

CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

MINUTES
July 17, 2009

Revised at August 21st COC Meeting

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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: Brian Hinton, Misilene Fulse, John McArthur, Tonja Mosley, Dr. Seoane, Jim Moody, Dr. Nobo, Connie Kinnick and Stacy Campbell Domineck.

Members not in attendance: Nancy Thompson, and Gabrielle O'Toole

Other County Staff in attendance were as follows: Mike Herr, Jan Howell, Debi Curry, Joy Johnson and Michael Duclos, ACA.

County Staff not present: Lea Ann Thomas, Mike Kushner, and Dr. Haight.

The meeting was called to order by Dr. Nobo at 8:28:02 AM.

Brian Hinton led the Prayer and the Pledge of Allegiance.

Member introductions.

The minutes from the April 17, 2009.

Motion to approve: Stacy Campbell Domineck

Second: Connie Kinnick and Brian Hinton

Minutes approved unanimously.

No meeting in May not minutes to be approved.

June 19, 2009 was the BoCC/COC Joint Meeting no need for approval of these minutes.

NEW BUSINESS – Financial Update – Jan Howell

J. Howell: Made the presentation.

Dr. Nobo: He asked about the hospital stating that they have a charge and then they have contracts with insurance companies, including Medicare and Medicaid is there any possibility that we can see out of the \$32 million dollars if those charges would have been Medicaid what would they have paid them? Just to see how much of their time they are giving us. The physicians are simple most of them in Polk County charge 100% or more of Medicare we know that they are 10% less then what they would normally get. But hospitals it looks like a huge number. Can you put the 32 million in parentheses (if this would have been

Medicaid contract fees what would that be? I still think they are giving us a great deal but I just want to see that because we know what physicians are.

T. Mosley: stated that the charges are the same no matter who the payer is and our contracts with Polk HealthCare are Medicaid rates. So the hospitals have contracts for instances Heart of Florida which is where I work our per diem at the time was only \$600 so we contracted with them for a different rate because we were in the process of getting that approved now our rate is at \$1,300. Every hospital who participates in the plan simply gets paid their Medicaid rate.

Dr. Nobo: So this is at the Medicaid rate.

T. Mosley: The amount **paid** is at the Medicaid rate.

Dr. Nobo: What is the difference because we pay per day about if you take the patient to surgery?

T. Mosley: It is still per day?

Dr. Nobo: You do not charge for the OR.

T. Mosley: we do charge for it but we still are only going to get paid a per diem, for all of the services that we provide on the in patient we will only get paid the per diem. There is no add on for any additional services that we provide in a day whether it be surgery, no surgery the charges are going to remain the same, the payment will remain the same.

J. Howell: Continued on the presentation discussed the Executive Quarterly Report.

Dr. Nobo: asked do you know the percentage of interest that we paid?

J. Howell: I don't we've not made that transfer yet, so until we make that transfer I will not know what the percentage of interest is.

B. Hinton: You are not showing any current interest expenses at all you are just showing budgetary interest expense. The 1,620,040 could be 1 million.

J. Howell: continued on the presentation.

S. Campbell-Domineck: Could we show that there is a 611 thousand in interest so that we think that we actually have 1,620,040 in the good?

J. Howell: We can make that change, she stated that she would hesitate to make that change until we know what the number is but we can make it if that makes everyone feel more comfortable. Continued on the presentation.

T. Mosley: Stated to help the committee to understand what is attributing to the reduction in your cost you should take a look at the year to date stats for the length of stay as we were talking earlier the hospitals are paid for everyday that the patient is in the hospital so as you are working to get that down, that would certainly assist you in reducing that cost. Also; another stat to look at is how often our members are going to

the ER's it is more expensive to go to the ER then it is to go to our clinic. If we are doing some things to get the patients to the clinics you may want to look into that and have that as part of your explanation as well.

J. Howell: she explained the Health Plan's policy on usage of the ER by plan members.

J. McArthur: Asked that the background of the presentation be a lighter background which would help in making notes?

Dr. Nobo: Called up Gaye Williams, CEO of Central Florida Health Care.

G. Williams: Gave her presentation on the CFHC Lakeland Primary Care Clinic. She gave the mandates which they operate by.

Dr. Jerry Brand, MD, MPH, CCO, and Chief Clinical Officer: He spoke about clinical measures such as FQHC Primary Care Services, LPC Medical Diagnoses and LPC Report Card Clinic Indicators.

Dr. Nobo: Asked about comparing the status between the types of patients that you treat compared to a private doctors office, wouldn't you think that some of that is due to the population that you see that is less educated in health, that many are smokers, they are not accustomed to have preventive care, some are undocumented and they are wrongfully thinking that if they go to a private doctors office that may be deported? As I had stated before while we were doing up to 200% FPL of Medicare in our Plan the difference between the 150% FPL and 200% was noticeable then those that are at 100% FPL.

Dr. Brand: Stated he would agree with Dr. Nobo. He discussed the statistics on Breast Cancer. Preventive medicine is important.

Bernard Fulse: Chief Financial Officer: he gave the overview of how clients become CFHC patients. He stated that 79% of their patients are at the 100% or below FPL. He continued on his presentation.

T. Mosley: Asked about if they have staff in the centers that help with eligibility to try to see if these patients, I know that the follow up and it doesn't happen but I was wondering if you have that type of service in the center.

G. Williams: Stated that their staff are business services staff we call them patient care team assistants and they are cross trained to perform all of the functions from the intake of the patient, registration she told the committee that she will speak at the end of the presentation about they have had some conversations with LRMC because statute we are entitled to have an out stationed eligibility worker to help us to convert some of the patients who qualify from the uninsured into the Medicaid which will help significantly their bottom line. That plan is under way.

Dr. Nobo: state that he would like to see a percentage; if they are less than 100% shouldn't they be eligible to participate in Medicaid or other plans?

T. Mosley: They should be, but compliance with this patient population there is a lot of paper work and if they are only coming once or twice it is hard to track them down. She stated that she does know that there maybe a little fee that you may have to pay to have a worker on site. Most of the hospitals agree to go ahead and do it because they will help to expedite the paperwork, they will follow a patient for you so that maybe

something that CFHC can look into having someone on site to assist your patient care team assistance to get that paperwork done just a little quicker.

G. Williams: Stated that they do refer the uninsured patient to the Department of Children and Family.

M. Fulse: We do have a Polk HealthCare Plan Social Worker sitting at the desk. At the time that all of these people were removed from the enrollment she was and I still think that she is overwhelmed with the number of people. She does do those applications and fills out all types of Social Security, Medicaid and those types of applications.

J. Howell: Having the state contact does make the difference.

Dr. Nobo: suggested that LRMC has the patient sign a waiver or someone that the hospital can represent them to do their paperwork. So before they leave the hospital the patient has signed a legal document like a power of attorney so that the hospital itself will do all of the paperwork because it is worth to pay 20 thousand dollars when they can pick up 12 to 14 hundred dollars for just one single delivery. Those suggestions should be looked at and if we can help in anyway since we have an employee there already that should help you.

B. Fulse: continued the presentation.

C. Kinnick: The decrease in the number of the Polk HealthCare patients from 576 to 106, do you attribute that to our decreased enrollment into the Plan?

B. Fulse: We failed to start counting the patients, that is more indicative of the decrease. We did not count all of the patients we continued to see patients because of the rush. That is something that would have been done at intake and we didn't do that.

C. Kinnick: That is unfortunate because that gives more validity to the services that you are providing. To justify the dollars spent it would have helped if we had that information.

B. Fulse: You are saying for the Plan patients?

C. Kinnick: Right just the Plan patients.

B. Fulse: my analogy of that when we entered into the contract we entered into the contract to see the patients of Polk County no where in our contract does it speak to Polk Plan Patients for us to try even to go to our system to pull out Polk Plan patients we would have had to set up a mechanism to do that. Trying to pull out cost information sensitive to the Plan in terms of patients we were not initially contracted for that it was to see the uninsured or the under insured patient of Polk County.

C. Kinnick: It seems to me that misunderstood because I thought we were paying X amount of dollars per Polk HealthCare Plan patient you saw. That was the reimbursement thing that was going back and forth.

M. Duclos: No the contract is not set up that way. The contract is as Mr. Fulse had stated, to provide a client that sees under insured and uninsured residents of Polk County Florida.

Dr. Seoane: How would you define uninsured or underinsured, Medicaid is that underinsured?

M. Duclos: I think what we are generally saying is that insurance doesn't even come into this picture for this population.

Dr. Seoane: what is the definition of underinsured?

M. Duclos: A person who has a job but can't afford to pay the monthly cost to insure his family even when his employer offers that option.

Dr. Seoane: That is the definition under the contract.

M. Duclos: No, that is what the understanding was that my clients, the Board of County Commissioners, when they looked at this need, they saw there was a need, to provide a clinic operation. The money that was given is like seed money I believe is the phrase that was used at the time to have the clinic in place where the greatest need would be. If you look at the slide that Ms. Howell had, it shows that Lakeland has 329 people who are living in Lakeland and are still members of our Plan even after all of the cut backs. I think by the end of the year most of those people will have been to this clinic.

Dr. Seoane: (Directing his question to) Ms. Howell, and I know that you weren't here when this original contract was negotiated is that your understanding of how it works?

J. Howell: The question, and the interpretation were you to put all of the reading materials together in terms of looking back at the RFP, if I were to look at the contract, in the 3rd paragraph does have some very broad language where there were 4 community initiatives that the Board agreed to support and they basically agreed to support the provision of care to the indigent meaning the uninsured and the under insured. When you think about the Polk HealthCare Plan right now this Plan is not serving the under insured, it is serving the uninsured. So we have taken and changed that definition with regard to ourselves but in terms of that contract there is no actual definition section where you are going to find a definition to the word uninsured or under insured.

Dr. Seoane: I think we need to revisit that part of the contract. Are the other entities that are receiving money from the Polk HealthCare Plan are they required to count the number of Polk HealthCare Plan patients that they see? (We Care, LVIM, The Haley Center) Do we get numbers from them?

J. Howell: Yes, we get numbers from CFHC as well and you will see they are counting the number that they see I think in this instance obviously for several reasons and with several factors in mind 1) with the Plan losing the amount of money that it did, yes there was a decrease because there were many people that were taken off the enrollment, (the number of Polk HealthCare Plan patients) there could be a quite a few patients that were former patients of the Plan that they were seeing, but that analysis is not something that has been done.

Dr. Seoane: I am sure that is true of LVIM also.

J. Howell: That is a legitimate point, but I think there is something else that we have not considered and that is the economy.

M. Fulse: Since I was here and these are some of the questions that I asked way back in September or October the months after the patients were dis-enrolled from enrollment. I think we might take the question

to the staff instead of holding CFHC accountable for those other 400 people. I think the staff needs to let us know how many of the CFHC 576 patients received letters from CFHC similar to the letters that they had received from all of the rest of the primary care physicians and the physicians who were taking care of our patients. We need to find out from the staff how many people those 400 people were removed from Lakeland Primary? Those people are still in the number, but their card went away and when their card went away from the other physicians, their staff quickly sent them a letter. CFHC never interrupted their care, so the question is not to CFHC. Why don't we ask the staff of the Plan how many of our 400 patients who were going to CFHC from 07/08 got a letter saying don't come back? Then we will have our answer and it will be easy to calculate.

Dr. Nobo: Debi, will you please obtain that information, but I will tell you that.

J. Howell: I apologize, and I hate to break in, I am afraid that I will actually need some of that information from CFHC regarding the 576 people in order to make that assessment.

M. Fulse: No you see you assigned the patients to their primary care provider, those 576 were assigned by the Plan to CFHC when they get their card. So when they were removed, you still have their names and numbers, you know who they are if they are still going to CFHC then we know that the 400 people are still in the number, but now they are in the other part of the pie. CFHC all they did was change in their system from being a Polk HealthCare Plan (PHP) to being a self pay patient, but they still got to come to the doctor.

J. Howell: We would be happy to work with CFHC.

M. Fulse: You can get those numbers without asking the people who are providing the care and providing the service to start stopping people at the desk and asking did you use to have a PHP card? We have the numbers on the other side which to me those patients are still in that number we just can't count them anymore because they have been kicked out of the plan. You are holding people over the fire for continuing to take care of patients and that is ridiculous.

J. Howell: We would be happy to supply that information, thank you.

Dr. Nobo: I am not sure I would have used the word "kicked them out of the plan" although I do agree that they were removed from the Plan.

M. Fulse: Politically I wasn't trained I didn't go to law school and I didn't go to medical school I went to pharmacy school and we call a spade a spade.

Dr. Nobo: Ok, Brian

B. Hinton: When we started on this thing with the clinics it was right after Dr. Haight had presented to us the pyramid chart and at the bottom of the chart was the Polk County Health Department was the base of care in the County. Then he showed the physicians – primary, specialty and hospitals at the top. A lot of the discussion we had was towards trying to add a layer in between that would be above the Health Department and a catch all. Looking at the number this is a quick calculation on my cell phone. We gave them 740 thousand in this period and using there charts for 4,451 patients 3,515 were at 100% FPL that equates to \$210.00 per patient in terms of their care for the year verses \$316.00 which is what we are running a month in our Plan. If you go to his next chart and say that 77% of them were self pay it goes from 3,515 at 100% FPL and say that 2,700 of them were in the self pay category it works out to be \$274.00 per patient which is

way below what we are paying for the whole system. I think that the monies are well spent. I am disturbed that you haven't done a better job at tracking the patients perhaps than you have and I am hopeful that you will do that in the future, but I think that is what we need to be based on are we really taking care of whole population that are determined to do and I think that we are getting there but I would like to see you do more in the terms of the catching the data.

Dr. Seoane: I disagree that the money has been well spent. But I will reserve my comments after we have our guests present the data.

Dr. Nobo: I am going to reverse the roles slightly Ms. Howell if I was an attorney and you were a witness the first question that Dr. Seoane said what was your belief when you got this job a yes or no. What was your interpretation of the money that we give to those centers not just LVIM, FQHC was it for them yes or no.

J. Howell: This is a highly unique model because it is truly a community model, there is so much value in that and this is local people working together in unique ways. Each of those contractors and each of those reports that you receive I think as the COC really need to hear from these groups because they are not like any other animal out there. CFHC as a FQHC verse the PCP and specialist out there I see it as 2 different models of care. It is not an apples to apples comparison, this community thus far it has been the political will to make the investment in the community center. It is an understandable investment to make and this culture and this area certainly has a group of people who need to be served in a center of that nature as well as that regular physician setting.

Dr. Nobo: I see Robin writing and she should because what just happened here is a bombshell. There is 4 people sitting here who are the original members of the committee and I on numerous occasions, probably at every meeting that is why I got a nick name, by (John McArthur) brought up to Mr. Ed Smith the previous gentleman who held your chair about where this money from, and every single time it was to take care of our patients, so as the **Chair I will ask Debi to search the minutes and I will be more than glad to help her to read those things that we were told.** If something is changing then we need to know; but the tax payers, the County commissioners who are elected by the tax payers need to know. But believe me in 5 years that we have been here, it was my understanding by repeatedly, I was always told the exact same thing. I agree that do a great service they see a lot of people I personally appreciate them, I think the physicians appreciate them and definitely the patients and the citizens of Polk County appreciate them. But it was the understanding that it was to take care of our patients repeatedly we were told that. **So as a new member in this plan once Debi helps me find those minutes from years past I will be more than happy to show you that.**

S. Campbell-Domineck: It started out with Connie question whether or not during 2007/2008 whether the Plan patients were being tracked and Mr. Fulse said no we weren't tracking them at the time we were abiding by our contract and serving patients that is what I heard. At the time leads me to believe that while they weren't being track at that time at the very beginning and it seems like 4 people were here when that contract was put into place, really no disrespect to you at all but it really doesn't matter what your interpretation is when you've got it in black and white and you have a staff who is managing a contract who is holding the provider in compliance and it has gone through these 4 or 5 years or however long the clinics have been open. I am trying to understanding that now you are tracking Plan patients.

Deleted: interruption

B. Fulse: We have just had a meeting and we are setting up our system to track those plans.

S. Campbell-Domineck: Let me just share this so they are beginning to do that but the contract remains the same. So you have some verbal agreements that will do what you are now asking us to do though the

contract say serve patients. I believe some of this is missdirected. It is going to be difficult for us to go back and I am not sure where this conversation is headed when we are in the middle of a report trying to hear what is being provided by this provider and I certainly hope that we don't go down this path with every provider if that is where we are going then we probably need to take a time out and go and get the contracts and have this group review the contract that we have in place as we begin to establish them for the future.

Dr. Nobo: Let me answer a simple question and please the 3 people that were here we did not sit and read every contract because we trusted Michael Herr, we trusted the County to write what they told us and that is it. So if what we were told, it is different then what they wrote the citizens of Polk County should be outraged. This is really bad that is the issue here. This is a bomb shell.

S. Campbell-Domineck: I agree

Dr. Nobo: I don't mean to interrupt this fine presentation this gentleman was giving something that he just said for example few months ago in fact I remember unfortunately I remember it was Connie or Brian who asked in the contract we were suppose to get a report every 3 months and we were not getting them. That report was supposed to tell us the number of patients that they were seeing that belonged to our Plan. So if we asked that and they did give us that report and I can't remember whether it was Connie or Brian who asked for it I wasn't even at that meeting. That means the understanding at least of us three I am not sure about John was that part of the understanding. I am a little concerned and I am looking at you there the newspaper if that has happened that is just incredible.

S. Campbell-Domineck: asked if Dr. Nobo could he with this based on what Misilene said they are suppose to give us a report of who they are seeing our patients. My question is if we assigned the patient the patients while you may say you didn't track them in a certain fashion surely you have that documentation.

Dr. Nobo: No we don't because we don't know if the patient arrived in the office they canceled the meeting and how many times they have gone. We just know that they have a patient assigned.

S. Campbell-Domineck: She gave an example – there is documentation it may not be in the format.

Dr. Nobo: Stated I see what you are saying because if we are paying those claims then we should have a record.

M. Fulse: When the RFP went out, when the clinics that were interested in serving these patients applied for them I wasn't here when the tax payers voted when you 3 were here. But I was here during this whole contract time and during this whole time this was happening I don't want the public or the Ledger or anybody else to think or to perceive that the 3 of you were the only ones here. We were all here when the RFP went out; when it came back we listen to this whole thing about the clinics I was sitting here so to exclude any members of this panel from the discussion is ridiculous there are several things about the contract that you don't know because CFHC does not bill for patient visit. This is being directed to the public who we serve. What we are here to do is hear what CFHC is doing. Nit picking through the Polk County HealthCare patients they are taking care of 1,100 people. We have 1,100 people on the plan, we know that all of us are completely educated we want to know what CFHC is doing and that is what the material issue is today. Why don't we nit pick into the whole 1,100 and who is seeing them? That is ridiculous. Let's see what they are doing.

Dr. Nobo: so Stacy the idea that you had that I thought was great, we cannot use it. We don't pay as an individual it sounds like.

Dr. Seoane: Instead of using the term nit picking I would say fiduciary responsibility. It is our fiduciary responsibility and moral responsibility to find out who this money is being spent, to make sure that it is being spent in the best interest of the Polk County patients and the interest of the tax payers of Polk County I don't call that nit picking. The last meeting we had there was an accusation from the member of the board about doctors that were misbilling or weren't having their fiduciary responsibility and I think we all need to have the same level of accountability for every provider, every physician, and everyone who see Polk County patients. It is a moral imperative. Where is our money being spent, is it being spent wisely? There is no doubt that CFHC provides valuable service to the patients and the population of Polk County residences. That is not the question. The question is, is our money being used most effectively are we getting the biggest bang for the buck? Is the greatest good being served? That is my question.

M. Duclos: Mr. Chairman, members of the COC all of you are asking good questions and performing your duty under the way the public expects. There is a difference between the medical services agreements that the 400 or so providers have with Polk County. The clinic contract is how Ms. Howell said earlier is very simply worded this contract was to provide a community clinic; it was not ever contemplated by my client the Board of County Commissioners (BoCC) that the clinic would bill for services that is not this kind of contract. All of the other contracts 400 or so that I review those are fee for service reimbursement contracts that is the difference. This contract (CFHC) is about 17 pages long the others are a little bit longer that is the difference that the purpose that my client (BoCC) entered into this contract was it was viewed as a diversion action to primarily have this clinic available and see if we could divert people out of the ER(s) in the hospitals of Polk County. The purpose that (BoCC) was attempting to meet was the need to have that alternative as I had said the diversion action.

T. Mosley: I just wanted to say that I am very proud to be a part of this County. I think it is a very responsible thing that the tax payers decided to have funds for uninsured and under insured patients. The state defines an under insured patient as a patient that does have a Medicaid card because there is a gap between the Medicare and the Medicaid payment. What the state does recognize's that Medicare is the more aggressive way to recognize costs in the hospitals where Medicaid is not. So I think that having these types of centers certainly not just to cover a patient that is in the Polk HealthCare Plan (PHP) but a patient that is under insured and uninsured, because this is an effort to keep cost down in our county and in our country what ever effort we have to take to keep these patient out of our hospitals will certainly aid in that effort. I am not totally disappointed in what the clinic is presenting today I would imagine that there is a way to take a look at those 576 patients that were there last year you have their name see if I have come back this year, if I don't have a card then there is your answer. I don't think that this is a very difficult thing to do I would be very happy to help you because I am sure that you have enough data to identify the 576 let us know who no longer has a card and we should be able to move on from there.

Dr. Seoane: Just a point of information just so you know when an FQHC sees a Medicaid patient they get about 150% to 160% of Medicare rates.

G. Williams: I am very sorry about any disappointment that has been expressed but it is very clear and it has been very clear when we did the RFP what value we brought to the table and that was to increase access to healthcare and it is a good thing that we have been able to do that, because we have not dis-enrolled any patients we have instead increased access for the citizens of this county. As the attorney has said there are distinct difference in the contract in terms of PHP and the contract that we negotiated several years ago. So I

welcome the opportunity to work with each of you and Jan to make sure that when we present future reports that there is no misunderstanding and no disappointment in what we are presented to you the COC. Thank you.

S. Campbell-Domineck: I would like to ask that we move on so we can hear the rest of this report if you don't mind.

Dr. Nobo: I don't mind but there are a couple points that I will have to bring back to bring back the focus of what Connie brought up we have been every where. I can't speak for everybody but I can speak for myself and I think I can speak for everyone here at the table we are very please and very happy for the work that you have done, that is not the issue here. I will honor Stacy's request and continue with the report and then I would like to make a statement to what I initially said about the bombshell that was dropped.

B. Fulse: Continued on the presentation. If we could get a list of names from the PHP I can easily put those names into our practice management system and determine if they were prior participates of the plan, which would be very easy for us to do. If we could get that list saying these were our former patients that were in our system.

Tammy Ard, Chief Operations Officer CFHC: gave her presentation. The outsource worker she explained that they are aggressively researching with LRMC and with another access of Florida we have meetings already scheduled and we are working in that direction. She stated that LRMC has reported that they have seen a decline in their level one visits since our efforts working with them on our ER diversion program.

Dr. Nobo: asked if Tammy could explain the Saturday and Sunday visits, that is great because those would be the ones that ended up in the ER or I wonder that with more education they could have waited until Monday? The degree of illness that they had?

T. Ard: No sir at this time today but that is data that we could capture. She continued on her presentation.

B. Hinton: Asked about the referral source being Dover Clinic and that is in Hillsborough County, what kind of population is coming from Hillsborough verses Polk.

T. Ard: A small percentage because we capture everything so we list everything. They could of being going from Polk County over to Dover so they could be actually Polk County residents that were accessing services there (Redirected).

B. Fulse: Continued on presentation.

J. McArthur: He quoted off of slide 13 – “ LRMC's Medical Director and ER Director both stated that data has been maintained on the different level of visits and that the data reflects a decline in level 1 visits since CFHC efforts began in 2007” that is very important that is one of the things that we sold this sales tax to the people of Polk County is to get the people out of the ER and who didn't belong there to get the ER's back. I don't know what the decline is it could be 1% or it could 500 patients that is pretty significant. You basically need a larger patient base that would not be eligible for the PHP. I have talked to people about your organization and they say that they never heard of that, I don't know what the answer there is. Do you send out people to knock on doors and hand out cards? They don't know that you are there and I think that is sad.

B. Fulse: stated that he had heard the same (he explained what they are doing to correct that issue). Outreach workers are visiting different location and are handing out flyers, etc.

M. Fulse: the flyers are at the mall, the word of mouth is coming from the Polk Work centers they are talking to over 7-800 people a month. Those people are the people who are already with nothing. (She gave a brief list of where the flyers are at).

Dr. Nobo: asked about the revenues does that include the money for the PHP, money from grants and money from the Federal government?

B. Fulse: the revenue pool includes funds from the PHP, funds from the Plan has allocated and sent to the State, the LIP dollars it includes that and it includes all of the other revenue sources Medicare, Medicaid, etc.

Dr. Nobo: because you are FQHC the Federal Government does not give you money to run the place, they give you a much larger amount of money 130% of Medicare instead of Medicaid is that it.

B. Fulse: you get a base funding from the Feds.

Dr. Nobo: is that included in here?

B. Fulse: yes, the best funding for the operations that you have in operation at that time. We have not received any Federal dollars for Lakeland, which was one of our missions to seek Federal funding for Lakeland so we would have to lean less on the County.

Dr. Nobo: when will that happen a year two years how long does it take when will that happen.

B. Fulse: The Feds make available expanded capacity and continuing operational dollars only when they make those dollars available are you able to apply for those.

Dr. Seoane: last year there were several hundred new FQHC's that were authorized by the Federal Government and there was a tremendous expansion of Federal resources and funds for FQHC's I know this from HRSA. I think that we need CFHC that the PHP can not be the sole funding source for CFHC that is why it is a FQHC clinic they get Federal funds for their infra-structure, their overhead, their electricity, their rent there are specific Federal grants that you apply for and you get.

B. Fulse: We apply for them but we don't necessarily get them, they are complete grants and they have limited number of resources available for the record, typically those funds have gone to Miami those very large urban populations and when Polk County is involved our biggest asset to get to generating those additional dollars was our ability to include in our application the collaboration that we have with this County and with LRMC. You almost have to show an increase in accessibility before you get the money. So we are banking on that fact that we have this collaboration that in the future when these dollars become available our numbers have drastically increased because the operation of this site.

Dr. Seoane: I agree that is why I am confused you can show the Federal government that you have gotten tremendous amounts of money from the local government and still you have not managed to get Federal funding.

B. Fulse: that confusion could also be directed to the state of the economy, money is tighter, money is at a premium.

G. Williams: stated that I have met with my projects officer and she visited with us in June I asked the question in June and I asked the question meeting with her in Tampa this week when will additional dollars be available for expanding medical capacity. She couldn't answer that as soon as we know that there are dollars that will be available that we can apply for trust me we will be applying for those dollars. We are doing all we can to help CFHC and to help the County off set the cost of providing healthcare to some many citizens that are in need in this County, we are doing what we can. We did submit 2 applications one of those applications was with Winter Haven Hospital for behavioral health and that is not for the Lakeland Primary Care, let me know that very clear. We will know whether we get funds as Bernard has said it is very competitive there are so many of us applying for those few dollars. Community health centers are serving over 18 million people because we are across the US that everyone is completing an application, everyone is not going to get funded only the best star. We will surely be looking to tap into whatever is out there sooner then later.

S. Campbell-Domineck: how long has the Lakeland Primary Care Clinic been opened.

G. Williams: November 1st 2007.

S. Campbell-Domineck: a year and 9 months how many expansion grants have been available for application?

G. Williams: There have been some new access point applications that we have just not had the man power or the time to apply for. We now have someone who is a grant writer who is working with us not only on our Federal applications but other applications that might come about.

S. Campbell-Domineck: have you received any grants that you had applied for?

B. Fulse: we received some recovery dollars just this year in May and \$300,000 of those recovery dollars we have earmarked for Lakeland Primary; you don't see those on these financial statements because it didn't occur until the month of June. We will prorate those dollars through the end of the contract and they will be in our contract by contract end.

S. Campbell-Domineck: I know that you could have phenomenal applications we have apply for many grants and the competition is stiff and while you are not only competing with areas like Miami and the unemployment rate has increase we are probably at 11% in Polk County along. The same struggles that we are placing in our applications certainly may apply in other areas the competition will be great. I do know that with most grants not exactly sure with FQHC with grants they want to see sustainability and they all want see collaboration and matching dollars if that is possible. The greater the match there is the assumption that the greater opportunity for sustaining a program that nobody wants to fund a clinic or any other initiative that they think with that funding a lone that it is going to go away. I wish you the best of luck I wish our community the best of luck with what you apply for.

Dr. Nobo: Are there any other questions. Continue

G. Williams: allow me to say the patients are coming from every direction just last week and this week Dr. Brand said at 9 AM he couldn't take any more patients because he was overwhelmed with the numbers of

walk ins patients that are presenting for care at Lakeland Primary. In 9 months we have seen about 4500 people that should tell the community something. We will be back to you in August because we need to come back after having additional discussions with the staff about the budget. We have already met with Ms. Howell and Mr. Kushner and on the 13th we met just briefly with Mr. Herr and Ms. Howell. We feel that we are seeing a great number of people who are in dire need of services. (Made closing statement).

Dr. Nobo: stated that he would like to go back to an issue that has me completely concerns. But first Brian when you were comparing the cost of each member for our plan to the FQHC clinics our plan pays for surgery, this plan does not pay for that so you are not comparing apples for apples.

B. Hinton: Our plan is \$316 a month theirs \$274 for the period. I think that the balance would be covered through that.

Dr. Nobo: probably not because surgery it is extremely high and on our plan I believe is hospital payments. \$274 is for care while our \$316 is for hospital, surgery and other issues. I will ask Debi to go back to the minutes and at the October meeting which is months from now let's go back and see what we were told this committee repeatedly in fact she will find that at multiple times I said that in the first year if the FQHC see more patients then what we have paid them I will stand on Hwy. 98 and 60 with a sign saying that I was wrong thanks to god that did not occur. But you can go back and you will see that what we were repeatedly told.

Dr. Seoane: my general comments on everything that we have seen today I am going to take a couple of minutes and I believe that FQHC clinics and CFHC are in important part of our National health care system and they provide a critical services to a portion of the population that is not other wise served. However, the COC is charged with the interests of the Citizens of Polk County and the interests of the patients enrolled in our program particularly the tax payers of Polk County. (statement was repeated on what the FQHC's are paid). The question we need to ask is not what is best for CFHC but that is not our job and I don't view my position here is what is best for CFHC I view my roll as and the roll of this committee is what is best for the Citizens of Polk County, the Tax Payer of Polk County and particularly the patients that are enrolled in the PHP. The 740 thousand dollars that CFHC received if you work out using their own data they saw 556 PHP we paid \$1,200 for each patient. If a patient was seen every other month or six times a year that is a patient visit of \$215 per every patient visit the PHP patients represent an minority of the patients that this FQHC clinic see about 16%. We are not getting a good deal financially speaking, if you look at LVIM the data that they have provided in 3 months they saw over 7,895 visit, 2,002 were PHP patients, that is about \$98.00 per visit. We Care 1,400 patient visits and they received about \$94 thousand dollars and that is about \$67.00 per patient visit. We Care the majority of the care is surgery and that is very expensive. I don't blame CFHC I represented the Polk County Medical Association (PCMA) when this came up the PCMA opinion was we should pay for the services that are rendered, we shouldn't pre-pay for services and the BoCC decided not to follow the PCMA recommendation. I do remember because I was in the audience and we were told that it would be PHP patients that would be receiving this money. CFHC has lived up to the terms of the contract there is no doubt that they did what they were suppose to do, I think that the COC we didn't do what we were suppose to do, that is my concern. We need to look at the terms of the contracts and should certain entities have special carve outs and special exceptions that other entities are not. Our primary concern is to give with the limited dollars that we have that we serve the most patients in the county, because there are thousands of patients that are not on the plan that were on the plan, we need to make sure that every dollar that we spend from the ½ cent sales tax is spent for patient care in the most effective, efficient way possible. That is my concern, I don't really care who gives the care, I don't care if it is CFHC, I don't care if it is a

primary care doctor, I don't really care I just want the money to be spent efficiently and effectively with end points that we can be proud of.

J. McArthur: The contract for CFHC, the contracts for the doctors and the contract LVIM they are entirely different things the results are going to be entirely different.

S. Campbell-Domineck: Requested a copy of the RFP and the contract for CFHC.

M. Duclos: Yes, we will provide anything to any member of the COC that they request, I would ask each member to remember that you have your duty my clients the BoCC have their duty they saw their duty as part of the ballot initiative indicated that the voters of this County wish to have clinics and in order to meet that need the BoCC put out the RFP we did get several presentations and a selection was made and a negotiated amount was agreed upon by my client. This contract is between the BoCC and the CFHC, the roll of the COC is limited in this case you can't second guess my client the BoCC because they saw the need and felt that the best way to meet it, they did the best they could to try to meet the community request for a community health clinic.

Dr. Nobo: But the County Commissioners can not say one thing in public to us and to other people and write a difference in a contract. That is not what I consider correct.

M. Duclos: The RFP was available for review for anybody in this County, the meeting was a public meeting and when we do RFP's for anything that this County buys it is a public meeting we don't do anything behind closed doors we follow all the rules of the State or contracting for services we do this in every case and we certainly did it in this case.

Dr. Nobo: In other words when the silent minority sits and believes in what they are being told in the newspaper and in TV they really shouldn't do that, they really should go and look at it because it maybe different then what is being said.

S. Campbell-Domineck: I asked for the RFP and the contract and I do want it not for the purpose of trying to second guess what the County did. I do understand that when you put an RFP out there you say exactly what you want, I am not sure what conversation came after. Because everybody in order to make it a fair procurement process everybody bids on what is requested in that RFP. I have been around long enough maybe a few months to know that the Oversight Committee seconded guessed ourselves on the RFP but what was done is done. The reason I am requesting it is because I am sitting here wondering why we are still having this conversation when we clearly hear what the contract says, no matter what was said that is what is in black and white and what is in writing. I am also wondering not that I don't want exactly what you want making sure that we are serving for the most good, but we can not make those comparisons, not only that CFHC to me has gone by our request overboard in reporting what they are reporting when we didn't even have the request in their contract for all of this information. So we are asking them afterwards and I appreciate that but I am just floored at what we are requesting and what we are talking about and I am wondering how many meetings have I missed or minutes that I didn't read of a meeting that led to this conversation and where are we going forward with this, where are we headed when we are clearly stating we talking about tax payer dollars obviously, we are talking about a request for clinics to be in our community, we are talking about several who have responded to the RFP and this board not necessarily these people to decided to reward that based on or make the recommendation I guess to the BoCC who proceeded with drawing up a contract with the stipulations of what was expected in that contract. So I am sort of lost, I understand a little bit more and maybe we are changing our mind which is fine we can do that but I am not

sure if Attorney Duclos said if we can change anything other than our minds since the contract is between the County and CFHC. I didn't ask because I want to second guess I asked because I really want to see it I am trying to understand why I am spending so many hours of my time on this one issue.

Dr. Nobo: Thank you now for the record Mike as the attorney the RFP that was sent by the FQHC was a 100% complete for the record?

M. Duclos: Please Dr. Nobo lets be very careful on the terms the RFP comes from us.

Dr. Nobo: Ok and they have to answer questions don't they?

M. Duclos: Yes sir

Dr. Nobo: ok then my question

M. Duclos: Yes the RFP (Request for Proposal) is put out to the public and anybody who cares to we could have 4 people to form a clinic and come to us if they wanted to.

Dr. Nobo: That is not my question sir, that wasn't my question I wanted to know because you informed I believe that you sent an RFP and your received a response is that the correct word?

M. Duclos: Yes sir

Dr. Nobo: Was that 100% complete?

M. Duclos: Always, if not we won't of allowed a presentation for a group

Dr. Nobo: Ok that is all I was asking thank you.

M. Duclos: if everyone one will please understand that the BoCC had a member at the RFP I don't remember which commissioner was there and Connie from the COC was there.

J. McArthur: As was I.

M. Duclos: This was something that went on most of the day and people had to give up their time to come to it, I think that the concession as I recall was that in order to get anybody to do this you had to do it in the way that it was done. In other words trying to base it on a reimbursement for services wasn't going to work no one would open a clinic on that basis without being able to have any assurance of what the monthly funding would be; we couldn't get anyone to respond on that basis. That was the problem that my clients were faced with.

Dr. Nobo: Thank you, Connie

B. Hinton: there was the no brick and mortar thing in there too.

Dr. Nobo: Connie and then you go next.

C. Kinnick: I feel like I opened a big can of worms by asking a simple question. My question was in no way to second guess the contract, the decision of the COC, the performance of FQHC. That is not why I asked the question, it was my understanding from that initial discussion that the COC had with Ed Smith being present and the former people that we would get quarterly reports from the FQHC as to how many PHP clients they were serving that is all that question came from.

M. Duclos: The quarterly report

Dr. Nobo: Mike would you let her finish please, and you will have the floor

C. Kinnick: but that was my understanding yes I was in with the RFP proposal and yes Gaye's group gave a wonderful presentation and I voted for her it was the best of the group that presented. None of that was in question; I wasn't questioning none of that in my initial comment about the number served. I just thought that we would be getting a quarterly report on how many PHP patients were being served by the FQHC.

M. Duclos: I think that Ms. Kinnick has a good recollection but the way the reporting went from CFHC to the County it is a report of activity that is what we get a quarterly report of activity but it is not based on particular members or non members being seen it is an activity, we can request what you are requesting now we can request additional reporting but the initial reporting is based on having activity report with any information that relates to what they've spent the money on that is what we get.

J. Howell: We do get quarterly reports so I think that there was some misunderstanding of the earlier communication. What Mr. Fulse I believe was trying to communicate was that they didn't keep track of people that formally had been PHP patient that dropped off their scales. That is what we are going to go back and analyze and get a count of and report back. They do give us quarterly reports as we had forwarded those to you there is a discrepancy between the quarterly report that you received for June that says they have seen 6 of our members this year verses what has been shown today. I think that on our side of the fence clearly there is some work to be done when it comes to contracting and contract monitoring in terms of the information that is presented to you in the future that is a process in house and internally that we are working on not just with CFHC but with all of our contractors. Since there was such a discrepancy I would like to point out that 106 was the number that they saw of our patients this year.

M. Fulse: She stated that she would not go all the way back into the history of the contract; I am going to go back in history to the 15 million in the red. When they reported 15 million in the red and we had our next COC meeting and we were all sitting here and totally embarrassed, befuddled and very upset. I don't even recall who even brought it up who is going to take care of these patients where are they to go who is going to take care of them? I want Debi Curry when she is bringing all of this other stuff I want her to bring the part of the minutes that all of the players that everyone is talking about except Central Florida Healthcare (CFHC) said we are not taking anymore patients you can report any numbers that you want about Lakeland you can talk to Marge Kack and find out what their discharge information at the Emergency Room says and what their discharge information says from LRMC for the indigent, the uninsured without a doctor without any place to go. At that meeting we were all misguided previously but we were guided very surely that the only place that these people who were dis-enrolled or whatever the nice word is had to go was CFHC. We are talking a lot about what is happening at Lakeland Primary Care but I can tell you that our Dundee Clinic, our Frostproof Clinic and our Avon Clinic which no one has said that were overwhelmed with people who had no place to go. I would like Marge Kack to go ahead and tell you all that when they try to send people from Lakeland Regional there is so many of these people who had no place to go, how we put on PGTV that the place to go was to CFHC, there was so many people and there is still so many people there that I want Deb

Curry also to bring the staffing model that this committee and Ed Smith and his group came up with. It could not even begin to take care of those patients they have had to almost triple that in order to take care of those patients. They have to almost triple that in order to take care of those patients. I didn't hear in their report that they had to triple their staff and triple their costs no body said that no body said that. But I am sure Marge and I am sure that Dr. Swygert could tell you that they don't have and they didn't get invitation from any of these other people none of them to say send your patients here we will take all. No we are not seeing them all at Lakeland Primary we are seeing them everywhere at everyone of our centers, so let the record show that and in that meeting we should have been figuring out how when we got in black we were going to try to help to compensate these people the only people who said we will take all that you send.

Dr. Nobo: Any other statements (1 minute)

B. Fulse: he explained the nature of the contract that has been previously stated is outside of all of the other contracts with the other providers so comparison information is not real; their information is per member per month. One thing that our information does not include is strictly visits it does not include the ancillary services lab and all of that. We pull lab out of our number if we were to include lab the cost would also go down. We are submitted 2 types of monthly reports, on a monthly basis we submit a financial report for payment and we produce quarterly information that deals with the activity of the center. We are making a valiant attempt to do what has been asked of us in the contract. In all of the meetings that I have attended there has always been some conversation in terms of whether we should be seeing PHP patients this is not the first meeting that this has come up it has been discussed that we are not here to solely to see PHP patient that is not the nature of the contract.

G. Williams: I feel that I have to say what I need to say here CFHC certainly feels under attack whether it is the intent or not because I don't know and I can't speak for LVIM or We Care but I can speak for CFHC we have worked steadfast to comply with the terms of the contract and I will say again if there is any additional information that you require of us, we will work overtime to produce that information for Lakeland Primary Care. I truly believe that we are doing what Polk County citizens want and that is to increase access for the Citizens of Polk County.

Dr. Nobo: Even though it is not on the agenda, LVIM and The Haley Center have people here and perhaps discuss it for 3 minutes Bobby Yates and then Ms. Minerva Alford like to come up also.

B. Yates: Bobby Yates, LVIM, he thanked the COC and he thanked members who have come to the center and those who have volunteered there. He stated that it is very difficult to compare all of these contract organizations we are just happy to be one part and we think and a very important part of the delivery system to the uninsured in Polk County. Our cost is extremely low but we have the good fortune that most of my work force is volunteer, all of that work front office back office work that is paid for that is the unique thing about LVIM every week over 180 volunteers walk into that clinic to see patients. Not all of them are clinical many of them are doing things that would be none clinical but we do have doctors and ARNP's that volunteer and we do have some that are paid on certain grants. We are happy to be part of this County wide delivery system. Thanks to the COC, PHP and the people of this County to have the foresight to do what they are doing with healthcare.

M. Alford: Minerva Alford – The Haley Center: I know that we all consider our self unique I certainly think that The Haley Center in that we see patients that are totally uninsured expect in rare cases where they can not receive care inside the County under their insurance plan. That would be dental when our dental ministry comes around once or twice a year. We were one of the people who had to temporarily suspend taking new

patients we had to do that 3 times in August, October and January. In January when we did open to new patients I had gotten over 100 phone calls in 36 hours. So we again suspended taking patient until March. We now have a waiting list of over 70 people that we do try to work in when our clinic is not full. Up until 14 months ago The Haley Center was only open one night a week for about 3-4 hours. Since last month we have been running anywhere from 2 to 6 clinics in a 4 day period and we also have mental health counseling session on Tuesday and Thursday most weeks. We try to see anyone who can come and I hate to turn anyone down.

Dr. Nobo: Polk HealthCare Alliance Committee – Connie

C. Kinnick: She asked that Catherine Price the Chair of that committee to give a brief overview.

Catherine Price: Chair of the Polk Healthcare Alliance – She explained represent about 30 of the HealthCare Providers and Social Service providers in Polk County (Hospitals, CFHC, PHP, The Haley Center and including LVIM) we have a fairly board reach into the community. Their most recent meeting was last Thursday, their funding policy committee has been looking into different ways of trying to extend access into the community in other ways beside just the PHP because we have come to realize that even though 30 to 40 million dollars seems like a lot of money when you try to cover the uninsured in Polk County it is completely insufficient. There was a 2004 University of Florida report that said that 17.4 of the population in Polk County is either under insured or uninsured now the unofficial estimates are between 20 and 24% of the population and probably increasing we are talking about 100 to 125 thousand people or more. They have identified 2 important strategies for Polk County to investigate further, one is the issue of enrollment of people in Medicaid and Kid Care these state federally run programs the more people that we enroll in Polk County the more money we will bring into Polk County this is a win, win for the provider community. We have had a long standing relationship with the BoCC, and the PHP particularly with the Social Services aspect in helping us to identify the services that people are eligible for Medicaid, Social Security Disability, VA Benefits and helping us getting those people enrolled. Since DCF has pulled back from some of their participation in getting people enrolled into Medicaid this has become the responsibility of our community to try to bring the maximum number of State federal dollars into Polk County that we can. To work together as a better team in Polk County. The other thing that we are looking at is an innovative project that is in the Miami Dade area their BoCC has developed a collaborative between Miami Dade and Blue Cross Blue Shield of Florida to provide a lower cost insurance product for their community. They are also working on a premium assistance program, they got \$250 thousand from the LIP dollars to provide some premium assistance to individuals and small business groups that go out purchase this product from Blue Cross Blue Shield. We have the good fortune in Polk County of having a woman that helped develop this project it was a 3 year project they had extensive community meetings they did extensive research into the models throughout the U.S. for these types of public/private partnerships. We hope to have further meetings to discuss this more and at some point we hope to come back and maybe make some recommendations to Polk County to consider this at least investigate this process and to perhaps do a pilot project of a similar type program into Polk County.

Dr. Nobo: Asked the COC if they wanted to make any comments? He asked Dr. Seoane since he sits as the Trustee for the Polk County Medical Association to read a letter from the PCMA; it should take him less then 3 minutes to read the letter that was sent by the President of The Polk County Medical Association.

Dr. Seoane: Read the letter.

Dr. Nobo: Public Comments - Mike Burchfield – left, Inez King.

Inez King: Citizen – Public Comment: She gave information on how CFHC has helped her family, she has 2 family members that were dropped by the PHP in 2008 they both have a chronic disease that they were born with and they were not able to get medicine or doctor's visit or a doctor's attendance. They have been sustained through CFHC with no emergency room return visits. One relative was not able to maintain a \$600 medication per month after being dropped by PHP they did stroke again after having 2 strokes. They did try to get help from LVIM and was told that they were not taking any new patients. CFHC they helped to save the 2 family members that I love. Thank you.

Eileen Stone: Member of P.E.A.C.E. - P.E.A.C.E is a coalition of 23 Christian Churches in Polk County from Winter Haven, Lakeland and Haines City and their sole purpose for existing is to bring leverage of numbers of members of our congregation to quality of live issue, justice issues in our County. I know that I am a familiar face I am not going to say anything new but I am going to be persistent and that's what we believe God has called us to be. A number of years ago we as an organization were very active with other members of the organizations – The Polk County Health Alliance to bring about the ½ cent sales tax that you all dutifully are seeking to do a good job and over see. So we have as you do a very vested interest. The initial intention was to use those dollars as good stewards and we as part of the referendum we clearly stated that we wanted those dollars used in primary care healthcare clinics and that is how a lot of those dollars are being invested. Today I really don't understand all of the dynamics of what goes on with this oversight committee but there seems to be some how an adversarial relationship among some with the primary healthcare clinics and that is disturbing to me. Obviously we all need to be accountable for what we do with what we have and certainly we have a tremendous public trust we need to be as transparent as absolutely can so we need to know where all of the dollars go and know that we are using them the way the County has asked us to use them. But when I experience what seems to be an adversarial relationship that is troubling to me, and I just want to let you know that P.E.A.C.E. is here we are watching and we are paying attention and we really what to make sure that we continue to support the effort to establish primary healthcare clinics to broaden and increase access for clearly a huge number of our citizens that have no access. I just wanted to tell you that we are going to continue to show up, we appreciate the work that you do because we know that you are here spending you very precious time and we continue to partner with you to make sure that we are doing a good job for the people of our County.

Dr. Nobo: Mr. Herr, would you like to say something?

Michael Herr: Thank you for giving me the opportunity, but I don't have any comments.

Dr. Nobo: Stated that he would like to clarify something since that in my personal opinion I think that The Ledger got it completely wrong. In their article unfortunately Robin wasn't here because I don't think she would have ever written that article, a side bar. Now all of you including people may be watching in TV has noticed that John has spoken to Connie, Connie has spoken to Brian I think that Stacy said something to Ms. Fulse. I have been watching this carefully because those are not illegal side bars it becomes illegal if those conversations were to try to convene one of us to vote their way. For example when I talked to Connie it was because I couldn't remember what FTE stood for or when Brian was talking to Connie I can guarantee you that he wasn't trying to convince her to say something or to vote for something and the same way with John. So I think that we all need to respect each other, when some of us are talking among each other, I think it is rude to make the "Shhhhh" towards somebody on this committee because that person does not know, for example I was talking to John and I wanted to make sure and which he brought it up that you had mentioned the great work that you had done and decrease the ER visit. We are not going to vote on that it was just something that I did not hear and I wanted to see if it was said because I was going to say it but John

had said it. So I think we need to try to be a little more civil up here and I think those who have the privilege of sitting in those chairs need to also understand that, again had Robin been here I don't think that would have been an issue. Again the side bar that was mentioned was not a side bar it was just a discussion between two people nothing to do with and that I believe and Mike is here I believe that I saw him shaking his head that I was correct and that is not illegal.

M. Duclos: No

Dr. Nobo: Thank you are their any other items, Stacy.

S. Campbell-Domineck: I want to thank you for giving me this time to speak and I will try to be as quick as possible. I was sitting in on the strategic planning system that I think it was in December that our committee had. I think that all of us had a strong commitment to insuring that we serve the most in Polk County with the funds that we receive for indigent health care and today I have been a little bit frustrated at this conversation and the tone of this meeting and I agree that it seems to be some antagonism or underlying issues and I am going to publicly request that we remember why we are here and this committee and what our focus is. The amount of time that we have spent on CFHC and then having everybody else come up and present their report and walk away could present an appearance that there is an issue. Everybody is asking to do more with less; we are all here to serve the public we are all here to serve the Polk County community and I know that when dollars get tight sometimes we feel like we have to compete against each other but if there is anyway that we can do that without tearing down any organization that is serving the community because it is hard for everybody. I know that with Polk Works we fail sometimes but we are serving just like everybody else. LVIM does a phenomenal job, does a phenomenal job I have heard it, CFHC does a phenomenal job, We Care everybody does a great job but you don't hear that when we come to this meeting and we are trying to compete for money. Somehow we need to promote the great job that is going on because it is out in the public and when we tear the other organization down if there is a possible funder who says I want to support this initiative they may have second thoughts wondering if this has really happened or is this really going on. We have slighted information we have tried to compare things that really are not comparable we have interrupted things that if we are not careful somebody could walk in and not know that it is our interruption they may think it is fact that you break down numbers so much to say this is how much it is costing to serve a client here and how much costing a client over here. If you get the tail end of that you may think it is fact not knowing that you are putting infrastructure in place and it is not necessarily serving a client you can't break down that cost if you have only served 100 people in a year with 7 million dollars or with 7 hundred thousand dollars as opposed to a contract that requires you to serve so many clients at this rate by this particular time. So we can be our own worst enemy we need to make sure that we are managing we are good stewards of the decisions that we have to make as it relates to healthcare. The other thing that I think we are missing and I am saying this not just the COC but in general of the public. When we come here and we know that we are struggling as a County to serve our community as it relates to healthcare let's come with some collaborative ideas or some innovative things we can do. What have we heard about? It doesn't take just a grant writer from the County or a grant writer from CFHC or LVIM to go out there and look for funds that may help us serve our purpose and if we have that information lets forward it on and try to collaborate to make this happen. It is very stressful coming to this meeting this is probably the one meeting where I get up and go to the rest rooms 2 or 3 times to figure out and just calm down. I don't want it to be antagonistic but I also don't want us to tear down anybody, you Dr. Nobo not being torn down, or Misilene or any organization not being throwing darts at anyone. We all have a passion and that is obvious that we have a very strong passion but if we can convey that in a matter that serves to benefit and promote the fact that we want healthcare in this county and we want a better quality of life for our citizens I would hope we could do that moving forward in a more professional manner.

J. McArthur: Stacy I agreed with what you said I just would like to add that one of the groups that are doing such a great job is the physicians that are under contract with the Polk HealthCare Plan.

Dr. Nobo: There was something that was brought up to me and I believe that perhaps we may need to vote to allow Mike or to even look at it further. A local insurance company has spoken with Lea Ann and with me that they maybe able to give us free service for up to 3,000 when we reach up to 3,000 members. In doing and assisting us with third party payer. They have asked to see some of our, I wish Lea Ann was here some of our hardware Mike. I guess it will have to come from us to say it is ok, it is not binding this is something that they are willing to do for community service up to 3,000 patients for free.

M. Herr: I received an e-mail from a gentleman I think it is called First Service Administrators. The nature of the information was financial in the sense that the party had requested to have our organizational chart which means you want to take a look at our staffing and our cost and that sort of thing. I understand that and I certainly don't have an issue in sitting down and entertaining a discussion with a company but my concern about doing that is number one: I wanted to have this discussion out in the open so that the full committee could have an opportunity to give us a sense of direction if you wish us to do that. Secondly; I was a tad bit concerned about having a discussion with one company because they were a company in the past that had responded to our request for proposal (RFP) for a third party administrator (TPA). They maybe a very competent company and I toured their facilities a couple of years ago I have nothing against them or anything like that. I just didn't want to create an unfair situation for them or for others in the event that we choose to go out for an RFP to have a TPA provide services that was my genuine concern. In and of it self I don't have a problem sitting down and talking to somebody but if we are going to get into well I am going to give you a proposal Mr. Herr that is a different situation.

Dr. Nobo: I agree so that question is, now that you had mentioned it, do we allow anyone else which I think we should, the truth is for something for free for up to 3,000 that is a lot.

M. Herr: I will listen to the other members of the committee; I think that the greater question is, I will listen to the wisdom of the committee. But the greater question is will we be going to go out for an RFP to retain the services of a TPA to basically operate this plan or are we going to do this in house. I think that is the greater question. We would have to sit down with this company to find out what they mean by free; I don't go to a doctor and get free service a TPA is generally not going to do something for free. I need to find out what they mean by that and I am certainly willing to do so. I would like to hear from the other committee members.

Dr. Nobo: But I can answer one question because I was there when he talked to Lea Ann and free was free.

J. Moody: Free indefinitely?

Dr. Nobo: No he said for up to the 3,000 members

J. Moody: Free for 3 months? Service free for 3 years of service?

Dr. Nobo: I believe that is why he wanted to meet with Mr. Herr, my impression from the conversation it was free until 3,000 members if you never reached the 3,000 that is my interpretation then it is free.

S. Campbell-Domineck: I have a comment, I would be really careful because the discussion, I don't think we had the discussion whether we do want to go with a TPA.

(M. Fulse, C. Kinnick) we did

S. Campbell-Domineck: So has it been decided?

M. Fulse: Yes we decided against

C. Kinnick: We went through the whole RFP process and then it was voted on by this group and recommended to the Board that we do not go with TPA.

B. Hinton: Initially we voted to do it and then we came back and we changed our minds because staff said they could actually do it cheaper. Since then we have spent additional money on software which has cause our cost to go up a little bit. Long term I think it is an option I think we need to look at. The top 2 bidders as I recall were First Services and Jim's company and if we are going to give it to one I think you have to give it to the other.

Dr. Nobo: Correct

J. Moody: you don't need to give it to me I withdrew our RFP when this committee recommended that its staff do it themselves. I stood right over there at that podium and told the County Commissioners as an entity if you do it right you can do it cheaper now you can't do it cheaper than free. But you can do it cheaper than a TPA can do it because a TPA is going to make a profit he's got too to stay in business. So when this board recommended that the staff do it I withdraw it. I am a firm believer I came from an environment that I did it for a large employer before I started my own business. You can do it cheaper yourself if you do it right, because you remove the profit, but you can't do it cheaper than free. That is my question-what is the definition of free because nothing is free.

Dr. Nobo: Maybe we should ask that question in writing, if that is what the committee wants to do.

S. Campbell-Domineck: I am wondering why, we don't need to go down the path were we are dealing with the possibility of saying that you are giving us something temporarily free and then that interruption if you want to talk about interruption is that once I give this to you on down the line you are going to select me as a TPA we really do need to be careful with that and if that individual wants to just broach the idea perhaps you can invite him to the meeting and they can publically share what they want to share. It is just a point of information and we don't have a discussion about whether we want to second guess a decision that obviously has already been made but it is just information on the table. I would not have a private conversation for fear of in the future we might go out for a bid and the company that we have had a private conversation with and given the access to certain information or given them something appear that we have been trying to do business with them in the first place.

Dr. Nobo: That is why it was brought up in this public forum. But I think it is a great idea to invite him or his representative to come and discuss so that all of these questions can be answered. I agree and I voted to not go to an outside TPA and I will tell everybody that is listening I was wrong. Because the information that we were given was perhaps not all of it.

Dr. Seoane: It think that Stacy is absolutely correct that to protect the County staff to protect the integrity of the process it has to be done in an open matter especially with an entity wanting to do business with the County Mr. Herr you did exactly the right thing. This is the proper way to do it. Anyone who wants to offer free service we will give them a hearing.

M. Fulse: In terms of us listening to the people who had the RFP and the deciding to go with our own people. It delayed the reporting the process it delayed Steve and Ed and that group from getting a computer on line that would take care of things. Now as I understand it the McKesson programs and the 500 thousand dollars all this computer stuff that has been purchased and all the things that are in place they are already in place to take care of our needs. Our time is limited we come here once a month and we have a whole lot to do I think that if you all and staff has figure out the TPA based on the fact that we had voted on for something it has taken over a year for it to get in place. We have an IT guy, we have the equipment we have bought additional software. I just don't know why we are going to go back to wasting time to listening to any more of this. It took us a year to for Steve to be able to buy the equipment. Now Steve is gone-you guys have the equipment, things are being worked on. Why are we going to listen to this-who has the time?

Dr. Nobo: I have the time because when I took the responsibility to sit on this committee I am willing to listen to any citizens of Polk County that want to make a presentation that can save money and therefore we can see more patients. So I have the time.

M. Fulse: I move that you guys have a private sunshine meeting with your Utilization Review or somewhere else because I don't have the time. We have already spent a year waiting to get where we are now we are going to start what it is going to do it is going to stop the IT people and the computer purchasing and the software that is going on because we are sending out RFP's again. You don't just keeping driving around the block once you figure out where you are going just get the heck there.

T. Mosley: I think we just keep continuing with what we have approved, which was for you to move forward with the software. Until at such point we decide something differently, having someone coming here to present or shouldn't halt what we have already approved.

Dr. Nobo: Mike please correct me we can not prohibit citizens for Polk County coming an making a presentation to us, so I am surprise that anyone would insinuate that we don't have the time to listen to the citizens of Polk County. Whether we agreed with it or not I think it was important to bring it up if a person wants to come and talk I am not going to say no and I hope that Nancy doesn't either.

J. McArthur: I am kind of ambivalent on this because I was also on the reviews for the RFP's for the TPA but my question is ok fine we have this party come and talk to us and either we go with them or we don't. What happens if we do and a year or two years down the road we decide to go for and RFP for a TPA not only does that give them maybe an inside thing but other people who might respond would say they have already been doing business with them so we won't bother to go in there. So it we might be cutting ourselves off at the knees down the road somewhere I just honestly just don't know.

M. Herr: generally speaking and I am going to look to counsel to correct me or back me up. If we were making a decision today the COC was going to recommend to the BoCC who ultimately makes that decision that they wish to have a TPA run the operation of the PHP then our procurement policy would say this that we will put together a set of specifications we would bring that back to this committee and then we would ask for your review and approval. We would take that RFP back to the BoCC for them to approve and then we would go out the door with it. That is generally how that would work if you are going to be looking for

consideration to change hands and you are going to have a contract and you are going to have money exchange hands. A little bit unusually that a company says well I will do it for free up to a certain threshold the only way you are going to understand what they mean by that is to invite them in and let them make a presentation. At the end of the day we haven't agreed to anything, I suspect that the Attorney and the Purchasing Director is going to say Mr. Herr not too quick free or not you are probably going to have to go through a competitive procurement process, I am going to have to check that. Because quite frankly we don't have a lot of requests for people to do something for free. So we will have to find out what does that mean. We need to discuss that in an open forum and then we will discuss the specifics of how do we handle that from a procurement standpoint.

Dr. Nobo: For example every year don't you look at the insurance that you offer the Polk County Employees and sometimes you change insurance companies so it doesn't give any benefit that you have had one it may in fact be detrimental that you don't want them again.

M. Herr: In fact we do most of those agreements can be multi year with an opportunity for both parties to reopen discussions that is usually how we do that. Very rare would we give a TPA for our Employee Health Insurance plan a 5 year agreement.

Dr. Nobo: If he wants to come and make a presentation I didn't hear enough objections except from 2 that would not want that to occur. I don't know if we can even object to someone who wants to come and talk to us and say no I don't think so. He can even go to the BoCC and ignore us.

M. Duclos: As I say to each member it is the consensus of this committee what sort of presentation or what sort of discussion you care to have it is the same way with all of the boards that I work with. You have to act collectively.

S. Campbell-Domineck: Stated public comment is limited being on the agenda for a presentation is different is that right.

Dr. Nobo: That is correct.

S. Campbell-Domineck: Public comment maybe 1 minute if you set that as the Chair of the meeting and you set that limit is that is correct.

Dr. Nobo: That is correct and sometimes comments go beyond 3 minutes.

S. Campbell-Domineck: my recommendation was not necessary anybody can come to the meeting and make a public comment; it was if we are going to hear something it would be from a presentation standpoint. Not that I am agreeing with that I am just saying that is what I meant not you can't come and talk anyway.

M. Herr: If that is the wishes of this committee then we are going to sit down with the representative from the company and have them come into my office so we can do our diligence and do our homework.

Dr. Nobo: Any other discussion. Motion to adjourn?

C. Kinnick: Motion to adjourn.

Meeting Adjourned at 11:36:49 AM

Transcribed by: Debi Curry; Office Manager, IV
Risk Management Division