

CITIZENS HEALTH CARE OVERSIGHT COMMITTEE

SUMMARY MINUTES

June 20, 2008

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, Stacy Campbell Domineck, John McArthur, Tonja Mosley, Andrea Gordon, Steve Henderson, Dr. Nobo and Connie Kinnick.

COC Members Absent: Ginger McNally

Other County Staff in attendance were as follows: Ed Smith, Jr., Larry Skidmore, Dr. Haight, Steve Yaskal, Wilma Daniels, Fran Peek, Gwen Hall, JoAnn Fioravanti, Debi Curry, Joy Johnson and Michael Duclos

The meeting was called to order by Nancy Thompson at 8:30:35 AM.

Brian Hinton led the Pray and the Pledge of Allegiance.

Nancy Thompson: Asked that all of the members introduce themselves and what group they represent.

N. Thompson: Requested a motion for approval of the minutes from May 16, 2008.

Motion: Brian Hinton made a motion for the approval of the minutes.

Second on the Motion: Misilene Fulse

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

All members stated AYE.

Minutes approved.

No Old Business to come before the committee at this meeting.

New Business: Discuss Funding for OB/GYN Patients, presented by Dr. Caravello, Department Chairman of Obstetrics and Gynecology at Lakeland Regional Medical Center. Dr. Sammer's was not at the meeting. He asked the COC's consideration for allowing enrollment of patients who qualify for the Polk County HealthCare Plan at the time of the admission to the hospital so the doctors taking care of those patients can receive compensation for the work that they do. Dr. Caravello explained further about why all of the doctors who take care of these patients are all in favor of this request.

N. Thompson: Asked if there were any questions:

J. McArthur: Stated that he had concerns for the last 2 meetings we have reduced the income level from 200% FPL to 125% FPL, the enrollment has been capped at 19,000, if that is all we can afford. Our funding

is down because of the economy it is hitting everybody. He stated that he would need information from one of the managers as to what we can to?

Dr. Nobo: Stated that 254 patients at the Federally Qualified Clinic and that amount of money that was given to them was over 200 or 300 thousand dollars. 254 patients, correct me if I am wrong.

W. Daniels: Address the obstetrical issue and the client enrollment issue. She told the COC that the Plan is capped, the Plan met the 19 thousand about a week and a half ago. We are not enrolling any new people into the Plan. If they have been in the program throughout the year, they are continuing to do renewals, but no new people. The patient that are eligible for the Polk HealthCare Plan when they are pregnant they are eligible for some type of Medicaid, straight Medicaid or they are eligible for the medically needy program. According to the statute that allows us to have the Plan individuals must apply for those other programs and if they are eligible they must follow through with those programs before the Plan can pay because the Plan is the payer of last resort. Some of the patients that the hospital is seeing are some of the patients that don't follow through.

Dr. Nobo: stated they are asking for those patients that may qualify, we use to do that but we stopped doing that because of our finances.

Tonja Mosley: Stated that most hospitals are going to have some kind of eligibility services. Since the Plan is not in the position to do anything in this regard, maybe the hospitals need to look at how effective that service is and increase that resource. The follow up service.

Brian Hinton: If you will consider this for the Lakeland hospital you will need to consider it for the Winter Haven Hospital and the Heart of Florida. Doctors must take calls that are contractual items between the doctors and the hospitals in most cases.

Other COC members made comments such as increase hospital staff who find other sources to help these patients.

Dr. Haight: stated that they were asking to make an exception to do retro-active enrollment on gynecological issues for the Mothers of Polk County.

Dr. Caravello: He stated that the perception in the community that if there is a problem send them to Lakeland Regional Medical Center.

Dr. Nobo: You can not compare Cardiac with gynecological as all the hospitals do cardiac cath's including Bartow Regional.

N. Thompson: asked if there were any formal motions or recommendations?

Dr. Nobo: **Motion:** for the GYN Care at Lakeland Regional Medical Center, that we do retro-active, qualifications, retro-active eligibility.

C. Kinnick: Second

N. Thompson: **Motion and a second,** discussion, she had a question for Wilma. How much will this be an administrative burden for you to keep this separate from everything else that we do?

W. Daniels: It will cause some confusion. The budget impact.

N. Thompson: We are not recommending that we change anything, about the budget or the cap on enrollment. As of today if an emergency is presenting right now they can't go in the Plan. It would be if we had capacity to take them.

W. Daniels: that is for those who do not qualify for any other funding source.

N. Thompson: Absolutely

Dr. Nobo: This year would be impossibility; **I will amend my motion for whenever we open up the Plan**

Dr. Haight: Stated that the way that Nancy said it was best, yes the retro-active can stay the same it is the whole cap issue. I think the motion would be fine the way it was.

N. Thompson: We are not authorizing any change in the budget, or the cap.

S. Yaskal: Stated that you are authorizing a change in the budget because if we are going to be doing this there will be added costs. He hasn't heard any numbers as far as exposure, I have no idea are we talking thousands of dollars or are we talking hundreds of thousand dollars. That is his concern.

N. Thompson: Why would that be if we are still within the cap and still within our average costs per patients care?

S. Yaskal: You're paying for a service beginning next year that we are not paying for now. That is an additional cost to the Plan that we don't currently have in our budget.

B. Hinton: We didn't budget for any retro-activity for next year as I recall.

Dr. Haight: But they are still eligible as soon as the cap gets met. I think retro-active is more of a timing issue.

N. Thompson: If someone is eligible now in the Plan, they walk in tonight to LRMC they are all ready in the Plan those services are covered. So we are not adding services.

Dr. Haight: It is just a timing issue.

S. Yaskal: You are talking about going repro to eligibility; so therefore, we will be covering people that we are not currently covering since we have done away with retro.

N. Thompson: We are still not increasing the cap from 19 thousand

S. Yaskal: Next year is a concern; it is the budget that begins October 1st. If we change policy now what is going to be affected that retro, the retro was costing the Plan a lot of money.

Dr. Nobo: Stated he would **amend his motion: to be done on a quarterly basis to see if the first quarter the number of enrollees are going to hamper seeing other patients because we are not increasing the number.**

E. Smith: Asked Wilma if this is something that is occurring as a result of a delivery?

W. Daniels: No

Dr. Nobo: This has nothing to do with a delivery.

E. Smith: This is not covered by Medicaid.

W. Daniels: No, that is why I asked about third party coverage if it is a mother who has children and say she has an ovarian cyst that needs emergent care, if she has children in the home she is probably going to be Medicaid eligible, that would not be an instance. But if it is someone that does not have minor children and they have that ovarian cyst and it is an emergency than that would be covered because there would be no other third party funding.

Dr. Nobo: it looks like that number will be very small. I think what these doctors are doing for the whole community should at least show that we are going to attempt to help them.

B. Hinton: Suggested that is you change the **motion to include all of the hospitals to do the same kind of thing he would be a lot more comfortable with that.**

N. Thompson: That might reduce the number of referrals over to LRMC if the other hospitals had a way to deal with it too. Will you accept that amendment to the motion?

Dr. Nobo: **Sure let's do the hospitals that do the GYN care, which would be Heart of Florida, Winter Haven, and Lakeland. Bartow does not do that.**

B. Hinton: Bartow does not do that.

Dr. Nobo: No that was the problem with this lady there is no ER coverage when they closed the OB Department, the OB/GYN's that were there told them that they were going to run into these situations and the administrator at the time told the 2 OB/GYN's quote "we can handle everything".

N. Thompson: **Amending Motion: to include all of the hospital that provide obstetrics and gynecological.**

Dr. Nobo: ER Coverage which Lake Wales does they have one GYN.

N. Thompson: Connie do you accept the amendment to the motion?

C. Kinnick: I do

N. Thompson: Any other comments or questions, hearing none all those in favor of the motion say AYE, all agreed.

MOTION CARRIED

N. Thompson: announced that Dr. Lynn Saddler would make a presentation on the 2008-2009 LIP Project Funds.

Dr. Saddler: Assistant Director of the Polk County Health Department, she made a presentation to help use some of the sales tax funds that are being allocated by the committee to leverage additional dollars from the State to come back to Polk County to increase access to HealthCare. They are asking for \$289,900 per year for each of 3 years in already allocated ½ cents sales tax funds. What is meant by already allocated we are talking about the financial plan that have been recommended for services and programs that the Polk HealthCare Plan will be doing next fiscal year. LIP stands for Low Income Pool. She continued on the presentation that was handed out to all members.

Dr. Haight: gave a brief summary of what Cover Florida is, it allows The State of Florida to negotiate with insurance companies to provide low cost health insurance, the no frills health insurance that can do the basic needs and services for the over 3.8 million uninsured Floridians. Small businesses will be able to offer a variety of health care plans to their employees.

N. Thompson: Asked if we will be marketing that to small business as part of the LIP proposal, to chambers and economic development groups?

Dr. Haight: We want to help to raise that awareness so these tools are accessed, because we see too many communities in Florida that have the tools, such as Alachua County has a ½ cent sales tax, they do not utilize it. We want to see that these tools are fully maximized to help our community.

Dr. Saddler: Continued on the LIP proposal she explained that it really targets people; the individuals that are in the community that are in need. The Polk HealthCare Alliance will be incorporating Cover Florida as part of its outreach efforts. She continued to explain who they are working with and how it will work and the partnerships that are being formed.

N. Thompson: Asked how many people are they planning to serve with this grant?

Dr. Saddler: That information was required by the State, we are projecting in the first year, just for the disease management, for the case management part of the disease management to reach a minimum of 200 people. The number of people that will be in the disease management will be larger as well as the number of people that we will be reaching through out reach and will be connected to services. There will be a lot of data tracking. She showed how the low income funds will flow.

N. Thompson: Good job to the Health Department for getting this put together so quickly. We were able to be reactionary on a quicker timeline.

Dr. Haight: Thanked Dr. Saddler and her work at the Polk County Health Department and Cheryl Cooper, Director of the Health Promotion and all of the partners that came together, this was hard on such short notice. They are in competition with other folks throughout the State.

Dr. Saddler: stated that she had looked at the list there is about 25 or 30 other County Health Departments that have applied. There will be up to 10 awards made.

N. Thompson: asked if the dollars that come back to the County will they be a direct off set for things that we had budgeted for in all cases?

S. Yaskal: Yes; when we did the budgets for this everything that is in here, we would be spending out of the sales tax dollars any way.

N. Thompson: it would free up a little money?

S. Yaskal: A little less than 20 thousand dollars in addition to the 289,900 are things that we were already committed.

N. Thompson: Questions or comments, Steve

S. Henderson: Inaudible, microphone not turned on.

E. Smith: Stated that this represents all of the best things that we are collectively trying to do in the community. This is a wonderful opportunity for all of the community partners to come together in a common cause, goals and initiatives that everyone has been working towards.

N. Thompson: Stated that the group needs to approve putting the match money up for the grant application.

B. Hinton: **MOTION: that we put up the match money to support the program as presented by Dr. Saddler.**

C. Kinnick: Second

N. Thompson: Everyone seconds it.

Dr. Nobo: Question the money is coming back and this falls within our fiduciary duty to make sure that the money goes for those who would have qualified for the Plan so I think that there is no issue there. This is a statement; I just want to make sure that the money goes for that.

S. Yaskal: The money is going back into things that we were committed to spend anyway.

C. Kinnick: For the record I am glad that was cleared up.

N. Thompson: any further questions, hearing none all of those in favor of the motion as stated say AYE, (All say AYE).

MOTION PASSED

T. Mosley: She commented that the hospitals have learned that they have an opportunity to also have some matching by redirecting funds from the ½ cent sales tax through The Polk HealthCare Plan so I would like to ask for (Ed) your assistance in getting the area hospitals together so that we can talk about the hospitals opportunity to receive some matching funds.

E. Smith: Will be glad to do that.

N. Thompson: Stated the next items on the agenda are the 7 month reports and status from Social Services, Provider Relations, Financial Reports and Healthy Community Access Program.

W. Daniels: Gave her 7 month report. She explained how they count the members.

Dr. Nobo: Stated that every time he has called the Plan the folks are always polite and very helpful. Who ever is in charge of that department I would like to commend them.

W. Daniels: Debi

N. Thompson: Excellent job.

W. Daniels: Thank you for that comment, we will share that with the staff that answers the phones, they are the ones who get the brunt of those calls especially when the callers aren't eligible for certain services.

N. Thompson: Gwen Hall, Provider Relations up date.

Gwen Hall: made her 7 month presentation.

Dr. Nobo: Asked about a report that could separate the CT Scans, MRI or ultra-sounds that are ordered through the ER compared to offices of the physicians.

G. Hall: There is a possibility that we can run a report by facility on where that is being ordered. She said they would look to see where the CT Scans are coming from.

G. Hall: Continued on her presentation. She explained how they are doing management care to the folks who have been using the emergency room, calling client and primary care.

JoAnn Fioravanti: She made the presentation for Healthy Community Access Program; they try to find health care for folks that are not eligible for the Plan.

Steve Yaskal: He gave the fiscal update.

Dr. Nobo: Asked if we are encouraging people to use the Publix and Wal-Mart Medicare specials.

W. Daniels: They do and our staff will tell them. We have the list, of items that are available through Publix, Wal-Mart and Target. We also refer them to the Mednet program.

Dr. Nobo: Is there a way we can make our co-pay higher for those drugs that they can get cheaper at Wal-Mart, Publix or Target. The reason I tell my patients to go to Wal-Mart or Publix and after I leave the room they tell my nurse that they will not go to the other locations because it is too far, I will go get my drugs from the Plan because they are free.

W. Daniels: The lowest co-pay is one dollar, so of course are you going to pay the 4 dollars or the 1 dollar. Most of the clients will choose the 1 dollar; we could bring back the request to increase the co-pay to a minimum of 4 dollars instead of the 1 dollar.

Dr. Nobo: That needs to be considered, it is much more important for them to buy their cigarettes.

N. Thompson: Asked that this be put on the agenda for the next meeting. We can revisit that we haven't looked at that for a couple of years. See if we can do something for the cost of drugs.

W. Daniels: Ok we can bring back that information.

M. Fulse: She commented and wanted to make a recommendation is there a way to break those prescription dollars up to mental health prescription verses our non-mental health. Because in practice looking at our formulary is non-mental health prescriptions are only accounting for 10 to 25% of the dollars. I think we are dealing with the fact that most of the mental health drugs that we are using the ones that have been proven to work, they are all brand names, and they are all very expensive. They are very expensive running from 150 dollars to over 300 a month. This is unfair to our chronically ill patients or to some of these other patients for us to think that we need to change the Plan because we have a same population using a large part of that budget. Can we separate them into mental health prescriptions or drugs verse the chronic meds the regular very day chronic meds, they run below 5 dollars cost.

W. Daniels: Asked do you want me to pull the anti physic and the anti-depressants as well.

M. Fulse: right such as the Geodon or the Seroquels those items are 3 to 5 hundred dollars a month, they would make a person who is getting a Lisinopril which is costing the Plan 2 dollars and ending up having to pay more on co-pay when it is the Mental Health Drugs.

N. Thompson: Polk HealthCare Alliance Update

C. Kinnick: She said that Dr. Saddler presented everything, but tentatively the Polk HealthCare Alliance would like to get on the agenda in September to present what it does and how its members are. This is not confirmed.

N. Thompson: Connie please confirm that when it gets closer.

E. Smith: Not a problem, Debi please make a note for that September Agenda to put the Alliance on for a presentation.

Dr. Haight: Gave a one minute update on the Teen Pregnancy Program they now have 180 children enrolled into the program. He gave an overview of the program and some of the percentages.

Lea Ann Thomas, Assistant County Manager: She wanted to talk a little about the budget and paying for the in-mates out of the indigent healthcare fund. She explained about the 27 million dollar deficient in the general fund. The Commissioners are looking to try and handle some of the deficient. Knowing the feeling of this committee, and others, so they looked at how many of the in-mates is in the Plan and the average is 54 a day was in the healthcare plan. If we extrapolate that out through out the year it comes out to 197,100 dollars a year which would be the cost from the healthcare plan to just pay for those in-mates. So that is what the recommendation has been to the Board instead of shifting 4 or 5 or 6 million dollars to fund the cost of the inmates that are already eligible. The Board has been presented with that information and they are favorable with that. The budget has not been approved yet they are talking to them individually regarding the 27 million dollar deficit and they will be presented with the balanced budget July 14th and then they will start their work shops. She offered to answer any questions.

N. Thompson: What was the cost of care under the Sheriff's?

L. Thomas: She stated that she could not find her e-mail on that, it is about 10 dollars a day. The recommendation is to pay whatever it is the Sheriff pays.

N. Thompson: It won't be our Plan cost it would be at the Sheriff's rate for cost of care which is similar or even less than what ours is.

Dr. Haight: Is that number based on the 125% FPL eligibility or the 200% eligibility?

L. Thomas: stated that it was at the 200%, which would make it even less.

N. Thompson: At any given time there would not be 54 people but fewer than that number.

L. Thomas: That does fluctuate from day to day. 54 people are not in there for the whole year, most people are only in there most in-mates don't serve a whole year.

Dr. Nobo: Asked if the total will be corrected.

L. Thomas: We will only pay what the actual cost is.

Dr. Nobo: Why can't we just pay the cost to take care of the inmate when he or she becomes ill instead of doing a flat fee of \$197,000, because perhaps we may have 52 inmates a day but none of them need care at that time, maybe only 10 may need the care.

L. Thomas: Let me answer that 2 ways, we will only pay the amount that we actually need to pay, for budgeting purposes we budgeted a little more than that. The only amount that will get spent is for the people who are eligible in a given day.

Dr. Nobo: That are sick?

L. Thomas: The cost is because the Sheriffs contract is a set amount per prisoner for the year, they maybe healthy the whole time they are there but there is still a cost associated with that.

N. Thompson: Stated that he contracts some much per inmate per day.

Dr. Nobo: Stated he thinks that we should only pay for the healthcare that they need. Not just because they are healthy.

C. Kinnick: I have to hear the numbers for the 125% FPL not the 200% before I would even consider anything. She stated again that she does not believe in supporting inmate care that is not what I campaigned for ½ cent sales tax and a person is a recipient of the Polk HealthCare Plan they are usually in some way contributing towards that ½ cent sales tax if it is only to buy milk and bread. As an inmate they are not contributing a dime to the Plan. I don't think it is fair.

B. Hinton: Does that include all jails?

L. Thomas: Any one in Polk County

B. Hinton: I could get comfortable with the ones that are in the Plan the day they get into there, he fears that once we get into that part they are going to try to start to qualify the ones that are already in there to be eligible for the Plan. That would clearly violate the intent of the sales tax.

L. Thomas: **We will extrapolate back to the lower level.** That will be easy to do.

S. Yaskal: Explained how they came up with the number of in-mates.

C. Kinnick: Stated that the Plan is capped at 19 thousand and you are going to support inmate care while others can not get into the Plan. Someone is in jail and they are not contributing and someone else is out trying to support a family and live a good honest life, but I am totally against any inmate care.

L. Thomas: But they are not there all year, it is much shorter than that.

Dr. Nobo: But that is my point we are still paying for them as if they were there the whole year. I will object to this 100% and I might consider it if we only pay for when they become ill and have to go to the hospital or they have to go to the physician, just as if they were on the outside. Over all I am against this.

Dr. Haight: How does this impact some of the inmates don't some of them have to pay when they go to the infirmary. I don't understand that payment system.

L. Thomas: We have not work out an agreement with that yet. I can't answer that at this time.

M. Fulse: What did the voters vote for; I would like to hear that read clearly for everybody. The voters voted for the budget cuts and the voters are suffering with the budget cuts, I know the County has to take care of the inmates medical care but maybe the inmates need to suffer some of the same budget cuts that the voters are suffering through. Did the voters vote for indigent care to take care of prisoners? I am just not willing to provide more care for individuals than they provide for themselves. We need to provide care to sustain a person not to improve a person. If we have to which this sounds like this is what you are going to do, so if we have to than they need to reevaluate what care they are providing and provide life sustaining not life improving. If we don't have to do it than I will vote admittedly no.

L. Thomas: Stated that this is in the purposed budget and the work session will be in July and August.

N. Thompson: Stated that these are people that are already in the Plan. She wanted to make sure that everyone understood the dynamics that is not 50 people a year.

Dr. Nobo: Stated again that if they are sick than lets pay for that not just a general automatic.

L. Thomas: She stated that she would check on how the contract is written.

J. McArthur: HealthCare for the inmates was not mentioned in the amendment. One of the commissioners had pointed out to him that you can not determine what the voters intended.

N. Thompson: The payer of last resort there is a statutory requirement for the County to provide healthcare for people that are inmates. Who is the payer of last resort in that circumstance?

S. Henderson: (Microphone not working inaudible)

Dr. Haight: stated that there would be a Citizens Oversight Committee that would give advise and there would be a group of people that represented multiple walks of life that would try to take the process once it was agreed upon and give good advise to the final decision makers and I think that this is a key part of this process.

J. McArthur: Every time this has come before this committee we have voted no.

B. Hinton: If you go back to the beginning, we have advised against things and the Board of County Commissioners had decided to pay it anyway. It is ultimately there responsibility and there decision.

N. Thompson: We are advisory to The Board of County Commissioners I think we all remember that and at the end of the day they can do what they want to do within the law and I appreciate Lea Ann bringing this tuff issue to us and as she said there was discussion among the County Commissioners at their retreat to pay for all of the inmate care whether we agreed with that or not this is a huge compromise position. I know the sense of the committee but we will take a formal vote.

Dr. Haight: There is a legal issue which might be a moot point, when this is not a payer of last resort so this may not even be even possible.

N. Thompson: I am sure that the County Attorneys would do the research on that before anything is done.

L. Thomas: It has already been done, a couple of years ago.

Dr. Haight: So it can be done?

L. Thomas: Yes

B. Hinton: **Made a Motion: that we accept funding**

J. McArthur: **Why don't we get some figures?**

B. Hinton: **"Subject to the real figures" but based on the outline that we would agree on this as presented to fund the Plan cost for people how are currently enrolled in the Plan during their incarceration.**

Dr. Haight: there is still the issue whether this is per an illness event verse a capped rate just if they were in there just a few days. So I think there are still some unanswered questions.

N. Thompson: that is why I think it needs to be conceptual only at this point because Lea Ann is going to have to go back and refigure what that really might be. We understand that it is really only an estimate we don't really have the data to support it.

B. Hinton: **Motion: the other part of the motion that the intent of that motion is that not to accept the fact that they are going to try to qualify the inmates for the Plan.**

N. Thompson: **Correct they must be eligible at the day of initial incarceration, already a member of the Plan.** I have a motion do I have second.

J. McArthur: Second

N. Thompson: Discussion

Dr. Nobo: I think the intent is very good but I have to speak against the motion. I think if we start this way it is going to increase. I think that this committee has always been very strong about this and I understand that. He continued on and explained his feelings on providing healthcare for inmates.

T. Mosley: Stated that she too would have to object because we are sitting here today some of the Plan members are going to lose their coverage how do we handle that and just to add another component where is this money going to come from. It would be very difficult for me to support it as well.

N. Thompson: She decided to do an individual role call vote: Mosley: Object, Henderson: Object, Hinton: Aye, Kinnick: Object, Nobo: Object, Thompson: No, McArthur: No, Fulse: No

Motion: 7 NAY, 1 AYE, "MOTION DOES NOT PASS".

B. Hinton: give some information regarding that part of the Polk General Hospitals budget was for inmate care. Closing the hospital was really bad.

J. McArthur: The closing of the hospital was based on a report with a big budget to some recommender out there.

E. Smith: Stated that the Annual Joint Meeting between the BoCC and COC will be held on the 25th of July at 8:30 AM in this chamber. This will be set up as in the past in the well of this room. Please mark your calendars and staff will do the budget presentation as we have done here for the entire board and than there will be the discussion. This will be an opportunity for you to all exchange ideas and comments.

N. Thompson: Stated she will not be here for that meeting, she will be at her company's quarterly meeting. Dr. Nobo stated that he will be so he will be able to Chair the meeting. I hope the rest of the committee can make it this is a very important meeting and this is our opportunity to have much more direct one on one dialogue with the County Commissioners about issues in general. This is a replacement for the July 18th meeting. We did vote to cancel the August meeting.

She asked for other matters to discuss or public comment, hearing none we will stand adjourned.

Meeting Adjourned at 10:49:40 AM

Transcribed by: Debi Curry; Office Manager, IV
Community Health & Social Services Division