

Board Members Present: Phillip Brown Dr. Francis Curd
Lori Dengler Ray Fusco
Henry Raines Ernest (Sandy) Marshall
Kirk Zeppi Dominique Kohlenberger

Board Members Absent: Mildred Isom Thomas Skoloda
(Barbara Schubert) Dr. James Nguyen
Steve Hall

Staff Present: Joshua Barnett, Health Care Services Manager
Cheri Coryea, Neighborhood/Community Services Department Director
Lynette Miralla-Ramirez, Grants Coordinator / Contract Manager

Public Present: James McCloud, Genesis

The June 28, 2017 meeting of the Health Care Advisory Board was held at Manatee County Administration Building, 1112 Manatee Avenue West, Bradenton, FL 34205, in the 9th Floor Board of County Commissioner Conference Room. Quorum present.

1. Introductions: Phil Brown chaired the meeting in Steve Hall's absence. He shared the major focus of today's meeting is the review of the draft document outlining the brief strategy recommendations for populations health management for uninsured residents of Manatee County. All present introduced themselves
2. Approval of Minutes: April 26, 2017 minutes were approved as submitted. June 1, 2017 minutes were approved with one correction being the date which was corrected from May 24, 2017 to June 1, 2017.
3. Board member position terms were clarified. The initial one year members who reapplied are now on a three year terms. After the initial term all reappointments are for a period of three years. There are four two year terms that expire this year. Manatee County will put out a public notice when the terms are up for renewal. Replacement positions carry according to the term they replaced. New role terms are for three years (medical physician, additional term to be filled).
4. Review of funded health care (see attached). The Manatee County Government- Health Care Programs staff recommendations budget was reviewed. Clarification was given that mandated services are required and not in the purview of the HCAB. Manatee Memorial received \$500,000 from LIP funds. Figures reviewed are consistent with the prior year and projections will remain in place without adjustment pending recommendation and adoption of plan by BOCC.

Discussion occurred regarding the HIE being a mandate in order for a provider or facility to receive reimbursement. Physicians who provide services at MMH make the bulk of the physician reimbursement for services as part of the HIE. LWR does not receive funds for service from the county. MMH and LWR are separate corporations owned by the same entity. MCR Health Services is not in the HIE and therefore does not receive funds from the county. Section 2 (yellow) including MBC, prescriptions, specialty care and Turning Points are programs that have been in place for some time for very low income people. These programs have been in place for some time and are part of the Grants in Aid Program.

Behavioral Health: All services have been in place for some time with the exception of addictions, this is a new category. The Sherriff department is reimbursed for transportation of patients to Centerstone only; treatment is reflected in the facility cost. This is not a payment system under the purview of the HCAB. The mental health funding for children is not included in the funding provided for adults.

The HIE has the ability to show current utilization as well as future appointments. The county reviews every claim coming in for payment for verification. Turning Points ability to provide service is based on the volunteer physicians they are able to recruit to work in their setting. Pilot programs: Community paramedicine included as the program is successful and recommended by the HCAB. Opioid use: The \$500,000 indicated is a one year appropriated state grant to help address the opioid problem. A question was raised regarding Medicaid payment for all who receive service or just Medicaid. The dental program is not yet in place and is being developed. The process for budget acceptance was reviewed; the amount of \$6,000,000 budgeted includes all funding requested including mandatory programs.

Discussion took place regarding the recommendations as reviewed. It was noted the HCAB us not able to object to any suggestions based on limited understanding at this time. Proper systems need to be set in place to assure appropriate payment and outcomes which is what we are discussing and working towards. A suggestion was stated to look at reimbursement rates being closer to Medicaid than Medicare reimbursement. A fee for service system was briefly discussed.

Sandy Marshall made a motion to adopt the information presented regarding payment systems/ reimbursement and present it to BOCC. This motion was clarified for the HBAB to consider additional strategies moving forward to improve on the work that has been accomplished to date. Ray Fusco seconded this motion. All in favor Y -2. All apposed - 6. Many members felt HCAB is already doing this work as part of our HCAB duties.

There was one dissenting vote to the budget recommendations by the HCAB.

Clarification re terminology. HIE is a healthcare information exchange system which is one piece of an accountability system designed for communication between providers. Aggregate not

individual data can be obtained. IHS is the bill paying system which can collect data such as diagnosis code trends. Ray clarified the dangers of having an open source health information exchange and not following HIPAA guidelines.

Ray Fusco proposed Manatee County Government – Health Care Programs suggested budget recommendations be accepted. Kirk Zeppi second.

All in favor 7. Opposed 1.

5. Recommendations to BOCC Preparation: See attached.

The draft of the Brief Strategy Recommendations Population Health Management for Uninsured Residents of Manatee County was reviewed for clarification, understanding, and comments. The draft is written to be somewhat general on purpose to allow for additional recommendations as discussions evolve. Comments according to section:

Section 1. It was suggested the cost for provider enrollment in HIE be covered by the county to avoid this as a barrier to participation; to look at using the IHS billing system and as the requirement for reimbursement; to require the providers to exchange patient information; and to work to coordinate and enhance an uninsured provider network.

Section 2. Concerns verbalized regarding hospitals who have been serving patients may be alarmed by the potential reduction of client ER visits. After discussion it was felt this would not be an issue but rather work to reduce the high demand on the ER for providing services that can be provided in a less expensive care setting. Currently number being served by county fund is 1600.

An overall suggestion was given to change some of the wording of the draft to be more reader friendly.

HCAB will be attending a workshop with the BOCC to present proposed plan. It was suggested we include cost and savings projections in the presentation.

Examples distributed regarding programs currently in place for review.

Public comment:

James: Impressed at knowledge base of HCAB and draft to present to BOCC. Commented on language and terms used. Expertise. Next year will have a better understanding of financial impacts of programs. We need to find ally providers to help serve people

Sandy Marshall distributed information from Project Access which is a physician volunteer initiative providing medical care to low income residents of Buncombe County Tennessee and information from 2006-2007 healthcare funding provided by Manatee County Government.

Based on recurring themes of conversation it was noted to achieve the goal of an effective and cost efficient Population Health Management System for Uninsured Residents of Manatee County, these remaining goals should be achieved by the HCAB:

- 1) Review the effectiveness and/or future need of the current HIE system
- 2) Consider alternative methods to replace the HIE, but to achieve the desired results
- 3) Review/Determine the rate of reimbursement for services, i.e., Medicaid rate, Medicare rate, fee for service and for what population (200%, 175%, 150%, 135% of PFL)
- 4) Review/Determine the types of future services that will be eligible for the program
- 5) Review/Determine the frequency or minimum/maximum allowable services
- 6) Review/Determine the types of allowable locations that services can be provided, i.e., hospitals, clinics, surgery centers, doctors office
- 7) Ensure that a functionally coordinated provider network is established for use in the program

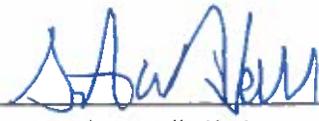
A meeting debriefing was conducted by Phil Brown.

A survey for review was distributed to several board members.

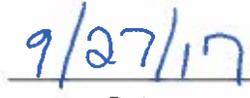
The HCAB will be notified of the date for the workshop with the BOCC as soon as it is known.

Meeting adjourned at 7:12PM

APPROVED:



Stephen Hall, Chair



Date