

Moore County Board of Health
June 24, 2014

Members Present: Tim Boyte, DVM
Betty J. Goodridge, MHA, CMA
Severt Jacobson, MD
Dennis Mabe, PE
Elise McInnis, RPh
Nick Picerno
Kamron Monroe, DDS, Vice Chair
Robert R. Wittmann, MPH, Secretary to the Board

Members Absent: Michele Keel, OD
Phyllis Magnuson, RNC, MPH, Chair

Vice-Chair Kamron Monroe called the meeting to order at 6:02 p.m.

Introductions/Recognitions:

Staff present were: Teresa Forrest, Planning Manager and Bengie Hair, Management Support Supervisor. Also present was Chief District Court Judge Jayrene Maness.

Invocation:

Robert Wittmann offered the invocation.

Robert Wittmann announced that the State Accreditation Board had unanimously awarded accreditation status to Moore County Health Department. To that effect, Matt Garner, Public Information Officer, will issue a press release with an announcement. At the August 12th, 2014 Board meeting, Rich Tompkins, Accreditation Coordinator, will give the Board a more detailed report.

Approval of Adjustments to Agenda:

There were no adjustments to the agenda.

Conflict of Interest:

Robert Wittmann read the following statement: *Does any Board Member have a conflict of interest concerning agenda items the Board will address in this meeting?* There were no conflicts stated.

Public Comments:

There were no public comments.

Approval of Consent Agenda:

The minutes for the last Board of Health meeting on May 12th, 2014 were discussed. Nick Picerno made a motion that the minutes be approved. The motion was seconded by Tim Boyte. All were in favor and the motion carried.

Old Business:

There was no Old Business.

New Business:

- Amend Clinical Fees and Eligibility Policy Resolution: Board members discussed revisions to the Clinical Fees and Eligibility Policy. BJ Goodridge made a motion to approve the resolution, see attached, to adopt this amended policy. This was seconded by Tim Boyte. All were in favor and the motion carried.
- Clinical Fees for Services Resolution: Board members discussed revisions to the Clinical Fee Schedule. It was asked why some fees had such a difference between 2014 and 2015. Bengie Hair spoke about the process used to revise the fees. First, the State generated a report of the Moore County Health Department's clinic costs for services and the fee schedule had to reflect a balance with these costs. This State report used data from the State's HIS system. Fees from surrounding counties were reviewed, as well as a comparison of national charges, utilizing fees in the 75-90 percentile range. In some instances, if a service didn't already show a fee, then a fee had to be added. Patty Kempton, Nursing Director, reviewed the above-referenced information with a Bengie Hair. Fees were adjusted higher for the services that were provided the least. The Health Department looked at the potential impact on clients. Nick Picerno asked who actually pays the fees. Robert Wittmann stated that some patients are self-pay, while some are covered by Medicaid. For self-pay patients, some services are offered on a sliding fee scale, where some patients might pay a percentage of the total costs or nothing at all, depending on income. The Health Department is considering billing for private insurance in the future. Severt Jacobson asked if the vaccine prices had gone up that much in price. Bengie Hair stated that the Department had to set a fee rather than show the vaccine 'at cost'. The State requires that a dollar amount had to be set in the system for the fee. For example, with a vaccine that costs \$30 today but was bought at \$17, we could charge \$17 but we would have had to put a cap of a higher fee in the schedule. Robert Wittmann stated that we are not allowed to 'float' the fee any longer. BJ Goodridge asked if the amount of the vaccine cost on the schedule would be the maximum charge allowed, for example, \$100 for a flu shot for 2015. Robert Wittmann stated that it would be the charge for the service but that the private sector has flu vaccine readily available and the Health Department doesn't provide much any more. BJ Goodridge said that we don't want to make vaccines unavailable. Robert Wittmann stated that the fees have to balance our costs for the services. Regarding flu vaccine, the Health Department is not a primary provider. Setting these costs higher is a balancing act. For other vaccines, there is the private sector and we have a sliding fee scale. We looked at our role in public health, prevent disease and injury. Medicaid would pay only the rate they allow, as would private insurance, if we accept it. For people who are at the 100% range on the sliding scale, they can go to their private doctor for the service. Our revenues have been anemic. We're always a year behind, but once we go to this, in that next fiscal year, we have an opportunity to see an increase in our revenues. All the Board of Health can do is recommend the fee schedule. The Commissioners have to adopt it before we can charge the proposed fees.

Elise McInnis stated that people in the community had come to her about issues with travel immunizations and how expensive they are today, without the increases for 2015. They have gone to other counties because it was less expensive. Travel immunizations are generally not available with private doctors. On another point, she noted that the people who will be affected are the people on the sliding fee scale. She asked what this might do about the Department's bad debt and how much would we have to write off. Robert Wittmann replied that the sliding fee scale is designed to determine what people should be able to pay. People have been getting a real deal in the past but somebody has to pay the freight. Is it going to be the taxpayers or the individuals getting the service? We still have to balance our costs against our revenues. BJ Goodridge said that it worried her with such a dramatic increase. How will this look to the public? What about the underinsured and uninsured people that don't have health insurance but don't qualify for Medicaid? She said that it bothers her to charge people \$100 for a flu shot, along with an administration fee for the vaccine. Bengie Hair stated that that charge would probably never actually be \$100. That charge is a ceiling limit that's put up there in case the cost goes up that much. BJ Goodridge asked if the fees that say 'at cost' will fluctuate. She was told yes, that the fee was a maximum but would actually be charged at cost. Robert Wittmann stated that providing immunizations for foreign travel is not a core public health function. He said that the fee scale caps at our highest cost because we have to have an amount plugged in and that's why we changed our policy. Bengie Hair stated that, in the past, the Health Department did not get a true Medicaid cost settlement for vaccines since we didn't have a fee showing in some of our categories. For this past year, it will go up since the fees have been adjusted to show what we actually incur for the cost relative to the service. Surrounding counties will be doing this as well. We looked at potential impacts for our clients. Some of the services stayed the same. Robert Wittmann stated that we need to be fiscally responsible. The Medicaid cost settlement for two years from now should increase. The State worked hard on the data for our cost report and our staff worked to soften the blow on our patients. The HIS system is mediocre but it supplied the numbers we had to use to determine our costs. Tim Boyte asked if the Patagonia system would give us the same numbers. Bengie Hair stated that he went through and calculated our numbers. Tim Boyte asked how far down we were last year. Robert Wittmann replied that we didn't have this system last year. For the Medicaid cost settlement, the State used to pay the health departments on an aggregate system. The State won't do that anymore but will base it on what it costs the individual county. Tim Boyte asked how the settlement would be with the proposed 2015 fees. Bengie Hair said that we would probably have leveled out but it is hard to say because the HIS system has errors in it. Tim Boyte said that the spreadsheet needed a column to show how much we actually did and not just what the State says. Bengie Hair said we have to use the numbers the State says to use. The State did agree to go back and relook at some of the numbers with discrepancies and they agreed to change some of them. BJ Goodridge asked how this would work with private insurance. Robert Wittmann stated that the Health Department does not accept any private insurance now but is looking at that for the future. Severt Jacobson asked if we looked at Tricare. Bengie Hair stated that Blue Cross Blue Shield is the primary one that would be available for us. Robert Wittmann stated that we don't do primary care

here but that we would look at different private insurances. Tim Boyte said that there needs to be a way to quickly find out if people are being affected by these fee raises. Bengie Hair stated that he will be reviewing this every thirty days and that a lot of the Health Department patients slide to '0', or the lower end, on the pay scale. On the fee schedule, some of the codes have modifiers that need to match at the same rate. That's one of the adjustments we had to make. Tim Boyte asked if we could look at people coming in and then refusing a service due to cost. Bengie Hair stated that staff will let him know if that is a problem. BJ Goodridge said that you worry about the public perception of this. Nick Picerno said that the system needs to be self sustaining. Elise McInnis stated that staff had done a tremendous amount of work and that we should move forward with this as a starting point and make adjustments as needed. Severt Jacobson made a motion to approve the resolution, see attached, recommending the revised fee schedule, as presented, to the Board of Commissioners for their approval. Nick Picerno seconded the motion and the motion passed unanimously. Tim Boyte asked if there was a way to ask people if there was a service they would like to receive at the Health Department but that they could not afford. Robert Wittmann stated that we could do that in a survey or with the Community Health Assessment. Bengie Hair said that he has asked the Management Support staff to let him know if there is something commented on that is adversely affecting clients, for example scheduling, or costs of services.

There being no further business, the meeting adjourned at 7:03 p.m. The next scheduled Board of Health meeting is on Tuesday, August 12th at 6:00 pm in the Boardroom at the Health Department.