004 | \$48,162 | \$12,842 | \$0 | \$0 | \$12,842 | 1.19% |
| THERAPY | 458 | \$46,977 | \$33,296 | \$13,681 | \$1,270 | \$0 | \$12,411 | 1.15% |
| URGENT CARE | 7 | \$2,164 | \$1,635 | \$529 | \$103 | \$0 | \$426 | 0.04% |
| WELLNESS | 670 | \$69,624 | \$57,318 | \$12,306 | \$0 | \$0 | \$12,306 | 1.14% |
| XRAY/ LAB | 3291 | \$951,366 | \$810,106 | \$141,259 | \$1,129 | \$0 | \$140,130 | 13.00% |
| Totals: | 7857 | \$10,573,305 | \$9,478,653 | \$1,094,652 | \$14,434 | \$2,451 | \$1,077,767 | |



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2025 to 5/31/2026
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

| Plan Experience Summary | | | Cash Flow Summary | | Disallowed Charges by Category | | |
|-------------------------|--------------------|--------------|-------------------------|--------------------|--------------------------------|---------------------|---------------|
| Claim Counts | 54903 | | Charges | \$57,312,639 | Disallowed Category | Amount | % of Gross |
| Claim Type | Total Paid | Per EE/Mo | less Disallowed | \$51,574,665 | Addl Info Not Provided | \$386,577 | 0.67% |
| Medical | \$5,661,624 | \$549 | Allowed | \$5,737,974 | Duplicate Charges | \$2,554,402 | 4.46% |
| Professional | \$2,309,069 | \$224 | less Member | \$82,022 | Not Medically... | \$480 | 0.00% |
| Facility | \$3,352,555 | \$325 | less Adjustments | -\$5,705 | Plan Limitations | \$13,417,423 | 23.41% |
| PBM | \$0 | \$0 | Paid Benefit | \$5,661,624 | Cost Savings | \$35,139,672 | 61.31% |
| Total Plan Paid: | \$5,661,624 | \$549 | plus Admin Costs | \$2,765,163 | UCR Reductions | \$11,464 | 0.02% |
| | | | Total Plan Paid: | \$8,426,788 | Other | \$64,648 | 0.11% |
| | | | | | Total: | \$51,574,665 | 89.99% |

| Census | | | | | | | | | | |
|--------------------|--------------|--------------|-----------------|-------------|---------------|-------------|-------------|---------------|--------------|--------------|
| Census Date: | Male Emp | Female Emp | Total Employees | Male Spouse | Female Spouse | Male Dep | Female Dep | Total Medical | Total Dental | Total Vision |
| 5/31/2026 | | | | | | | | | | |
| 0 to 19 | 39 | 31 | 70 | 0 | 0 | 0 | 0 | 70 | 0 | 0 |
| 20 to 25 | 26 | 32 | 58 | 0 | 0 | 0 | 0 | 58 | 0 | 0 |
| 26 to 29 | 28 | 26 | 54 | 0 | 0 | 0 | 0 | 54 | 0 | 0 |
| 30 to 39 | 98 | 98 | 196 | 0 | 0 | 0 | 0 | 196 | 0 | 0 |
| 40 to 49 | 144 | 174 | 318 | 0 | 0 | 0 | 0 | 318 | 0 | 0 |
| 50 to 59 | 133 | 197 | 330 | 0 | 0 | 0 | 0 | 330 | 0 | 0 |
| 60 to 64 | 74 | 111 | 185 | 0 | 0 | 0 | 0 | 185 | 0 | 0 |
| 65 and Older | 33 | 45 | 78 | 0 | 0 | 0 | 0 | 78 | 0 | 0 |
| Totals | 575 | 714 | 1289 | 0 | 0 | 0 | 0 | 1289 | 0 | 0 |
| Average Age | 44.84 | 47.44 | 46.28 | 0.00 | 0.00 | 0.00 | 0.00 | 46.28 | 0.00 | 0.00 |

| Top Paid | | | Plan Payment by Age & Claimant Type | | | |
|----------------------------|-------------|-------------|-------------------------------------|--------------------|------------|------------|
| Name | Claim Count | Paid | Census Date: 5/31/2026 | Employee | Spouse | Dependent |
| Adventhealth Deland | 708 | \$1,054,383 | 0 to 19 | \$23,739 | \$0 | \$0 |
| Halifax Hospital Medical | 74 | \$685,725 | 20 to 25 | \$94,518 | \$0 | \$0 |
| Adventhealth Fish | 619 | \$598,319 | 26 to 29 | \$97,251 | \$0 | \$0 |
| Florida Cancer Specialists | 716 | \$577,700 | 30 to 39 | \$476,060 | \$0 | \$0 |
| Medical Center Of Deltona | 106 | \$367,846 | 40 to 49 | \$986,808 | \$0 | \$0 |
| Deland Dialysis | 330 | \$343,054 | 50 to 59 | \$1,966,898 | \$0 | \$0 |
| Quest Diagnostics Tampa | 2911 | \$198,057 | 60 to 64 | \$1,346,627 | \$0 | \$0 |
| 06 Radiology Associates | 860 | \$103,622 | 65 and Older | \$669,725 | \$0 | \$0 |
| Shands UF | 12 | \$89,267 | Totals | \$5,661,624 | \$0 | \$0 |
| Halifax Health | 53 | \$76,270 | | | | |

| Claims Paid by Month | |
|----------------------|--------------------|
| October 25 | \$289,856 |
| November 25 | \$551,040 |
| December 25 | \$712,075 |
| January 26 | \$1,174,160 |
| February 26 | \$649,985 |
| March 26 | \$492,037 |
| April 26 | \$714,705 |
| May 26 | \$1,077,767 |
| Total: | \$5,661,624 |

| Average Lag & Average Spend (rolling 12 months) | | | |
|---|------------------|--------------|------------------|
| Product | Avg Paid per Day | Avg Lag Days | Lag Dollars |
| Medical | \$24,147 | 41 | \$990,027 |
| Vision | \$0 | 10 | \$0 |
| RX | \$0 | 142 | \$0 |
| Total: | | | \$990,027 |



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2025 to 5/31/2026
 Location: All

Department: All
 Benefit Plan: All
 TIN: All

| Benefit Analysis | | | | | | | | | |
|------------------|--------------|---------------------|---------------------|--------------------|-----------------|-----------------|--------------------|------------|--|
| Benefit Category | Line Counts | Charges | Disallowed | Allowed | Member | Adjustments | Plan Paid | % of Total | |
| ALLERGY CARE | 2 | \$1,026 | \$684 | \$342 | \$20 | \$0 | \$322 | 0.01% | |
| AMBULANCE | 23 | \$10,953 | \$10,953 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| ANESTHESIA | 395 | \$746,654 | \$624,798 | \$121,856 | \$0 | \$0 | \$121,856 | 2.15% | |
| CHIROPRACTIC | 157 | \$16,044 | \$11,113 | \$4,931 | \$750 | \$0 | \$4,181 | 0.07% | |
| DIALYSIS | 687 | \$13,702,640 | \$13,212,685 | \$489,955 | \$0 | \$0 | \$489,955 | 8.65% | |
| DME/APPLIANCE | 60 | \$37,977 | \$37,977 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| EMERG ROOM CHRGS | 3251 | \$7,018,214 | \$6,359,087 | \$659,127 | \$20,632 | \$0 | \$638,495 | 11.28% | |
| HOSPICE CARE | 1 | \$2,179 | \$2,179 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| INELIGIBLE | 3455 | \$1,731,780 | \$1,728,739 | \$3,041 | \$0 | \$0 | \$3,041 | 0.05% | |
| INPATIENT PHYS | 1870 | \$559,454 | \$445,791 | \$113,662 | \$0 | \$0 | \$113,662 | 2.01% | |
| IP HOSP CHARGES | 552 | \$16,583,552 | \$15,254,955 | \$1,328,597 | \$6,750 | \$0 | \$1,321,847 | 23.35% | |
| MATERNITY | 76 | \$40,364 | \$36,949 | \$3,415 | \$0 | \$0 | \$3,415 | 0.06% | |
| MEDICAL MISC | 366 | \$134,836 | \$118,335 | \$16,501 | \$1,405 | \$0 | \$15,097 | 0.27% | |
| OFFICE VISIT | 5900 | \$947,451 | \$656,484 | \$290,967 | \$24,398 | \$0 | \$266,569 | 4.71% | |
| OP PHYSICIAN | 1487 | \$758,887 | \$552,415 | \$206,472 | \$1,530 | \$0 | \$204,942 | 3.62% | |
| OTHER | 1432 | \$16,800 | \$11,217 | \$5,582 | \$0 | -\$5,705 | \$11,288 | 0.20% | |
| OUTPAT HOSP | 195 | \$595,488 | \$524,109 | \$71,380 | \$3,190 | \$0 | \$68,190 | 1.20% | |
| PSYCHIATRIC | 855 | \$449,893 | \$358,805 | \$91,088 | \$2,890 | \$0 | \$88,198 | 1.56% | |
| RADIATION /CHEMO | 899 | \$2,032,093 | \$1,531,999 | \$500,094 | \$100 | \$0 | \$499,994 | 8.83% | |
| SLEEP DISORDER | 18 | \$1,247 | \$1,247 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| SUBS ABUSE | 53 | \$87,021 | \$71,076 | \$15,945 | \$0 | \$0 | \$15,945 | 0.28% | |
| SURG FACILITY | 475 | \$4,598,175 | \$3,994,915 | \$603,260 | \$7,600 | \$0 | \$595,660 | 10.52% | |
| SURGERY | 1306 | \$320,931 | \$261,551 | \$59,380 | \$0 | \$0 | \$59,380 | 1.05% | |
| SURGERY IP | 195 | \$339,189 | \$261,569 | \$77,621 | \$0 | \$0 | \$77,621 | 1.37% | |
| SURGERY OP | 262 | \$314,037 | \$229,980 | \$84,057 | \$0 | \$0 | \$84,057 | 1.48% | |
| TELEMEDICINE | 1 | \$47 | \$47 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| THERAPY | 1907 | \$185,981 | \$127,391 | \$58,590 | \$5,350 | \$0 | \$53,206 | 0.94% | |
| URGENT CARE | 88 | \$18,425 | \$12,902 | \$5,522 | \$1,028 | \$0 | \$4,494 | 0.08% | |
| VISION | 3 | \$274 | \$274 | \$0 | \$0 | \$0 | \$0 | 0.00% | |
| WELLNESS | 5169 | \$476,652 | \$394,038 | \$82,614 | \$0 | \$0 | \$82,614 | 1.46% | |
| XRAY/ LAB | 24804 | \$5,584,376 | \$4,740,401 | \$843,975 | \$6,378 | \$0 | \$837,597 | 14.79% | |
| Totals: | 55944 | \$57,312,639 | \$51,574,665 | \$5,737,974 | \$82,022 | -\$5,705 | \$5,661,624 | | |

Block of Business ID: EBMSI
 Client ID: 00532

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

| Month-Year | Employee Count | Dependent Count | Total Member |
|---------------------------------------|----------------|-----------------|--------------|
| 00532-West Volusia Hospital Authority | | | |
| 10/1/2025 | 1594 | 0 | 1594 |
| 11/1/2025 | 1566 | 0 | 1566 |
| 12/1/2025 | 1525 | 0 | 1525 |
| 1/1/2026 | 1509 | 0 | 1509 |
| 2/1/2026 | 1472 | 0 | 1472 |
| 3/1/2026 | 1443 | 0 | 1443 |
| 4/1/2026 | 1419 | 0 | 1419 |
| 5/1/2026 | 1389 | 0 | 1389 |
| 6/1/2026 | 1289 | 0 | 1289 |
| 7/1/2026 | 1174 | 0 | 1174 |
| 8/1/2026 | 956 | 0 | 956 |
| 9/1/2026 | 748 | 0 | 748 |
| Total Member Days | | | 1,340.33 |



Enrollment Counts by City and State

Block of Business ID: EBMSI
Client ID: 00532

As Of Date: 5/31/2026

| City, State | Employee Count | Dependent Count | Total Count |
|---------------------|----------------|-----------------|-------------|
| Cassadaga, FL | 1 | 0 | 1 |
| Daytona Beach, FL | 1 | 0 | 1 |
| De Leon Springs, FL | 104 | 0 | 104 |
| Debary, FL | 29 | 0 | 29 |
| Deland, FL | 632 | 0 | 632 |
| Deltona, FL | 311 | 0 | 311 |
| Lake Helen, FL | 10 | 0 | 10 |
| Orange City, FL | 72 | 0 | 72 |
| Osteen, FL | 8 | 0 | 8 |
| Pierson, FL | 85 | 0 | 85 |
| Seville, FL | 37 | 0 | 37 |
| Total | 1290 | 0 | 1290 |



Tier Census by Product 5/1/2026

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

| Medical | Status | Coverage Level | Total Members | Male Members | Female Members | Male Spouses | Female Spouses | Male Dependents | Female Dependents | Total Enrolled |
|---------|--------|---------------------------|---------------|--------------|----------------|--------------|----------------|-----------------|-------------------|----------------|
| | Active | Employee Only | 1337 | 600 | 737 | 0 | 0 | 0 | 0 | 1337 |
| | | Subtotal for Active: | 1337 | 600 | 737 | 0 | 0 | 0 | 0 | 1337 |
| | | Total for Medical: | 1337 | 600 | 737 | 0 | 0 | 0 | 0 | 1337 |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 12:53:25 on 03 June 2026





Tier Census by Product 5/15/2026

Block of Business ID: EBMSI
 Client ID: 00532
 Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

| Medical | Status | Coverage Level | Total Members | Male Members | Female Members | Male Spouses | Female Spouses | Male Dependents | Female Dependents | Total Enrolled |
|---------|--------|---------------------------|---------------|--------------|----------------|--------------|----------------|-----------------|-------------------|----------------|
| | Active | Employee Only | 1289 | 577 | 712 | 0 | 0 | 0 | 0 | 1289 |
| | | Subtotal for Active: | 1289 | 577 | 712 | 0 | 0 | 0 | 0 | 1289 |
| | | Total for Medical: | 1289 | 577 | 712 | 0 | 0 | 0 | 0 | 1289 |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:27 on 15 May 2026



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2026 to 5/31/2026

| | Line Count | Charge | Ineligible | Cost Savings | Allowed | Patient Responsibility | Adjustments | Paid | % Paid |
|---------------------------------------|-------------|----------------------|---------------------|---------------------|---------------------|------------------------|-----------------|---------------------|--------|
| 00532-West Volusia Hospital Authority | | | | | | | | | |
| ANESTHESIA | 55 | 125,507.20 | 14,634.00 | 89,034.71 | 21,838.49 | 0.00 | 0.00 | 21,838.49 | 2.03% |
| CHIROPRACTIC | 28 | 2,602.46 | 720.00 | 1,171.72 | 710.74 | 120.00 | 0.00 | 590.74 | 0.05% |
| DIALYSIS | 120 | 2,521,610.60 | -6,106.72 | 2,418,743.88 | 108,973.44 | 0.00 | 0.00 | 108,973.44 | 10.11% |
| DME/APPLIANCE | 7 | 2,733.73 | 2,733.73 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| EMERG ROOM... | 508 | 1,227,240.52 | 118,961.14 | 974,159.05 | 134,120.33 | 4,000.00 | 0.00 | 130,120.33 | 12.07% |
| INELIGIBLE | 538 | 240,833.49 | 240,436.71 | 330.21 | 66.57 | 0.00 | 0.00 | 66.57 | 0.01% |
| INPATIENT PHYS | 245 | 79,942.18 | 33,509.32 | 32,807.85 | 13,625.01 | 0.00 | 0.00 | 13,625.01 | 1.26% |
| IP HOSP CHARGES | 82 | 3,323,678.72 | 833,268.07 | 2,176,239.98 | 314,170.67 | 1,200.00 | 0.00 | 312,970.67 | 29.04% |
| MATERNITY | 10 | 1,150.00 | 0.00 | 851.32 | 298.68 | 0.00 | 0.00 | 298.68 | 0.03% |
| MEDICAL MISC | 40 | 9,341.04 | 969.04 | 6,870.86 | 1,501.14 | 210.00 | 0.00 | 1,291.14 | 0.12% |
| OFFICE VISIT | 890 | 171,114.63 | 20,109.42 | 102,954.65 | 48,050.56 | 3,852.04 | 0.00 | 44,198.52 | 4.10% |
| OP PHYSICIAN | 204 | 72,251.79 | -106.38 | 58,518.56 | 13,839.61 | 249.56 | 0.00 | 13,590.05 | 1.26% |
| OTHER | 177 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,451.19 | -2,451.19 | -0.23% |
| OUTPAT HOSP | 15 | 121,149.21 | 1,557.36 | 90,383.71 | 29,208.14 | 148.17 | 0.00 | 29,059.97 | 2.70% |
| PSYCHIATRIC | 106 | 33,866.47 | 2,129.75 | 11,268.10 | 20,468.62 | 450.00 | 0.00 | 20,018.62 | 1.86% |
| RADIATION /CHEMO | 78 | 307,656.73 | -433.88 | 225,275.69 | 82,814.92 | 2.23 | 0.00 | 82,812.69 | 7.68% |
| SLEEP DISORDER | 4 | 199.12 | 199.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| SUBS ABUSE | 1 | 20,745.00 | 0.00 | 15,091.59 | 5,653.41 | 0.00 | 0.00 | 5,653.41 | 0.52% |
| SURG FACILITY | 101 | 1,094,714.83 | 143,930.45 | 850,698.17 | 100,086.21 | 1,700.00 | 0.00 | 98,386.21 | 9.13% |
| SURGERY | 167 | 48,454.74 | 18,320.00 | 22,138.00 | 7,996.74 | 0.00 | 0.00 | 7,996.74 | 0.74% |
| SURGERY IP | 20 | 37,378.44 | 1,662.00 | 25,104.57 | 10,611.87 | 0.00 | 0.00 | 10,611.87 | 0.98% |
| SURGERY OP | 42 | 61,003.80 | 10,121.00 | 38,040.79 | 12,842.01 | 0.00 | 0.00 | 12,842.01 | 1.19% |
| THERAPY | 458 | 46,977.00 | 6,475.00 | 26,820.84 | 13,681.16 | 1,270.00 | 0.00 | 12,411.16 | 1.15% |
| URGENT CARE | 7 | 2,164.00 | 0.00 | 1,635.06 | 528.94 | 102.96 | 0.00 | 425.98 | 0.04% |
| WELLNESS | 670 | 69,623.92 | 3,859.92 | 53,458.49 | 12,305.51 | 0.00 | 0.00 | 12,305.51 | 1.14% |
| XRAY/ LAB | 3291 | 951,365.74 | 33,649.38 | 776,457.09 | 141,259.27 | 1,128.94 | 0.00 | 140,130.33 | 13.00% |
| Totals for 00532 | 7864 | 10,573,305.36 | 1,480,598.43 | 7,998,054.89 | 1,094,652.04 | 14,433.90 | 2,451.19 | 1,077,766.95 | |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 15:16:41 on 01 June 2026





Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2025 to 5/31/2026

| | Line Count | Charge | Ineligible | Cost Savings | Allowed | Patient Responsibility | Adjustments | Paid | % Paid |
|---------------------------------------|--------------|----------------------|----------------------|----------------------|---------------------|------------------------|------------------|---------------------|--------|
| 00532-West Volusia Hospital Authority | | | | | | | | | |
| ALLERGY CARE | 2 | 1,026.00 | 0.00 | 683.54 | 342.46 | 20.00 | 0.00 | 322.46 | 0.01% |
| AMBULANCE | 23 | 10,952.80 | 10,952.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| ANESTHESIA | 395 | 746,653.60 | 114,998.80 | 509,799.08 | 121,855.72 | 0.00 | 0.00 | 121,855.72 | 2.15% |
| CHIROPRACTIC | 157 | 16,044.12 | 3,322.52 | 7,790.48 | 4,931.12 | 750.00 | 0.00 | 4,181.12 | 0.07% |
| DIALYSIS | 687 | 13,702,640.23 | 107,942.75 | 13,104,742.70 | 489,954.78 | 0.00 | 0.00 | 489,954.78 | 8.65% |
| DME/APPLIANCE | 60 | 37,976.62 | 37,976.62 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| EMERG ROOM... | 3251 | 7,018,213.88 | 1,081,177.50 | 5,277,909.40 | 659,126.98 | 20,632.34 | 0.00 | 638,494.64 | 11.28% |
| HOSPICE CARE | 1 | 2,179.29 | 2,179.29 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| INELIGIBLE | 3455 | 1,731,780.46 | 1,713,700.55 | 15,038.87 | 3,041.04 | 0.00 | 0.00 | 3,041.04 | 0.05% |
| INPATIENT PHYS | 1870 | 559,453.83 | 215,091.90 | 230,699.50 | 113,662.43 | 0.00 | 0.00 | 113,662.43 | 2.01% |
| IP HOSP CHARGES | 552 | 16,583,551.76 | 6,278,050.70 | 8,976,904.17 | 1,328,596.89 | 6,750.00 | 0.00 | 1,321,846.89 | 23.35% |
| MATERNITY | 76 | 40,363.92 | 30,430.96 | 6,518.38 | 3,414.58 | 0.00 | 0.00 | 3,414.58 | 0.06% |
| MEDICAL MISC | 366 | 134,836.41 | 70,104.41 | 48,230.71 | 16,501.29 | 1,404.64 | 0.00 | 15,096.65 | 0.27% |
| OFFICE VISIT | 5900 | 947,450.98 | 91,100.01 | 565,383.65 | 290,967.32 | 24,398.08 | 0.00 | 266,569.24 | 4.71% |
| OP PHYSICIAN | 1487 | 758,886.92 | 6,068.48 | 546,346.17 | 206,472.27 | 1,530.11 | 0.00 | 204,942.16 | 3.62% |
| OTHER | 1490 | 16,799.50 | 1,618.00 | 9,599.25 | 5,582.25 | 0.00 | -5,705.35 | 11,287.60 | 0.20% |
| OUTPAT HOSP | 195 | 595,488.35 | 121,920.26 | 402,188.50 | 71,379.59 | 3,190.04 | 0.00 | 68,189.55 | 1.20% |
| PSYCHIATRIC | 855 | 449,892.89 | 280,539.04 | 78,265.83 | 91,088.02 | 2,890.44 | 0.00 | 88,197.58 | 1.56% |
| RADIATION /CHEMO | 899 | 2,032,092.79 | 209,045.21 | 1,322,953.42 | 500,094.16 | 100.10 | 0.00 | 499,994.06 | 8.83% |
| SLEEP DISORDER | 18 | 1,247.25 | 1,247.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| SUBS ABUSE | 53 | 87,020.70 | 16,019.38 | 55,056.79 | 15,944.53 | 0.00 | 0.00 | 15,944.53 | 0.28% |
| SURG FACILITY | 475 | 4,598,174.94 | 442,736.95 | 3,552,177.73 | 603,260.26 | 7,600.00 | 0.00 | 595,660.26 | 10.52% |
| SURGERY | 1306 | 320,930.90 | 94,505.74 | 167,045.11 | 59,380.05 | 0.00 | 0.00 | 59,380.05 | 1.05% |
| SURGERY IP | 195 | 339,189.44 | 70,799.42 | 190,769.14 | 77,620.88 | 0.00 | 0.00 | 77,620.88 | 1.37% |
| SURGERY OP | 262 | 314,036.76 | 31,523.50 | 198,456.31 | 84,056.95 | 0.00 | 0.00 | 84,056.95 | 1.48% |
| TELEMEDICINE | 1 | 46.76 | 46.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| THERAPY | 1907 | 185,980.83 | 26,233.83 | 101,157.45 | 58,589.55 | 5,350.00 | 0.00 | 53,205.70 | 0.94% |
| URGENT CARE | 88 | 18,424.80 | 0.00 | 12,902.45 | 5,522.35 | 1,027.96 | 0.00 | 4,494.39 | 0.08% |
| VISION | 3 | 274.00 | 274.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00% |
| WELLNESS | 5169 | 476,652.28 | 27,766.18 | 366,271.93 | 82,614.17 | 0.00 | 0.00 | 82,614.17 | 1.46% |
| XRAY/ LAB | 24804 | 5,584,376.08 | 645,659.28 | 4,094,742.13 | 843,974.67 | 6,377.86 | 0.00 | 837,596.81 | 14.79% |
| Totals for 00532 | 56002 | 57,312,639.09 | 11,733,032.09 | 39,841,632.69 | 5,737,974.31 | 82,021.57 | -5,705.35 | 5,661,624.24 | |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 15:18:10 on 01 June 2026





Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2026 to 5/31/2026

| Description | Claims | Medical | Dental | Vision | Prescription | Disability | Total Paid |
|--|-------------|---------------------|-------------|-------------|--------------|-------------|---------------------|
| 00532-West Volusia Hospital Authority | | | | | | | |
| miCareDeLand | 2034 | 690,933.16 | 0.00 | 0.00 | 0.00 | 0.00 | 690,933.16 |
| miCareDelton | 1257 | 352,208.63 | 0.00 | 0.00 | 0.00 | 0.00 | 352,208.63 |
| miCarePierso | 97 | 34,625.16 | 0.00 | 0.00 | 0.00 | 0.00 | 34,625.16 |
| N/A | 35 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 00532 Totals: | 3423 | 1,077,766.95 | 0.00 | 0.00 | 0.00 | 0.00 | 1,077,766.95 |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 14:26:01 on 01 June 2026



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 5/31/2026

| Description | Claims | Medical | Dental | Vision | Prescription | Disability | Total Paid |
|--|--------------|---------------------|-------------|-------------|--------------|-------------|---------------------|
| 00532-West Volusia Hospital Authority | | | | | | | |
| DeLand | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| miCareDeLand | 13484 | 3,344,373.28 | 0.00 | 0.00 | 0.00 | 0.00 | 3,344,373.28 |
| miCareDelton | 9382 | 2,102,666.04 | 0.00 | 0.00 | 0.00 | 0.00 | 2,102,666.04 |
| miCarePierso | 742 | 214,584.92 | 0.00 | 0.00 | 0.00 | 0.00 | 214,584.92 |
| N/A | 148 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 00532 Totals: | 23758 | 5,661,624.24 | 0.00 | 0.00 | 0.00 | 0.00 | 5,661,624.24 |



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2026 to 5/31/2026

| Tin | NPI | Provider | City | State | Specialty | Claim Count | Billed Charges | Over UCR | PPO Discount | Allowed | Plan Paid | Patient Resp |
|------------|------------|------------|----------|-------|-----------|-------------|----------------|----------|--------------|---------|-----------|--------------|
| 20-4552956 | 1942540356 | Micare LLC | Billings | MT | Clinic | 559 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 19:44:28 on 01 June 2026



Jv-1.28.5.0

Yes



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 5/31/2026

| Tin | NPI | Provider | City | State | Specialty | Claim Count | Billed Charges | Over UCR | PPO Discount | Allowed | Plan Paid | Patient Resp |
|------------|------------|--------------------|----------|-------|-----------------------------|-------------|----------------|----------|--------------|---------|-----------|--------------|
| 20-4552956 | 1942540356 | Micare LLC | Billings | MT | Clinic | 4350 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4552956 | 1942540356 | WVHA miCare Clinic | Deland | FL | Single or Multispecialty... | 5 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Requested by: ReportScheduler from p316 data [P316]

Generated at: 22:33:48 on 01 June 2026



CLAIMS PAID BY MONTH

Paid Date: 10/1/25 to 5/31/26

| Location Name | Month | Hospital | Laboratory | PCP | Specialty | Facility Physician | Total Claims Count | Total Paid Claims | Total Fixed Costs | Employee Count | PEPM Cost/ Employee | Hospital PEPM | Lab PEPM | PCP PEPM | Specialty PEPM | Facility PEPM |
|---|------------------|-----------------------|---------------------|--------------------|-----------------------|--------------------|--------------------|-----------------------|-----------------------|----------------|---------------------|-----------------|----------------|---------------|-----------------|---------------|
| 00532 - West Volusia Hospital Authority | | | | | | | | | | | | | | | | |
| DeLand | 04-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 2 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Subtotal: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 2 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| miCareDeLand | 10-2025 | \$7,707.89 | \$14,663.72 | \$705.73 | \$113,840.49 | \$0.00 | 1490 | \$136,917.83 | \$0.00 | 1023 | \$133.84 | \$7.53 | \$14.33 | \$0.69 | \$111.28 | \$0.00 |
| miCareDeLand | 11-2025 | \$124,473.94 | \$24,400.58 | \$627.15 | \$178,462.15 | \$0.00 | 1619 | \$327,963.82 | \$0.00 | 1015 | \$323.12 | \$122.63 | \$24.04 | \$0.62 | \$175.82 | \$0.00 |
| miCareDeLand | 12-2025 | \$190,118.41 | \$18,506.81 | \$501.72 | \$211,473.54 | \$0.00 | 1500 | \$420,600.48 | \$0.00 | 998 | \$421.44 | \$190.50 | \$18.54 | \$0.50 | \$211.90 | \$0.00 |
| miCareDeLand | 01-2026 | \$419,155.94 | \$28,915.27 | \$1,454.53 | \$243,891.95 | \$0.00 | 2038 | \$693,417.69 | \$0.00 | 982 | \$706.13 | \$426.84 | \$29.45 | \$1.48 | \$248.36 | \$0.00 |
| miCareDeLand | 02-2026 | \$203,405.11 | \$17,118.45 | \$376.29 | \$108,327.78 | \$0.00 | 1374 | \$329,227.63 | \$0.00 | 965 | \$341.17 | \$210.78 | \$17.74 | \$0.39 | \$112.26 | \$0.00 |
| miCareDeLand | 03-2026 | \$132,880.92 | \$25,898.95 | \$1,393.08 | \$140,411.12 | \$0.00 | 1541 | \$300,584.07 | \$0.00 | 943 | \$318.75 | \$140.91 | \$27.46 | \$1.48 | \$148.90 | \$0.00 |
| miCareDeLand | 04-2026 | \$289,820.45 | \$20,531.23 | \$2,072.57 | \$132,304.35 | \$0.00 | 1624 | \$444,728.60 | \$0.00 | 930 | \$478.20 | \$311.63 | \$22.08 | \$2.23 | \$142.26 | \$0.00 |
| miCareDeLand | 05-2026 | \$450,000.37 | \$27,902.68 | \$5,233.70 | \$207,796.41 | \$0.00 | 1968 | \$690,933.16 | \$0.00 | 919 | \$751.83 | \$489.66 | \$30.36 | \$5.69 | \$226.11 | \$0.00 |
| | Subtotal: | \$1,817,563.03 | \$177,937.69 | \$12,364.77 | \$1,336,507.79 | \$0.00 | 13154 | \$3,344,373.28 | \$0.00 | 7775 | \$430.14 | \$233.77 | \$22.89 | \$1.59 | \$171.90 | \$0.00 |
| miCareDelton | 10-2025 | \$19,148.75 | \$13,496.02 | \$2,927.99 | \$111,245.93 | \$0.00 | 1179 | \$146,818.69 | \$0.00 | 510 | \$287.88 | \$37.55 | \$26.46 | \$5.74 | \$218.13 | \$0.00 |
| miCareDelton | 11-2025 | \$51,040.09 | \$17,004.47 | \$1,581.25 | \$135,933.45 | \$0.00 | 1336 | \$205,559.26 | \$0.00 | 491 | \$418.65 | \$103.95 | \$34.63 | \$3.22 | \$276.85 | \$0.00 |
| miCareDelton | 12-2025 | \$129,821.14 | \$11,243.46 | \$116.84 | \$131,944.41 | \$0.00 | 1052 | \$273,125.85 | \$0.00 | 467 | \$584.85 | \$277.99 | \$24.08 | \$0.25 | \$282.54 | \$0.00 |
| miCareDelton | 01-2026 | \$296,075.89 | \$12,610.54 | \$142.66 | \$141,432.69 | \$0.00 | 1414 | \$450,261.78 | \$0.00 | 467 | \$964.16 | \$634.00 | \$27.00 | \$0.31 | \$302.85 | \$0.00 |
| miCareDelton | 02-2026 | \$143,168.23 | \$5,621.10 | \$191.79 | \$159,569.94 | \$0.00 | 930 | \$308,551.06 | \$0.00 | 449 | \$687.20 | \$318.86 | \$12.52 | \$0.43 | \$355.39 | \$0.00 |
| miCareDelton | 03-2026 | \$46,305.25 | \$11,802.60 | \$581.89 | \$96,403.90 | \$0.00 | 1018 | \$155,093.64 | \$0.00 | 442 | \$350.89 | \$104.76 | \$26.70 | \$1.32 | \$218.11 | \$0.00 |
| miCareDelton | 04-2026 | \$108,956.67 | \$15,138.60 | \$362.49 | \$86,589.37 | \$0.00 | 1048 | \$211,047.13 | \$0.00 | 434 | \$486.28 | \$251.05 | \$34.88 | \$0.84 | \$199.51 | \$0.00 |
| miCareDelton | 05-2026 | \$211,454.61 | \$12,742.50 | \$4,511.74 | \$123,499.78 | \$0.00 | 1224 | \$352,208.63 | \$0.00 | 414 | \$850.75 | \$510.76 | \$30.78 | \$10.90 | \$298.31 | \$0.00 |
| | Subtotal: | \$1,005,970.63 | \$99,659.29 | \$10,416.65 | \$986,619.47 | \$0.00 | 9201 | \$2,102,666.04 | \$0.00 | 3674 | \$572.31 | \$273.81 | \$27.13 | \$2.84 | \$268.54 | \$0.00 |
| miCarePierse | 10-2025 | \$0.00 | \$661.38 | \$0.00 | \$5,458.28 | \$0.00 | 78 | \$6,119.66 | \$0.00 | 61 | \$100.32 | \$0.00 | \$10.84 | \$0.00 | \$89.48 | \$0.00 |
| miCarePierse | 11-2025 | \$6,524.31 | \$1,612.10 | \$0.00 | \$9,380.26 | \$0.00 | 89 | \$17,516.67 | \$0.00 | 60 | \$291.94 | \$108.74 | \$26.87 | \$0.00 | \$156.34 | \$0.00 |
| miCarePierse | 12-2025 | \$5,372.41 | \$1,708.36 | \$0.00 | \$11,267.82 | \$0.00 | 95 | \$18,348.59 | \$0.00 | 60 | \$305.81 | \$89.54 | \$28.47 | \$0.00 | \$187.80 | \$0.00 |
| miCarePierse | 01-2026 | \$11,751.54 | \$2,094.17 | \$0.00 | \$16,634.47 | \$0.00 | 103 | \$30,480.18 | \$0.00 | 60 | \$508.00 | \$195.86 | \$34.90 | \$0.00 | \$277.24 | \$0.00 |
| miCarePierse | 02-2026 | \$196.84 | \$1,160.62 | \$0.00 | \$10,849.19 | \$0.00 | 59 | \$12,206.65 | \$0.00 | 58 | \$210.46 | \$3.39 | \$20.01 | \$0.00 | \$187.06 | \$0.00 |
| miCarePierse | 03-2026 | \$3,775.05 | \$1,792.07 | \$1,412.01 | \$29,379.70 | \$0.00 | 106 | \$36,358.83 | \$0.00 | 58 | \$626.88 | \$65.09 | \$30.90 | \$24.35 | \$506.55 | \$0.00 |
| miCarePierse | 04-2026 | \$33,029.11 | \$925.12 | \$601.23 | \$24,373.72 | \$0.00 | 104 | \$58,929.18 | \$0.00 | 55 | \$1,071.44 | \$600.53 | \$16.82 | \$10.93 | \$443.16 | \$0.00 |
| miCarePierse | 05-2026 | \$1,294.65 | \$2,334.87 | \$1,644.50 | \$29,351.14 | \$0.00 | 95 | \$34,625.16 | \$0.00 | 56 | \$618.31 | \$23.12 | \$41.69 | \$29.37 | \$524.13 | \$0.00 |
| | Subtotal: | \$61,943.91 | \$12,288.69 | \$3,657.74 | \$136,694.58 | \$0.00 | 729 | \$214,584.92 | \$0.00 | 468 | \$458.51 | \$132.36 | \$26.26 | \$7.82 | \$292.08 | \$0.00 |
| N/A | 10-2025 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 20 | \$0.00 | \$421,273.86 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 11-2025 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$344,690.09 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 12-2025 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 4 | \$0.00 | \$314,207.22 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 01-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 20 | \$0.00 | \$324,675.66 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 02-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 16 | \$0.00 | \$328,158.50 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 03-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 38 | \$0.00 | \$389,514.51 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 04-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 15 | \$0.00 | \$320,202.07 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| N/A | 05-2026 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 35 | \$0.00 | \$322,441.47 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Subtotal: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 148 | \$0.00 | \$2,765,163.38 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total: | \$2,885,477.57 | \$289,885.67 | \$26,439.16 | \$2,459,821.84 | \$0.00 | 23234 | \$5,661,624.24 | \$2,765,163.38 | 11917 | \$707.12 | \$242.13 | \$24.33 | \$2.22 | \$206.41 | \$0.00 |

Parameters

Beginning Location:
 Ending Location:
 Paid Date: 10/1/2025-5/31/2026
 Reporting Period: CLIENTYTD
 Location: 000-zzzzz

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



WVHA miCare Clinic Deland and Deltona

May 2026 Report

miCare Utilization

| | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|----------------|-----------------------|----------------------|----------------------------|
| DeLand | | | |
| 2026 | 270 | 218 | 81% |
| Deltona | | | |
| 2026 | 140 | 110 | 78% |
| Overall | | | |
| 2026 | 410 | 328 | 80% |

Description of Terms:

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

No Show Rate

| | No Show Count | No Show % |
|----------------|---------------|-----------|
| DeLand | 69 | 8% |
| Deltona | 33 | 8% |



Visit Type Utilization

| WVHA miCare Clinic Total Visits for DeLand | | | |
|--|------------------|-----|--|
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 426 | 48% | Schedulable patient activities |
| Total Labs | 181 | 21% | Schedulable patient activities |
| Total Nurse Visits | 2 | 0% | Schedulable patient activities |
| Total medication pick-up | 258 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 12 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 879 | | |

DeLand

- There was a total of 609 clinic visits at the DeLand clinic in May plus 258 medication pick-ups and an additional 12 med pick-ups from the PAP program
- Of the 609 clinic visits, there were 23 phone visits
- There were 18 **new patients** that established care at the DeLand clinic last month
- There were 58 **Physicals** in May – Male/Female Wellness – Established Patients

| WVHA miCare Clinic Total Visits for Deltona | | | |
|---|------------------|-----|--|
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 195 | 47% | Schedulable patient activities |
| Total Labs | 64 | 15% | Schedulable patient activities |
| Total Nurse Visits | 5 | 1% | Schedulable patient activities |
| Total medication pick-up | 142 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 7 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 413 | | |

Deltona

- There was a total of 264 clinic visits at the Deltona clinic in May plus 142 medication pick-ups from Deltona as well as 7 med pick-ups from the PAP program
- Of the 264 visits, 14 were phone visits
- There were 5 **new patients** that established care at the Deltona clinic last month
- There were 32 **Physicals** in May – Male/Female Wellness – Established Patients



miCare Member Migration

May 2026

| | | DeLand | Deltona |
|---------------------------|-------|--------|---------|
| Total Eligible Membership | 1,324 | 484 | 248 |

* Member migration showed 48% for May

*The data above represents **unique** members who have completed clinic visits or lab appointments. Several health card members have had multiple encounters for the month and may use both sites.

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications on an annualized basis.
- WVHA health card members can qualify for manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

| PAP Summary – May 2026 | |
|---------------------------------------|-----------------------|
| Application Approved | 353 |
| Application Pending Approval | 4 |
| Application Started but Not Submitted | 7 |
| Total Active Applications | 364 |
| | (Active Applications) |

Key Insights:

- **19 PAP medications were picked up between the two locations**
- **Currently, WVHA has 364 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,374,373**

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



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

Serving Volusia & Flagler Counties

June 5, 2026

West Volusia Hospital Authority

Monthly Enrollment Report

In May, 220 client interviews were conducted by The House Next Door. Of these, 195 appointments supported new and renewal applications, and 25 supported applications that were already pending.

During the month, 241 applications were submitted for verification and enrollment. All 241 were processed by the end of the month, resulting in zero applications carrying over into May.

Of the 220 applications processed, 191 were approved, 4 were denied, and 25 remain pending. Of the four denials, one was denied for being over the asset limit, one had Medicaid, and two had Share of Cost.

Applications are currently processed, approved, and clients enrolled within 7 business days. After enrollment, EBMS status typically appears as active in the system within 7–14 days.

| Application Source | New | Renewal | Total |
|---------------------------------|-----------|------------|------------|
| House Next Door | 13 | 159 | 172 |
| Advent Health/FL Hospital | 4 | 0 | 4 |
| RAAO | 10 | 18 | 28 |
| Other/WVHA Website | 7 | 0 | 7 |
| SMA | 7 | 1 | 8 |
| Halifax (Health Fund Solutions) | 1 | 0 | 1 |
| Totals | 42 | 178 | 220 |

Outreach Efforts

- Attended West Volusia Community Partners meeting.
- Reached out to all clients due to renew with a reminder phone call as well as the reminder letter.
- Reached out to clients on provisional enrollment as reminder to return the Medicaid denial letter.
- Communicating with partners, working together to better service the community.
- Working events in the community as applicable.

Respectfully submitted by Chris Booker



WVHA May 2026 Report:

WVHA Community Outreach & Service Delivery Events. Reporting Period: May 2026

Overview

During May 2026, True Health worked in partnership with the West Volusia Hospital Authority (WVHA) to support shared efforts in expanding access to care across the communities of Pierson and DeLand. Through this collaboration, we helped to advance WVHA's mission by accepting the WVHA Card at our Mobile Unit and delivering services directly within the community. These joint initiatives focused on engaging WVHA Card holders, increasing awareness of available resources, and providing convenient, community-based healthcare services—particularly in rural areas of West Volusia where access to care may be limited.

- **Summary of events:**
 - **Pierson – Farmers Association**
 - **Location:** 111 Fountain Dr, Pierson, FL 32180
 - **Date:** May 8, 2026
 - **Time:** 9:00 AM – 3:00 PM
 - **Patients Scheduled:** 10
 - **Patients Served:** 5
 - **Show Rate:** 50%
 - **Active WVHA Members Identified:** 73 (ZIP code 32180)
 - **Engagement Strategy:**
 - Two phone call attempts per member
 - Appointment reminder text messages sent to all scheduled patients
 - **DeLand – Dr. Joyce M. Cusack Resource Center**
 - **Location:** 489 W. Mathis Street, DeLand, FL 32720
 - **Date:** May 21, 2026
 - **Time:** 9:00 AM – 3:00 PM
 - **Patients Scheduled:** 6
 - **Patients Served:** 0
 - **Show Rate:** 0%
 - **Active WVHA Members Identified:** 315 (DeLand area)
 - **Engagement Strategy:**
 - Two phone call attempts per identified member
- **Future events:**
 - **June 16** at the Chisholm Community Center
 - **June 25** at Dr. Joyce M. Cusack Resource Center
 - **July 13** at the Neighborhood Center
 - **July 21** at the Neighborhood Center

Conclusion

Through our ongoing partnership, True Health and WVHA continue to work together to expand access to healthcare services by bringing care directly into the community via the Mobile Unit and ensuring WVHA Card holders can receive services without barriers.

The Pierson event identified opportunities to strengthen appointment adherence, while outreach efforts in DeLand position both organizations to reach and serve a larger population. Continued collaboration and alignment of outreach strategies will be key to improving utilization and maximizing community impact. At both locations, WVHA program information and health education were made available to all community members, including walk-ins. These coordinated efforts enhanced awareness of available services and contributed to improved access to care among underserved populations.

WVHA HEALTHCARD OUTREACH CAMPAIGN

META ADS CREATIVE & COPY

June 5, 2026



The Disconnected Care Seeker

Headline 1: Housing challenges shouldn't be a barrier to care.

Headline 2: Housing trouble shouldn't keep you from healthcare.

Copy: The WVHA HealthCard helps eligible West Volusia residents get connected to care, even if your housing situation isn't stable right now. No fixed address is needed to start.

Call (386) 232-2055, or click “learn more” for more information.



What is the HealthCard and how can it help you?

A simple way to access care for those who qualify. No fixed address needed.





THE WVHA HEALTH CARD HELPS COVER CARE FOR ELIGIBLE RESIDENTS.



Reach out today and get the support you need.

 (386) 232-2055



**No matter
your housing
situation,
healthcare
should be
within reach.**

**Start your
HealthCard
application
today.**



The Young Student

Headline 1: Just aged off your parents' healthcare plan? You have options.

Headline 2: Affordable healthcare while you get on your feet.

Copy: Aged out of your parents' insurance? Between jobs that don't offer benefits?

The WVHA HealthCard helps eligible West Volusia residents get connected to care. It's simple to check, and help is available in Spanish. Call (386) 232-2055 or click “Learn More” to find out if you qualify.

**You might qualify for
the WVHA HealthCard
and not even know it.**



**Click
“Learn More”
to get started.**





JUST AGED OFF YOUR PARENTS' HEALTHCARE PLAN?



**You might qualify
for the WVHA
HealthCard**

**No longer
covered by
your parents'
healthcare
plan?**



**You might qualify for the
WVHA HealthCard**



**Find out
if you
qualify
for the
WVHA
Health
Card**



The Out-of-Work Older Adult

Headline 1: A job loss shouldn't put your health at risk.

Headline 2: Lost your job? Don't assume you've lost your healthcare options.

Copy: Lost your job and your healthcare coverage? Didn't qualify for Medicaid? You may still have options.

The WVHA HealthCard helps eligible West Volusia residents get connected to care.

Call (386) 232-2055 or click “Learn More” to find out if you qualify.

Out of Work?



**A HealthCard
could help you
access
healthcare.**

See if you qualify.





Out of Work?



Reach out today and
get the healthcare
support you need.

**Out of Work?
A HealthCard
could help you
access
healthcare.**



See if you qualify.



Out of Work?



**A HealthCard
could help you
access
healthcare.**

See if you qualify.



Spanish-Speaking Family Provider

Headline 1: No insurance? The WVHA HealthCard can help.

Headline 2: Local care for your family. See if you qualify for the WVHA HealthCard.

Copy: The WVHA HealthCard helps eligible West Volusia residents get care. You don't need insurance. Call (386) 232-2055 or click "Learn More" to see if you and your family qualify today.



When life feels uncertain, healthcare support may still be available.

See if you qualify for the WVHA HealthCard.





Taking care of your family starts with taking care of **you.**

See if you qualify for the WVHA HealthCard.



Support your family's **well-being** with access to **healthcare.**



See if you qualify for the WVHA HealthCard.



**YOU ARE NOT ALONE,
WE'RE HERE TO HELP.**

Reach out today and get
the **healthcare support**
you and your family need.

Applichat Responses to WVHA Questions

Jun 8, 2026

Does the Board want photos on the website that are not stock photos? If so, what images should be used? **Does Applichat recommend that WVHA use any photos that are NOT stock? An audience member suggested photos of locations.**

Applichat Response: Yes, some location photos would be great. Our photographer/videographer partner could potentially capture some, depending on where filming takes place. We will explore this further.

We also feel the photo below (or a similar image you may have) would work particularly well on the website, as it highlights the board members together and helps highlight the people and community behind WVHA.





What verbiage does the Board want to use on the website to notify everyone about the Deltona clinic closing? *Example: The final day to see patients in the Deltona WVHA miCare Clinic will be Friday, September 18th.* **Does Applichat have a recommendation for wording that is not negative? (Like using consolidation, rather than closing)**

Applichat Response: We'd recommend using clear language while also focusing on continuity of care and next steps for patients.

Terms like “consolidation,” may feel less clear to patients; it may be better to acknowledge the clinic closure in a straightforward but supportive way.

One possible option could be:

The Deltona WVHA miCare Clinic will no longer see patients after Friday, September 18. Beginning [date], patients can continue accessing services at [closest locations]. For questions or assistance, please contact [phone number].”

Or

The last day for patients to receive care at the Deltona WVHA miCare Clinic will be Friday, September 18. Beginning [date], patients can continue accessing services at [closest locations]. For questions or assistance, please contact [phone number].”

We feel this approach keeps the message positive by focusing on where patients can continue receiving care, rather than only on the closure itself. Including a phone number for support would also be helpful.

Does the Board have any desire to replace the word “indigent” with needy, low- income, or another synonym? **Attorney Ted Small said we do not have to include it on the website and suggested we ask Applichat for a recommendation.**

Applichat Response: We'd suggest using more people-centered language, with wording adjusted depending on the context. Some options could include:

- Low-income residents
- People/residents with low incomes
- People facing economic barriers



Where more detailed descriptions are needed, wording such as the following could also work well:

- Low-income individuals who require medical attention but lack the funds or health insurance to pay for it

Policy Title: West Volusia Hospital Authority Residence Verification, Asset Test, and Health Card Application Process

Policy Number: QA-195

Area: Inpatient Crisis (Volusia Only)

Regulatory Standard: WVHA

Effective Date: 10/10/2019

Date Last Revised: 10/1/2022; 12/29/2023; 12/13/2024; 6/29/2025; 3/10/2026

Policy: To establish a protocol for obtaining an ID, or other evidence of residency, conducting an asset test, and connecting indigent West Volusia Hospital Authority (WVHA) area residents that access services at Inpatient Crisis in Volusia County (Chet Bell Crisis Center) with The House Next Door for West Volusia Hospital Authority Health Card application processing after discharge from an acute level of care.

Procedure

1. In order to qualify for West Volusia Hospital Authority (WVHA) coverage, the client must have evidence that they reside in the WVHA catchment area, and the client's income must fall within the current Federal Poverty Guidelines criteria, (SMA discounting fee scale reflects the current Federal Poverty Guidelines). The Client Service Specialist (CSS) will make efforts to obtain an ID, or other evidence of residency, and will obtain a witnessed statement signed by the client (*Financial Assessment* form which is witnessed by the Client Service Specialist (CSS)), verifying income and dependent information.
2. At the time of registration, the Client Service Specialist (CSS) will:
 - a. Obtain proof of residence in the West Volusia Hospital Authority (WVHA) catchment area.
 - i. Proof of residency can be a valid government issued ID, a current utility (dated within 3 months), or a court issued Baker Act, Marchman Act, or ex-parte form that includes a West Volusia address for the client.
 - ii. Track attempts on obtaining ID and/or proof of residency on the WVHA Tracking Worksheet.
 - b. Have the client complete the WVHA Asset Test Worksheet form, an asset test based on the West Volusia Hospital Authority (WVHA) Health Card eligibility guidelines.
 - i. WVHA Asset Test Worksheet form includes statement which is in accordance with section 817.50 F.S.; acknowledging that providing false information to defraud an institution for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree.
 - c. Have the client complete the WVHA Residence Worksheet.
 - d. Email WVHAalert@smahealthcare.org with the client's initials and MR# that is possibly eligible for West Volusia Hospital Authority (WVHA) coverage,

- and a summary of what information was obtained.
- e. All completed client documents and a copy of the client's proof of residence must be maintained in the client's medical record.
3. A member of the clinical team will meet with the client as soon as the client is stable and will:
- a. Review the West Volusia Hospital Authority (WVHA) Health Card Program brochure with the client and provide the client with a copy.
 - b. Review the WVHA Health Card Program documentation checklist with the client and have the client initial the checklist to demonstrate that they understand what documentation is required.
 - i. The checklist will then be faxed to the appropriate The House Next Door office when the client's appointment is scheduled.
 - c. Continue to attempt to obtain proof of residency if the Client Service Specialist (CSS) is unable to obtain.
 - i. Proof of residency can be a valid government issued ID, a current utility (dated within 3 months), or a court issued Baker Act, Marchman Act, or ex-parte form that includes a West Volusia address for the client.
 - ii. Track attempts on obtaining ID and/or proof of residency on the WVHA Tracking Worksheet.
 - d. Have the client complete the WVHA Asset Test Worksheet form, an asset test based on the West Volusia Hospital Authority (WVHA) Health Card eligibility guidelines, if the Client Service Specialist (CSS) is unable to obtain.
 - i. WVHA Asset Test Worksheet form includes statement which is in accordance with section 817.50 F.S.; acknowledging that providing false information to defraud an institution for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree.
 - e. Have the client complete the WVHA Residence Worksheet, if the Client Service Specialist (CSS) is unable to obtain.
 - f. Place all completed documents and a copy of their proof of residence in client's medical record.
 - g. Obtain a release of information from the client to be able to exchange information with The House Next Door regarding the client's attendance at the appointment and any needs the client has related to completion of the West Volusia Hospital Authority Health Card application.
 - h. Contact The House Next Door at (386) 232-2055 extension 3201 or 3206 to schedule an appointment for after the client is discharged from the acute level of care. The client will complete the Health Card application at The House Next Door.
 - i. Provide The House Next Door's team member with the client's phone number so that they may contact the client to review the required documentation with them.
 - i. All completed client documents and a copy of the client's proof of residence must be maintained in the client's medical record.

4. At the time of discharge the Client Service Specialist (CSS) will attempt to obtain the required information from the client if not obtained in prior attempts.
5. If SMA team members cannot obtain evidence of the client's residency in the WVHA catchment area, SMA will not bill the WVHA for the client's services.
6. If SMA team members obtain evidence of the client's residency in the WVHA catchment area after the client's discharge, SMA will bill for the client's services at a later date.

SELECT INTERNAL ORGANIZATIONAL POLICIES OF THE WEST VOLUSIA HOSPITAL AUTHORITY:

ORGANIZATION.

The Enabling Legislation, Section 2, Paragraph (3) provides that “The board of commissioners shall take office and organize at the first meeting in the month of January of each year by the election from among their number a chair, vice chair, secretary, treasurer, and such other officers as the board may deem necessary to accomplish the purpose of this act. All such officers shall serve for the year in which elected and until their successors are elected and installed.

-The Enabling Legislation, Section 1 provides that it is established for the public purpose “of, either directly or through third parties, providing access to healthcare for indigent residents of the district.”

QUORUM.

The Enabling Legislation, Section 3, Paragraph (3) provides that “Three of the [five] commissioners shall constitute a quorum, and a vote of at least two of the commissioners shall be necessary for the transaction of any business of the district.”

-The Florida Attorney General has opined that the physical presence of a quorum of commissioners is required in order for local governments to conduct official business unless the in-person requirement is waived by a specific statute or by an executive order of the governor during a state of emergency.

-The Florida Attorney General has opined that when a quorum is physically present, an absent member may only participate via telephone conference or other interactive electronic technology when this means of participation is due to “extraordinary circumstances such as illness,” the public has been provided notice and a speaker phone or similar device is used to allow the absent member to hear and participate in discussions, and to be heard by other board members and the public.

RULES OF ESTABLISHING AGENDA.

- A. *The Agenda published online and included in the Board Meeting Packet should be described as the “Proposed Agenda” instead of “Agenda” so that members of the public are informed that the items listed are only proposed until the Proposed Agenda is approved by a majority vote of the board of commissioners at the beginning of each meeting. The Administrator shall first circulate a draft Proposed Agenda to the Chair, Attorney and Accountant and consider comments before publishing the Proposed Agenda.*

B. Agenda Items Placed by Commissioners: Items placed on the Board's Draft Agenda by a Commissioner shall identify that Commissioner's name in parenthesis.

Current Policy

Motion 054 – 2021 Commissioner Coen motioned to identify the Commissioner who places any future agenda item on the agenda. Commissioner Craig seconded the motion. The motion passed unanimously.

RULES OF DEBATE.

A. Obtaining the floor: Every Commissioner desiring to speak shall address the Chair and, upon recognition by the Chair, the recognized Commissioner shall confine comments to the question under debate, avoiding all personalities and indecorous language.

B. Interruptions: A Commissioner, once recognized, shall not be interrupted when speaking unless the Chair calls that Commissioner to order. If a Commissioner, while speaking, is called to order by the Chair, the Commissioner shall cease speaking until the question of order is determined and, if in order, shall be permitted to proceed.

-The Chair shall decide all questions of order; subject, however, to an appeal to the entire board of commissioners upon such questions, in which event a majority vote of the board of commissioners shall conclusively govern and determine such question of order.

C. General Time Limit for Agenda Items: Unless extended or otherwise limited by a majority vote of the board of commissioners, all Regular Meeting Agenda items (comments, reports, updates and discussion) shall be limited to 15 minutes.

[Current Policy

Motion 052 – 2021 Commissioner Craig motioned to limit discussion items to 15 minutes of discussion. Commissioner Coen seconded the motion. The motion passed by a 4-1 vote, Commissioner Soukup opposing.]



miCare

Health Center

June 2026 Board Submission



Submission Components

I. Text campaigns

Page 3

- a) Follow-up questions
- b) Proposed calendar

II. Flooring Proposal

Page 8

III. Transportation

Page 10

IV. Deltona consolidation

miCare submitted an extensive review of the clinic consolidation efforts in our May 2026 submission. We continue track and execute operational tasks surrounding this effort. Given member communications, etc. begin in July 2026, the WVHA board can expect an update during the July 2026 board meeting.

1a. Text Messaging

Follow-up questions from May 2026 board meeting:

- **How many words per text:**
 - 1,050 characters, including spacing
 - miCare is able to insert links directly to web pages
- **What is the cost?**
 - \$0 to WVHA – for drip or mass campaign
- **Can miCare send new members a text 30 days after enrollment to remind them of the other funded entities?**
 - Yes; miCare is currently instituting a process as follows:
 - The first week of the month following enrollment, a text will be disseminated to members reminding them of all other WVHA resources/funded entities
 - For example, every member who enrolled in January will receive this text message the first week in February.

1b. Text Messaging - proposed calendar

- miCare crafted a 12-month calendar to visualize the text messaging opportunities for the WVHA board.
- The next 12 months are unique in the fact that there will be a lot of promotion around 1) the clinic consolidation 2) the vendor fair (to be held in Nov 2026). During a more 'standard' year, other promotional efforts can be considered.
- miCare was careful not to overload the number of messages being disseminated to avoid text message fatigue.
- The calendar is color coded for easy visualization using the following categorization:

| | |
|--|--------------------------------|
| | Funded Entity promotion |
| | Clinic Consolidation promotion |
| | miCare promotion/information |

1b. Text Messaging – proposed calendar

| | Communication 1 | Communication 2 |
|----------------|--|--|
| July 2026 | Clinic consolidation #1 <i>(first week of July)</i> | Community & Legal Resources |
| August 2026 | Clinic consolidation #2 <i>(first week of August)</i> | |
| September 2026 | Clinic consolidation #3 <i>(to be sent 9/7/26)</i> | Clinic consolidation #4 <i>(to be sent 9/14/26)</i> |

| | Communication 1 | Communication 2 |
|---------------|--|---|
| October 2026 | Flu shot reminder | Vendor Fair #1 |
| November 2026 | Vendor Fair #2 <i>(week before event)</i> | Vendor Fair #3 <i>(day before event)</i> |
| December 2026 | Annual Wellness Visit Reminder | |

1b. Text Messaging – proposed calendar

| | Communication 1 | Communication 2 |
|---------------|-----------------------------|--|
| January 2026 | Dental Services | |
| February 2026 | Disease Management Services | General miCare info <i>(heart health focus)</i> |
| March 2026 | | |

| | Communication 1 | Communication 2 |
|------------|--------------------------|-----------------|
| April 2026 | Enrollment & Eligibility | |
| May 2026 | Counseling & MH Services | |
| June 2026 | | |

1b. Text Messaging - proposed calendar

As a reminder, the following patient specific text messages will continue to be disseminated throughout the year by miCare to WVHA card holders:

- **Appointment reminder:** 2 reminder text messages sent before office visit
- **No show:** when a patient misses an appointment, a reminder text is sent asking them to call into miCare to reschedule
- **Wellness reminder:** when a patient has not been seen for 12 months, a reminder is sent for them to schedule an appointment
- **Medication pick-up:** when a patient has a medication ready for pick-up, a text reminder is sent that includes the clinic phone # and hours
 - When medications have not been picked-up, up to three text reminders are sent.
- **Happy Birthday:** a text is sent on the patient's birthday with well wishes from miCare
- ***NEW*** As mentioned on slide 3, the first week of the month following enrollment, a text will be disseminated to members reminding them of all other WVHA resources/funded entities
 - For example, every member who enrolled in January will receive this text message the first week in February.

2. Flooring

- Of note: medical facilities in the state of FL are required to adhere to strict infection control, safety and durability standards, governed by the FL Agency for Health Care Administration (AHCA) alongside OSHA and local building codes.
- miCare contacted 3 flooring vendors with experience in medical facility flooring to obtain quotes for the DeLand clinic using these standards as a guideline:
 - Infection control & hygiene
 - Slip resistance
 - Covered bases
 - Durability

2. Flooring

| | <u>Company 1</u> | <u>Company 2</u> | <u>Company 3</u> |
|--------------------------------|---------------------------|---------------------------------|-------------------|
| Cost | \$31,200 | \$57,681 | \$28,606 |
| Type | Glue - Down Vinyl Daltile | Monolithic waterproof real wood | Glue – Down Vinyl |
| Remove current flooring | Yes | Yes | Yes |
| Timeline | 1 Week | 1 Week+ | 1 Week+ |
| Work on weekend | Yes | Yes | Yes |
| Move furniture around | Yes | No | Partially |
| Waterproof | Yes | Yes | Yes |
| Warranty | 15-Year | 10-Year | 10-Year |

miCare commentary

- Company 2 proposed real wood
 - Given the functionality of the other product proposals, miCare does not feel WVHA needs to bear the cost of real wood flooring (although it meets all standards, etc.)
- Company 1 and 3 both recommended a glue down vinyl option
 - miCare feels this is more in line with what WVHA needs from a cost & functionality standpoint

3. Transportation

Upon arrival at the clinic and during the appointment check-in process, miCare asked each patient how they arrived at the clinic. The chart below illustrates each clinic as well as a collective response.

| | <u>Deland</u> | <u>Deltona</u> | <u>Total</u> |
|--|---------------|----------------|--------------|
| Dropped off by a friend/family member | 91% | 87% | 89% |
| Drove self | 7% | 12% | 9% |
| Dropped off by a facility (DMRT, The Neighborhood Center, RAAO) | 1% | 0% | 1% |
| Walked | 1% | 0% | 0.5% |
| Rode bike | 0% | 1% | 0.5% |

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

MAY 31, 2026



ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of May 31, 2026, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

DeLand, Florida
June 18, 2026

A handwritten signature in black ink that reads "James Moore & Co., P.L." with a stylized flourish at the end.

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

ASSETS

| | |
|---|------------------------------------|
| Ameris Bank - operating | \$ 3,704,243 |
| Ameris Bank - MM | 9,060,870 |
| Ameris Bank - payroll | 55,951 |
| Mainstreet Community Bank - EBMS operational escrow | 199,995 |
| Mainstreet Community Bank - MM | 8,075,458 |
| Surety Bank - MM | 1,660,325 |
| Prepaid items and deposits | 2,000 |
| Total Assets | <u><u>\$ 22,758,842</u></u> |

FUND BALANCE

| | |
|---------------------------|------------------------------------|
| Total Fund Balance | <u><u>\$ 22,758,842</u></u> |
|---------------------------|------------------------------------|

See accountants' compilation report.

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

| | One Month Period Actual | Year to Date Actual | Annual Budget | Amount Remaining Budget Balance | Percent Budget Used |
|---|-------------------------------|------------------------|-------------------|---------------------------------------|---------------------------|
| Revenues | | | | | |
| Ad valorem taxes | \$ 677,114 | \$ 18,885,706 | \$ 19,200,000 | \$ 314,294 | 98% |
| Interest income | 44,014 | 441,394 | 400,000 | (41,394) | 110% |
| Other income | 13,259 | 215,162 | 34,333 | (180,829) | 627% |
| Total revenues | <u>734,387</u> | <u>19,542,262</u> | <u>19,634,333</u> | <u>92,071</u> | 100% |
| Expenditures | | | | | |
| Healthcare expenditures | | | | | |
| Statutorily Mandated Expenditures | | | | | |
| County Medicaid Tax | 338,505 | 2,708,040 | 4,062,060 | 1,354,020 | 67% |
| H C R A - In County | - | 27,766 | 400,000 | 372,234 | 7% |
| H C R A - Outside County | - | 2,546 | 400,000 | 397,454 | 1% |
| Total Statutorily Mandated Expenditures | <u>338,505</u> | <u>2,738,352</u> | <u>4,862,060</u> | <u>2,123,708</u> | 56% |
| All Other Healthcare Expenditures | | | | | |
| Specialty Care Services | | | | | |
| Specialty Care - ER | 8,559 | 48,291 | | | 0% |
| Specialty Care - Non-ER | 433,721 | 2,752,306 | | | 0% |
| Total Specialty Care Services | <u>442,280</u> | <u>2,800,597</u> | 4,500,000 | 1,699,403 | 62% |
| Hospitals | | | | | |
| Halifax Hospital | 184,304 | 914,071 | | | 0% |
| AdventHealth | 294,678 | 1,481,470 | | | 0% |
| Total hospitals | <u>478,982</u> | <u>2,395,541</u> | 3,200,000 | 804,459 | 75% |
| Primary Care | 232,924 | 1,749,203 | 2,500,000 | 750,797 | 70% |
| Emergency Room Care | 107,949 | 624,161 | 1,000,000 | 375,839 | 62% |
| Pharmacy | 49,649 | 351,320 | 700,000 | 348,680 | 50% |
| SMA - Residential Treatment | 550,000 | 550,000 | 550,000 | - | 100% |
| Rising Against All Odds | 20,275 | 149,150 | 249,801 | 100,651 | 60% |
| Florida Dept of Health Dental Svcs | 16,078 | 106,475 | 165,000 | 58,525 | 65% |
| SMA - Baker Act - Match | 150,000 | 150,000 | 150,000 | - | 100% |
| The Neighborhood Center | 9,550 | 77,269 | 125,000 | 47,731 | 62% |
| Hispanic Health Initiatives | 7,550 | 46,950 | 100,000 | 53,050 | 47% |
| SMA - Psychiatric Outpatient | 7,106 | 54,699 | 90,000 | 35,301 | 61% |
| Community Legal Services | 3,790 | 48,278 | 88,500 | 40,222 | 55% |
| Life-Spire Community Services, Inc. | - | 741 | 74,500 | 73,759 | 1% |
| The House Next Door | 2,817 | 22,015 | 45,000 | 22,985 | 49% |
| Easterseals Northeast Central FL | - | - | 15,000 | 15,000 | 0% |
| Other Healthcare Expenditures | - | - | 218,607 | 218,607 | 0% |
| Total healthcare expenditures | <u>2,417,455</u> | <u>11,864,751</u> | <u>18,633,468</u> | <u>6,768,717</u> | 64% |
| Personnel services | | | | | |
| Regular salaries and wages | 5,963 | 47,530 | 71,564 | 24,034 | 66% |
| FICA | 456 | 3,699 | 5,475 | 1,776 | 68% |
| Retirement | 837 | 7,919 | 10,756 | 2,837 | 74% |
| Life and Health Insurance | 1,000 | 7,876 | 12,000 | 4,124 | 66% |
| Workers Compensation Claims | - | 4,559 | 25,000 | 20,441 | 18% |
| Total personnel services | <u>8,256</u> | <u>71,583</u> | <u>124,795</u> | <u>53,212</u> | 57% |

See accountants' compilation report.

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

| | One Month Period Actual | Year to Date Actual | Annual Budget | Amount Remaining Budget Balance | Percent Budget Used |
|--|--|--------------------------------|--------------------------|--|------------------------------------|
| Other expenditures | | | | | |
| Locally Mandated Fees | | | | | |
| Tax Collector & Appraiser Fee | 97,828 | 624,147 | 650,000 | 25,853 | 96% |
| City of DeLand Tax Increment District | - | 184,837 | 165,000 | (19,837) | 112% |
| Total Locally Mandated Fees | <u>97,828</u> | <u>808,984</u> | <u>815,000</u> | <u>6,016</u> | 99% |
| TPA Services (EBMS) | 34,534 | 286,717 | 500,000 | 213,283 | 57% |
| Application Screening - THND | 36,949 | 258,598 | 445,008 | 186,410 | 58% |
| General Accounting - Recurring | 10,000 | 60,000 | 119,658 | 59,658 | 50% |
| Building Repairs | 4,691 | 46,194 | 100,000 | 53,806 | 46% |
| Application Screening - RAAO | 8,064 | 49,152 | 97,742 | 48,590 | 50% |
| Legal Counsel | 6,630 | 53,040 | 79,560 | 26,520 | 67% |
| Healthy Communities Kid Care Outreach | 5,359 | 40,437 | 72,202 | 31,765 | 56% |
| Advertising | 265 | 2,244 | 50,000 | 47,756 | 4% |
| Audit | - | 22,500 | 22,500 | - | 100% |
| General Accounting - Nonrecurring | - | - | 15,000 | 15,000 | 0% |
| Other Operating Expenditures | 4,312 | 39,540 | 59,400 | 19,860 | 67% |
| Total other expenditures | <u>208,632</u> | <u>1,667,406</u> | <u>2,376,070</u> | <u>708,664</u> | 70% |
| Total expenditures | <u>2,634,343</u> | <u>13,603,740</u> | <u>21,134,333</u> | <u>7,530,593</u> | 64% |
| Excess (deficiency) of revenues over expenditures | <u>\$ (1,899,956)</u> | <u>\$ 5,938,522</u> | <u>\$ (1,500,000)</u> | <u>\$ (7,438,522)</u> | -396% |

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners
DATE: May 12, 2026
FROM: Theodore W. Small, Jr.
RE: West Volusia Hospital Authority – Update for May 21, 2026 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the April 16, 2026 Regular Meeting Minutes.

I. **Review and Consideration of Updates to *Select Internal Organizational Policies of the West Volusia Hospital Authority*** [Refer back to Legal Update Memorandum dated 10/15/2020, 11/10/2020, 4/06/2021 and 6/09/25 for additional background details.]

As a reminder, the below version of *Select Internal Organizational Policies of the West Volusia Hospital Authority* was adopted at the Board’s 6/17/2025 meeting. Counsel recommends that members of the Board discuss Counsel’s recommendations in italics and bold, talk about any other proposals and then include them all as a Discussion item for potential adoption at the June, 2026 Board meeting.

SELECT INTERNAL ORGANIZATIONAL POLICIES OF THE WEST VOLUSIA HOSPITAL AUTHORITY:

ORGANIZATION.

The Enabling Legislation, Section 2, Paragraph (3) provides that “The board of commissioners shall take office and organize at the first meeting in the month of January of each year by the election from among their number a chair, vice chair, secretary, treasurer, and such other officers as the board may deem necessary to accomplish the purpose of this act. All such officers shall serve for the year in which elected and until their successors are elected and installed.

-The Enabling Legislation, Section 1 provides that it is established for the public purpose “of, either directly or through third parties, providing access to healthcare for indigent residents of the district.”

QUORUM.

The Enabling Legislation, Section 3, Paragraph (3) provides that “Three of the [five] commissioners shall constitute a quorum, and a vote of at least two of the commissioners shall be necessary for the transaction of any business of the district.”

-The Florida Attorney General has opined that the physical presence of a quorum of commissioners is required in order for local governments to conduct official business unless the in-person requirement is waived by a specific statute or by an

executive order of the governor during a state of emergency.

-The Florida Attorney General has opined that when a quorum is physically present, an absent member may only participate via telephone conference or other interactive electronic technology when this means of participation is due to “extraordinary circumstances such as illness,” the public has been provided notice and a speaker phone or similar device is used to allow the absent member to hear and participate in discussions, and to be heard by other board members and the public.

RULES OF ESTABLISHING AGENDA.

- A. *The Agenda published online and included in the Board Meeting Packet should be described as the “Proposed Agenda” instead of “Agenda” so that members of the public are informed that the items listed are only proposed until the Proposed Agenda is approved by a majority vote of the board of commissioners at the beginning of each meeting. The Administrator shall first circulate a draft Proposed Agenda to the Chair, Attorney and Accountant and consider comments before publishing the Proposed Agenda.*
- B. *Agenda Items Placed by Commissioners: Items placed on the Board’s Draft Agenda by a Commissioner shall identify that Commissioner’s name in parenthesis.*

Current Policy

Motion 054 – 2021 *Commissioner Coen motioned to identify the Commissioner who places any future agenda item on the agenda. Commissioner Craig seconded the motion. The motion passed unanimously.*

RULES OF DEBATE.

A. **Obtaining the floor:** Every Commissioner desiring to speak shall address the Chair and, upon recognition by the Chair, the recognized Commissioner shall confine comments to the question under debate, avoiding all personalities and indecorous language.

B. **Interruptions:** A Commissioner, once recognized, shall not be interrupted when speaking unless the Chair calls that Commissioner to order. If a Commissioner, while speaking, is called to order by the Chair, the Commissioner shall cease speaking until the question of order is determined and, if in order, shall be permitted to proceed.

-The Chair shall decide all questions of order; subject, however, to an appeal to the entire board of commissioners upon such questions, in which event a majority vote of the board of commissioners shall conclusively govern and determine such question of order.

C. **General Time Limit for Agenda Items:** *Unless extended or otherwise limited by a majority vote of the board of commissioners, all Regular Meeting Agenda items (comments, reports, updates and discussion) shall be limited to 15 minutes.*

[Current Policy

Motion 052 – 2021 *Commissioner Craig motioned to limit discussion items to 15 minutes of discussion. Commissioner Coen seconded the motion. The motion passed by a 4-1 vote, Commissioner Soukup opposing.]*

RULES ON ELECTRONIC RECORDS RETENTION:

In order to comply with the Florida Public Records Law, any email, text message or social media post which involves WVHA official business and it is of a non-transitory nature, as explained above, must be preserved as a “public record” in accordance with the General Records Schedule. Board members, funded or contracted agencies and

contracted professionals are hereby strongly discouraged from using personal email accounts, cell phones and social media to conduct official WVHA business unless it is only “transitory”. Effective as soon as such accounts are generated by WVHA’s contracted Public Records Custodian and technical access is made available, Board members and contracted professionals are expected to utilize email accounts on the westvolusiahospitalauthority.org domain for purposes of sending and receiving emails to conduct WVHA official business. When it is necessary to utilize personal accounts or social media because the matter is time sensitive, individuals are encouraged to forward the email to Ms. Tebo (stebo@westvolusiahospitalauthority.org) for preservation in accordance with the General Records Schedule. If there is any question at all in the Board members’, funded or contracted agent’s mind about whether the email, text message or social media is a public record, the question should be discussed with Ms. Tebo who shall consult with State officials to determine the appropriate retention schedule. If the person communicating about WVHA business on non-WVHA email accounts, telephones or social media is not able to save those messages on their company or personal computer or phone equipment, they should contact Ms. Tebo, which is WVHA’s designated Public Records Custodian to make arrangements for forwarding them to Ms. Tebo for their proper preservation.

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, other contracted professionals, staff of funded agencies and members of the public) from telling

one Board member what other Board members are thinking or saying about matters likely to come before the Board, including on matters of governance or upcoming elections.