CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

MINUTES

Revised at the March 20, 2009 meeting

February 27, 2009

Citizens Health Care Oversight Committee meeting was held in the County Commissioner's Chambers, Neil Combee Administration Building, Bartow.

The members present were as follows: Nancy Thompson, Brian Hinton, Misilene Fulse, John McArthur, Tonja Mosley, Gabriella O'Toole, Dr. Seoane, Jim Moody, Dr. Nobo, and Ginger McNally.

COC Members Absent: Stacy Campbell Domineck and Connie Kinnick

Other County Staff in attendance were as follows: Mike Kushner, Lea Ann Thomas, Dr. Haight, Wilma Daniels, Debi Curry, Joy Johnson and Michael Duclos, ACA.

The meeting was called to order by Nancy Thompson at 8:29:15 AM.

Introductions made. Nancy Thompson welcomed the new members and thanked them for their willingness to serve as part of this committee.

Brian Hinton led the Prayer and the Pledge of Allegiance.

N. Thompson: Requested a motion for approval of the minutes from the November 21, 2008.

Motion: John McArthur moved to approve.

Second on the Motion: Brian Hinton seconded.

Additions or corrections: hearing none; all those in favor of accepting the minutes as presented say AYE.

All members stated AYE.

Motion carries minutes approved.

Old Business: The calendar for the COC meetings for the calendar year 2009.

N. Thompson: Stated even though we typically have a least one month off in the summer, we should get it scheduled to meet. She asked that they accept the meeting schedule.

J. McArthur: Stated we have never met in December before and the December meeting is scheduled for the week before Christmas, most committee members will have a lot of other things going on.

N. Thompson: so you are suggesting amending the schedule by taking the December 18th meeting off? I'm ok with that.

J. McArthur: Yes

Motion to approve the schedule as amended.

Motion: Dr. Nobo

Second: Dr. Seoane

All of those in favor say AYE. All members agreed.

Motion carries to approve the amended meeting date schedule approved.

J. McArthur: Asked about leaving all 3 summers meetings on the schedule?

N. Thompson: I think we will and then as we go we will likely end up with one less, but we don't know and something changes and staff needs us to meet to keep things moving then we will need to do that.

N. Thompson: The next order of business from the retreat that was held on January 23, 2009, is to approve the Mission Statement on page 3 this is on the agenda to formally adopt this as a mission.

Members were stating that they thought this version was slightly changed.

Dr Nobo and Misilene Fulse stated it was changed.

Dr. Nobo: stated that he didn't recall the 3 bullets points at the bottom.

N. Thompson: Stated that she didn't see that as part of the mission statement, those are additional information.

M. Fulse: But it is in the box.

N. Thompson: put an X through it.

Dr. Nobo: Moved to take those 3 bullets be taken out of the box.

M. Fulse: Second

N. Thompson: how about we have a motion to adopt the mission statement without the 3 bullets?

Motion: Dr. Nobo

Second: J. McArthur

N. Thompson: All of those in favor of accepting the motion as stated say AYE.

Motion carries on the amended Mission Statement.

MISSION

Promoting the health of Polk County Ensuring the integrity and quality of the healthcare plan.

N. Thompson: on page 4 of the Retreat Result booklet contains the vision statement that was discussed.

Dr. Nobo: stated that the vision was the 2 lines not the bullets at the bottom again.

N. Thompson: I would agree

Motion: Dr. Nobo

Second: Misilene Fulse

To accept the Vision statement all of those in favor say AYE. The entire committee agreed.

Vision Statement

All Polk County residents have access to a medical home providing quality, affordable, preventive healthcare.

Motion carries on the amended Vision Statement.

N. Thompson: the next item is eligibility criteria, page 17 from the Retreat Result

ELIBILITY CRITERIA:

- Applicant not eligible for other care
- 100% FPL
- 1-year residency in Polk County
- Social Security Number or legally eligible for employment in the U.S.
- 19-64 years of age
- Contract Compliance

N. Thompson: is that everyone's recollection of what was said?

Jan Howell: it is actually 19-64 years of age.

Tonja Mosley: Was the residency not longer then a year.

N. Thompson: we had a lot of discussion on that and we did finally settle on one year. Other comments or questions.

J. McArthur: no children and the seniors they have Medicare. This is of course amendable at anytime if we want to go up to 125% of the FPL?

N. Thompson: If we adopt this criteria for here and now and if there is a change later we can bring this back before the committee.

J. McArthur: Because the President is proposing some kind of tremendous changes in healthcare and we don't know where we will be.

N. Thompson: this is a very fluid environment. With the changes as were made the ages from 19-64 can we have a motion to approve the Eligibility Criteria as stated?

Motion: Brian Hinton: Move to approve the Eligibility Criteria as stated.

N. Thompson: Motion and a second.

Second: Dr. Seoane

Further discussion hearing none, all those in favor of the eligibility criteria as presented say AYE, (all in favor).

Motion carries on the amended Eligibility Criteria.

Status of IT Claims Software: as presented by Joel Nicholson, Application Supervisor, Polk County IT. He stated that he has been the project manager in the Relay Health/MCO implementation since September. He did his presentation.

Jim Moody: Are you planning on taking EDI from a clearing house or directly from the providers.

J. Nicholson: We would like to do either but at this time some maybe direct via FTP or some other device as well as clearing house. With clearing house there maybe a cost involved for our Plan so we would have to consider that.

J. Moody: how long are you planning on going parallel?

J. Nicholson: 60 to 90 days, worst case scenario, but we are hoping that by the end of March once claims come in and have processed we will have a good idea where we stand with existing processes.

Dr. Nobo: There are some clearing houses that do not charge, maybe we can give you the names and you can look into them. They do not charge the physician or the provider.

Dr. Seoane: Will the provider be able to send their claims to the County electronically, is that the goal?

J. Nicholson: That is one of the goals; the software does allow that.

M. Fulse: ~~who~~ how close did we come to the budgeted amount for this whole change?

J. Howell: The plans may have changed a little in terms of timeframes or the way we go about it in order to make sure in what we are doing. That the process has a lot of integrity built in, those business and process rules have taken sometime to define. The way that staff has to do their work has to change just a little bit. In terms of the cost, I don't think there is an impact.

N. Thompson: We budgeted ½ million dollars, did we come in under that?

J. Howell: It seems like the contract was for $660,000.00.

J. Nicholson: The contract was the ½ million dollars as Nancy had stated; we budgeted around the 600 figure, but we negotiated a piece of the software out of the contract so we did save some money. He will get those numbers and get them updated and provide that information at the next meeting.

Dr. Seoane: We need to have a computer system to track claims. Without that we will never be able to mine data and see where our weaknesses are and utilization review. In the long run this will save the tax payers money.

J. Nicholson: Have some confidence in the project team this was taken into consideration and we want to make sure that the data going in is good data and that the data coming out is good data. Garbage going in is garbage going out. He explained about all of the data that is going into the system.

B. Hinton: What percentage of the claims do you think that you are going to be able to auto adjudicate.

J. Nicholson: Auto adjudication verse electronic claims coming in, there seems to be some miss understanding on that. Auto adjudication as long as they are clean claims and they come in with the approval and all of the CPT Codes all of the services, all of the dates are there then the claim would be clean. If there are any changes it will not auto adjudicate and someone would have to look at that claim and make a business decision. We would like to auto adjudicate as many as we can; in over time I think we can realize a high percentage.

N. Thompson: Mike Kushner will be giving the financial update.

M. Kushner: Gave the update.

There was a discussion on how much revenue will be coming into the plan from the taxes collected.

Lea Ann Thomas: Discussed the sales tax revenue that comes into the Plan. She explained that they get sales tax for the County and the General Fund also; they do monitor it every month. It comes in and the economist he looks at what they get every month and he tries to project it out based on what he knows. However; it is a little more difficult because they are about 6 weeks behind receiving it from the State. The sales tax goes to the State and they remit back to the County. We are always 6 weeks to 2 months behind, so when he is estimating he is working with behind figures. But it is still the best available.

Dr. Nobo: He thinks the numbers that Mike is reporting is great and ending fund balance with 6 million is very positive. But lets not forget the reason we are there is because we are seeing very few patients and there are a lot of patients that we need to see and they can't come in because we are still holding back. My question is when are you going to start increasing enrollment; how quickly, safely and with caution?

Lea Ann Thomas: Asked Mike address with that how much you think we need to have in reserves first?

M. Kushner: We are going to need to have between 6 and 7 million dollars in reserves based upon our claims, that is were we need to be. That reserve that we would recoup would have to be maintained.

L. Thomas: She asked that Mike explain why the Plan needs the reserves that he stated?

M. Kushner: There is a lag in claims, (he referred to the Buck Report). There is usually a margin that the actuaries normally like to have for fluctuation in claims which is about 10%. So when you add that up it is any where from 16 to 25% of claims and it all depends on the health of the population that you are serving. That can vary depending on which members come into the Plan and how sick they are. Usually the new members who come into the Plan are sick in the beginning and we try to get them healthier as we go along. Those reserves are intending to handle the contingency or the spikes that you may have for the larger claims that come in. That reserve can be used up very quickly as it did before once your expenditures exceed your revenues which you don't want to have happen. We must be very careful especially in this economy to be conservative in our spending. He explained as far as when we will enroll new members we are following the formula that the COC adopted at the Retreat, which was the members that were first out of the Plan get to come back into the Plan first. Currently we are enrolling members that first came out of the Plan in September 2008, once they are enrolled that we will go on to October 2008 and so on. There are still members that are dropping from the Plan because they do not meet the criteria of the Plan or they haven't been residents for a year. The net gain and the net loss is pretty much a wash at this point. The Plan is maintaining 1,145 to 1,135 somewhere in there. He discussed when there could be an enrollment push, after the loan is paid off which is in September. We will begin to enroll more members more aggressively, but this will be done carefully. We are implementing new software that will do a very careful screening of all the members to check their assets, residency and some of the other things that were discussed at the Retreat. That process could take from 20 to 30 days so members may have to wait until staff check and make sure that they are eligible. We are looking at budget wise about 3,000 members for next year on the average based upon the cost of that membership. IF we can get the cost down further then we will add more members. Right now we are looking at anywhere from 3,000 to 3,500 members that is what this Plan can handled based on the revenue that is coming in from the State of Florida at this time.

Dr. Nobo: Since the actual deficit it is approximately 3 million dollars less then we thought and since we are paying interest is there any possibility of paying it off before September so we can save on the interest?

M. Kushner: There is a possibility that we can do that however; he will need to check with the finance and accounting folks before he can tell the committee that is the way it will be done.

L. Thomas: Stated that next month they will have a report from Finance and Accounting when they think they will break even and can start moving forward now.

Dr. Haight: He discussed the expending of the program that is the benefit of having the L.I.P. program (Low Income Pool Grant) that we were able to secure with the Health Department and through a partnership with

the Plan. This will help to increase access and increase enrollment too. He explained about the reserve that the Health Department must have they must have a certain percentage reserve.

N. Thompson: Stated that the number that must be maintained is a standard for the Health Care Industry.

T. Mosley: Asked as we are moving forward with the electronic processing it would be very important to insure that the information gets to the Utilization Review Committee. Because when you are processing the details you will see the patients that are costing the Plan a lot. The processing of the electronically the details can get lost so to keep the cost down there must be enough reports given so that we are communicating and know exactly what we are paying for where patients can receive some other coverage elsewhere. When you present the enrollee's by area would it be possible to sort it in descending order so that we can get the entire zeros at the bottom.

J. Moody: Requested a report that shows total budget results. Where are we at, you got your projection and you given us the claims number but there are other costs that drive to that budget number. He would like to see the overhead, claims and you're IBNR's. Just in one line, he wants to see how we are stacking up against the budget right now.

M. Kushner: We will have all of that the next time. Gave the Buck report, there was a discussion on the clinics.

Dr. Nobo: Stated that he has spoken to some of the doctors at the Winter Haven Hospital "Clinics" who run those clinics and they had informed him that no one had consulted them and they truly have room to see more people. So we could go back to that area.

M. Kushner: Stated that he supports that.

There was a discussion on the tax ID. The committee felt tracking the claims this should be done not by their Tax ID, but by there PIN number so you can see what is going on because you can tell. There is a PIN number and UPIN number that individualize the practitioner.

M. Kushner: They are not always submitted on the claim is what Fran is say.

M. Fulse: But they have to be submitted by other providers and we could request that.

M. Kushner: Should we do that.

M. Fulse: Yes

Dr. Seoane: Stated because Medicare requires that physicians are identified even though you are part of a larger group you must identify your self.

M. Kushner: Ok, it is great to have all of this data.

Dr. Nobo: Stated the well woman visit when she goes to the primary care she doesn't need a referral because it is there (I presume). But when she goes to the GYN doing the same type of work we need to get a referral. He would like Jan to look into this, we don't want to duplicate services I am not sure how many women would like to have a mammogram twice in one year. We need to check into that so that it will give the GYN

the ease of this is your yearly exam here is your mammogram instead of going through the referral pattern. Please check into that Please!

M. Kushner: continued on the Buck Report.

Dr. Haight: stated that part of the LIP grant is to explain to patients the appropriate use of the emergency room. We can only go so far and it also takes a change in behavior, this program will start addressing this by helping the patient to see what is best for them too.

Gabrielle O'Toole: How are you reaching these people what type of material are you sending them?

Dr. Haight: That is what they are designing now is the information that the ER's can use. This may help the Plan because you can then start saying you have been told not to go to the ER with these non-emergency issues.

Dr. Nobo: Stated that the UR committee is looking into a lot of the diagnostic codes to try to correct the pattern of misuse.

V-Code= Routine Care.

J. Moody: All this data that Buck is looking at are they drilling or are they stripping out of the current of the system as to what was keyed in the system that is his first question. Second question are you keying in secondary diagnoses on the UB or the HCFA's or are you just keying in the primaries?

M. Kushner: All are being keyed in.

J. Moody: but the primary is what is driving the report, the quicker we get into the new system and the quicker we get claims electronically it will be more accurate. Because there are always a chance of keying errors and that can happen. The more electronically the better the reporting will be. This will help us to know where we want to shift he dollars too. He stated that the OCR technology is really not where he would like it to be to eliminate the overhead costs that you are trying to eliminate.

Dr. Nobo: Stated that the UR Committee has noted that some of the codes do not make sense. The committee has stated that we should refuse to pay those claims until a clarification has come in.

J. Moody: You do have those major codes, all of your ICD9 codes will group up to one, some of those major groupings some of them do not really make sense as to really what is going on. The quicker we can get into this software the more valuable the information will be to the board and to the BoCC. The more the business rules that you establish the easier to process that claim. Do you have random audit selections and if you do can you drill down.

M. Kushner: There is not an option for random audit selection, which is something that we didn't buy as an option. But this committee can make that recommendation and we will take your direction.

N. Thompson: That would be a good feature and it might be good to look into it.

J. Howell: That is one of the things that she has tried to build in for next years budget, so that is being looked at behind the scenes.

M. Kushner: thought it was great that we are having doctors volunteer their time to look at these issues.

Dr. Nobo: There were 5 or 6 doctors at the UR committee meeting.

M. Kushner: Discussed the Medical Director. This is a ¼ of an FTE not a full time Medical Director. We would like to bring Dr. Yanuck on board temporary until there is an RFP done. “He gave the information to the committee to open the floor for discussion”.

N. Thompson: when will we be able to this through the procurement process?

M. Kushner: If this is approved today here and then take this contract to the BoCC.

L. Thomas: She stated we will start on the RFP process immediately and put this out, this will take about 6-8 weeks.

N. Thompson: State that we have a staff recommendation before further discussion can I have a motion and second for discussion purposes?

Dr. Seoane: So moved

B. Hinton: Second

N. Thompson: A motion and a second to accept the staff recommendation and discussion, questions or comments. “For clarification the dollars and the hours will be capped at the amount in the recommendation it will not exceed the 330 hours”.

L. Thomas: that is just an estimate.

M. Fulse: is this until the end of September?

L Thomas: until we get the RFP done and we hire a full time or Medical Director via the RFP process. We may not get to the 330 hours that is the possibility.

B. Hinton: It is ok if he goes over the 330 if he is doing the job and we really need the service.

L. Thomas: If he goes over the 330 then the contract would have to be amended.

Dr. Nobo: He stated that he has had lengthy discussion with everyone who has spoken concerning this; he is 100% in favor of having a Medical Director. He felt it wasn’t the time to spend 50 thousand dollars on a Medical Director, because we really have that service here. He spoke to Pinellas County, know one has heard of this gentleman and he stated that he was not speaking anything against this gentleman. He spoke to the Pinellas Medical Society and they have never heard of him. He spoke to the past president of the Medical Society and he has never heard of him, he has talk to other physicians who worked in Pinellas County he told them the Medicaid Health Department he believes it failed. Also; he spoke to the gentleman who recommended him and he has never met him. He told him that the only reason that he had given this mans name was because he was a consultant. He stated that he is not sure that we need a consultant. He felt that they need to have someone who understands Polk County, who understands the physicians, who is

willing to be here when we need him not to pick up the phone. He stated that this doctor consultant a lot per his resume and with all of his consulting that he currently has he is surprised that he will have 300 hours to consult with us. He is not speaking against this physician he is just speaking against the position that you are trying to do now. Do we need it yes, do we need it in 3 or 5 months as we see how the budget is going, most likely but right now today he doesn't think we need this position 50 thousand and he will go as a citizen to the commissioners as he told you if you were to bring this to this committee. He went over all of the recommendations that this medical director will be doing. There are 5 or 6 physicians for us to spend the 2 or 3 hours that we spend at these meetings knowing that the person who sits there who comes from another county getting 150 dollars an hour when we are doing what he tells us to do, may rub some physicians and we may lose some of those physicians that we need.

M. Kushner: What we need is someone to establish some of the business rules in our system so if you know of anybody that would be helpful.

Dr. Nobo: Business rules I thought Jan was doing that. Because the doctor doesn't know about business rules, this states that they will chair the P&T and the UR Committee, which is not business. The COC and the BoCC you are doing a great job right now we don't need another chair here. Some of the Counties who have a system like this like Pinellas and Hillsborough what they have done is while they are in the process of hiring a permanent Medical Director which he thinks is crucial and in fact about 5 or 6 years ago he made the motion to hire a Medical Director and we have it in the budget. But it was not approved because it was too high and it is a lot more then you have here so he is not against the Medical Director. He just doesn't think that today is the right time. Going back what Pinellas and Hillsborough is doing is they are going to the Medical Society and ask them to give them a list of physicians that are welling to look at some of these claims. For example Cardiology you give 3 or 4 names, orthopedics you give 3 or 4 names, GYN you give 3 or 4 names and if you have to deny the claim these 3 or 4 physicians by phone just the same as this gentleman is without charging 150 dollars, they are willing to pitch in and they are willing to make this plan work and save money. That is what I had told Jan, let's see if this system works as we become more sound then we could hire not just a consultant at 150 dollars an hour but we can hire someone who is ours permanent here and who will be sitting with Jan every single day discussing the issues in person. That is his concern and he doesn't think today we need it.

J. Howell; Responded for all members as well as Dr. Nobo she appreciates very much the intellect and the rationale behind your words and she can certainly understand where you are coming from with the loss of the 12 million dollars that has recently come about. At the same time this is really the opportunity for this committee insure that the business rules that are defined meaning medical as well as IT that those two are "married and defined" in such a way that they are built into our new system in a way that is accurate that processes claims according to the rules that we can understand and that we a health plan want to insure so that we are saving as much money as we can to insure that we are able to serve as many clients as we can. That is how you catch the UR management issues, this is how you also really reach your population in order to get them to make the changes that you need because you are able to identify. The reason she has asked for a Medical Director at this point is because she wants to insure that we front load this process from the get go to define those business rules in a way that makes sense she thinks that 50 thousand dollars is a small price actually $49,500 is a small price to pay to insure that we as a community are serving the citizens of this County and insuring that there is not a financial loss but that we are able to reach as many of the indigent health care members as possible. The work of the P&T and the UR Committee that everyone on these committees have other things they must attend to as well as their practices and she is aware of that as such we need someone who is devoted daily for a certain period of time to help us to define those rules and to

assisting us as we set up a system that works for the Plan and the community and the citizens here and she hopes that this is helpful.

N. Thompson: Thank you.

B. Hinton: He wanted to clarify Ralph's objection? You are ok with the Medical Director concept?

Dr. Nobo: Right

B. Hinton: is your real issue the timing or the selection of Dr. Yanuck?

Dr. Nobo: Number one the timing and Number two the selection of this gentleman.

B. Hinton: so as a compromise if we approve the concept of doing it and didn't get into the individual and leave that up to staff, could you support that?

Dr. Nobo: Well if we support it to the staff the staff is still going to hire this gentleman it sounds like.

J. Howell: Can she speak to the qualification of this individual.

Dr. Nobo: there are 5 pages

J. Howell: She went over Dr. Yanuck qualifications. As a government employee it is very important who you hire as a vendor that you are insuring that those people are capable to provide the serves that you are asking them to provide and that the scope of services that you identify is very particular to the need that you have. In this particular situation she has identify a scope of serve that is extremely limited, she does not anticipate this gentleman spending a lot of time traveling or doing anything that is not in a direct benefit or value to the Plan. She has attempted to minimize all of those types of things and she was very concerned about taking on this person but after speaking with this gentleman realized that he had specific capabilities that were exactly what we needed that he understood this type of population. She thinks that fact that he is a consultant for as many groups as he is identifies that fact that he has a lot of expertise when it comes to working with this population. He has the expertise that comes with utilization and fraud identification and that is something we really need at this time.

M. Fulse: I don't know what Dr. Nobo is saying about his credentials an all this stuff, when wasn't this issued to all of us.

J. Howell: She stated that I don't think you did and that was an oversight that was really inadvertent on our part and we will be happy to share the resume if that is something that you would like to see.

Dr. Seoane: We have a unique opportunity compare to a year or 2 ago when we had thousands of patients on the Polk County Health Plan. We only have about 11 hundred people on the Plan we have just started the Utilization Review committee that doctors are now starting to look at the data and the diagnosis, I agree that we need a Medical Director the past has show that we definitely need a Medical Director, my general feeling is we haven't given a chance for the system that we have put in place for the Utilization Review. They have only had one meeting and I concur with Dr. Nobo. We have to go to our local physicians the Polk County Medical Association the other physician's organization in the County and see if we can get them, Dr. Haight was a past president, Dr. Nobo was a past president and I was a past president of the Polk County Medical

Association, we have 100's of doctors for the 1,100 patients that we have at this time I think that we can at this time review these claims, review these cases and have experts in Cardiology, Pulmonary medicine, internal medicine, infectious disease with the number of patients we have now. I would agree if we had 5 or 6 thousand people on the Plan that is going to over load the volunteer service that the doctors can provide. But it will give us time to get a handle on our weaknesses and see what we can accomplish. We definitely need a Medical Director but I don't think we need one today. There are many things that we can do, the data shows that there is an inordinate utilization of the Emergency Rooms you don't need a doctor to change behavior you can hire nurses, we can train people in the Plan. Just like the County does, the County has an excellent model for changing behavior of its employees to be more cost effective and lower their costs. We can do this relatively quickly but I am hesitant to hire anyone right now before we give a chance for our local systems, processes that we have put in place. Hold off at this time but maybe in 2 or 3 months we need to look at that again.

J. Howell: She stated that she respectfully disagrees at this time but she will be asking you for some more of your time as a PCP for your expertise as we develop Plan Rules.

Dr. Seoane: Absolutely.

Dr. Nobo: Stated that Jan spoke so elegantly, which not being a lawyer I can not do; how many people have you interviewed for this position?

J. Howell: we have only interviewed Dr. Yanuck.

Dr. Nobo: You spoke like there were very few people so I had wondered how many people have you interviewed. How many physicians have you called in Pinellas to see who he has dealt with to see what type of relationship that he can have with physicians? Remember we only had 89 doctors we were able to get 400 then we dropped to 90% of Medicare we lost some fortunately we were able to remain most of them because they want this Plan to work. So how many did you speak to.

J. Howell: As a mere lawyer I defer to your medical expertise.

Dr. Nobo: I am not against it I just think not right now. I am not saying 3 years from now; like Brian was saying you can compromise and the compromise would be let's give Ms. Fulse the opportunity to work with the pharmacy, let the UR that has all of these doctors working for free which none of them usually do, which he hates to say that. Let us see what we can do and then we can go to this guy this gentleman and say here is what we have found out in the last 2 or 3 months, now help us. Instead coming here and not understanding Polk County, Polk County is different.

Dr. Haight: stated that he would ~~urgent~~ urge the Citizens Oversight Committee to vote in support of this recommendation. We should not forget what got us into some of these problems to begin with, and it wasn't just the economy, this is a fast moving issue, where lives are being assigned to this Plan and new people are coming on board and we need somebody with that experience. We need somebody who is available, somebody who is experienced and I know what we have and that is the third thing somebody who is going to have close oversight. I trust the strong managerial team of Mike Kushner, Jan Howell and others that are going to be overseeing this issue. This is something that County government looks at very carefully they have an RFP process and they have an investment in this Plan not to see a second failure but to see what is one of the best kept secrets in the State of Florida is this HealthCare Plan. We need somebody who is available, we need the expertise and we have the management to oversee it, so I urge you to look at this and

approve it we need the help now. Now we have the community physicians that are going to be right along side of this advice and I think this is going to develop over time. Those are his rationales for not waiting this is not an explosion of activity this is well precise advice, hours of advice not years that is what you will be investing.

N. Thompson: At the same time the staff will be developing a request for proposal so this is a very temporary measure while we go out on competitive bid to determine the best way to do this going forward.

J. Moody: I really believe that the time is now, what Dr. Haight says when you start to develop these business rules and he has changed software over the last 35 years about 6 times, I have to call in technical experts to help build the business rules. I am sure that if this individual doesn't perform as to the way the contract states that staff can terminate the contract and go out for someone else. I respect both doctors opinions we can not let this opportunity slide by right now.

Dr. Ruiz (Primary Care Practice since 1995): (inaudible) he discussed the ordering of tests, the UR committee is probably doing a very good job, but I just found something that he doesn't agree with and maybe Dr. Yanuck can help the UR committee to make a recommendation for the primary care physicians not order a CAT scan. He thinks that is completely wrong, and even though it doesn't make sense for you to allow the primary doctor with a patient who has a head ache or a mass in your neck and then it goes to the UR committee (inaudible) to order a CAT scan that is very important. The patient has to go to the specialist and that would take maybe 2,3 or 4 weeks for this specialist to order the CAT scan, and what is more is when you see the Specialist you don't see the Specialist you see the PA that works for the Specialist so that is going to make us have a Plan that is not very efficient. We complain about Canada and the patient has to wait for a CAT scan because there is not too many CAT scanners, but now here we have to make the patient wait maybe in a line to see the specialist that has to order the CAT scan. So I think that the UR committee will benefit from this doctor who has a lot of experience that will be for the good of this Plan.

B. Hinton: I believe in the concept of the Medical Director we need it now to keep us out of where we were before. In terms of the choice of the physician doing that I am going to leave that up to staff because that is what part of their job is we have a great team going on now and we need to be able to rely on that team. So with that I would make a motion that we adopt that recommendation of staff.

N. Thompson: That motion is on the table and we will after one more comment we will do a roll call vote on this. At least 2 more comments.

J. McArthur: Having served on the review committee for a couple of RFP's this is not something that is going to occur over night. It has to go from us to the BoCC then be referred to Purchasing, the RFP has to be drafted and sent out and the response that come back in. So we are talking months down the road before we can even get the committee together to review them. Based on what I have seen here and heard here today this is a probably a red letter day I think it is the first time in five years that Dr. Nobo and I agreed on something. I think this is rushing into something we don't need to do right now we can use the UR committee which is set up until we can do the RFP out and get the responses back and get someone on staff for it.

Dr. Nobo: Thank you John, if you kind of told me that it was going to take 2 to 3 months to get it done, then we maybe able to vote for it but I am afraid that these ladies are going to run for it because I have been talking to them for weeks and I have almost been side kicked or something with this presentation cause I was told that it wasn't going to be anything like this. No I was told that I was going to be pleased with it and this

is not what I would be pleased to hire immediately. Dr. Haight let me remind you one of the reasons we are in the mess that we are in is because we hurried into things we started buying the bus that just sits there, we started increasing the enrollments to 20 thousand so we hurried into these things. So I think that hurrying into these things and I think that hurrying into this is not quite what we need to do. Miss Howell you explicitly explained what this man or woman will be able to do in this job, the job that you had talked about takes 8 hours a day not 300 hours it is going to take a long, long time and what I am saying and what all of the people have said here we all agree on one thing on this board we do need a Medical Director. But let's not do what we use to do hurry into things they use to come into here and present things to us with not enough information for example Ms. Fulse was very correct she has no idea who this person is and he may be a perfect gentleman and he maybe the best person. There is one idea that he has that the American Medical Association (AMA) and the Florida Medical Association is against and that is pay for performance and he is a strong believer of paid for performance. But that is an issue that we don't need to talk about right now and I would guarantee if Ruiz would know that it is pay for performance he would not have said anything up about it. But that is another issue, so I urge the committee to listen to what I am saying and what other on this committee are saying. You do need a medical director and John help me here and if you truly think that it will take 3 to 4 months so that will give the committees that Ms. Fulse is running and that the UR is doing it is going to be a fact. But I just think it will be hurry, hurry and get this done it will be done tomorrow.

Dr. Haight: As far as hurrying into things, we are taking your recommendations of spending 30 million dollars and managing that is the key issue. We are discussing a position that is probably .001% of the total so you are not rushing and spending an enormous amount of money you are rushing into an investment to help secure this plan down the road. Also, you bring up a good point this is going to take time and you need somebody who has the time not necessarily this person but we need somebody now and we need someone to start that processes as Mr. McArthur said this is going to take some time and I think they do need to act on this and get your approval for this right now. As far as the pay for performance you do need to disclose that you are member of the Central Florida HealthCare Alliance and I am sure that is an organization that is also not in favor for pay for performance either correct?

Dr. Nobo: No large group of physicians are pay for performance.

Dr. Haight: So you mentioned in all interests in sharing that is something that is important to you outside of here, these are varying opinions on how to get this done. We must look back on the basics it is going to need action now and it is going to go through a process and it is looking at a small amount of our 30 million dollars to help organize and bring some expertise and time and we need somebody who can put the time into this.

N. Thompson: Are we finished; I know that it is important.

Dr. Nobo: I don't like the idea that because it is 50 thousand dollars that we need to go ahead and rush into it and I am very concerned about what is happening.

N. Thompson: We have a motion to accept the staff recommendation as presented in our packet, there hasn't been any amendments to that motion that is the motion that is on the table and we are going to do it roll call vote and I am going to begin with Dr. Seoane;

Dr. Seoane: No
Gabrielle O'Toole: Yes

Misilene Fulse: Yes
John McArthur: No
Nancy Thompson: Yes
Dr. Nobo: No
Brian Hinton: Yes
Jim Moody: Yes
Tonja Mosley: Yes

Motion Carries 6 yes 3 no.

N. Thompson: Retreat Summary and Action Items, Jan Howell

J. Howell: Made her presentation. She went over her power point presentation.

Dr. Nobo: Who is going to decide the limit of service is it going to be you.

J. Howell: well as you see those are my recommendations. I would like to bring the medical director for some of the expertise that he can bring also, have someone there to review our claims data so that gives a better idea and indication having someone devoted in terms of claims data.

N. Thompson: I think the question is; is this going to be a staff only function or will there be more specific recommendations brought back to this COC for approval. Is that where we were headed Dr. Nobo?

Dr. Nobo: in part because personally.

J. Howell: It is going to have to go to the UR and the P&T committee as well; those folks are going to have to decide do we really need some of these services. I think that is the work that UR committee is already doing. When it comes to Pain Management some of the comments and the review of the minutes that I saw on the committee meeting I regret that I wasn't there but that is the exactly the kind of thing that we are trying to look at to see if we need all of these services included. So those groups are vital in terms of making a decision that is ultimately included.

Dr. Nobo: A lot of things are happening in medicine and one of the major issues is because those who have no idea what it is like to be in the trenches are trying to tell us who are in the trenches how to take care of the patients and they are not even thinking of the patients. The issue that he is trying to bring it seems like you want to control the patient we see and how many times we see them. Then of course with your intention of hiring a medical director who hasn't work in the trenches for years it seems that continues my thoughts that this plan is going into a bureaucratic plan. A plan that is going to be how to save the money and not take care of the patients and I think that is your leadership I will be very disappointed. I think this plan was created so that we could take care of those in Polk County who need the care and I think you need to get the physicians more involved instead of telling us that one of the ladies or gentleman who are here can only see the doctor 3 times because the 4th time is just too much.

J. Howell: thank you Dr. Nobo I appreciate the rationale behind that comment and I think that is where I think that the UR management committee comes in. I think that is the input that you are going to get from those doctors in the community. Part of your comments that comes from the friction between the healthcare providers verses the health plan. Health plans are more focus on a system of care for a great number of people as opposed to the provider who sees that one person in his office face to face inter action. We must

insure that we are building that system of care. I invite your comments and I invite you call me as a provider in my office, I invite your feed back and I invite feed back from all physicians in this community.

M. Fulse: One thing that has concerned me from the very beginning since I have been here was that the Plan is very lucrative that to me is how we got into the red. I think the essential care choices and the things that are on here. The essential care is defined it is clearly defined by the American Heart Association, American Cancer Society all of these societies that say you need to get a chest x-ray so many times a year , or a gyn exam so many times a year. The essential care should be in line with the acceptable level that has been clearly defined already. The line that we have for essential care should be the line that we have for chronic care. We have to limit how much each person uses. We should have limits, no I think we need to work harder on getting them on something else, we didn't work that hard on getting them on something else, these people didn't drop off they were kicked off the plan. When they were kicked off they got into the Medicaid lines, got into the Medicare providers and they got on other Plan. That tells me that we didn't work hard enough to get them on those other plans instead of just setting it up to over utilize this plan.

J. Howell: She explained the Autotrac XP will help to take care of the eligibility on the front end. We must talk to the providers of this community if the providers aren't willing to support us then our members will not get anything. There is no way to measure if you don't have a plan in place. Part of this is me requesting your feed back because we have to build something into the system. Operationally it could take 3 months once the plan is fully designed and perfected for us to change our claims processing system. Part of what I am bringing to you today allows me to know how it is I need to move forward and how I can be planning for the future based on the restrictions that I have operationally.

Dr. Seoane: I agree most of what you have said in principal but everything is in the details. The segregation of 2 groups into a critical care group and a very sick group and a less sick group from a management point of view is a good idea. Limiting visits is arbitrary I agree with the concept it would be a problem if there is no appeal process. All though you manage medicine in a group system; medicine is practiced only on an individual basis. Each person is different you can make these very global bureaucratic administrative change kind of things the actual practice of medicine extremely individual and there must be an appeal process or a review process so if someone has an unusual disorder or an unusual presentation of symptoms that only the provider is aware of. Yes you can constrict certain things in the Plan as long as there is a venue for people to seek an acceptation because there condition doesn't fit into everybody else's condition.

J. Howell: stated that in the description instead of having hard limits and soft limits make them all soft limits and then staff will keep their eye on the data and measure that as we go a lot. Therefore, this is the goal or this is the target for the health plan but if things have to go above and beyond that; the nurses will be looking at that, they are already prior authorizing those services and we could change that to a soft limit.

Dr. Haight: That will allow for feedback from the patients and the physicians.

G. O'Toole: She agrees with the new member handbook and having a nurse sit down with them to educate. This would be a perfect opportunity to discuss what constitutes an emergency room visit. One on one with a nurse talking to them; this will help to save money. Since we only have 1,300 members now and putting a piece in the handbook about that could help us save a lot of money.

J. Howell: Asked about the "Clinical Best Practice Guidelines" that is what you were asking for us to take a look at those, maybe to create one package based on those 2 different categories.

M. Fulse: Right the essential care would be the care that is recommended by all of the different societies and best practice people throughout the Country. That would be less then what we have here and then the chronic care would be what we have as essential care and when they get over that then I think we would be looking at getting them on some other Plan or setting it as Plan limits (exceeding the limits of the Plan). We can not take care of people at the rate that we have been previously been taking care of them at. That is an none thing otherwise we will only have 4 or 5 people at 100 thousand dollars and we are done. So we can not afford that so we before it gets there we need to set limits that will insure that it doesn't get there. They can make other means. We have people who will not bring in their income things so that they can get free medicine or so that they can get sliding scale coverage and different things and that is because once they have their card they don't have to do anything else. We must make limits on that card so that it will motivate them to initiate action to do something else.

J. Howell: stated with the committee's permission I would like to take that recommendation and go back and look at those clinic practice guidelines.

N. Thompson: Are you asking us to do anything today other then review what you have given us and give you input?

J. Howell: The member contract for care I would like to go back and start using right away, with the change that the Utilization management suggested.

Motion: M. Fulse

Second: B. Hinton:

N. Thompson: We do have a motion and a second to accept the Member Contract.

Dr. Seoane: I don't think we will have a problem with individual plan members having medical cost of 100 thousand dollars this is an old problem this will not happen again, you will have the medical director looking at it or the UR Committee reviewing this. Ms Howell has done an outstanding job and Mike has done an outstanding job and they have made sure that will never happen again. All physicians practice evidence based medicine and we follow national guidelines that are the standard of care. I wouldn't make any policy changes other then what you have already done such as looking where the money has been going, how can we utilize our funds better, management of the population better and the County does anyway for it's own employees.

M. Fulse: some of those people who were not able to be put off the Plan are those people that cost all of that money so be very careful what you say and they are still on the Plan and we don't know what the next year is going to bring.

N. Thompson: on the contract we have a motion and a second on the floor if you have comments or questions about the Member Contract for Care. She suggested on the last page number 1 recurring non compliance why would on E) we limit that to prescription drugs abuse if it was illegal substance abuse won't that also be a condition for them being taken off the Plan.

J. Howell: some are very specific and then there is a catch all.

B. Hinton: Asked that it be spelled out.

Dr. Seoane: I would be careful in being too specific, such as alcohol is a legal substance it is a drug, alcohol abuse is a medical problem if you are an alcoholic by definition you have a medical problem. I would be careful if you are too specific and you carve out too many things. Be careful.

N. Thompson: We can leave it as a judgment call and if it is abuse of the Plan and we have a trigger that says here we have a person who went to the ER who was using an illegal substance or a prescribed substance that is abuse we get to decide I am ok with that too.

B. Hinton: Just add substance abuse at the end of E) and that will catch it.

N. Thompson: Any substance.

Dr. Seoane: Substance abuse is a medical condition; it is a symptom of a bigger problem.

J. Howell: So legally as a medical issue it is not something that we can include on this contract of care. Although; we appreciate and understand that it may actually end up being abuse of the Plan it some way in some point in time. But at the same time there are careful distinctions that we have to make. We wanted to have a catch all.

N. Thompson: I am fine with that as long as we have the fall back and we can make that judgment call if need be.

There was discussion on the 6) failure to be employed for 12 consecutive months (maybe it should say if appropriate).

J. Howell: Explained the concept behind that is that the Plan when it was originally passed by the voters was for the working poor and that requires some sort of indication that these people are either medically unemployable or looking for work and simply are unable to find it. That is why we included it.

N. Thompson: It is not excluded to the working poor that is the population that we would serve. Typically if people are poor and not working they are on other program that would serve them. We are catching that through the funder of last resort. So if that mother who is staying home with here children while her husband works is Medicaid eligible that would already have covered them, but I don't think that they should be excluded from the Plan on that basis if there is a reason that they are not working.

J. Howell: Ok so failure to be employed for 12 consecutive months unless an exemption exists of something.

Dr. Nobo: you need to go back because I really think that it was for the working poor.

N. Thompson: Ok apply that to who is on now and tell me how many are still going to be on this Plan if you were to apply that rule to them now.

Dr. Nobo: We must go for what the voters voted for.

N. Thompson: I am ok with it as long as there is some good sensibility to make some good judgment calls.

J. Howell: If you as a committee choose to take off number 6 off of the list, I feel like number 2 allows the judgment, if you would like language chances to it we can certainly send those out and revisit this at the next meeting.

Dr. Nobo: I think we need to leave it there.

N. Thompson: I am ok to leave it there.

M. Duclos: Stated if you just put in what you first said; "Failure to be employed for 12 consecutive months, if appropriate," because this is Polk County and we have a lot seasonal workers that they work very hard for 6 months and then they don't work for 6 months.

N. Thompson: We do have motion and a second now the question has been called all of those in favor of adopting the Member Contract for Care as with the amendments we discussed say AYE.

The entire committee said AYE.

Motion Passed: Member Contract for Care.

J. Howell: In terms of the name of the Plan does it make sense with the Committee approve a move to the name "Polk Healthy Care Choices". Because of the member choice and the member responsibility and the emphasis on that; it needs to be voted on.

B. Hinton: That is nice but what is it going to cost you to remark all of the advertising items.

L. Thomas: it is not going to cost anything because we are not going to do that.

M. Fulse: when the cafeteria plans say choices such as Blue Cross, Cigna that is fine, I really like the Polk HealthCare Plan because we need to keep it minimal. When we start to say choices it starts to sound a little richer and we are definitely not rich.

Dr. Seoane: what choice do they have they are either on the Plan or they are not we are not giving them any choices we are limiting their choices.

N. Thompson: We have a staff recommendation to change the name of the Plan do I have motion to change the name of the Plan. Hearing none do I have any other motions?

M. Fulse: I move that we keep the name of the Plan "The Polk HealthCare Plan".

J. McArthur: Second

N. Thompson: I have a motion and a second any further discussion, all of those in favor say AYE.

The entire committee voted AYE.

MOTION: The name will remain "The Polk HealthCare Plan".

Michael Duclos, Assistant County Attorney – Polk County: He presented "The Florida Sunshine Law". If any committee members have questions on this law please call Michael Duclos or Mike Kushner.

N. Thompson: Stated not to put the staff in a position of asking them to help you violate the Sunshine Laws; she gave an example: she can not ask any of the staff to communicate her position on something that we are going to talk about at a meeting; that is the same as if I called one of the members and gave that information to them directly.

B. Hinton: You can communicate with Mike and have Mike present it to the whole board.

N. Thompson: As long as it is done in such a way that someone could request an e-mail and see it.

Dr. Nobo: All e-mails are public

M. Duclos: Or e-mails that are received by any of us.

N. Thompson: Any comments or questions.

Public Comments:

Dr. Ruiz: made a closing statement he stated that this is a good Plan for all of the people that it has helped. He is here because the Utilization Review Committee that was approved by you here as the Board that approves their recommendation and that is the doctors who are doing primary care not allowing them to just order a CAT scan. If the patient has a headache and a need to order a CAT scan some how you have decided that we are not enough good doctors to just order the test. You can put restrictions on who will get the test, why you need the test, but you should allow us just to order this test, because somehow we have to order this test to refer this patient to the specialist which will take a week or 2 or 3 weeks for him to order the test. In the mean time we don't know what is going on with this patient, the patient may have brain tumor waiting on this test just to be ordered. What am I going to do when you change something at the UR committee and it impacts me?

Dr. Nobo: Some of the UR meetings will be closed because they will be discussing patient charts. If a physician would like to come to the meetings when we are doing the open discussion that would be fine.

Dr. Seoane: Stated that he agrees that he should be able to order a CT scan of the chest when he wants to but this discussion needs to really take place in another venue.

N. Thompson: Stated that the Oversight Committee is not reviewing and approving actions that are taken by the UR committee. They are the ARM of this committee to make those types of decisions.

M. Fulse: Did we not state that we would bring these types of things to this committee so that you all have knowledge of them.

N. Thompson: If it constitutes a policy change or a change in the things that we cover I would think yes. But if it is a case by case basis, I don't want to vote each person should they or should they not get a CAT scan.

M. Fulse: What he is talking about is that not a policy change?

N. Thompson: I don't know that, but her first preference is that he first takes that back to the UR committee.

M. Fulse: Do they have a form like we do, a form that he can file his issue with this committee. If they had a form and make his plea and attach the lecture or studies that shows that this should be done here or there, then he could have a clear voice.

N. Thompson: Let's direct staff to work with the UR Committee and Dr. Ruiz and have his concerns voiced to that committee in what ever way the committee chooses to hear this.

J. McArthur: Is there any review process for the UR committee.

J. Howell: The way that those meetings usually work the doctors identify some of the problem areas that they have seen from some of the reports that you have seen, such as the Buck Reports.

J. McArthur: Is there an appeals process?

N. Thompson: I don't think we have gotten that sophisticated and what we are hearing is that we need that and I am not in a position or we aren't in a position today to design that either.

M. Kushner: Need a legal opinion since this committee is dealing with specific patient identifiable information that is subject to HIPPA, I don't think that should be shared with the Public. We need some clarification on that.

M. Duclos: That is correct it is not just HIPPA but we also have Florida Statutes that Dr. Nobo has sited in the past that indicate if you are going to do individual review of patient record that is always to be treated as confidential. We can not divulge anything about people personal health information.

J. Howell: It sounds as though Dr. Ruiz could use a form like what Misilene had suggested and he could utilize that as a way to get his information and concerns to the UR committee, we will make such a form available to him.

M. Fulse: if a form is filled out then each member of the UR committee will have a copy of that form to review too.

N. Thompson: Thank you doctor for coming here and telling us about your concern and that we do need an appeal process in place and we understand that.

J. McArthur: Moves that the meeting is adjourned.

N. Thompson: This committee is adjourned.

Meeting Adjourned at 11:32:09 AM
Transcribed by: Debi Curry; Office Manager, IV
Risk Management Division