

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
August 20, 2026 5 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. Minutes for Budget Workshop on July 16, 2026
 - B. Minutes for Regular Meeting on July 16, 2026
 - C. Performance Goals/Objectives for WVHA Activities in FY 2026-2027
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Contractual Annual Utilization Reports to the WVHA Board of Commissioners
 - A. Life-Spire Community Services – Executive Director Janae Ponder
 - B. Hispanic Health Initiatives – Executive Director Peter Willems
7. Reporting Agenda
 - A. EBMS July Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona July Report – Practice Manager Gretchen Soto and Bill Demberecky, Imagine360 CFO
 - C. The House Next Door July Application Processing Report
 - D. True Health July Report
 - E. Hospital Services 2nd Quarter of 2026 (April – June)
 - i. Halifax Health | UF Health – Medical Center of Deltona
 - ii. AdventHealth DeLand & AdventHealth Fish Memorial
 - iii. EMPros
8. Discussion Items
 - A. LIP Funding for SMA Healthcare
 - B. miCare August Submission
 - i. Text Messaging
 - ii. Clinic Consolidation & Flooring Update
 - iii. Cost Per Visit
 - iv. miCare's Impact on Community Spend
 - v. Member Impact Stories
 - vi. Executive Discussion
 - C. Applichat Public Awareness & Outreach Update
 - i. Month One Performance Report
 - ii. Two Top-Performing Ads Refresh
 - D. Review Proposed Budget 2026-2027
9. Administrator Report
10. Finance Report
 - A. July Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Upcoming – Tentative Budget Hearing 9/10/26 and Final Budget Hearing & Regular Meeting 9/24/26
13. Adjournment

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

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS
BUDGET WORKSHOP
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
July 16, 2026

Board Members in Attendance:

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

CAC Members in Attendance:

Chair Patrick Rogers

Others Present:

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

Call to Order

Chair Ford called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 4:01 p.m.

Approval of Proposed Agenda

Motion 055 – 2026 Commissioner Craig moved to approve the agenda. Commissioner Manning seconded. The motion passed 5-0.

Chair Ford provided an overview of the budget process and explained the new law regarding voting threshold requirements for adopting millage rates above the rolled-back rate.

Reserve Spending Plan

Mr. Shephard stated that the fund balance policy sets a minimum reserve of 25 percent, with a target range of forty to sixty percent; that the fund balance is projected to be 69% of expenditures at the end of the current fiscal year; that to reach sixty percent, they would need to utilize approximately \$2 million in excess reserves; that if the rolled-back rate is adopted, the Authority is projected to reduce reserves by approximately \$1.7 million, resulting in a fund balance of 61% as of 9/30/2027; that looking ahead to FY 2028, the Board will need to evaluate whether to adopt another rolled-back rate or implement a modest millage increase to maintain reserves within policy guidelines; and that a tax increase would be needed in FY 2028 to keep up with expenditures unless they were reduced significantly for some unexpected reason.

WVHA 2026-2027 Budget Forecast

Ms. Shephard noted he updated the working budget to add another column for Commissioner Coen's suggestions for reductions to particular line items; that he also changed the line item for True Health because they requested an increase of \$10,000 earlier in the day; that Option A is the rolled-back rate; that Option B is the flat rate using the same exact millage as the current fiscal

year, which would utilize about a million dollars in reserves; and that Option C is an increased millage rate of 1.0392 for a balanced budget without the use of reserves.

Commissioner Craig said she was in favor of the rolled-back rate in Option A.

Commissioner Coen stated she also preferred the rolled-back rate; that if they allow expenses to continue to climb, they will have to raise taxes at some point; that she proposes to freeze the funded agencies' budgets for the next fiscal year to match current funding; and that she does not think it is appropriate to allow new funding for the Levi Long Sickle Cell Association. She summarized her proposed reductions to specific line items.

Commissioner Craig questioned the proposed \$2.5 million budget for primary care considering the clinic consolidation and recommended \$2.1 or \$2.2 million. Mr. Shephard noted that their annual run rate is about \$2.8 million, and they were basing the proposed \$2.5 million on a decrease in actual expenditures.

Commissioner Manning recommended that they provide some level of funding for the Levi Long Sickle Cell Association to get the program up and running in the community.

Chair Ford said he was also inclined to favor the rolled-back rate. He recommended that the Board consider increasing the advertising line item to \$50,000 for a potential phase two with Applichat in the next year.

Commissioner Moore questioned WVHA's ability to actively pursue additional health card members if they were to accept the capping recommendation made by Commissioner Craig.

Sue Wayte, miCare Senior Account Executive, stated that they projected an average cost savings of \$150,000 per year for clinic consolidation; that about \$45,000 of the savings is for rent, which is not included in the \$2.5 million primary care budget; that there have been built-in increases for administration, but there has not been an increase in the operations side; that miCare discussed increasing the line item last year but decided to leave it as is since the consolidation issue had not yet been determined by the Board; that staffing is the biggest expense of running a clinic, and merit increases push the budget up every year; and that based on the run rate and what the clinic is costing, miCare is recommending \$2.5 million for the budget.

Commissioner Manning asked Ms. Wayte to elaborate on the approximate savings of \$100,000. Ms. Wayte responded that they based it on the assumption that they would have the same member base; that the approximate current membership number is 1350; that their goal is to see the total membership number increase, and they have to be prepared for that; that duplicate services such as cleaning companies and utilities are doubled when there are two clinics, so those savings can be expected; and that they would still be servicing the total health card membership.

Attorney Small suggested miCare share their internal membership projections with the Board to aid in budget decisions.

Commissioner Moore asked Ms. Wayte what the cost per patient visit would be after consolidation. Ms. Wayte responded that although she did not have that number in front of her, she could get it and bring it back. She added that their cost per member per month includes everything such as the referral process, medication costs, prescription dispensing cost, wellness coaching, labs, etc. Commissioner Moore asked if she could boil it down to an average cost for a primary care visit so that the Board could make comparisons.

County's Proposed Medicaid Reimbursement Expense

Mr. Shephard said that he used the estimated CPI of 3.2 percent to arrive at \$4.2 million for the Medicaid expense; that Ms. Tebo obtained the amount from the county that they would be charged by the state; and that the actual allocation has not yet been established.

Millage Rate

There was consensus that the rolled-back rate was preferable.

Citizen Comment

Tanner Andrews said that they should discuss that the millage rate would be a little lower in the coming year due to the clinic consolidation.

Attorney Small asked Mr. Shephard what the reserves are and noted the Board had been deficit spending pursuant to the plan to spend down reserves.

Mr. Shephard responded that he projected fifteen million in reserves at the end of the current fiscal year.

Funding Applications and Amounts Requested

Chair Ford stated he did not recommend funding the new application from the Levi Long Sickel Cell Association based on the number of people in Volusia County with the disease; that he found the information on FloridaHealthChart.gov, and they stated the county has fifty people with sickle cell disease; and that the funding request is high for the number of people with the disease in West Volusia.

Commissioner Craig suggested that they might fund the program at fifty percent of the request.

Commissioner Manning noted that when one parent has the disease, the child can get it; that if both parents have it, their child will automatically get it; that the disease is tricky and painful; that she has seen the effects of the disease in kids at her summer camp; that the program should be funded to help the children in the community; that there is a need for education so that parents know how to handle the disease; and that funding the organization would benefit the community.

Commissioner Moore stated that in her research, everything she found said that they had halted the tracking of sickle cell in Florida in the last few years; that her son has the trait but does not have sickle cell disease; that she knows that because he was born in Georgia where babies are automatically tested; that her daughter was born in Florida and was not tested; that people having the trait experience limitations such as making sure they do not get overheated or overexerted; and that just saying there are fifty people who have the disease manifested does not accurately reflect the people who are actually affected by the disease.

Chair Ford said that based on the passion of the commissioners' comments, he would be willing to fund the program at fifty percent.

Commissioner Coen stated that she attended the CAC meeting, and it was very difficult to understand and get information from the applicant; that after reviewing the meeting audio recording, it was still very difficult; that the applicant has an unclear organizational structure, and they are not tested; and that the entity is too new, and it does not have the good structure needed for WVHA funding.

Commissioner Manning said that the organization has been in existence and operating in the Daytona area, and they are working to extend it to the west side of the county.

Mr. Shephard said that he heard consensus for budgeting half of the Levi Long Sickle Cell Association's request for \$65,000 and would adjust the line item in the working budget.

The Board discussed that they would take time to reflect on the individual suggestions made regarding various line items in the budget.

Adjournment

There being no further business to come before the Board, the workshop was adjourned at 5:26 p.m.

Rakeem Ford, Chair

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

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
July 16, 2026

Board Members in Attendance:

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

Others Present:

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

Call to Order

Chair Ford called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:31 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 056 – 2026 Commissioner Craig moved to approve the agenda. Commissioner Manning seconded. The motion passed 5-0.

Consent Agenda

Approval of Minutes - Joint Meeting with the CAC held June 18, 2026

Chair Ford noted that Ms. Tebo provided a copy of the revised minutes that corrected a typo in the version included in the agenda packet.

Motion 057 – 2026 Commissioner Coen moved to approve the Consent Agenda with the revised minutes for the joint meeting. Commissioner Manning seconded. The motion passed 5-0.

Citizen Comments – None

Contractual Annual Utilization Report to the WVHA Board of Commissioners – Christina Russo Walters of Community Legal Services Medical Legal Partnership

Ms. Walters outlined the annual report for the current fiscal year through June 30th and stated they have assisted thirty unique card members; that they have worked on 32 social security cases, with eight open cases and 24 cases closed; that six additional card members now have access to alternative health coverage; that there have been retroactive benefits awarded to prior card members in the amount of \$62,887.62; and that WVHA's annual return on investment is \$267,252.

Reporting Agenda

EBMS June Report – Written Submission

WVHA miCare Clinic DeLand/Deltona June Report – Sue Wayte. Senior Account Executive at miCare Health Centers

Quarter 3 (April – June) Report

Ms. Wayte outlined miCare's quarterly report for the Board.

Commissioner Coen asked how the miCare referral process would work with True Health. Ms. Wayte answered that before the first mobile deployment occurred, they met with True Health to structure the referral process to ensure that True Health is able to tap into the established network and all the contracts they have in place with various specialty providers.

The House Next Door (THND) June Application Processing Report

Chris Booker summarized the report for the Board and answered a question from Chair Ford regarding the application sources.

True Health June Report

Chief Operations Officer Nurez Madhany summarized the monthly report and the two mobile deployments at the Joyce Cusack Resource Center and the Chisholm Community Center. He noted the next two deployments would be held at the Deltona Regional Library. He said they had a good meeting with Applichat and outlined True Health's marketing efforts for the Board.

Commissioner Coen pointed out that the report was late and not included in the agenda materials for the public on the website. She stated for the record that there were two DeLand deployments with a total of two card members served. She asked him to clarify how much WVHA would be paying for the services. Mr. Madhany explained that True Health would bill \$2,500 per mobile deployment, and card member visits to their Enterprise location for primary care would be billed based on the client's income with a \$20 fee for labwork. He added that they had not yet seen any WVHA card members at the Enterprise clinic.

Commissioner Manning asked why True Health asked for an increase in the budget for next year. Mr. Madhany responded that they based the \$65,000 request on the number of WVHA card members that use the Deltona miCare clinic exclusively and went through the computations to arrive at the amount.

Chair Ford asked if the transportation vouchers for Lyft and Uber mentioned by True Health at a previous meeting could be utilized for the mobile deployments. Mr. Madhany answered yes.

Chair Ford advised that the proposed flyer should be edited to remove the word insurance when referencing the WVHA health card program.

Commissioner Craig said that some people might be more comfortable with public transportation than Uber or Lyft. Mr. Madhany confirmed that True Health also offers bus passes to patients.

Without objection, the reports were received into the written record.

Discussion Items

Resolution #2026-001 – Adopting a Preliminary Millage Rate for FY 2026/2027

Chair Ford read Resolution #2026-001 aloud and noted that the first public hearing to adopt a tentative millage rate of 0.9575 and tentative budget would be held on September 10, 2026 at 5:05 p.m. at the Sanborn Center.

Motion 058 – 2026 Commissioner Coen moved to approve Resolution #2026-001 adopting a preliminary millage rate of 0.9575. Commissioner Manning seconded. The motion passed 5-0.

Roll Call:

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

EBMS/Veracity Official Notice of Renewal Fees Effective October 1, 2026 (email dated 5/13/26 attached)

Chair Ford asked Ms. Wayte to speak on the item.

Ms. Wayte stated that the 3.8% increase is based on the consumer price index (CPI) as written in the ASA agreement with WVHA.

Attorney Small stated that EBMS/miCare is required to give WVHA notice of the annual CPI increase in time for the July meeting; that he mentioned at the June meeting that there is a 60-day non-renewal provision within the agreement, and in making the decision about whether the Board wants to non-renew, the Board has to consider whether or not the price of the services is in line with expectations; that the Board might want to ask whether they are getting the same increase as other similar entities; that the Board could receive the notification and continue as is with no changes to the relationship; and that if the Board decides to do something differently, then it would lead to some other discussions about non-renewal.

Commissioner Coen asked Attorney Small to review the agreement again as she believed there was an amendment to the agreement which specified the non-renewal notice to be ninety days.

Commissioner Craig said that in future years they would need to have notice of the increase in June if the agreement did indeed call for a ninety-day notice of non-renewal.

Property Tax Reform Update (Commissioner Ford)

Chair Ford outlined the budget ramifications of the ballot question for property tax reform if approved by the voters.

Commissioner Coen asked if James Moore & Co could anticipate any offsets to income. Mr. Shephard asked his colleague Vince Tenaglia, Director of Governmental Advisory Services, to address the issue.

Mr. Tenaglia stated he has been working with issues related to property tax reform, and he did not have an easy answer regarding how to make up a revenue reduction of that magnitude; that he echoed Chair Ford's comments as to developing a prudent long-term financial strategy to mitigate the reductions as best as possible; and that they would have to wait and see what happens after the November election.

Attorney Small informed the Board that there is a statutory provision that limits the degree to which public boards in Florida can effectively lobby during public meetings on issues such as the property tax reform ballot measure, and he would provide further information at the next meeting.

**July miCare Board Submission
Text Messaging**

Ms. Wayte updated the Board on the text messaging calendar and the consolidation efforts.

There was discussion regarding the planning of a health fair at the DeLand clinic, and Ms. Wayte said the tentative date was set for November 6th.

Commissioner Manning asked for an update on Phase Three where there might be a partner brought in to share the clinic space and resources to reduce costs for WVHA. Ms. Wayte said she would need to ask the new sales team from the TPA side of EBMS, and she would request an update for the next meeting. She said that although she is not involved in sales, she is aware that they have a new account manager for the area.

Deltona Consolidation and Flooring Update

Ms. Wayte stated that miCare has paid a deposit to the vendor installing the new floors the week of August 3rd and would work into the weekend until the job is complete; that they have ensured continuity of operations with the Deltona clinic remaining open Monday through Friday of that week to accommodate redirected clinic services; that the approach will help prevent disruptions in patient care and medication pickups, and they are managing all communications related to the project, including the text messages; that they have engaged vendors for the consolidation move; that they have met with those assisting with moving and repairs; that they have a game plan as far as setting up workstations, phones, etc. to effectuate the move; and that they have provided notification to those having contracts with the Deltona clinic.

Proposed Video Scripts from Applichat for Public Awareness Campaign

Chair Ford summarized the videos planned by Applichat for the Board. He asked if the Board had any comments, questions, or concerns, and if not, he would let them know that they could move forward with scheduling the videographer in late August.

Annual Review of Benefit Plan for West Volusia Hospital Authority as Part of its Adopted Goals and Objectives for FY 2025-2026

Without objection, the annual review of the benefit plan was received in the record as WVHA's official annual review of the benefits plan as outlined in its adopted goals and measures for this fiscal year.

Updates to Select Internal Organizational Policies of the WVHA (tabled on 6/18/26)

Attorney Small said he put it before the Board for its discretion as to whether it wanted to act or not act, and it seems he has not gotten any feedback from the commissioners. Because there was no input or discussion, the Board moved on to the next agenda item.

Administrator Report

Ms. Tebo stated she looked up membership numbers today, and it's 1371; that for the past two months, she has been forwarding a limited census to True Health to assist them with making appointments for the mobile unit; that she would be moving her office to support the consolidation of the clinics and to accommodate the existing schedule of Community Legal Services and SMA who use the DeLand clinic and will now use her office space; and that she would be switching her clinic days to Monday and Wednesday to support consolidation. She added that she would be working on gaining access to the old Facebook account. She pointed out that she had not received any suggestions from board members on possible locations for filming.

Finance Report

June Financials

Approval of Disbursements – Check Register & Estimated Expenditures

There were no questions on the monthly financial statements presented by James Moore & Co. Mr. Shephard pointed out they would need to transfer \$850,000 from the Ameris Money Market into the Ameris Operating account.

Motion 059-2026 Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register by James Moore & Co., the \$850,000 transfer from Ameris Money Market to Ameris Operating, and estimated expenditures for the next month totaling \$2,473,985. Commissioner Moore seconded the motion. The motion passed 5-0.

Roll Call:

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

Legal Update

Attorney Small reminded the Board that three members must be present at the budget hearings in September to fund operations for the next year. Regarding voting requirements, he explained the changes regarding maximum millage rate and said there is now a two-thirds maximum millage rate, which would require four members to vote in favor of the increase. He acknowledged his earlier misspeak in that Commissioner Coen was correct that pursuant to amendment number one, EBMS and WVHA have ninety days before the end of the current renewal term to provide notice of non-renewal; he pointed out that his annual review of the WVHA contracts for the Board correctly lists the non-renewal notice period. He said that he thought the best way to respond to the question raised at the last meeting about the Levi Long Sickle Cell Association was to prepare a draft so that the Board could see what the agreement would look like.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 7:18 p.m.

Rakeem Ford, Chair

WEST VOLUSIA HOSPITAL AUTHORITY: F.S. §189.0694(1) GOALS AND OBJECTIVES, effective October 1, 2026:

The West Volusia Hospital Authority, an independent special tax district encompassing the western portion of Volusia County, Florida, created by a special act of the Florida Legislature, Chapter 57-2085, Laws of Florida, as amended (hereinafter “WVHA”) has a single statutory purpose of providing access to healthcare for indigent residents of the tax district either directly or indirectly through third parties. WVHA pursues its single purpose with the following goals and objectives:

1. **Establish and maintain a comprehensive WVHA Health Card Program for *income and asset eligible residents of the tax district*** (hereinafter “eligible residents”);
 - a. Performance measure #1: Increase the enrollment of eligible residents.
 - b. Performance measure #2: Annual review and revise the *WVHA Eligibility Guidelines* as necessary to fulfill WVHA’s purpose.
 - c. Performance measure #3: Annual review and revise the *Benefit Plan for the West Volusia Hospital Authority* as necessary to fulfill WVHA’s purpose.
 - d. Performance measure #4: Maintain an appointed *Citizens Advisory Committee* to review and make recommendations annually for WVHA to consider funding of providers that apply to provide otherwise unmet healthcare needs of the tax district.
2. **Expand access to primary health care for eligible residents;**
 - a. Performance measure #1: Maintain contract with a third-party to operate a primary care clinic for eligible residents.
 - b. Performance measure #2: Increase utilization of WVHA’s primary care clinic.
 - c. Performance measure #3: Decrease of unnecessary utilization of specialty care services.
 - d. Performance measure #4: Decrease of unnecessary utilization of hospital emergency department services.
3. **Establish and maintain a specialty healthcare network for eligible residents;**
 - a. Performance measure #1: Maintain contract with a third-party to establish and maintain a specialty care network for eligible residents.
 - b. Performance measure #2: Annual Review and recommend to contracted third party any necessary revisions to its list of contracted specialty care providers.
4. **Expand access to hospital and emergency department services for eligible residents.**
 - a. Performance measure #1: Maintain contract with a third-party to establish and maintain a network of inpatient hospital and emergency department services that is available for eligible residents.
 - b. Performance measure#2: Monitor the third-party’s inpatient hospital and emergency department network to ensure that contracted providers fulfill their agreement to split an annual budgeted amount as payment-in-full for them to provide quality services to all eligible residents for a fixed reimbursement rate of 85% of prevailing Medicare rates.

WVHA Utilization Report for Life-Spire Community Services

During the first quarter, Life-Spire Community Services focused on outreach, relationship-building, and collaboration with existing WVHA-funded programs to establish referral pathways and increase awareness of available counseling services. These efforts helped Life-Spire develop a referral base and connect eligible community members with care.

Throughout the reporting period, Life-Spire received 19 referrals. Of these, 12 individuals completed an intake and initiated services, representing a 63% engagement rate. Seven referrals required a Spanish-speaking clinician, highlighting the community's need for bilingual behavioral health services. Two referrals remained open as of July 31, 2026, and Life-Spire continued working to connect these individuals with appropriate services.

Life-Spire received five completed client satisfaction surveys between January and July 2026. Overall feedback was highly positive, with an average rating of 4.46 out of 5 across all survey measures.

- 100% of respondents were satisfied or very satisfied.
- 60% reported being "Very Satisfied."
- 100% would recommend Life-Spire to others.
- Welcoming and respectful environment: 4.8/5
- Cultural understanding and respect: 4.8/5
- Services were helpful and met client needs: 4.6/5
- Support in establishing meaningful goals: 4.4/5
- Appointment scheduling: 4.0/5
- Improvement in mental health: 3.6/5

Clients particularly valued Life-Spire's welcoming, culturally responsive, and supportive environment. One client described Life-Spire as feeling "like home" and providing a safe space. Another client, who completed the survey after an initial appointment, reported being satisfied and looking forward to continuing services.

The results also identify opportunities for improvement. One respondent reported difficulty with appointment scheduling, and another had not yet experienced improvement in mental health despite being very satisfied with the services overall. Because some respondents were still early in treatment, additional time and follow-up may be needed to accurately measure changes in mental health.

Overall, the surveys indicate that Life-Spire is successfully creating a respectful, culturally responsive therapeutic environment that clients trust and would recommend. Continued monitoring of scheduling access and client progress will help strengthen service quality and outcomes.

Utilization Summary

- Total referrals received: 19
- Individuals completing intake: 12
- Individuals needing a Spanish-speaking clinician: 7
- Additional counseling sessions provided: 22
- Total counseling encounters: 34
- Individuals who did not initiate services: 7
- Referral-to-service engagement rate: 63%

Life-Spire Community Services experienced a significant increase in service utilization toward the end of the reporting period. July was the program's most productive month, accounting for four of the 12 completed intakes and 18 of the 22 follow-up counseling sessions. This upward trend reflects the impact of Life-Spire's continued outreach, relationship-building, and collaboration with WVHA-funded programs to strengthen referral pathways and connect more residents with counseling services. It also demonstrates the importance of strengthening access to Spanish-speaking clinicians to meet the needs of West Volusia's diverse population.

AUGUST 11, 2026

“Cuidando Mi Salud/Taking Care of My Health”

A Chronic Disease Awareness, Prevention And Self-Management Program

WVHA GRANT 2025-2026
UTILIZATION REPORT

Submitted to:
West Volusia Hospital Authority



EDUCATE • ADVOCATE • CONNECT

*Building Healthier Communities
One Person At A Time!*

On behalf of the Board of Directors, staff, and volunteers of Hispanic Health Initiatives (HHI), we commend the West Volusia Hospital Authority (WVHA) Board for its foresight and continued commitment to improving the health and well-being of West Volusia residents.

The "**Cuidando Mi Salud/Taking Care of My Health**" (CMS/TCMH) program expands access to preventive healthcare by delivering culturally responsive health education, screenings, and navigation services directly into the community. Throughout the program year, HHI conducts numerous one-on-one, face-to-face outreach and screening events for West Volusia residents at trusted community locations, including food pantries, soup kitchens, churches, community events, and partner agencies. By meeting people where they live, work, play, and pray, HHI removes many of the barriers that prevent medically underserved residents from accessing quality healthcare and social services. Through linguistically appropriate education, culturally sensitive services, and personalized support, the CMS/TCMH program helps improve health outcomes and increase access to preventive care throughout West Volusia.

The CMS/TCMH program creates meaningful opportunities for individuals and families to better understand their health, advocate for themselves, and connect with essential healthcare and community resources. Participants frequently learn, often for the first time, that they are at risk for chronic conditions such as Type 2 diabetes, hypertension, or elevated cholesterol. Early identification enables individuals to seek appropriate medical care and make lifestyle changes that can prevent, delay, or better manage chronic disease. Through individualized health education and coaching, participants are encouraged to adopt healthier behaviors, including improving nutrition, increasing physical activity, achieving and maintaining a healthy weight, and establishing regular primary care. These changes contribute to improved disease prevention, better chronic disease management, and a higher quality of life.

Over the past 6 years, HHI has expanded its community impact by developing additional initiatives that address the social and environmental factors influencing health. These efforts include:

- Partnering with Volusia Toys for Tots to register eligible families and distribute holiday gifts, positively impacting over 5,500 children throughout Volusia County.
- Establishing a mobile food pantry in 2024 to increase access to nutritious foods for residents of West Volusia. Since its inception, the pantry has served more than 1,500 families and provided food for over 5,000 individuals by distributing thousands of pounds of fresh produce, vegetables, and protein. This initiative helps reduce food insecurity while encouraging healthier eating habits within the community.

HHI's comprehensive, community-centered approach reflects its commitment to improving health outcomes, expanding access to preventive care, and addressing the social factors that influence health. By combining health education, chronic disease screenings, care navigation, and strategic community partnerships, HHI helps reduce avoidable healthcare costs while improving the quality of life for medically underserved residents throughout West Volusia. Through these coordinated efforts, HHI advances the Triple Aim of improving population health, enhancing the patient experience, and reducing the overall cost of healthcare.

Background and Program Description:

Since 2000, Hispanic Health Initiatives (HHI) has used bilingual Community Health Workers (CHWs) as the cornerstone of its service delivery model. CHWs are a nationally recognized evidence-based strategy for improving access to healthcare among uninsured, medically underserved, and culturally diverse populations.

HHI's programs promote wellness and improve health indicators among adults by providing community-based, culturally, and linguistically competent chronic disease health screening and education. As part of the West Volusia Hospital Authority funding, HHI offers eligible West Volusia residents **free** chronic disease health screenings. These screenings identify risk factors for chronic disease through measurements of body mass index (BMI), blood pressure, blood glucose, and cholesterol, enabling participants to better understand their health risks and seek appropriate follow-up care.

Based on the client's screening results, HHI's CHWs provide individualized one-on-one chronic disease education. This includes assisting participants in preparing an action plan with healthier lifestyle goals to address issues identified through the health risk assessment.

Need:

Chronic Disease Burden in Volusia County

(<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=ChronicDisease.Report&rdRequestForwarding=Form>)

Indicator	Measure	Year(s)	County Number	County	Quartile (Most to Least Favorable) 	State	U.S. Healthy People 2030 Goal
Cardiovascular Disease							
Coronary Heart Disease							
Deaths From Coronary Heart Disease	Per 100,000 Total Population	2019-21	3,233	108.7	4	89.0	71.1
Heart Attack							
Deaths From Acute Myocardial Infarction (Heart Attack)	Per 100,000 Total Population	2019-21	1,040	35.2	4	21.8	
Hospitalizations From Acute Myocardial Infarction	Per 100,000 Total Population	2019-21	4,892	187.1	3	152.7	
Stroke							
Deaths From Coronary Heart Disease	Per 100,000 Total Population	2019-21	3,233	108.7	4	89.0	71.1
Diabetes							
Deaths From Diabetes	Per 100,000 Total Population	2019-21	746	26.9	3	22.4	
Hospitalizations From or With Diabetes as Any Listed Diagnosis Which Resulted in a Diabetes-Attributable Amputation of a Lower Extremity	Per 100,000 Total Population	2019-21	1,223	51.9	3	37.2	4.3
Chronic Disease Risk and Protective Factors							
Adults Who Are Inactive or Insufficiently Active	Percent	2016		58.2%	3	56.7%	

A review of Flhealthcharts-Behavioral Risk Factor Surveillance System (BRFSS) most recent health profile for Volusia County indicates:

- In 2022, 27% of adults in Volusia County were obese, compared to Florida's overall rate of 32%. Although Volusia County's overall adult obesity prevalence is lower than the statewide average, significant disparities persist among racial/ethnic minority and lower-income populations.

Although the most recent detailed cost analysis published by the Florida Department of Health uses 2016 emergency department data, it illustrates the substantial financial burden diabetes places on the local healthcare system. The total cost for the northwest and southwest Volusia areas was 5748 individual visits totaling \$69,230,198, averaging \$8,200 per visit. (FL DOH – 2017 Public Health Data Brief)

Diabetes Measures for Emergency Department Visits, Volusia County, 2016 Measures	Florida	Volusia County	Quadrants			
			Northeast	Northwest	Southeast	Southwest
Age-adjusted ED visits rates per 100,000 population	N/A	2461.6	2339.7	2521.1	1695.1	3227.1
Total charges	\$6,098,599,376	\$109,546,549	\$23,232,692	\$20,820,742	\$14,954,886	\$48,409,456
Average charge per visit	\$8,961.64	\$6,641.20	\$5,017.86	\$8,197.14	\$4,720.61	\$8,218.92

The Flhealthcharts-BRFSS indicated:

- In 2022, age-adjusted emergency department visits from diabetes in Volusia County, filtered by race (White vs. Black & Other), indicate a significant disparity in rates. Black and other minority residents experienced emergency department visit rates nearly three times higher than White residents, highlighting persistent disparities in diabetes prevention and disease management.

Age-Adjusted Emergency Department Visits From Diabetes				
	Volusia		Florida	
	White	Black & Other	White	Black & Other
Data Year	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
2022	171.1	471.5	146.7	451.2

- In 2022, age-adjusted hospitalizations from diabetes in Volusia County, filtered by race (White vs. Black & Other), indicated a significant disparity in rates, contributing to an increased cost burden of the disease. Minority residents experienced hospitalization rates more than twice those of White residents, suggesting barriers to early diagnosis, disease management, and access to preventive care.

Age-Adjusted Hospitalizations From Diabetes				
	Volusia		Florida	
	White	Black & Other	White	Black & Other
Data Year	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
2022	196.4	441.3	161.3	397.2

Activities:**"Cuidando Mi Salud/Taking Care of My Health" Health Risk Assessment (HRA):**

The Health Risk Assessment (HRA) includes biometric and behavioral screenings to identify risks for metabolic diseases such as type II diabetes and cardiovascular disease. Screenings measure BMI, blood glucose, blood pressure, and cholesterol, along with personal and family health history.

Results are reviewed in culturally and linguistically appropriate one-on-one coaching sessions with HHI's Community Health Workers (CHWs). High-risk participants receive evidence-based education and develop personalized action plans with achievable goals for improving nutrition, increasing physical activity, and engaging in regular primary care.

When indicated, CHWs provide referrals for ongoing primary and/or behavioral health care to support long-term disease prevention and management.

Outcomes & Achievements:

The HHI/WVHA contract began on October 1, 2025 and as of July 31, 2026, program outcomes are as follows: *(Not all participants are reimbursable under the guidelines of the WVHA contract.)*

Expected Outcomes:

- Increase participant knowledge of personal health status through screenings for glucose, cholesterol, blood pressure, and BMI.
- Enhance understanding of healthy nutrition and evidence-based chronic disease prevention/management strategies through personalized, one-on-one education tailored to individual risk factors.
- Improve knowledge of physical activity techniques and support development of actionable lifestyle plans to positively impact clinical measures (BMI, blood glucose, blood pressure, cholesterol).
- Connect uninsured clients to local primary care resources, including The House Next Door, RAAO (WVHA health cards), MiCare Clinic, Northeast Florida Health Services, and Good Samaritan Clinic.
- Provide follow-up case management, when needed, to ensure continuity of care and link clients to additional health and social services as needed.

Measurable Outcomes:**Program Delivery**

- Held over 50 "Cuidando Mi Salud/Taking Care of My Health" Health Risk Assessment sessions.
- Provided screenings for blood pressure, BMI, cholesterol, and glucose to 285 participants under WVHA contract guidelines.
- Delivered one-on-one health and behavioral education to 285 participants using evidence-based curricula on primary care, nutrition, and physical activity for chronic disease prevention and self-management.
- All HRA participants received direct case management, including behavioral education support, care coordination, and referrals to WVHA Health Card prescreening providers, primary care services, and social supports.

Impact Through Referrals

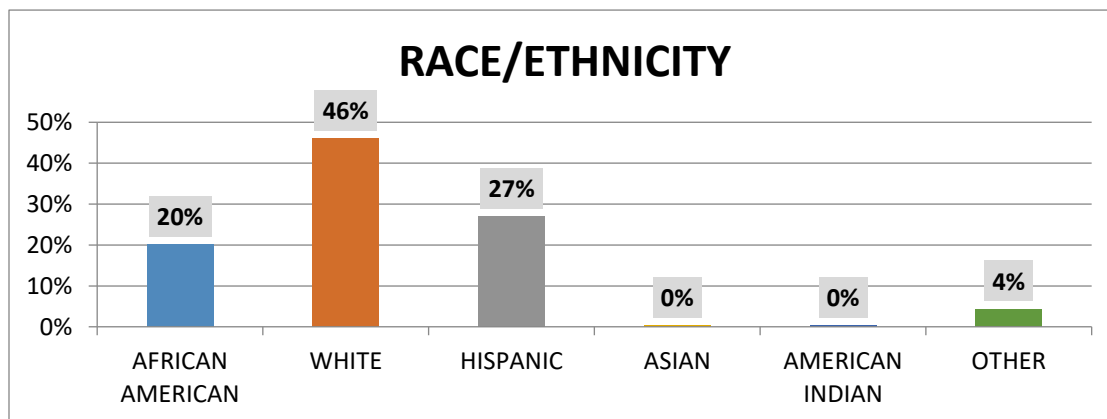
- Referred 274 participants to The House Next Door or RAAO for WVHA Health Card prescreening enrollment service and to appropriate health care providers -NEFHS and Good Samaritan Clinic for ongoing primary care services.

Program participants with screening results in high ranges:

	% of Total Participants
BLOOD PRESSURE (SYSTOLIC ≥ 130 or DIASTOLIC ≥ 90)	36% & 13% (Down from 2024-2025 year)
CHOLESTEROL (≥ 200)	24% (Down 3% from 2024-2025 year)
GLUCOSE (≥ 200)	9% (Up 2% from 2024-2025 year)
BMI (≥ 25)	63% (Down 7% from 2024-2025 year)

Participant demographics: (These numbers are based on all program participants including those not reimbursable under the guidelines of the WVHA contract.)

- The program had a **53% male and 47% female participation rate** during the current program year. This represents a notable shift in participant demographics, as this is the first year HHI has recorded higher participation among male clients than female clients. The increased participation among male clients demonstrates the program's continued ability to engage a broad cross-section of West Volusia residents through its community-based approach to chronic disease screening, health education, and prevention.
- As of July 31st, the race/ethnicity numbers of program participants are:



The program served a diverse participant population. Among the 273 participants who reported their race and ethnicity, the largest representation was White individuals (128 participants, 46%), followed by Hispanic individuals (75 participants, 27%) and African American individuals (56 participants, 20%). Smaller groups included participants identifying as Other (12 participants, 4%), Asian (1 participant, 0.4%), and American Indian (1 participant, 0.4%). An additional five participants (1.8%) did not report their race or ethnicity.

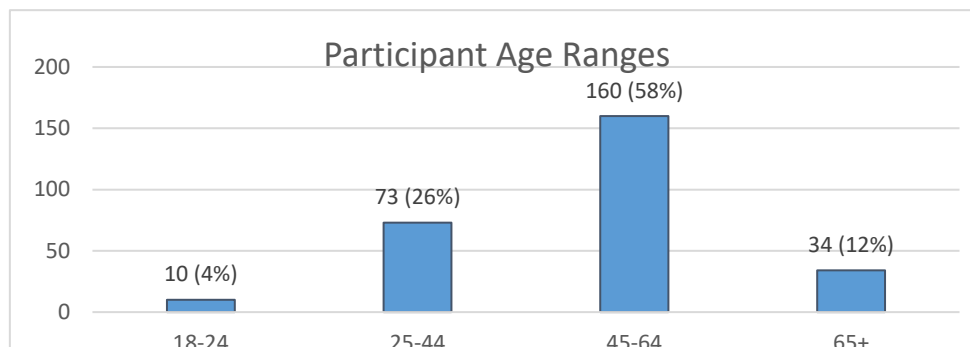
These figures demonstrate the program's continued ability to reach a diverse cross-section of West Volusia residents, with meaningful participation among Hispanic and African American

communities. The inclusion of participants from multiple racial and ethnic backgrounds also reflects HHI's commitment to providing culturally and linguistically appropriate health education and services to underserved residents throughout the community.

- Limited English Proficiency: 83% English, 17% Spanish

During the current program year, 17% of program participants reported limited English proficiency, compared with 32% in the previous program year. While the percentage of participants with limited English proficiency decreased this year, HHI continues to engage a significant number of Spanish-speaking community members. The continued presence of participants with limited English proficiency highlights the importance of providing bilingual, culturally responsive health education and navigation services to ensure all residents can access and understand essential health information.

- Program participant age ranges were as follows:



The participant data illustrates the age distribution of individuals who benefited from the grant-funded program. HHI served residents across all adult age groups, including individuals ages 18–24 (10 participants, 4%), 25–44 (73 participants, 26%), 45–64 (160 participants, 58%), and 65+ (34 participants, 12%).

The largest proportion of participants were adults ages 45–64, representing 58% of individuals served. Overall, 70% of program participants were ages 45 and older (194 of 277 participants), demonstrating that HHI's CMS/TCMH program is effectively reaching adults in age groups where preventive screenings, early identification of health risks, and chronic disease education can have a significant impact on long-term health outcomes.

As individuals age, cumulative health risks and lifestyle factors may contribute to the development or progression of chronic conditions such as diabetes, hypertension, and cardiovascular disease. Early detection through health screenings provides participants with important information about their current health status and creates opportunities for health education, lifestyle modifications, medical follow-up, and improved chronic disease management. Because many chronic conditions may not present noticeable symptoms in their early stages, HHI's screening and education services help residents identify potential health risks and take proactive steps toward improving their health and quality of life.

- Program participants live within various zip codes within West Volusia.

Participant Zip Codes		
32130	5	2%
32180	7	3%
32190	3	1%
32720	167	60%
32721	1	.4%
32724	38	14%
32713	2	1%
32725	15	5%
32738	12	4%
32763	21	8%
32744	3	1%

The geographic distribution of program participants demonstrates HHI's continued ability to reach residents throughout West Volusia and surrounding communities. Participants represented multiple ZIP codes across the service area, with the largest concentration residing in **DeLand (ZIP codes 32720, 32721, 32724), accounting for 205 participants (74%)**. Additional significant participation came from **DeLand (ZIP code 32724), with 38 participants (14%)**, **Orange City area (ZIP code 32763), with 21 participants (8%)**, and **Deltona (ZIP codes 32725, 32738), with 27 participants (9%)**.

Additional participants were served from communities including Lake Helen (32744: 3 participants, 1%), Pierson (32180: 7 participants, 3%), Astor (32130: 5 participants, 2%), and other surrounding West Volusia communities.

The geographic reach of the CMS/TCMH program reflects HHI's community-based approach of bringing preventive health screenings, chronic disease education, and health navigation services directly to residents where they live. By serving individuals across multiple communities, HHI helps reduce barriers to accessing culturally and linguistically appropriate health services throughout West Volusia.

Early identification and intervention for individuals at risk of chronic disease provide important health and community benefits. Addressing modifiable risk factors, including weight management, physical activity, and nutrition, can help individuals reduce their risk of developing chronic conditions and improve their ability to manage existing health concerns. The CMS/TCMH program provides West Volusia residents with the knowledge, skills, and resources needed to make informed health decisions, adopt healthier behaviors, and connect with appropriate healthcare services. Through early detection, individualized education, and ongoing support, HHI helps residents prevent or better manage chronic disease while contributing to improved health outcomes and reduced avoidable long-term healthcare costs.

Program Value/Savings:

Program Value/Savings

HHI's CMS/TCMH program addresses a critical gap in health awareness and access by providing free chronic disease screenings, education, and healthcare referrals to underserved West Volusia residents. During the current program year, 277 individuals participated in the program, and every uninsured participant was referred to primary care for appropriate follow-up, representing a 100% primary-care referral rate for those participants without primary care.

The screenings identified a substantial number of participants with results that met or exceeded HHI's screening thresholds. Ninety-nine participants (35.7%) had a systolic blood pressure reading of 130 mmHg or higher, while 37 (13.4%) had a diastolic blood pressure reading of 90 mmHg or higher. In addition, 63 participants (22.7%) had cholesterol levels of 200 mg/dL or higher, 25 (9.0%) had glucose levels of 200 mg/dL or higher, and 176 (63.5%) had a BMI of 25 or higher. These findings demonstrate the value of providing health screenings in community settings. For many participants, the CMS/TCMH encounter provides an opportunity to identify previously unrecognized health risks and receive immediate, individualized education from HHI's Community Health Workers. Participants are assisted in understanding their screening results, developing healthier lifestyle goals, and connecting with primary care for further evaluation and appropriate follow-up.

By identifying potential health risks and connecting 100% of participants without primary care to primary care, CMS/TCMH creates an important bridge between community-based prevention and the healthcare system. Early identification, health education, and timely follow-up can help individuals address health risks before they develop into more serious health problems. These efforts have the potential to reduce avoidable emergency department visits and hospitalizations, improve chronic disease management, and contribute to more appropriate use of healthcare resources.

Lessons Learned

Successes

Proven track record:

With more than 25 years of experience, HHI has established a strong track record of educating, advocating for, and connecting thousands of Central Florida's medically underserved residents with essential health and social services. HHI has successfully administered federal, state, and foundation grants and has developed the organizational infrastructure, experience, and community partnerships needed to deliver programs effectively.

Community-based screening creates opportunities for early identification:

HHI has learned that bringing health screenings directly into trusted community settings creates opportunities to identify potential health risks that participants may not otherwise recognize. During the current program year, HHI screened 277 participants. The screenings identified elevated results among participants for blood pressure, cholesterol, glucose, and BMI, including 99 participants (35.7%) with systolic blood pressure of 130 mmHg or higher, 37 (13.4%) with diastolic blood pressure of 90 mmHg or higher, 63 (22.7%) with cholesterol levels of 200 mg/dL or higher, 25 (9.0%) with glucose levels of 200 mg/dL or higher, and 176 (63.5%) with a BMI of 25 or higher.

These findings demonstrate the value of providing preventive health screenings in accessible community locations. The screenings give participants an opportunity to learn about potential health risks and take action before those risks may become more serious health concerns.

Screening must be connected to education and follow-up:

HHI has learned that screening alone is not enough. Each participant receives individualized education from a Community Health Worker and assistance in developing healthier lifestyle goals based on their screening results. All 277 participants were referred to primary care for appropriate medical follow-up, creating a direct connection between community-based prevention and the healthcare system.

Health equity and prevention:

The CMS/TCMH program addresses barriers to healthcare by providing culturally responsive and linguistically appropriate health education and navigation services in trusted community settings. By bringing services directly into the community, HHI creates opportunities for

residents to learn about their health, ask questions, develop an action plan, and connect with appropriate healthcare resources.

Strong community partnerships:

HHI has learned that partnerships with organizations already trusted by residents are essential to reaching underserved populations. HHI works with grassroots organizations, businesses, government agencies, churches, food pantries, and other community partners to provide screenings and education where residents already live, work, worship, and receive assistance.

Collaborative leadership:

As an active member of the West Volusia Collaborative, alongside other WVHA grantees, HHI contributes to coordinated community strategies designed to improve health access and address local needs. These partnerships allow HHI to extend its reach, strengthen referrals, reduce duplication of services, and connect residents with resources beyond the scope of the CMS/TCMH program.

Key Lessons Learned

Meeting residents where they are works:

HHI's experience demonstrates that providing health screenings and education at trusted community locations creates meaningful opportunities to engage residents who may not otherwise access preventive health services.

Early identification creates an opportunity for action:

Community-based screening can identify potential health risks and provide participants with information they can use to make informed decisions about their health. The value of the CMS/TCMH model is not simply identifying an elevated screening result, but using that result as an opportunity for education, action planning, and connection to care.

The connection to primary care is essential:

HHI has learned that a successful screening program must provide a pathway to follow-up care. Referring **100% of participants to primary care** ensures that screening results can be further evaluated by qualified healthcare providers when appropriate.

Language and cultural responsiveness matter:

Providing bilingual and culturally responsive services helps participants better understand their health information, communicate their concerns, and navigate healthcare and community resources.

Data informs program planning:

Tracking participant demographics, geographic distribution, and screening results allows HHI to understand who the program is reaching, identify common health risks, and continually refine outreach, education, and service delivery strategies.

Overall Lesson

The CMS/TCMH program has demonstrated that **community outreach → screening → identification of potential health risks → individualized education → action planning → primary-care referral** provides a practical pathway for connecting underserved West Volusia residents with preventive healthcare. HHI's experience shows that bringing these services into trusted community settings can create opportunities for early intervention while helping residents become more informed and active participants in managing their health.

Challenges

Public Misperceptions of Service Duplication – Some community members and referral partners mistakenly believe HHI's program duplicates existing services. HHI fills an important gap by providing **free, bilingual health risk assessments and one-on-one chronic disease education to medically underserved and indigent residents in West Volusia**. Continued outreach is needed to clarify HHI's unique and complementary role.

Limited and Competitive Funding – While the West Volusia Hospital Authority provides essential support, it does not fully fund program operations. Limited local funding and strong competition for grants create ongoing sustainability challenges. HHI continues to pursue private grants, corporate partnerships, community support, and fundraising to diversify funding.

Recommendations

Continue Funding HHI's CMS/TCMH Program – Continued investment will allow HHI to provide early identification, health education, referrals, and connections to care for underserved residents. Funding will also support continued outreach, stronger community partnerships, and expanded access to preventive health services.

Investing in HHI's CMS/TCMH program helps reduce barriers to care and connects vulnerable West Volusia residents with the knowledge, resources, and services they need to better manage and prevent chronic disease.

Thank you for your support in making a difference for our neighbors in need within our community!



EBMS

July 2026

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 7/1/2026 to 7/31/2026
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	9085		Charges	\$10,033,230	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$9,037,821	Addl Info Not Provided	\$130	0.00%
Medical	\$975,942	\$704	Allowed	\$995,409	Dependent Ineligible	\$67,130	0.67%
Professional	\$371,916	\$268	less Member	\$17,665	Duplicate Charges	\$145,945	1.45%
Facility	\$604,026	\$435	less Adjustments	\$1,802	Not Medically...	\$20	0.00%
RX	\$0	\$0	Paid Benefit	\$975,942	Plan Limitations	\$2,605,077	25.96%
Total Plan Paid:	\$975,942	\$704	plus Admin Costs	\$288,413	Cost Savings	\$6,202,607	61.82%
			Total Plan Paid:	\$1,264,355	UCR Reductions	\$4,236	0.04%
					Other	\$12,676	0.13%
					Total:	\$9,037,821	90.08%

Census										
Census Date: 7/31/2026	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	38	29	67	0	0	0	0	67	0	0
20 to 25	34	38	72	0	0	0	0	72	0	0
26 to 29	35	27	62	0	0	0	0	62	0	0
30 to 39	103	103	206	0	0	0	0	206	0	0
40 to 49	142	183	325	0	0	0	0	325	0	0
50 to 59	162	221	383	0	0	0	0	383	0	0
60 to 64	80	106	186	0	0	0	0	186	0	0
65 and Older	35	51	86	0	0	0	0	86	0	0
Totals	629	758	1387	0	0	0	0	1387	0	0
Average Age	45.02	47.58	46.42	0.00	0.00	0.00	0.00	46.42	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 7/31/2026	Employee	Spouse	Dependent
Adventhealth Deland	189	\$260,466	0 to 19	\$6,129	\$0	\$0
Deland Dialysis	48	\$99,456	20 to 25	\$20,692	\$0	\$0
Adventhealth Fish	118	\$83,531	26 to 29	\$8,549	\$0	\$0
Medical Center Of Deltona	24	\$64,346	30 to 39	\$115,648	\$0	\$0
Halifax Hospital Medical	15	\$60,655	40 to 49	\$199,527	\$0	\$0
Florida Cancer Specialists	113	\$47,583	50 to 59	\$408,560	\$0	\$0
Quest Diagnostics Tampa	479	\$29,621	60 to 64	\$141,134	\$0	\$0
Adventhealth Deland	161	\$21,058	65 and Older	\$75,702	\$0	\$0
06 Radiology Associates	151	\$20,222	Totals	\$975,942	\$0	\$0
Twin Lakes Surgery Center	2	\$13,790				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 25	\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25	\$551,040	Medical	\$23,000	44	\$1,012,000
December 25	\$712,075	RX	\$0	142	\$0
January 26	\$1,174,160	Total:			\$1,012,000
February 26	\$649,985				
March 26	\$492,037				
April 26	\$714,705				
May 26	\$1,077,767				
June 26	\$787,047				
July 26	\$975,942				
Total:	\$7,424,614				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

7/1/2026 to 7/31/2026

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	1	\$600	\$411	\$189	\$0	\$0	\$189	0.02%
AMBULANCE	2	\$1,052	\$1,052	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	61	\$139,070	\$128,493	\$10,577	\$0	\$0	\$10,577	1.08%
CHIROPRACTIC	60	\$4,235	\$4,235	\$0	\$0	\$0	\$0	0.00%
DENTAL	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	101	\$2,105,404	\$1,980,464	\$124,940	\$0	\$0	\$124,940	12.80%
DME/APPLIANCE	11	\$3,104	\$3,104	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	693	\$1,984,395	\$1,790,865	\$193,530	\$6,500	\$0	\$187,030	19.16%
HOME HEALTH CARE	3	\$920	\$920	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	724	\$477,673	\$477,673	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	384	\$135,132	\$114,051	\$21,081	\$0	\$0	\$21,081	2.16%
IP HOSP CHARGES	134	\$2,545,205	\$2,359,507	\$185,698	\$1,200	\$0	\$184,498	18.90%
MATERNITY	3	\$3,780	\$3,780	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	44	\$48,898	\$41,992	\$6,907	\$180	\$0	\$6,727	0.69%
OFFICE VISIT	1072	\$212,605	\$153,288	\$59,317	\$4,514	\$0	\$54,803	5.62%
OP PHYSICIAN	270	\$161,868	\$113,261	\$48,607	\$260	\$0	\$48,347	4.95%
OTHER	206	\$54	\$54	\$0	\$0	\$1,802	-\$1,802	-0.18%
OUTPAT HOSP	14	\$47,154	\$35,889	\$11,265	\$275	\$0	\$10,990	1.13%
PSYCHIATRIC	141	\$30,164	\$11,760	\$18,404	\$515	\$0	\$17,889	1.83%
RADIATION /CHEMO	96	\$204,675	\$167,072	\$37,603	\$5	\$0	\$37,598	3.85%
SLEEP DISORDER	2	\$186	\$186	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	4	\$15,308	\$15,308	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	101	\$816,066	\$723,959	\$92,107	\$1,925	\$0	\$90,182	9.24%
SURGERY	186	\$45,946	\$36,930	\$9,015	\$0	\$0	\$9,015	0.92%
SURGERY IP	18	\$34,127	\$24,765	\$9,362	\$0	\$0	\$9,362	0.96%
SURGERY OP	56	\$59,959	\$45,067	\$14,892	\$0	\$0	\$14,892	1.53%
THERAPY	351	\$50,450	\$38,999	\$11,451	\$980	\$0	\$10,471	1.07%
URGENT CARE	24	\$3,656	\$2,928	\$728	\$134	\$0	\$594	0.06%
WELLNESS	829	\$71,303	\$58,362	\$12,940	\$0	\$0	\$12,940	1.33%
XRAY/ LAB	3894	\$830,242	\$703,446	\$126,795	\$1,177	\$0	\$125,619	12.87%
Totals:	9486	\$10,033,230	\$9,037,821	\$995,409	\$17,665	\$1,802	\$975,942	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 7/31/2026
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	71343		Charges	\$74,976,074	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$67,446,697	Addl Info Not Provided	\$458,645	0.61%
Medical	\$7,424,614	\$535	Allowed	\$7,529,378	Dependent Ineligible	\$67,130	0.09%
Professional	\$2,972,695	\$214	less Member	\$110,011	Duplicate Charges	\$2,920,432	3.90%
Facility	\$4,451,919	\$321	less Adjustments	-\$5,281	Not Medically...	\$500	0.00%
RX	\$0	\$0	Paid Benefit	\$7,424,614	Plan Limitations	\$17,536,440	23.39%
Total Plan Paid:	\$7,424,614	\$535	plus Admin Costs	\$3,374,991	Cost Savings	\$46,328,336	61.79%
			Total Plan Paid:	\$10,799,605	UCR Reductions	\$17,123	0.02%
					Other	\$118,090	0.16%
					Total:	\$67,446,697	89.96%

Census										
Census Date: 7/31/2026	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	38	29	67	0	0	0	0	67	0	0
20 to 25	34	38	72	0	0	0	0	72	0	0
26 to 29	35	27	62	0	0	0	0	62	0	0
30 to 39	103	103	206	0	0	0	0	206	0	0
40 to 49	142	183	325	0	0	0	0	325	0	0
50 to 59	162	221	383	0	0	0	0	383	0	0
60 to 64	80	106	186	0	0	0	0	186	0	0
65 and Older	35	51	86	0	0	0	0	86	0	0
Totals	629	758	1387	0	0	0	0	1387	0	0
Average Age	45.02	47.58	46.42	0.00	0.00	0.00	0.00	46.42	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 7/31/2026	Employee	Spouse	Dependent
Adventhealth Deland	1026	\$1,528,342	0 to 19	\$31,632	\$0	\$0
Halifax Hospital Medical	96	\$796,173	20 to 25	\$122,895	\$0	\$0
Adventhealth Fish	832	\$772,711	26 to 29	\$126,942	\$0	\$0
Florida Cancer Specialists	912	\$733,950	30 to 39	\$661,837	\$0	\$0
Deland Dialysis	416	\$514,665	40 to 49	\$1,330,654	\$0	\$0
Medical Center Of Deltona	144	\$479,884	50 to 59	\$2,605,593	\$0	\$0
Quest Diagnostics Tampa	3685	\$248,124	60 to 64	\$1,704,749	\$0	\$0
06 Radiology Associates	1117	\$136,146	65 and Older	\$840,312	\$0	\$0
Adventhealth Deland	1012	\$106,611	Totals	\$7,424,614	\$0	\$0
Shands UF	14	\$89,825				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 25	\$289,856	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 25	\$551,040	Medical	\$23,000	44	\$1,012,000
December 25	\$712,075	RX	\$0	142	\$0
January 26	\$1,174,160	Total:			\$1,012,000
February 26	\$649,985				
March 26	\$492,037				
April 26	\$714,705				
May 26	\$1,077,767				
June 26	\$787,047				
July 26	\$975,942				
Total:	\$7,424,614				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 7/31/2026
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	3	\$1,626	\$1,094	\$532	\$20	\$0	\$512	0.01%
AMBULANCE	26	\$12,837	\$12,837	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	511	\$1,000,717	\$854,528	\$146,189	\$0	\$0	\$146,189	1.97%
CHIROPRACTIC	223	\$20,927	\$15,949	\$4,977	\$760	\$0	\$4,217	0.06%
DENTAL	1	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	864	\$17,517,133	\$16,811,179	\$705,954	\$0	\$0	\$705,954	9.51%
DME/APPLIANCE	78	\$43,814	\$43,814	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	4364	\$10,091,656	\$9,142,641	\$949,015	\$29,572	\$0	\$919,443	12.38%
HOME HEALTH CARE	3	\$920	\$920	\$0	\$0	\$0	\$0	0.00%
HOSPICE CARE	16	\$40,049	\$40,049	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	4828	\$2,518,633	\$2,515,460	\$3,173	\$0	\$0	\$3,173	0.04%
INPATIENT PHYS	2492	\$789,386	\$644,158	\$145,229	\$0	\$0	\$145,229	1.96%
IP HOSP CHARGES	741	\$20,718,921	\$19,018,507	\$1,700,413	\$8,800	\$0	\$1,691,613	22.78%
MATERNITY	82	\$51,379	\$47,964	\$3,415	\$0	\$0	\$3,415	0.05%
MEDICAL MISC	452	\$215,487	\$187,312	\$28,175	\$1,755	\$0	\$26,420	0.36%
OFFICE VISIT	7780	\$1,283,273	\$902,045	\$381,229	\$31,652	\$0	\$349,576	4.71%
OP PHYSICIAN	2017	\$999,688	\$733,453	\$266,235	\$1,991	\$0	\$264,244	3.56%
OTHER	1847	\$39,454	\$33,845	\$5,609	\$0	-\$5,281	\$10,890	0.15%
OUTPAT HOSP	219	\$677,775	\$590,052	\$87,722	\$3,573	\$0	\$84,150	1.13%
PSYCHIATRIC	1087	\$493,834	\$377,551	\$116,283	\$3,675	\$0	\$112,608	1.52%
RADIATION /CHEMO	1139	\$2,615,682	\$1,976,092	\$639,590	\$108	\$0	\$639,482	8.61%
SKILLED NURSING	2	\$16,855	\$16,855	\$0	\$0	\$0	\$0	0.00%
SLEEP DISORDER	36	\$2,919	\$2,919	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	65	\$105,688	\$89,584	\$16,104	\$0	\$0	\$16,104	0.22%
SURG FACILITY	663	\$6,437,172	\$5,651,306	\$785,866	\$11,225	\$0	\$774,641	10.43%
SURGERY	1671	\$399,007	\$326,140	\$72,867	\$0	\$0	\$72,867	0.98%
SURGERY IP	237	\$402,141	\$312,220	\$89,921	\$0	\$0	\$89,921	1.21%
SURGERY OP	374	\$426,669	\$312,800	\$113,869	\$0	\$0	\$113,869	1.53%
TELEMEDICINE	1	\$47	\$47	\$0	\$0	\$0	\$0	0.00%
THERAPY	2571	\$272,728	\$194,260	\$78,468	\$7,120	\$0	\$71,314	0.96%
URGENT CARE	123	\$23,692	\$16,939	\$6,753	\$1,262	\$0	\$5,491	0.07%
VISION	3	\$274	\$274	\$0	\$0	\$0	\$0	0.00%
WELLNESS	6587	\$595,801	\$491,385	\$104,415	\$0	\$0	\$104,415	1.41%
XRAY/ LAB	31531	\$7,159,893	\$6,082,518	\$1,077,375	\$8,498	\$0	\$1,068,877	14.40%
Totals:	72637	\$74,976,074	\$67,446,697	\$7,529,378	\$110,011	-\$5,281	\$7,424,614	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

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

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
10/1/2025	1594	0	1594
11/1/2025	1566	0	1566
12/1/2025	1525	0	1525
1/1/2026	1509	0	1509
2/1/2026	1471	0	1471
3/1/2026	1442	0	1442
4/1/2026	1418	0	1418
5/1/2026	1420	0	1420
6/1/2026	1435	0	1435
7/1/2026	1445	0	1445
8/1/2026	1385	0	1385
9/1/2026	1249	0	1249
Total Member Days			1,454.92



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 7/31/2026

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
Cassadaga, FL	1	0	1
De Leon Springs, FL	106	0	106
Debary, FL	25	0	25
Deland, FL	711	0	711
Deltona, FL	315	0	315
Lake Helen, FL	9	0	9
Orange City, FL	78	0	78
Osteen, FL	9	0	9
Pierson, FL	93	0	93
Seville, FL	39	0	39
Total	1387	0	1387



Tier Census by Product 7/1/2026

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	1347	605	742	0	0	0	0	1347
		Subtotal for Active:	1347	605	742	0	0	0	0	1347
		Total for Medical:	1347	605	742	0	0	0	0	1347



Tier Census by Product 7/15/2026

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	1360	614	746	0	0	0	0	1360
		Subtotal for Active:	1360	614	746	0	0	0	0	1360
		Total for Medical:	1360	614	746	0	0	0	0	1360



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 7/1/2026 to 7/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	600.00	0.00	410.82	189.18	0.00	0.00	189.18	0.02%
AMBULANCE	2	1,051.50	1,051.50	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	61	139,069.70	23,311.20	105,181.88	10,576.62	0.00	0.00	10,576.62	1.08%
CHIROPRACTIC	60	4,235.00	4,235.00	0.00	0.00	0.00	0.00	0.00	0.00%
DENTAL	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	101	2,105,404.35	50,859.00	1,929,605.27	124,940.08	0.00	0.00	124,940.08	12.80%
DME/APPLIANCE	11	3,103.95	3,103.95	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	693	1,984,395.37	427,099.33	1,363,765.59	193,530.45	6,500.00	0.00	187,030.45	19.16%
HOME HEALTH CARE	3	919.55	919.55	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	724	477,673.46	477,673.46	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	384	135,131.96	61,699.96	52,350.57	21,081.43	0.00	0.00	21,081.43	2.16%
IP HOSP CHARGES	134	2,545,205.23	1,574,766.06	784,741.17	185,698.00	1,200.00	0.00	184,498.00	18.90%
MATERNITY	3	3,780.00	3,600.00	180.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	44	48,898.48	30,720.48	11,271.50	6,906.50	180.00	0.00	6,726.50	0.69%
OFFICE VISIT	1072	212,605.01	25,386.36	127,901.80	59,316.85	4,514.08	0.00	54,802.77	5.62%
OP PHYSICIAN	270	161,868.12	231.00	113,029.84	48,607.28	260.23	0.00	48,347.05	4.95%
OTHER	216	54.40	54.40	0.00	0.00	0.00	1,802.02	-1,802.02	-0.18%
OUTPAT HOSP	14	47,154.01	227.00	35,661.91	11,265.10	275.00	0.00	10,990.10	1.13%
PSYCHIATRIC	141	30,164.28	3,648.51	8,111.76	18,404.01	514.91	0.00	17,889.10	1.83%
RADIATION /CHEMO	96	204,674.63	4,361.00	162,710.96	37,602.67	4.93	0.00	37,597.74	3.85%
SLEEP DISORDER	2	185.70	185.70	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	4	15,307.65	15,307.65	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	101	816,065.73	32,617.93	691,340.71	92,107.09	1,925.00	0.00	90,182.09	9.24%
SURGERY	186	45,945.50	6,975.00	29,955.47	9,015.03	0.00	0.00	9,015.03	0.92%
SURGERY IP	18	34,127.00	6,414.00	18,350.59	9,362.41	0.00	0.00	9,362.41	0.96%
SURGERY OP	56	59,958.92	235.00	44,832.20	14,891.72	0.00	0.00	14,891.72	1.53%
THERAPY	351	50,450.12	6,581.92	32,417.53	11,450.67	980.00	0.00	10,470.67	1.07%
URGENT CARE	24	3,655.80	1,473.00	1,454.78	728.02	134.11	0.00	593.91	0.06%
WELLNESS	829	71,302.57	4,848.15	53,513.95	12,940.47	0.00	0.00	12,940.47	1.33%
XRAY/ LAB	3894	830,241.91	67,425.48	636,020.95	126,795.48	1,176.56	0.00	125,618.92	12.87%
Totals for 00532	9496	10,033,229.90	2,835,011.59	6,202,809.25	995,409.06	17,664.82	1,802.02	975,942.22	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 10:22:26 on 01 August 2026



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2025 to 7/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	3	1,626.00	0.00	1,094.36	531.64	20.00	0.00	511.64	0.01%
AMBULANCE	26	12,837.30	12,837.30	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	511	1,000,716.50	155,627.00	698,900.87	146,188.63	0.00	0.00	146,188.63	1.97%
CHIROPRACTIC	223	20,926.58	8,069.98	7,879.23	4,977.37	760.00	0.00	4,217.37	0.06%
DENTAL	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	864	17,517,133.48	167,803.75	16,643,375.57	705,954.16	0.00	0.00	705,954.16	9.51%
DME/APPLIANCE	78	43,814.30	43,814.30	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	4364	10,091,655.93	1,832,004.76	7,310,636.64	949,014.53	29,571.50	0.00	919,443.03	12.38%
HOME HEALTH CARE	3	919.55	919.55	0.00	0.00	0.00	0.00	0.00	0.00%
HOSPICE CARE	16	40,048.87	40,048.87	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	4828	2,518,632.86	2,499,544.97	15,915.21	3,172.68	0.00	0.00	3,172.68	0.04%
INPATIENT PHYS	2492	789,386.33	335,010.74	309,147.00	145,228.59	0.00	0.00	145,228.59	1.96%
IP HOSP CHARGES	741	20,718,920.51	8,499,266.66	10,519,240.41	1,700,413.44	8,800.00	0.00	1,691,613.44	22.78%
MATERNITY	82	51,378.92	41,265.96	6,698.38	3,414.58	0.00	0.00	3,414.58	0.05%
MEDICAL MISC	452	215,487.27	116,567.27	70,744.98	28,175.02	1,754.64	0.00	26,420.38	0.36%
OFFICE VISIT	7780	1,283,273.36	136,447.90	765,596.89	381,228.57	31,652.29	0.00	349,576.28	4.71%
OP PHYSICIAN	2017	999,688.23	23,964.42	709,488.82	266,234.99	1,991.17	0.00	264,243.82	3.56%
OTHER	1924	39,453.85	22,672.40	11,172.20	5,609.25	0.00	-5,280.66	10,889.91	0.15%
OUTPAT HOSP	219	677,774.65	122,423.92	467,628.24	87,722.49	3,572.79	0.00	84,149.70	1.13%
PSYCHIATRIC	1087	493,834.13	287,033.72	90,516.93	116,283.48	3,675.23	0.00	112,608.25	1.52%
RADIATION /CHEMO	1139	2,615,681.52	297,856.21	1,678,235.57	639,589.74	108.05	0.00	639,481.69	8.61%
SKILLED NURSING	2	16,854.70	16,854.70	0.00	0.00	0.00	0.00	0.00	0.00%
SLEEP DISORDER	36	2,918.55	2,918.55	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	65	105,688.15	34,192.83	55,391.45	16,103.87	0.00	0.00	16,103.87	0.22%
SURG FACILITY	663	6,437,172.47	484,555.68	5,166,750.32	785,866.47	11,225.00	0.00	774,641.47	10.43%
SURGERY	1671	399,006.92	113,640.74	212,499.29	72,866.89	0.00	0.00	72,866.89	0.98%
SURGERY IP	237	402,140.88	94,443.86	217,775.77	89,921.25	0.00	0.00	89,921.25	1.21%
SURGERY OP	374	426,668.68	34,004.50	278,795.37	113,868.81	0.00	0.00	113,868.81	1.53%
TELEMEDICINE	1	46.76	46.76	0.00	0.00	0.00	0.00	0.00	0.00%
THERAPY	2571	272,727.95	39,351.75	154,908.49	78,467.71	7,120.00	0.00	71,313.86	0.96%
URGENT CARE	123	23,691.60	1,473.00	15,465.64	6,752.96	1,262.07	0.00	5,490.89	0.07%
VISION	3	274.00	274.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	6587	595,800.67	37,867.28	453,517.95	104,415.44	0.00	0.00	104,415.44	1.41%
XRAY/ LAB	31531	7,159,892.79	798,350.20	5,284,167.43	1,077,375.16	8,498.09	0.00	1,068,877.07	14.40%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 10:24:45 on 01 August 2026



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2025 to 7/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	72714	74,976,074.26	16,301,153.53	51,145,543.01	7,529,377.72	110,010.83	-5,280.66	7,424,613.70	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 7/1/2026 to 7/31/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	2691	567,503.54	0.00	0.00	0.00	0.00	567,503.54
miCareDelton	1393	334,218.57	0.00	0.00	0.00	0.00	334,218.57
miCarePierse	174	74,220.11	0.00	0.00	0.00	0.00	74,220.11
N/A	35	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	4293	975,942.22	0.00	0.00	0.00	0.00	975,942.22



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 7/31/2026

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
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	18063	4,321,439.76	0.00	0.00	0.00	0.00	4,321,439.76
miCareDelton	11875	2,758,167.91	0.00	0.00	0.00	0.00	2,758,167.91
miCarePierse	1016	345,006.03	0.00	0.00	0.00	0.00	345,006.03
N/A	205	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	31162	7,424,613.70	0.00	0.00	0.00	0.00	7,424,613.70



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 7/1/2026 to 7/31/2026

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	699	0.00	0.00	0.00	0.00	0.00	0.00



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 7/31/2026

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	5717	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

CLAIMS PAID BY MONTH

Paid Date: 10/1/25 to 7/31/26

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
Deltona	06-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$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	0	\$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	964	\$341.52	\$211.00	\$17.76	\$0.39	\$112.37	\$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	942	\$319.09	\$141.06	\$27.49	\$1.48	\$149.06	\$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	929	\$478.72	\$311.97	\$22.10	\$2.23	\$142.42	\$0.00
miCareDeLand	05-2026	\$450,000.37	\$27,902.68	\$5,233.70	\$207,796.41	\$0.00	1977	\$690,933.16	\$0.00	947	\$729.60	\$475.19	\$29.46	\$5.53	\$219.43	\$0.00
miCareDeLand	06-2026	\$247,223.37	\$18,687.42	\$8,205.42	\$135,446.73	\$0.00	1834	\$409,562.94	\$0.00	959	\$427.07	\$257.79	\$19.49	\$8.56	\$141.24	\$0.00
miCareDeLand	07-2026	\$326,925.38	\$32,009.47	\$10,201.35	\$198,367.34	\$0.00	2568	\$567,503.54	\$0.00	973	\$583.25	\$336.00	\$32.90	\$10.48	\$203.87	\$0.00
	Subtotal:	\$2,391,711.78	\$228,634.58	\$30,771.54	\$1,670,321.86	\$0.00	17565	\$4,321,439.76	\$0.00	9732	\$444.04	\$245.76	\$23.49	\$3.16	\$171.63	\$0.00
miCareDelton	10-2025	\$19,148.75	\$13,496.02	\$2,927.99	\$111,245.93	\$0.00	1179	\$146,818.69	\$0.00	510	\$287.88	\$37.55	\$26.46	\$5.74	\$218.13	\$0.00
miCareDelton	11-2025	\$51,040.09	\$17,004.47	\$1,581.25	\$135,933.45	\$0.00	1336	\$205,559.26	\$0.00	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	417	\$844.63	\$507.09	\$30.56	\$10.82	\$296.16	\$0.00
miCareDelton	06-2026	\$161,567.55	\$9,845.62	\$2,621.64	\$147,248.49	\$0.00	1062	\$321,283.30	\$0.00	420	\$764.96	\$384.68	\$23.44	\$6.24	\$350.59	\$0.00
miCareDelton	07-2026	\$182,834.18	\$17,684.34	\$1,207.93	\$132,492.12	\$0.00	1366	\$334,218.57	\$0.00	415	\$805.35	\$440.56	\$42.61	\$2.91	\$319.26	\$0.00
	Subtotal:	\$1,350,372.36	\$127,189.25	\$14,246.22	\$1,266,360.08	\$0.00	11629	\$2,758,167.91	\$0.00	4512	\$611.30	\$299.28	\$28.19	\$3.16	\$280.66	\$0.00
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	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
miCarePieroso	06-2026	\$14,841.91	\$822.36	\$1,002.04	\$39,534.69	\$0.00	99	\$56,201.00	\$0.00	56	\$1,003.59	\$265.03	\$14.69	\$17.89	\$705.98	\$0.00
miCarePieroso	07-2026	\$6,843.45	\$2,172.60	\$1,702.80	\$63,501.26	\$0.00	173	\$74,220.11	\$0.00	57	\$1,302.11	\$120.06	\$38.12	\$29.87	\$1,114.06	\$0.00
	Subtotal:	\$83,629.27	\$15,283.65	\$6,362.58	\$239,730.53	\$0.00	1001	\$345,006.03	\$0.00	581	\$593.81	\$143.94	\$26.31	\$10.95	\$412.62	\$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
N/A	06-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	22	\$0.00	\$321,414.49	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	07-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	35	\$0.00	\$288,413.27	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	205	\$0.00	\$3,374,991.14	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:		\$3,825,713.41	\$371,107.48	\$51,380.34	\$3,176,412.47	\$0.00	30402	\$7,424,613.70	\$3,374,991.14	14825	\$728.47	\$258.06	\$25.03	\$3.47	\$214.26	\$0.00

Parameters

Paid Date: 10/1/2025-7/31/2026

Reporting Period: CLIENTYTD

** 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

July 2026 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2026	302	254	84%
Deltona			
2026	147	120	82%
Overall			
2026	449	374	83%

Description of Terms:

- **Utilization** - measures provider (Physician, Nurse Practitioner Physician Assistant) time available to provide direct patient care
- **BOB – Book of Business** - describes the average over the miCare clients' clinics
- **Member Migration** – shows the % of members who have used the clinic withing a given date range against the number or eligible members
- **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	66	7%
Deltona	18	4%



Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand

Clinic Services	Number of visits	%	Notes
Total Provider visits	468	47%	Schedulable patient activities
Total Labs	202	20%	Schedulable patient activities
Total Nurse Visits	5	1%	Schedulable patient activities
Total medication pick-up	301		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	17		Don't have a visit type and are not scheduled appointments
Total Visits	993		

DeLand

- There was a total of 675 clinic visits at the DeLand clinic in July plus 301 medication pick-ups and an additional 17 med pick-ups from the PAP program
- Of the 675 clinic visits, there were 29 phone visits
- There were 34 **new patients** that established care at the DeLand clinic last month
- There were 80 **Physicals** in July – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	226	49%	Schedulable patient activities
Total Labs	84	18%	Schedulable patient activities
Total Nurse Visits	1	0%	Schedulable patient activities
Total medication pick-up	149		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	3		Don't have a visit type and are not scheduled appointments
Total Visits	463		

Deltona

- There was a total of 311 clinic visits at the Deltona clinic in July plus 149 medication pick-ups from Deltona as well as 3 med pick-ups from the PAP program
- Of the 311 visits, 18 were phone visits
- There were 11 **new patients** that established care at the Deltona clinic last month
- There were 39 **Physicals** in July – Male/Female Wellness – Established Patients



miCare Member Migration

July 2026

		DeLand	Deltona
Total Eligible Membership	1,425	482	257

*** Member migration showed 47% for July**

*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 – July 2026	
Application Approved	354
Application Pending Approval	1
Application Started but Not Submitted	1
Total Active Applications	356
	(Active Applications)

Key Insights:

- **20 PAP medications were picked up between the two locations**
- **Currently, WVHA has 356 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,333,683**

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

August 5, 2026

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of July, the Health Card team conducted 251 client interviews. Of these, 204 appointments were to assist with new or renewal applications and 47 to assist with pending applications

For the month a total of 251 applications were submitted for verification and enrollment. Of these, all 251 were processed by the end of the month, leaving no rollovers to carry over.

Of the 251 that were processed, 204 were approved, 37 pended, and 10 were denied (*2 were over income, 1 had full Medicaid, 3 qualified for Share of Cost, and 4 abandoned the process leaving an incomplete application*).

Currently applications are being processed, approved, and the client Enrolled within 7 business days. Current enrollment with EBMS is taking up to 7-14 days to appear active in system.

Application Source	New	Renewal	Total
House Next Door	23	183	206
Halifax (Health Fund Solutions)	5	1	6
Advent Health/FL Hospital	5	1	6
RAAO	15	13	28
WVHA website	2	0	2
Other	3	0	3
Totals	53	198	251

Outreach Efforts:

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

Respectfully submitted by Chris Booker



WVHA July 2026 Report:

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

Overview

On July 23, 2026, True Health conducted a community outreach event at the Deltona Volusia County Library to improve access to healthcare services and engage members within the community. A total of 326 active WVHA members were identified and contacted through a targeted outreach campaign that included two phone call attempts per member, social media advertising, and flyer distribution. The event was supported by a mobile healthcare unit, with a total investment of \$2,500, demonstrating WVHA's ongoing commitment to expanding healthcare access and strengthening community engagement.

- **Summary of events:**
 - **Deltona – Volusia County Library**
 - **Location:** 2150 Eustace Avenue Deltona, FL 32725
 - **Date:** July 23, 2026
 - **Time:** 9:00 AM – 4:00 PM
 - **Patients Scheduled:** None
 - **Patients Served:** None
 - **Active WVHA Members Identified:** 326 members contacted (8 members didn't have phone numbers)
 - **Engagement Strategy:**
 - Two phone call attempts per member
 - Flyers distribution (listed below)
 - **Event Cost:**
 - **Medical & laboratory services:** \$0
 - **Mobile unit fee:** \$2,500
 - **Total:** \$2,500
 - **Adds**
 - **Where did we advertise?**
 - **Social Media**
 - **Number of Social Media Interactions:**
 - **Total link clicks:** 290
 - **Total post engagements:** 316
 - **Total post shares:** 10
 - **Total page views:** 86

- **Where was flyer posted or shared at?**
 - Residing Hope Montessori – staff and students
 - Keyfood Supermarket – Deltona
 - The Neighborhood Center
 - The Farm Workers Association
 - Residing Hope – staff members
 - Volusia County Library
 - Allure on Enterprise
 - Saxon Trace Apartments
 - Sancerre at Orange City
 - Parc Hill Apartments
 - Oak Shade Apartments
 - Grandeville On Saxon
 - Debary Villas Apartments
 - Integra 289 Exchange
 - Ware Oak Apartments
 - Deltona Middle School
 - West Volusia 1 Million Cups Meeting
 - Hispanic Chamber of Commerce Meeting
 - Whiskey In Wine
 - Tea on Tuesday
 - Friendship Elementary
 - Deland Mayor Backpack Giveaway
 - Osteen Farm and Feed Store
- **Text Campaign**
 - Total patients contacted by text: 326
- **Future events:**
 - **Cancelled** - August 20 at the Volusia County Library – Deltona
 - Instead, we are having a table to share our information and make appointments.
 - **Enterprise Open House** – August

Conclusion

Through our continued efforts, True Health and WVHA remain committed to expanding access to healthcare services by bringing care directly into the community through the Mobile Unit and ensuring WVHA Card holders can receive services without barriers. While the library event did not generate any confirmed appointments, it provided valuable insight into our community engagement efforts. Despite having no scheduled participants, outreach and marketing activities generated interest from approximately 20 individuals who contacted us to request event information, reinforcing the importance of broad community awareness initiatives.

Moving forward, events without confirmed patient participation will be evaluated more carefully to ensure the most effective use of resources and staff time. Based on this approach, the Mobile Unit event scheduled at the Volusia County Library on August 20 has been canceled, and outreach staff will instead participate through community tabling efforts that day.

Additionally, planning is already underway for the upcoming Enterprise and Mobile Unit Open House scheduled for late August or early September. These opportunities will strengthen our community presence, enhance collaboration with local partners, and help us better serve Volusia County residents through more targeted, data-driven, and impactful outreach strategies.

Halifax Health Quarterly Report to West Volusia Hospital Authority

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

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

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

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

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WVHA Member Patient Type (Hospital)				
	Months	Inpatient	Outpatient	Grand Total
2022	Jan	8	30	38
	Feb	6	26	32
	Mar	5	33	38
	Apr	5	33	38
	May	5	33	38
	Jun	1	32	33
	Jul	3	28	31
	Aug	3	27	30
	Sep	6	23	29
	Oct	5	22	27
	Nov	5	26	31
	Dec	1	26	27
	2022 Total	53	339	392
2023	Jan	6	31	37
	Feb	3	25	28
	Mar	5	22	27
	Apr	6	32	38
	May	2	18	20
	Jun	4	20	24
	Jul	1	15	16
	Aug	5	23	28
	Sep		32	32
	Oct	7	28	35
	Nov	2	24	26
	Dec	5	25	30
	2023 Total	46	295	341
2024	Jan	9	16	25
	Feb	8	30	38
	Mar	10	31	41
	Apr	3	35	38
	May	8	40	48
	Jun	7	39	46
	Jul	2	25	27
	Aug	7	26	33
	Sep	3	28	31
	Oct	6	24	30
	Nov	6	30	36
	Dec	10	27	37
	2024 Total	79	351	430
2025	Jan	2	21	23
	Feb	5	31	36
	Mar	3	20	23
	Apr	3	16	19
	May	3	20	23
	Jun	4	19	23
	Jul	3	20	23
	Aug	1	23	24
	Sep	4	10	14
	Oct	7	20	27
	Nov	6	16	22
	Dec	3	21	24
	2025 Total	44	237	281
2026	Jan	6	21	27
	Feb	20	40	60
	Mar	15	25	40
	Apr	7	23	30
	May	10	32	42
	Jun	2	54	56
	2026 Total	60	195	255
Grand Total		282	1417	1699

Age Mix (Hospital)

Age Group	Patients	Percent
0 - 19	34	2.0%
20 - 29	137	8.1%
30 - 39	250	14.7%
40 - 49	377	22.2%
50 - 59	576	33.9%
60 - 69	276	16.2%
70 - 79	45	2.6%
80 +	4	0.2%
Total	1699	100.0%

Halifax Health UF Health Deltona ER Times (All Patient Types)	Arrival to Discharge/Admit Minutes (Average)	Arrival to Provider Minutes (Average)
Jul - Sep	207	25
Oct - Dec	207	26
Jan - Mar	216	32
Apr - Jun	152	19

Halifax Health UF Health Deltona Left Without Being Seen by Provider – All Patient Types	Total Patients	LWBS	Percent
CY 2022	18,287	440	2.41%
CY 2023	19,693	183	0.93%
CY 2024	19,988	222	1.11%
CY 2025	19,273	293	1.52%
YTD 2026	10,462	110	1.05%

Halifax Health UF Health Deltona Left Against Medical Advice – All Patient Types	Total Patients	AMA	Percent
CY 2022	18,287	286	1.56%
CY 2023	19,693	152	0.77%
CY 2024	19,988	191	0.96%
CY 2025	19,273	221	1.15%
YTD 2026	10,462	152	1.45%

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

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

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

Specialty	Visits
Cardiology	43
Cardiovascular Disease	116
Critical Care: Intensive	28
Emergency Medicine	128
Family Medicine	7
Gastroenterology	29
Gynecological/Oncology	16
Hematology/Oncology	59
Hospitalist	99
Infectious Disease	3
Nephrology	1
Neurology	1
Ophthalmology	5
Pediatric Medicine	1
Psychiatry	41
Pulmonary Disease	9
Radiation Oncology	27
Urology	3
Wound Care	31
Total	647

**WVHA Members Served by Halifax Health
Physician 2026**

Specialty	Visits
Cardiology	8
Cardiovascular and Thoracic Surgery	3
Cardiovascular Disease	9
Critical Care: Intensive	17
Emergency Medicine	5
Family Medicine	9
Gastroenterology	4
Gynecologic Oncology	1
Hematology and Oncology	20
Hospitalist	44
Internal Medicine	2
Nephrology	2
Procedural	2
Phys. Med. & Rehab.	4
Pulmonology	10
Radiation Oncology	40
Urology	2
Wound Care	4
Total	186

<u>Medical Center of Deltona</u>	<u>July-22</u>	<u>July-23</u>	<u>July-24</u>	<u>July-25</u>	<u>April-26</u>
Patient Experience (HCAHPS Top Box %)					
Overall Hospital Rating 0-10	66%	69%	69%	66%	73%
Willingness to Recommend Hospital	71%	66%	71%	67%	73%
Hospital Compare Healthcare Associated Infections (Raw Patient Count)					
MRSA	1	1	0	1	1
CDiff	0	1	1	5	1
CLABSI	0	0	0	0	0
CAUTI	1	0	1	0	0
SSI (Colo)	1	1	0	5	0
SSI (Hyst)	N/A	0	N/A	N/A	N/A

AdventHealth Fish Memorial Quality Indicators for West Volusia Hospital Authority

August 2026

- A. Fully accredited by The Joint Commission- www.jointcommission.org
- B. Rated A by The Leapfrog Group in Fall 2026 - www.leapfroggroup.org
- C. No separate specific ER department accreditation
- D. CMS 4- Star Rating
- E. **Customer Satisfaction:** <https://www.medicare.gov> as of 7/1/2026
Completed surveys: 1770. Response rate: 18%.

Patients who reported that their nurses "Always" communicated well: 79%.

National average: 80%

Florida average: 76%

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

National average: 80%

Florida average: 75%

Patients who reported that the staff "Yes" they were given information about what to do during their recovery at home: 89%.

National average: 87%

Florida average: 83%

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

National average: 74%

Florida average: 72%

Patients who reported that the area around their room was "Always" quiet at night: 53%.

National average: 60%

Florida average: 57%

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

National average: 87%

Florida average: 83%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 71%

National average: 72%

Florida average: 68%

Patients who reported YES, they would definitely recommend the hospital: 68%

National average: 71%

Florida average: 68%

F. Emergency Department Metrics

- a. Door to Provider:
 - i. (CY2026) Average: 18 Minutes
 - ii. (PY2025): 22 minutes
- b. Door to Discharge:
 - i. (CY2024) Average: 193 minutes
 - ii. (PY2025): 183 minutes
- c. Left Without Being Seen %
 - i. (CY2026): 0.4 %
 - ii. (PY 2025): 1.0 %

G. Annual tracking of Healthcare-Associated Infections (National Benchmark 1.000) (Hospital Compare / July 2026):

- a. Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure: 0.275 (1 Infection)
- b. Clostridium difficile Infection (CDI) Outcome Measure: 0.169 (1 Reported)
- c. Central line-associated Bloodstream Infection (CLABSI) Outcome Measure: 0.275(1 infection)
- d. Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure: 1.313(2 reported)
- e. Surgical Site Infection (SSI) for Abdominal Hysterectomy: Not reported
- f. Surgical Site Infection (SSI) for Colon Procedures Outcome Measure: 0.00 (1 Infection)

Additional publicly reported data is available at

<https://ratings.leapfroggroup.org/facility/details/10-0072/adventhealth-fish-memorial-orange-city-fl>



AdventHealth Fish Memorial Quality Indicators for West Volusia Hospital Authority

August 2026

- A. Fully accredited by The Joint Commission- www.jointcommission.org
- B. Rated A by The Leapfrog Group in Fall 2026 - www.leapfroggroup.org
- C. No separate specific ER department accreditation
- D. CMS 5- Star Rating
- E. **Customer Satisfaction:** <https://www.medicare.gov> as of 7/1/2026
Completed surveys: 1770. Response rate: 18%.

Patients who reported that their nurses "Always" communicated well: 79%.

National average: 80%

Florida average: 76%

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

National average: 80%

Florida average: 75%

Patients who reported that the staff "Yes" they were given information about what to do during their recovery at home: 89%.

National average: 87%

Florida average: 83%

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

National average: 74%

Florida average: 72%

Patients who reported that the area around their room was "Always" quiet at night: 67%.

National average: 60%

Florida average: 57%

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

National average: 87%

Florida average: 83%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): 74%

National average: 72%

Florida average: 68%

Patients who reported YES, they would definitely recommend the hospital: 74%

National average: 71%

Florida average: 68%

F. Emergency Department Metrics

- a. Door to Provider:
 - i. (CY2026) Average: 18 Minutes
 - ii. (PY2025): 22 minutes
- b. Door to Discharge:
 - i. (CY2024) Average: 193 minutes
 - ii. (PY2025): 183 minutes
- c. Left Without Being Seen %
 - i. (CY2026): 0.6 %
 - ii. (PY 2025): 1.0 %

G. Annual tracking of Healthcare-Associated Infections (National Benchmark 1.000) (Hospital Compare /July 2026):

- a. Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure: 0.657 (2 Infections)
- b. Clostridium difficile Infection (CDI) Outcome Measure: 0.000 (0 Reported)
- c. Central line-associated Bloodstream Infection (CLABSI) Outcome Measure: 0.286 (1 infection)
- d. Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure: 0.407 (1 reported)
- e. Surgical Site Infection (SSI) for Abdominal Hysterectomy: Not reported
- f. Surgical Site Infection (SSI) for Colon Procedures Outcome Measure: 0.642 (1 Infection)

Additional publicly reported data is available at

<https://ratings.leapfroggroup.org/facility/details/10-0072/adventhealth-fish-memorial-orange-city-fl>



Emergency Medicine Professionals, P.A. (EMPros)
2Q 2026 Report for West Volusia Hospital Authority
August 20, 2026 Report
2Q 2026 Turnover Rate - 2.01% - 3 terminations

AdventHealth Deland	2Q 2026
Emergency Department Metrics	
Total ED Visits	11,892
Total WVHA Cardholder ED Visits	151
Total ED	
Minutes from Door to Doc	9
Minutes from Door to Discharge or Inpatient Admission	169
Left Without Being Seen (LWBS)	29
LWBS/Day	0.32
LWBS/%	0.20%

AdventHealth Fish Memorial	2Q 2026
Emergency Department Metrics	
Total ED Visits	12,183
Total WVHA Cardholder ED Visits	47
Total ED	
Minutes from Door to Doc	19
Minutes from Door to Discharge or Inpatient Admission	190
Left Without Being Seen (LWBS)	84
LWBS/Day	0.92
LWBS/%	0.70%

AdventHealth Fish Memorial/Deltona OSED	2Q 2026
Emergency Department Metrics	
Total ED Visits	5,672
Total WVHA Cardholder ED Visits	18
Total ED	
Minutes from Door to Doc	12
Minutes from Door to Discharge or Inpatient Admission	101
Left Without Being Seen (LWBS)	28
LWBS/Day	0.31
LWBS/%	0.50%

AdventHealth Combined Deland/Fish Memorial/Deltona OSED	2Q 2026
Emergency Department Metrics	
Total ED Visits	29,747
Total WVHA Cardholder ED Visits	216
Total ED	
Minutes from Door to Doc	13
Minutes from Door to Discharge or Inpatient Admission	158
Left Without Being Seen (LWBS)	141
LWBS/Day	1.55
LWBS/%	0.50%

From: Andrea Schweizer <aschweizer@smahealthcare.org>

Sent: Wednesday, July 8, 2026 4:04 PM

To: Jennifer Stephenson <jstephenson@smahealthcare.org>

Subject: WVHA and LIP planning

Good afternoon, Stacy,

I would like to request inclusion of SMA on the August 20 agenda for the topic “LIP Funding for SMA Healthcare”. We plan to reintroduce the concept of LIP funding to the WVHA Board of Commissioners and answer any questions they may have. I know that you are aware, but I have provided a summary narrative of the process below.

SMA has received Low Income Pool (LIP) funding from the Agency for Healthcare Administration (AHCA). This funding helps compensate for unreimbursed expenses related to providing services to low-income clients, also described as “Charity Care”. SMA is one of 16 behavioral health organizations in the state that have achieved Central Receiving System (CRS) certification. That CRS designation is a requirement for participation in LIP funding. Another requirement is to partner with a community government organization to provide an Intergovernmental Transfer (IGT). The IGT is a transfer of community funding directly to AHCA. Through ACHA, the funds are matched by federal Medicaid dollars, the original IGT and match amount are returned to SMA to pay for charity care costs related to provision of behavioral health services. The dollars transferred from the WVHA comes out of the existing contracts with SMA and does not result in additional expense to the WVHA.

In FY 2027 we request to utilize the \$700,000 from the “Residential Services” contract for the IGT. This level of transfer will pick up an estimate 57.22% match from the Medicaid program. That translates to \$936,279 in federal

dollars that will come into Volusia County to further enhance the ability to provide services to our low income population with no increase in funding at the local level.

Participation in the LIP program, is based on our ability to provide an executed and returned Letter of Agreement (LOA) by 10/1/2024. The LOA will be between AHCA and the WVHA on behalf of SMA and defines the IGT and AHCA match requirements. The purpose of asking to be included on the August agenda is to answer any questions the board may have in advance of that deadline. AHCA will not produce the LOA until mid-September. So, we will need to ask for approval of that specific agreement at the September 24 board meeting.

Let me know if you have any questions.

Thank you,

Andrea Schweizer

CFO

SMA Healthcare

150 Magnolia Avenue

Daytona Beach FL 32114

(386)236-1683

aschweizer@smahealthcare.org





miCare

Health Center

August 2026 Board Submission



Submission Components

I. Text Messaging Calendar – status	Page 3
II. Clinic consolidation & flooring update	Page 7
III. Cost per Visit	Page 10
IV. miCare's impact on Community spend	Page 16
V. Member impact stories	Page 20
VI. Executive Discussion Phase 3 Primary Care Budget	Page 23

I. Text Messaging

- miCare recognizes the importance of maintaining consistent communication with WVHA members. To support this commitment, the Text Messaging section will be included as a standing item in all future board submissions.
- *Red italicized* dates displayed beneath communication items indicate that the message has been disseminated.
- For ease of reference and visualization, the communication calendar is color-coded according to the categories outlined below:

	Funded Entity promotion
	Clinic Consolidation promotion
	miCare promotion/information

I. Text Messaging

	Communication 1	Communication 2	Communication 3
June 2026	True Health campaign <i>Sent 6/26/26</i>		
July 2026	Clinic consolidation #1 <i>Sent 7/1/2026</i>	Community & Legal Resources <i>Sent 7/22/2026</i>	DeLand remodel notice #1 <i>Sent 7/27/2026</i>
August 2026	DeLand remodel notice #2 <i>Sent 8/3/26</i>	Clinic consolidation #2 <i>Sent 8/18/26</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>	

I. Text Messaging

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



I. Text Messaging

	Communication 1	Communication 2
January 2027	Dental Services	
February 2027	Disease Management Services	General miCare info <i>(heart health focus)</i>
March 2027		

	Communication 1	Communication 2
April 2027	Enrollment & Eligibility	
May 2027	Counseling & MH Services	
June 2027		

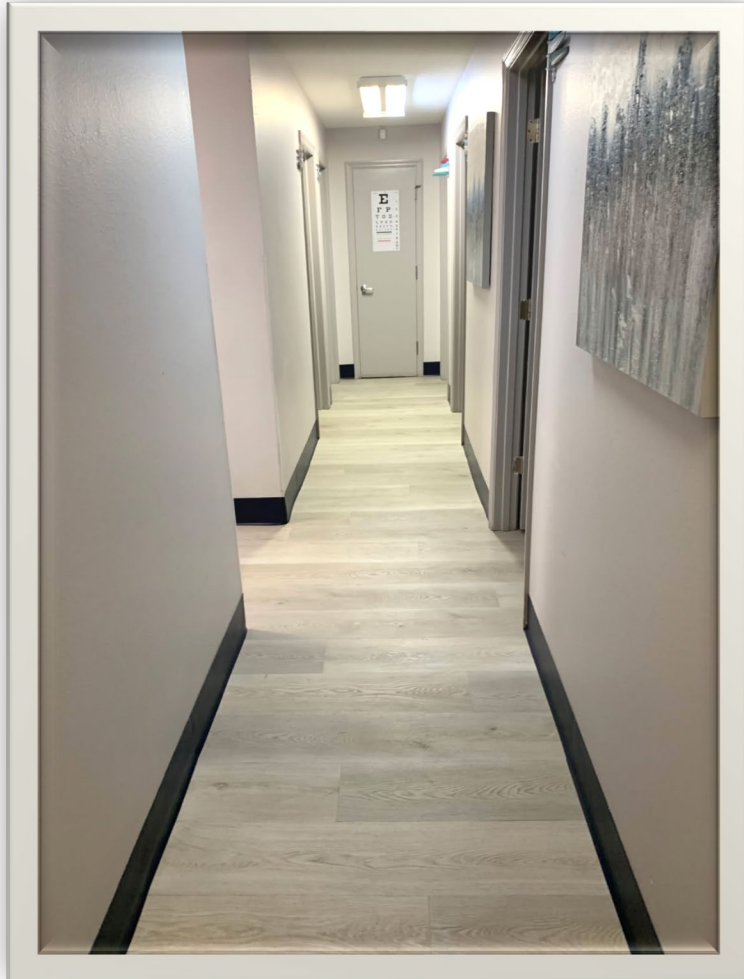
II. Deltona consolidation

- The flooring replacement project was completed August 3rd – August 8th, 2026 using Laminate Flooring & More. As a reminder, the details are as follows:

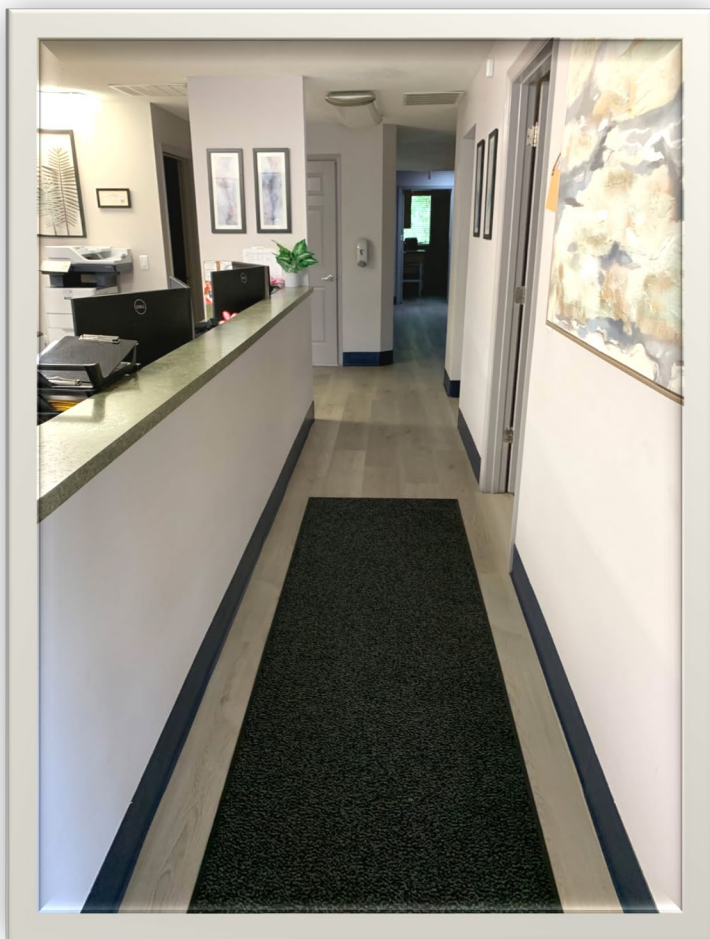
	<u>Company 1</u> <i>Laminate Flooring & More</i>
Cost	\$31,200
Type	Glue - Down Vinyl Daltile
Remove current flooring	Yes
Timeline	1 Week
Work on weekend	Yes
Move furniture around	Yes
Waterproof	Yes
Warranty	15-Year

- All miCare operations were conducted out of the Deltona location so there was no interruption to services and patient care, etc.

II. Deltona consolidation



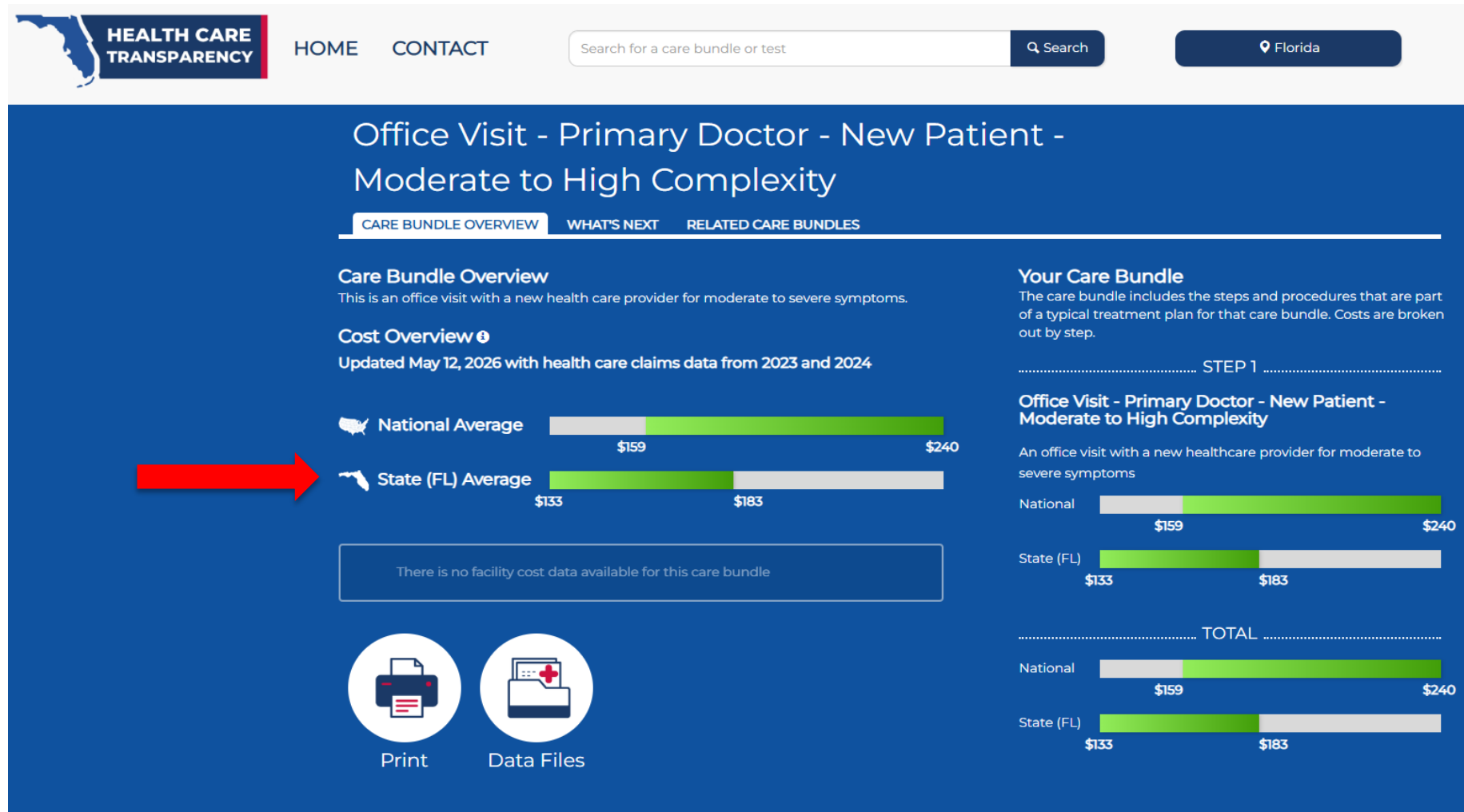
II. Deltona consolidation



III. Cost per Visit

- During the July 2026 board meeting, a request was submitted to miCare to produce an updated cost per visit amount. This section will review this data.
- As part of the July 2026 discussion, there was commentary that the cost for a primary care office visit in FL is around \$85 per visit.
- According to the government-based website, *Health Care Transparency*, located at <https://price.healthfinder.fl.gov>, the average primary care office visit cost is \$133 - \$183
 - See next slide for screenshot

III. Cost per Visit



Source: <https://price.healthfinder.fl.gov>

III. Cost per Visit

- miCare would like to ensure that the WVHA board members understand that miCare's cost per visit will be higher than the prices quoted on the Health Care Transparency website.
- miCare is a **dedicated** primary care clinic only for WVHA card holders with the intention of:
 - reducing access barriers and wait times
 - improving continuity of care with specialists outside of miCare, and
 - reducing unnecessary care occurring in the community
- miCare's office visits contain much more than a standard community-based office visit and the following slides will illustrate this.

III. Cost per Visit

Community based office visit

*13.8 minutes per visit**

Provider visit	\$133 - \$183
-----------------------	---------------

Common services billed separately
(using average costs in the state of FL):

Immunization	\$80 - \$200
Minor procedures	\$100 - \$200
Therapeutic injections	\$74
Point of care testing	\$7.50 - \$44
Diabetic teaching	\$218 - \$324

miCare office visit

20 – 40 minutes per visit

Services included with miCare visit:

Provider Visit

Lab draw

Minor procedures (e.g. mole removal)

Patient Assistance Program (PAP) coordination for high \$ medications to be received at \$0

Full Referral coordination to specialists

Immunizations

Therapeutic injections

Point of care testing (e.g. Strep, COVID, etc.)

Medications dispensed in the office

Diabetic teaching

ER diversion education

***Source: American Journal of Medicine**

[https://www.amjmed.com/article/S0002-9343\(20\)30098-X/fulltext](https://www.amjmed.com/article/S0002-9343(20)30098-X/fulltext)

III. Cost per Visit

- This chart illustrates 2023/2024, 2024/2025 and YTD 2025/2026 utilization data.
- While the % utilization figures below reflect provider office visits, miCare also illustrates the volume of lab visits, Nurse visits and medication pick-ups that occur for WVHA members.

Location	Actual # of provider visits	% utilization (of provider visits)	Total # of Lab, Nurse, & Medication Pick-Ups	Average Enrollment
----------	-----------------------------	------------------------------------	--	--------------------

October 2025 – June 2026 (9 months of data)

Combined	5820	77%	6,708	1407
DeLand	3503	79%	4,337	
Deltona	2317	74%	2,371	

October 2024 – September 2025

Combined	7817	83%	10,304	1604
DeLand	4579	85%	6,354	
Deltona	3238	81%	3,950	

October 2023 – September 2024

Combined	7341	90%	10,503	1590
DeLand	4262	94%	6,373	
Deltona	3079	84%	4,130	

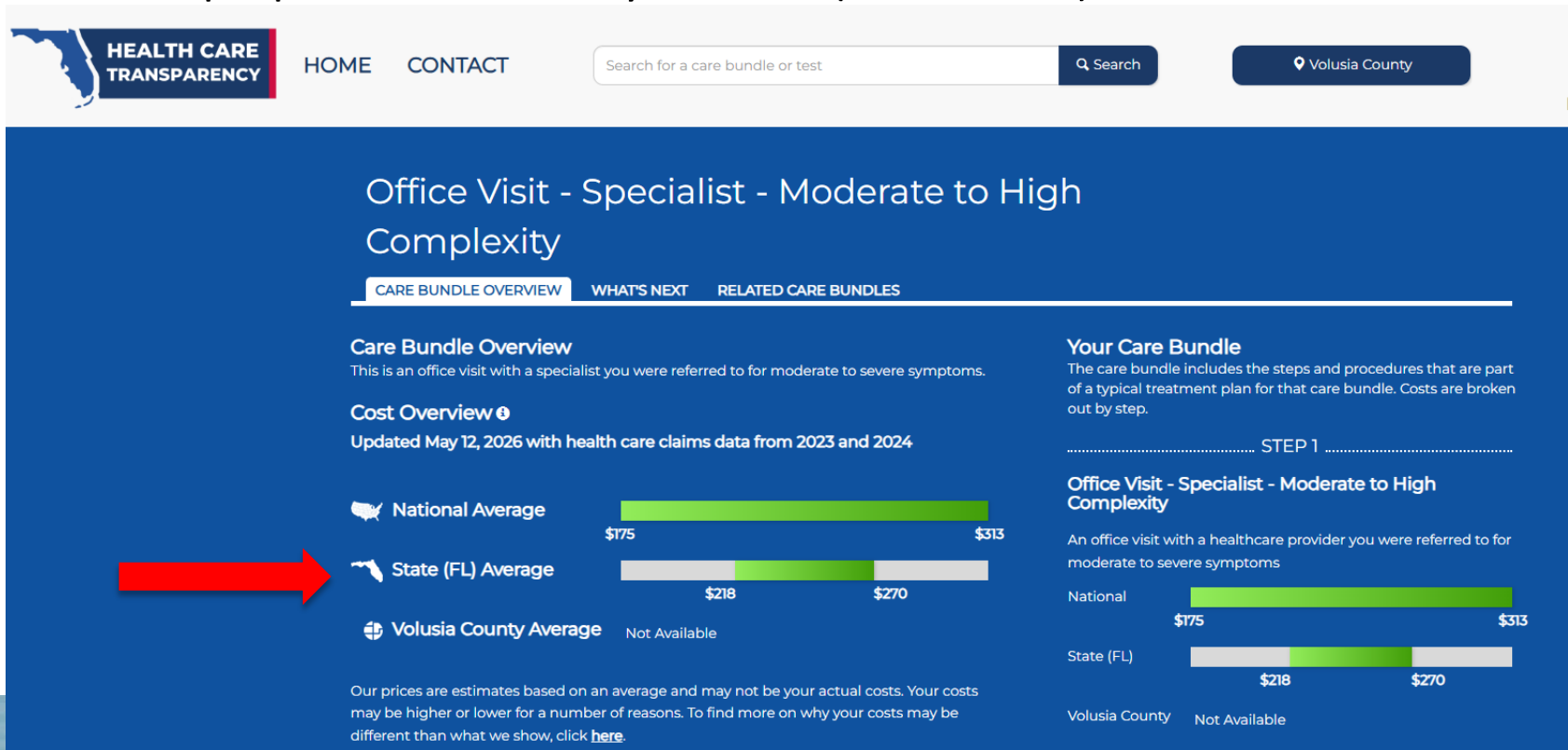
III. Cost per Visit

- This chart illustrates 2023/2024, 2024/2025 and YTD 2025/2026 cost per visit data.

Location	All in cost / visit (at max capacity)	All in cost / visit (at current utilization)	Average enrollment
October 2025 – June 2026 (9 months of data)			
Combined	\$337	\$439	1407
DeLand	\$344	\$438	
Deltona	\$326	\$441	
October 2024 – September 2025			
Combined	\$313	\$377	1604
DeLand	\$321	\$380	
Deltona	\$301	\$372	
October 2023 – September 2024			
Combined	\$345	\$386	1590
DeLand	\$368	\$391	
Deltona	\$318	\$378	

IV. miCare's impact on community spend

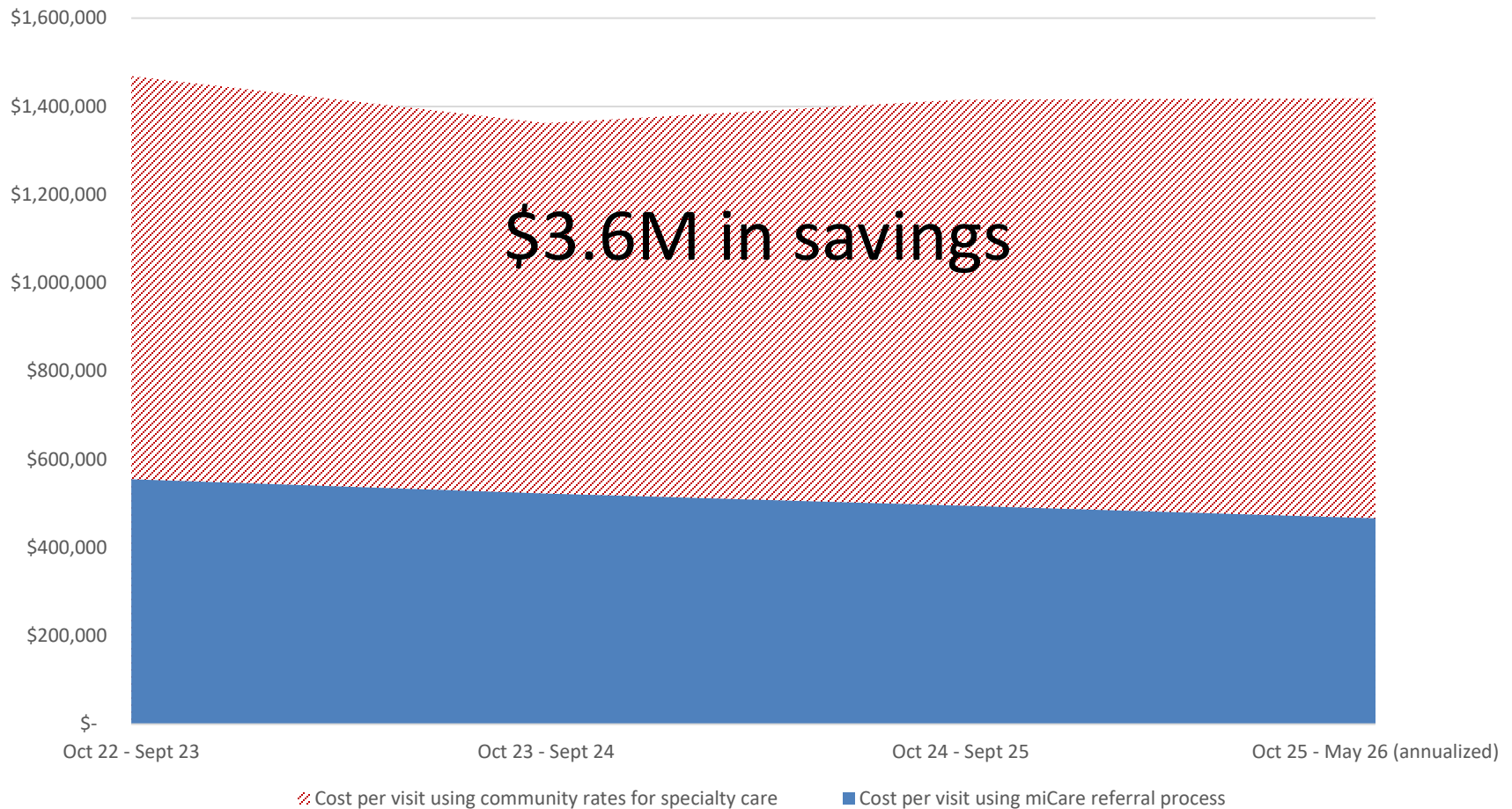
- miCare's impact on community spend
- According to the government-based website, *Health Care Transparency*, located at <https://price.healthfinder.fl.gov>, the average specialist office visit cost is \$218 - \$270.
 - For purposes of this analysis, \$244 (the median) is used



IV. miCare's impact on community spend

- miCare reviewed the specialty office visits that occurred in the community over a four-year time span.
- Due to the referral program and direct contracting process miCare & EBMS facilitates for WVHA, there was over \$3.6M in savings across the 4 years.
- To arrive at the savings figure, miCare utilized the average cost of a specialist visit in the state of FL of \$244. \$244 was multiplied by the # of claims incurred and the savings was the difference between what WVHA actually paid and this figure.
- See next slide for details.

IV. miCare's impact on community spend



IV. miCare's impact on community spend

- From an overall health plan performance, WVHA performs very favorably when compared to national benchmarks.

	2022 – 2023	2023 – 2024	2024 - 2025	2025 – 2026 YTD
Total claims paid PEPM	\$481	\$456	\$482	\$445
Benchmark Comparison	\$471	\$501	\$604	\$649

- The per employee per month cost is flat from 2022/2023 to 2025/2026 YTD
 - The amount WVHA paid from 2022/2023 to 2024/2025 is nearly unchanged
 - The benchmark rose 28.1% for this same time-period
 - Had WVHA trended at this same rate, the approximate PEPM rate would have been \$604 or nearly \$2.4M in increased spend.

V. Member impact story

A WVHA Member began their journey with miCare in 2025, following a recent hospitalization. The patient presented with a **complex and high-risk medical history**, including Takotsubo cardiomyopathy (“Broken Heart Syndrome”), a myocardial infarction requiring pacemaker placement, antiphospholipid antibody syndrome—which placed the patient at significant risk for clotting problems and vascular complications, lupus, depression and anxiety, a right hip replacement, and a gastrointestinal bleed. Adding to the challenges, the patient recently relocated from Vermont, resulting in disruptions to their continuity of care.

Through consistent follow-up and coordinated, patient-centered management at the miCare clinic, miCare was able to help **stabilize the patient’s anxiety**, which has contributed to **reducing cardiovascular stress**. The patient’s warfarin therapy is now managed directly in clinic, ensuring close monitoring of anticoagulation levels, and the patient’s **blood pressure has been stabilized** with close monitoring under our care.

miCare has also **coordinated essential specialty services**—including cardiology, rheumatology, and psychiatry—while maintaining collaborative, integrated care within the clinic. ***This approach has ensured that all aspects of members’ complex health needs are addressed efficiently and comprehensively.***

In just under one year, miCare has provided the member with stability, support, and the structured care that had been missing due to the patient’s complicated medical history and transition from out of state. The patient’s progress reflects the positive impact of coordinated care in managing multi-system chronic conditions and preventing further complications.

V. Member impact story

The patient enrolled with WVHA in 2026 and has a history of multiple chronic conditions, including COPD, oxygen dependence, hypertension, CKD, secondary polycythemia, hypertriglyceridemia, hypoglycemia, and severe malnutrition (BMI 15.36).

The patient experienced 3 hospitalizations and following discharge in June 2026 for severe shortness of breath, fatigue, and weakness, the patient presented to a follow-up appointment in significant respiratory distress, requiring a wheelchair and unable to speak in full sentences. Diagnostic imaging revealed severe emphysematous changes and bilateral lung opacities.

Through miCare's partnership with AdventHealth Community Liaison Nurses, a nebulizer was obtained promptly, and inhaled medications were immediately dispensed from the clinic to prevent delays in treatment.

The patient faced significant barriers to care, particularly transportation and medication access, which contributed to frequent emergency department utilization and hospitalizations. Through miCare services, the patient now has **reliable transportation to appointments, medication delivery support, same-day access to care, and ongoing education regarding symptom management and appropriate emergency department utilization.**

Consistent relationships with the care team have fostered trust and engagement, allowing the patient to seek support proactively and remain connected to primary care services. As a result, **hospital utilization has decreased, chronic conditions have become better managed, and overall health outcomes have improved.** Currently, the patient is stable, ambulates independently without a wheelchair, requires minimal supplemental oxygen, has an improved appetite, and has experienced resolution of depressive symptoms. The patient's hypertension, hypertriglyceridemia, and polycythemia are well managed through primary care.

Despite the patient's high medical complexity, coordinated care among miCare, AdventHealth, SMA, and The House Next Door has enabled the patient to remain stable and active in the community while reducing barriers to healthcare access and preventing avoidable hospital utilization.

V. Member impact story

A patient established care with miCare following a **prolonged hospitalization** for severe thrombotic thrombocytopenic purpura (TTP), complicated by profound thrombocytopenia, hemolytic anemia, seizure requiring intubation, acute kidney injury, aspiration pneumonitis, acute hypoxic respiratory failure, and steroid-induced hyperglycemia.

When the patient presented to miCare following discharge, the patient was experiencing significant shortness of breath, severe wheezing, diminished lung sounds, and difficulty speaking at rest. Immediate treatment with DuoNeb and Solu-Medrol was provided in the clinic, along with rapid referrals to pulmonology and hematology. **Access to in-house medications and expedited specialty care prevented delays in treatment and helped stabilize the patient's condition.**

Thirty days later, the patient had **shown remarkable improvement**. The patient is no longer experiencing persistent wheezing, can ambulate without significant shortness of breath, and has resumed activities the patient had not enjoyed in months, including swimming with family. The patient's depression and anxiety have improved substantially, and the patient reports feeling ready to return to work.

Through **coordinated care, medication assistance, disease education, and ongoing support from miCare**, she has made significant progress both physically and emotionally. This case illustrates the value of timely, accessible healthcare and community-supported services in enhancing outcomes for vulnerable young adults while reducing dependence on emergency department care.

V. Executive Discussion

- Discussion points:
 - Phase 3 / clinic partnerships
 - Clinic optimization considerations due to single clinic location
 - Transportation credits
 - Marketing efforts and support

WVHA HealthCard Campaign

Month 1 Performance Report

Aug 11, 2026

Key Activities

- Restored access to WVHA's older Facebook account so it can be removed and the public directed to the correct account.
- Submitted new ads based on the campaign's top-performing creative themes.
- Continued Meta campaign monitoring, optimization, and analytics reporting.
- Launched Spanish-language versions of the current campaign ads.
- Met with True Health to align on priorities and learn more about their role in the HealthCard process.
- Provided recommendations and Spanish translation support for the HealthCard interest form.
- Submitted organic social media content to help people visiting WVHA's Instagram page learn more about the HealthCard.
- Began developing organic social media content highlighting HealthCard partners and explaining their roles.
- Coordinated upcoming video filming with the videographer and Chair Ford.
- Continued development of the animated HealthCard explainer video.

WVHA Paid Advertising Performance (July 8–Aug 7)

During the first month of the campaign, paid advertising focused on building awareness of the WVHA HealthCard and driving eligible residents to the WVHA website to learn more. The first full month of campaign results provides a baseline for measuring performance and identifying opportunities for ongoing improvement.

Meta Paid Campaign Results and Website Visits

Metric Category	Result
Impressions	47,280
Reach	20,423
Clicks	1,006
Click-Through Rate	2.13%
Website Sessions from Paid Ads	751
Interest Form Unique Users	14

Sessions▼ by Session primary ch... ▼	
SESSION PRIMARY ...	SESSIONS
Paid Social	751 ↑525.8%
Organic Search	391 ↑18.5%
Direct	319 ↑28.1%
Organic Social	21 ↓52.3%
Referral	17 ↑88.9%
AI Assistant	8 ↓11.1%
Unassigned	7 ↑600.0%
Jul 8 - Aug 7, 2026 View traffic acqu... →	

Key Observations:

- The ads reached 20,423 people across West Volusia.
- Ads were viewed 47,280 times, meaning each person saw the campaign about 2.3 times on average.
- People interacted with the ads 1,006 times, including link clicks, likes, comments, shares, and profile clicks.
- Paid advertising generated 751 website visits and accounted for about half of all WVHA website traffic, more than any other source.
- 14 website visitors engaged with the HealthCard interest form, suggesting that some visitors may need more reassurance or encouragement before taking the next step.
- Applichat will reach out to HealthCard application partners to identify whether the form messaging can be strengthened to build confidence and encourage more residents to express interest.

Top-Performing ads

Click-through rate (CTR) is used to compare ad performance because it shows how often people interact with an ad after seeing it, even when ads receive different levels of exposure. The image below highlights the campaign's top-performing ads to date, based on CTR.

Ad ↑↓	CTR (all) ↓
 The Young Student 2	3.39%
 The Out-of-Work Older Adult 2	2.93%
 Spanish-Speaking Family Provider 3	2.14%
 The Young Student 3	1.95%
 Unhoused 2	1.89%
 The Out-of-Work Older Adult	1.86%
 The Out-of-Work Older Adult 4	1.81%
Results from 19 ads ⓘ 🔍 Hide results	2.13% Per Impressions

Key Observations:

- The campaign's overall 2.13% CTR is above the 1.73% average for traffic campaigns and the 1.63% Health & Fitness industry average¹, indicating strong overall engagement.
- The ad sets targeting students and older out-of-work adults are showing the strongest response to the Facebook and Instagram campaign so far.
- The Young Student 2 (3.39%) and Out-of-Work Older Adult 2 (2.93%) ads from the above image are performing particularly well.
- New variations of these two top-performing ads have been created to test whether similar messaging and creative approaches can generate even stronger engagement and improve overall campaign efficiency. These new variations can be found in the Ads Refresh PDF.

¹ <https://www.wordstream.com/blog/facebook-ads-benchmarks-2025>

Recommended Next Steps

- Finalize filming arrangements, complete filming, and begin video editing and production of the animated HealthCard explainer video.
- Launch Google/YouTube video ads once the new video content has been finalized and approved.
- Monitor performance of the Spanish-language ads.
- Launch and monitor the new variations of the top-performing Facebook and Instagram ads once approved.
- Continue monitoring overall campaign performance and make adjustments where results indicate they could improve campaign performance.
- Seek feedback from HealthCard application partners on potential improvements to the website interest form to increase engagement.
- Develop the poster for in-person HealthCard outreach.
- Continue developing organic creatives highlighting HealthCard partners and explaining their role.

Top Click-Through Rates:

Ad ↑↓	CTR (all) ↓
 The Young Student 2	3.39%
 The Out-of-Work Older Adult 2	2.93%
 Spanish-Speaking Family Provider 3	2.14%
 The Young Student 3	1.95%
 Unhoused 2	1.89%
 The Out-of-Work Older Adult	1.86%
 The Out-of-Work Older Adult 4	1.81%
Results from 19 ads ⓘ  Hide results	2.13% Per Impressions

Top-performing ad #1:

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



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



New Variations:



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

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



**The WVHA HealthCard
helps cover care for
eligible residents.**



**Reach out today
and get the
support you need.**

**Click "Learn More"
to get started.**



Just aged off your parents' health plan?

Don't wait until you need care to find coverage!



See if the **WVHA HealthCard** can help.

Click "Learn More" to get started.



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

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



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

Click "**Learn More**"
to get started.



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

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



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

Click
"Learn More"
to get started.



Top-performing ad #2:

**THE WVHA
HEALTHCARD HELPS
COVER CARE FOR
ELIGIBLE RESIDENTS.**



**Reach out today
and get the
support you need.**

 (386) 232-2055

New Variations:

The **WVHA HealthCard**
helps cover care for
eligible residents.



Reach out today and get
the support you need.

 (386) 232-2055

THE WVHA HEALTHCARD HELPS COVER CARE FOR ELIGIBLE RESIDENTS.



Reach out today
and get the
support you need.

 (386) 232-2055

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

A photograph of a woman with long, wavy red hair and gold-rimmed glasses. She is looking down at a white smartphone held in her right hand. The background is a plain, light-colored wall.

**Click "Learn More"
to get started.**

 (386) 232-2055

Worried about healthcare costs?

See if the **WVHA
HealthCard** can help.



**THE WVHA
HEALTHCARD HELPS
COVER CARE FOR
ELIGIBLE RESIDENTS.**

A photograph of a woman with dark, curly hair, wearing an orange textured sweater, smiling warmly while holding a white cup. In the foreground, the back of another person's head is visible, looking towards the woman. The background is softly blurred, showing a lamp and some furniture.

**Reach out today
and get the
support you need.**

 (386) 232-2055

**THE WVHA
HEALTHCARD HELPS
COVER CARE FOR
ELIGIBLE RESIDENTS.**



**Reach out today
and get the
support you need.**

 **(386) 232-2055**

**THE WVHA
HEALTHCARD HELPS
COVER CARE FOR
ELIGIBLE RESIDENTS.**

A photograph of a middle-aged man with a beard and glasses, wearing a light blue button-down shirt. He is looking down at a smartphone in his left hand while holding a white ceramic mug in his right hand. The background is a blurred office setting with a white brick wall and a whiteboard with a line graph.

**Reach out today
and get the
support you need.**

☎ (386) 232-2055

West Volusia Hospital Authority
2027 Budget Working

Account	Description	ACTUAL 9/30/2025	FINAL BUDGET 9/30/2025	ADOPTED BUDGET 9/30/2026	Option A	Option B	Option C	Option D	Proposed Budget Notes
					(rollback) Original BUDGET 9/30/2027	(rollback) Coen BUDGET 9/30/2027	(rollback) Craig BUDGET 9/30/2027	(rollback) Ford BUDGET 9/30/2027	
Millage Rate		1.0480	1.0480	0.9897	0.9575	0.9575	0.9575	0.9575	
FUND BALANCE FROM PRIOR FISCAL YEAR		\$ 17,112,265	\$ 17,112,265	\$ 16,819,715	\$ 15,000,000	\$ 15,000,000	\$ 15,000,000	\$ 15,000,000	Est. used since CY underway
REVENUES AND OTHER SOURCES						0.0%	0.0%	0.0%	Millage % relative to TRIM rolled-back rate
	Revenues								
001.000.3110	Ad Valorem Taxes (96%)	\$ (18,936,350)	\$ (18,700,000)	\$ (19,200,000)	\$ (19,600,000)	\$ (19,600,000)	\$ (19,600,000)	\$ (19,600,000)	Rollback rate 0.9575
001.000.3611	Investment Income	(525,427)	(400,000)	(400,000)	(400,000)	(400,000)	(400,000)	(400,000)	interest rates are leveling out
001.000.3690	Other Income	(277,889)	(34,333)	(34,333)	(25,750)	(25,750)	(25,750)	(25,750)	Final installment of Healthy Start reimbursement (\$103k over 3 years)
	Total Revenues	(19,739,666)	(19,134,333)	(19,634,333)	(20,025,750)	(20,025,750)	(20,025,750)	(20,025,750)	
	Other Sources								
001.000.2840	Addition to (Use of) Reserves	(292,548)	(2,319,999)	(1,500,000)	(1,700,000)	(1,259,301)	(1,400,000)	(1,730,000)	
	Total Revenues and Other Sources	\$ (20,032,214)	\$ (21,454,332)	\$ (21,134,333)	\$ (21,725,750)	\$ (21,285,051)	\$ (21,425,750)	\$ (21,755,750)	
EXPENDITURES AND OTHER USES									
	Healthcare Expenditures								
	Statutorily Mandated Expenditures								
001.562.3470	County Medicaid Reimbursement	\$ 3,599,158	\$ 3,604,857	\$ 4,062,060	\$ 4,236,328	\$ 4,236,328	\$ 4,236,328	\$ 4,236,328	Per 7/16 letter from County
001.562.3480	H C R A - In County	81,985	400,000	400,000	400,000	400,000	400,000	400,000	Budget req'd based on population
001.562.3481	H C R A - Outside County	27,170	400,000	400,000	400,000	400,000	400,000	400,000	Budget req'd based on population
	Total Statutorily Mandated Expenditures	3,708,313	4,404,857	4,862,060	5,036,328	5,036,328	5,036,328	5,036,328	
	All Other Healthcare Expenditures								
001.562.3401	Specialty Care Services	4,828,785	4,830,000	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000	Est. per EBMS 6/17/26
001.562.3410	Halifax Hospital	1,133,708	3,200,000	3,200,000	3,600,000	3,400,000	3,600,000	3,600,000	Est. per EBMS 6/17/26
001.562.3411	AdventHealth	2,042,280							
001.562.3430	Primary Care	2,826,262	2,830,000	2,500,000	2,500,000	2,500,000	2,200,000	2,500,000	Est. per EBMS 6/17/26
001.562.3403	Emergency Room Care	923,143	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	Est. per EBMS 6/17/26
001.562.3432	Pharmacy	648,183	900,000	700,000	700,000	650,000	700,000	700,000	Est. per EBMS 6/17/26
001.562.3461	SMA - Residential Treatment	550,000	550,000	550,000	700,000	700,000	700,000	700,000	Per 3/5/26 funding request
001.562.3408	Rising Against All Odds	223,413	223,017	249,801	274,781	249,801	274,781	274,781	Per 3/5/26 funding request
001.562.3404	Florida Dept of Health Dental Svcs	153,464	160,000	165,000	190,000	165,000	190,000	190,000	Per 3/5/26 funding request
001.562.3499	Other Healthcare Expenditures	-	174,767	218,607	110,172	110,172	110,172	110,172	
001.562.3490	The Neighborhood Center	125,000	125,000	125,000	109,000	109,000	109,000	109,000	Per 3/5/26 funding request
001.562.3406	Hispanic Health Initiatives	98,150	100,000	100,000	100,000	95,000	100,000	100,000	Per 3/5/26 funding request
001.562.3407	Community Legal Services	88,500	88,500	88,500	94,695	88,500	94,695	94,695	Per 3/5/26 funding request
001.562.3460	SMA - Psychiatric Outpatient	90,000	90,000	90,000	90,000	90,000	90,000	90,000	Per 3/5/26 funding request
001.562.3491	Life-Spire Community Services, Inc.	-	-	74,500	74,500	37,250	74,500	74,500	Per 3/5/26 funding request
001.562.3494	Levi Long Sickle Cell Association	-	-	-	32,500	-	32,500	32,500	Per 3/5/26 funding request
001.562.3496	True Health	-	-	-	65,000	65,000	65,000	65,000	Per 7/16/26 request from Nurez
001.562.3450	The House Next Door	44,430	45,000	45,000	45,000	40,000	45,000	45,000	Per 3/5/26 funding request
001.562.3462	SMA - Baker Act Match (Em. Behav. Hlth)	150,000	150,000	150,000	-	-	-	-	No funding request
001.562.3493	Easterseals Northeast Central FL	-	-	15,000	-	-	-	-	No funding request
	Total Healthcare Expenditures	17,633,631	18,871,141	18,633,468	19,221,976	18,836,051	18,921,976	19,221,976	

West Volusia Hospital Authority
2027 Budget Working

2027 Budget Working				Option A	Option B	Option C	Option D		
				(rollback)	(rollback)	(rollback)	(rollback)		
				Original	Coen	Craig	Ford		
		ACTUAL	FINAL BUDGET	ADOPTED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	
Account	Description	9/30/2025	9/30/2025	BUDGET	BUDGET	BUDGET	BUDGET	BUDGET	
		9/30/2025	9/30/2025	9/30/2026	9/30/2027	9/30/2027	9/30/2027	9/30/2027	
Proposed Budget Notes									
Personnel Services									
001.562.2001	Regular salaries and wages	69,064	69,064	71,564	74,000	74,000	74,000	74,000	Per employment agreement
001.562.2101	FICA	5,332	5,283	5,475	5,661	5,661	5,661	5,661	
001.562.2201	Retirement	9,492	10,104	10,756	10,797	10,797	10,797	10,797	FY27 regular class FRS is 13.59 ER Contribution rate
001.562.2301	Life and Health Insurance	10,330	12,000	12,000	12,000	12,000	12,000	12,000	\$1K/month per contract
001.562.2401	Workers Compensation Claims	15,529	25,000	25,000	25,000	25,000	25,000	25,000	Old claim payments
Total Personnel Services		109,747	121,451	124,795	127,458	127,458	127,458	127,458	
Other Expenditures									
Locally Mandated Fees									
001.562.9101	Tax Collector & Appraiser Fee	567,291	650,000	650,000	650,000	650,000	650,000	650,000	
001.562.9102	City of DeLand Tax Increment District	164,037	125,000	165,000	200,000	200,000	200,000	200,000	2026 actual was \$185K
Total Locally Mandated Fees		731,328	775,000	815,000	850,000	850,000	850,000	850,000	
All Other Expenditures									
001.562.3421	TPA Services	479,716	500,000	500,000	500,000	500,000	500,000	500,000	
001.562.3412	Application Screening - THND	563,146	563,761	445,008	442,598	442,598	442,598	442,598	Per 3/5/26 funding request
001.562.3202	General Accounting - Recurring	127,312	118,560	119,658	124,000	124,000	124,000	124,000	Per JMCo agreement
001.562.3413	Application Screening - RAAO	59,904	97,742	97,742	107,516	97,742	107,516	107,516	Per 3/5/26 funding request
001.562.3101	Legal Counsel	78,000	78,000	79,560	82,000	82,000	82,000	82,000	Per Attorney Small agreement
001.562.4602	Building Repairs	87,926	100,000	100,000	80,000	80,000	80,000	80,000	Est. per EBMS 6/17/26
001.562.3409	Healthy Communities Kid Care Outreach	65,062	72,202	72,202	72,202	72,202	72,202	72,202	Per 3/5/26 funding request
001.562.4901	Other Operating Expenditures	70,324	79,900	59,400	60,000	15,000	60,000	60,000	FY2026 included \$3,700/mo. Deltona clinic lease
001.562.3201	Audit	21,575	21,575	22,500	23,000	23,000	23,000	23,000	Per 9/13/2022 agreement
001.562.4801	Advertising	4,014	10,000	50,000	20,000	20,000	20,000	50,000	
001.562.3203	General Accounting - Nonrecurring	-	15,000	15,000	15,000	15,000	15,000	15,000	Any potential one-time consulting
001.562.3103	Outside Legal Counsel	529	30,000	-	-	-	-	-	No renewal agreement
Total Other Expenditures		2,288,836	2,461,740	2,376,070	2,376,316	2,321,542	2,376,316	2,406,316	
Total Expenditures		\$ 20,032,214	\$ 21,454,332	\$ 21,134,333	\$ 21,725,750	\$ 21,285,051	\$ 21,425,750	\$ 21,755,750	



July 16, 2026

Via U.S. Mail and Email

Jeff Davidson, Administrator/CFO (jeff.davidson@sevhd.com)
Bert Fish Medical Center, Inc.
Southeast Volusia Hospital District
PO Box 909
New Smyrna Beach, FL 32170

Shawn Remington, VP/CFO (shawn.remington@halifax.org)
Halifax Hospital Medical Center
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114

Stacy Tebo, Administrator (stebo@westvolusiahospitalauthority.org)
West Volusia Hospital Authority
PO Box 940
DeLand, FL 32721

Subject: FY 2026/27 Medicaid Contribution

Colleagues:

The Florida Department of Revenue has notified Volusia County that the required Medicaid contribution for FY 2026/27 is \$11,024,582. This represents an increase of \$453,515 over the FY 2025/26 contribution.

In accordance with Florida Statute § 409.915(5), the County has historically divided the required Medicaid contribution among the three hospital special taxing districts located within Volusia County. On September 16, 2025, the County Council approved new cost share percentages based on enrollment data. In an effort to provide stability and administrative efficiency, a three-year review cycle was also approved, keeping contribution percentages constant during the years when a new analysis is not due.

The approved cost share percentages deduct 20.95 percent of the total contribution, which will be paid by the County, and allocates the remaining contribution among the three hospital taxing districts using Medicaid enrollment data by zip code for July 2024 – June 2025, which will be used for this three-year cycle. The next scheduled review of enrollment data and cost share is expected to occur for the FY 2028/29 contributions.

COMMUNITY SERVICES DEPARTMENT

123 W. INDIANA AVE., SUITE 300 • DELAND FL 32720 | ☎ 386-943-7039 | 🌐 VOLUSIA.ORG



For FY 2026/27, staff will recommend that hospital taxing authorities cost share percentages are kept constant and applied to the new total annual contribution required. This recommendation is expected to be presented as an agenda item at the **August 17, 2026** County Council meeting. Each district is welcome to make public comment on the proposed allocation at the County Council meeting. In addition, to allow time for staff to brief Council members in advance, please respond to me in writing at BBurbaugh@volusia.org by August 3, 2026 to indicate whether your hospital district agrees or objects to the proposed allocation. If no response is received by that date, we will assume there is no objection.

FY 2026/27 Medicaid Contribution Allocation

Entity	Percent of Total	Contribution
Total Medicaid Contribution	100.00%	\$11,024,582.00
County Government Share	20.95%	\$2,309,649.93
Adjusted Contribution (Taxing Districts)	79.05%	\$8,714,932.07

Taxing District Allocation, Contingent on County Council Approval

Taxing District	Percent of Adjusted Contribution	Contribution
Halifax District	42.18%	\$3,675,958.35
Southeast Volusia District	9.21%	\$802,645.24
West Volusia District	48.61%	\$4,236,328.48
Taxing District Total	100.00%	\$8,714,932.07

As provided in Florida Statute § 409.915(5), any appeal of the proration made by the board of county commissioners must be made to the Department of Financial Services.

Thank you for your continued partnership and for your commitment to the health and well-being of Volusia County residents.

Sincerely,

Bradley Burbaugh, Director
Community Services

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

JULY 31, 2026



ACCOUNTANTS' COMPILATION REPORT

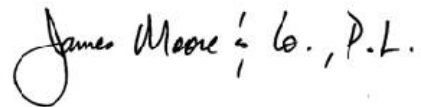
To the Board of Commissioners,
West Volusia Hospital Authority:

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 July 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
August 20, 2026



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

ASSETS

Ameris Bank - operating	\$ 3,147,419
Ameris Bank - MM	7,244,383
Ameris Bank - payroll	43,058
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	8,116,051
Surety Bank - MM	1,667,973
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 20,420,884</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 20,420,884</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 TEN MONTHS ENDED JULY 31, 2026

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 23,735	\$ 19,478,608	\$ 19,200,000	\$ (278,608)	101%
Interest income	39,991	523,144	400,000	(123,144)	131%
Other income	2,859	225,712	34,333	(191,379)	657%
Total revenues	66,585	20,227,464	19,634,333	(593,131)	103%
Expenditures					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	3,385,050	4,062,060	677,010	83%
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	338,505	3,415,362	4,862,060	1,446,698	70%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	6,850	61,613			0%
Specialty Care - Non-ER	319,979	3,388,194			0%
Total Specialty Care Services	326,829	3,449,807	4,500,000	1,050,193	77%
Hospitals					
Halifax Hospital	51,309	1,036,055			0%
AdventHealth	201,501	1,871,652			0%
Total hospitals	252,810	2,907,707	3,200,000	292,293	91%
Primary Care	234,957	2,193,733	2,500,000	306,267	88%
Emergency Room Care	92,376	845,470	1,000,000	154,530	85%
Pharmacy	54,414	445,251	700,000	254,749	64%
SMA - Residential Treatment	-	550,000	550,000	-	100%
Rising Against All Odds	23,750	190,975	249,801	58,826	76%
Florida Dept of Health Dental Svcs	16,734	135,185	165,000	29,815	82%
SMA - Baker Act - Match	-	150,000	150,000	-	100%
The Neighborhood Center	2,350	90,119	125,000	34,881	72%
Hispanic Health Initiatives	6,500	61,900	100,000	38,100	62%
SMA - Psychiatric Outpatient	7,161	67,900	90,000	22,100	75%
Community Legal Services	8,599	63,530	88,500	24,970	72%
Life-Spire Community Services, Inc.	294	1,133	74,500	73,367	2%
True Health	4,740	4,740	55,000	50,260	9%
The House Next Door	5,011	29,942	45,000	15,058	67%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	1,375,030	14,602,754	18,688,468	4,085,714	78%
Personnel services					
Regular salaries and wages	5,964	59,458	71,564	12,106	83%
FICA	456	4,611	5,475	864	84%
Retirement	837	7,551	10,756	3,205	70%
Life and Health Insurance	1,000	9,876	12,000	2,124	82%
Workers Compensation Claims	-	4,559	25,000	20,441	18%
Total personnel services	8,257	86,055	124,795	38,740	69%

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND TEN MONTHS ENDED JULY 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	84	635,605	650,000	14,395	98%
City of DeLand Tax Increment District	-	184,837	165,000	(19,837)	112%
Total Locally Mandated Fees	<u>84</u>	<u>820,442</u>	<u>815,000</u>	<u>(5,442)</u>	101%
TPA Services (EBMS)	37,069	358,602	500,000	141,398	72%
Application Screening - THND	37,084	332,316	445,008	112,692	75%
General Accounting - Recurring	10,000	80,000	119,658	39,658	67%
Building Repairs	20,737	71,645	100,000	28,355	72%
Application Screening - RAAO	9,216	63,552	97,742	34,190	65%
Legal Counsel	6,630	66,300	79,560	13,260	83%
Outside Legal Counsel	-	-			
Healthy Communities Kid Care Outreach	5,351	51,995	72,202	20,207	72%
Advertising	9,886	22,145	50,000	27,855	44%
Audit	-	22,500	22,500	-	100%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	<u>4,393</u>	<u>48,594</u>	<u>59,400</u>	<u>10,806</u>	82%
Total other expenditures	<u>140,450</u>	<u>1,938,091</u>	<u>2,376,070</u>	<u>437,979</u>	82%
Total expenditures	<u>1,523,737</u>	<u>16,626,900</u>	<u>21,189,333</u>	<u>4,562,433</u>	78%
Excess (deficiency) of revenues over expenditures	<u>\$ (1,457,152)</u>	<u>\$ 3,600,564</u>	<u>\$ (1,555,000)</u>	<u>\$ (5,155,564)</u>	-232%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: August 11, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for August 20, 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 July 16, 2026 Regular Meeting Minutes.

I. Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting] [*See new info. in italics and bold*]

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. **The millage rate must be adopted first and then the budget must be adopted with a separate vote.** Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 Legal Update for further historical summary of final millage votes.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which is the threshold for determining what is a 'tax decrease' or 'tax increase' under the TRIM statute:

Regarding the 2024-25 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2024, and the Board voted by a 4-0-1 vote to set its final millage at the rate of 1.0480 mills with a separate unanimous vote to adopt the Authority's 2024-25 final budget of \$19,634,332.00. Therefore, the 2024-25 tax year's millage of 1.0480 mills represents a **15.3% increase** above the .9091 mills rolled-back rate.

Regarding the 2022-23 budget year, the TRIM Final Budget Hearing was held on Thursday, September 22, 2022, and the Board voted unanimously to set its final millage at the rate of 1.0816 mills with a separate unanimous vote to adopt the Authority's 2022-23 final budget of \$15,945,000.00. Therefore, the 2022-23 tax year's millage of 1.0816 mills represents a **14.3% decrease** below the 1.2645 mills rolled-back rate.

Regarding the 2020-21 budget year, the TRIM Final Budget Hearing was held virtually on Thursday, September 24, 2020, and the Board voted unanimously to set its final millage at the rate of 1.5035 mills with a separate unanimous vote to adopt the Authority's 2020-21 final budget of \$18,566,158,000.00. Therefore, the 2020-21 tax year's millage of 1.5035 mills represents a **14.42% decrease** below the 1.7569 mills rolled-back rate.

Regarding the 2019-20 budget year, the TRIM Final Budget Hearing was held on Thursday, September 26, 2019, and the Board voted 3-1-1 to set its final millage at 1.908 mills with a separate 3-1-1 to adopt the Authority's 2019-20 final budget of \$19,556,988. Therefore, the 2019-20 tax year's millage of 1.908 mills was a **5.563% decrease** over the 2.0204 mills rolled-back rate.

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023,304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a **58% increase** over the 1.4966 mills rolled-back rate.

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a **10% decrease** over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills

was a 15% decrease over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of \$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a 1.5% decrease over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a 10.37 percent increase over the statutory rolled-back rate of 1.1433 mills.

On May 26, 2026, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$21,298,793,273, which represents a net change of approximately +5.23% from 2025 pre-preliminary estimated taxable value (\$20,239,392,024). Counsel defers to JMCo to confirm or correct these calculations.

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months:

- A The process will begin with the Property Appraiser certifying the tax roll by July 1, 2026;
- B By a date to be set by the Board, the accountants must circulate a proposed budget to the Board;
- C At its July 16, 2026 Regular Meeting, the Authority will need to determine its proposed millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18. *On July 16th, the Board unanimously adopted the rolled-back rate of 0.9575 and scheduled its Tentative Budget Hearing for 5:05p.m. on September 10, 2026 at the Sanborn Center.*
- D By August 4th, the Authority will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
- E By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;

- F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget (“Final Budget Hearing”). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. The WVHA Administrator will confirm that the dates that the School Board (*September 8th*) and the County Council (*September 3rd*) have preliminarily scheduled their respective TRIM hearings which will allow WVHA to schedule hearings at different times within the relevant time periods.
- H To reconcile these statutory scheduling requirements with the Authority’s current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been preliminarily scheduled for 5:05p.m. on Thursday, September 10, 2026; Monday, September 21st as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a meeting on Thursday, September 24, 2026 at 5:05p.m, followed immediately by a regular meeting scheduled for that same date. Please refer to website for details and any necessary last-minute changes.
- I Within 3 days of the Final Budget Hearing, the Authority (via Administrator) must forward the resolution adopting the final millage rate to the Property Appraiser.
- J Within 30 days of the Final Budget Hearing, the Authority (via Administrator) must submit its TRIM Compliance package (DR-487).

Regarding voting requirements, the following is how to distinguish between the “rolled-back rate” and the “maximum millage rolled-back rate”. With the recently adopted amendments (2026), WVHA will be able to approve the required resolutions with a millage at or below the rolled-back rate by a simple majority (3 out of 5) vote. By a two-thirds (4 out of 5) , WVHA may approve millage up to 110% of the rolled-back rate. A unanimous (5 out of 5) vote would be required to adopt a millage rate over 110% of the rolled-back rate. *JMCo has advised counsel that based on their calculations, WVHA’s 2026-2027 rolled-back rate is 0.9575 and WVHA’s two-thirds vote maximum millage rate is 1.0533.*

II. Overview of Section 106.113, Florida Statutes Limitations on Use of Public Funds to Send Political Advertisements or Communications Concerning Property Tax Referendum.

As mentioned during the July 16th Regular Meeting, Florida Statutes restricts local governments from using public funds to send political advertisements or communications mailed to electors concerning the property tax referendum on the November 3rd ballot. Section 106.113 provides:

106.113 Expenditures by local governments.—

(1) As used in this section, the term:

(a) “Local government” means:

1. A county, municipality, school district, or other political subdivision in this state; and

2. Any department, agency, board, bureau, district, commission, authority, or similar body of a county, municipality, school district, or other political subdivision of this state.

(b) “Public funds” means all moneys under the jurisdiction or control of the local government.

(2) A local government or a person acting on behalf of local government may not expend or authorize the expenditure of, and a person or group may not accept, public funds for a political advertisement or any other communication sent to electors concerning an issue, referendum, or amendment, including any state question, that is subject to a vote of the electors. This subsection applies to a communication initiated by a local government or a person acting on behalf of a local government, irrespective of whether the communication is limited to factual information or advocates for the passage or defeat of an issue, referendum, or amendment. This subsection does not preclude a local government or a person acting on behalf of a local government from reporting on official actions of the local government’s governing body in an accurate, fair, and impartial manner; posting factual information on a government website or in printed materials; hosting and providing information at a public forum; providing factual information in response to an inquiry; or providing information as otherwise authorized or required by law.

(3) With the exception of the prohibitions specified in subsection (2), this section does not preclude an elected official of the local government from expressing an opinion on any issue at any time.

Counsel has not received any specific questions from any Board member concerning how this statute might apply to any specific proposal. In general, it appears that other local government attorneys are interpreting the restriction consistent with the plain wording to conclude that it 1. Does not restrict the right of any elected official to “express an opinion” about the property tax referendum at any time, including during public meetings; 2. Does not restrict local governments from posting factual information about an upcoming ballot initiative on existing websites or social media pages (“public forum”) as long as that factual information cannot reasonably be construed as a “political advertisement” that takes sides in favor of approval or rejection of the matter on the ballot (See definition provided in Section 106.011(15)); but that it Does restrict local governments from spending money on political advertisements or “any other communication sent to electors” concerning a matter on the ballot. Other local government attorneys place emphasis on the statutory language, “sent to electors” as their basis for distinguishing communications that are mailed or emailed from those which are simply posted on existing online websites or web pages or handed out at public meetings. For such online or in-person exchanges, the electors would be coming to the public forum and obtaining factual information, as opposed to an email or mailing in which the local government is sending communications. Counsel is available to research and respond if any Board member would like to email or call about a specific proposed scenario concerning the application of Section 106.113.

III. 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.