

ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON August 26, 2015, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Susan Elmore, Chair; Liska Lackey, Vice Chair; Commissioner Mia Burroughs, Paul Chelminski, Dan Dewitya, Jessica Frega, Nick Galvez, Sam Lasris, Reena Mehta and Tony Whitaker.

BOARD OF HEALTH MEMBERS ABSENT: None.

STAFF PRESENT: Dr. Colleen Bridger, Health Director, Christy Bridges, Physician Assistant; Alan Clapp, Environmental Health Director; Brent Davis, Communications Specialist; Princess Davis, Office Assistant I; Donna King, Health Promotion & Education Services Director; Pam McCall, Public Health Nursing Director; Kimberlee Quatrone, Administrative Officer; Stacy Shelp, Communications Manager; Meredith Stewart, Public Health Program Manager; La Toya Strange, Administrative Assistant II; April Walker, Medical Office Supervisor and Allison Young, Health Informatics Manager.

GUESTS PRESENT: None

I. Welcome

Dr. Bridger introduced new staff members: Christy Bridges, Physician Assistant; Brent Davis, Communications Specialist; Princess Davis, Office Assistant I; and Allison Young, Health Informatics Manager.

II. Public Comment for Items NOT on Printed Agenda: None.

III. Approval of the August 26, 2015 Agenda

Motion was made by Mia Burroughs to approve the agenda, seconded by Nick Galvez and carried without dissent.

IV. Action Items (Consent)

A. Minutes Approval of June 24, 2015 Meeting

Motion to approve Consent Agenda without corrections to the June 24, 2015 minutes was made by Sam Lasris, seconded by Jessica Frega and carried without dissent.

V. Educational Sessions

A. ICD-10 Preparedness

April Walker, Medical Office Supervisor, presented an update on the ICD-10 Implementation.

Ms. Walker began by defining the ICD-10-CM. The ICD-10-CM, International Classification of Diseases, 10th Edition, is a clinical cataloging system that will be replacing its predecessor, ICD-9-CM. All entities covered under HIPAA must transition to ICD-10CM coding and be in compliance per U.S. health care regulations by October 1, 2015. ICD-10 consists of diagnosis coding for all U.S. health care settings and inpatient procedure coding for all U.S. hospital settings. The ICD-9 codes will be changing from 3-5 alphanumeric digits to the 3-7 alphanumeric digits used in the ICD-10 coding.

Next, Ms. Walker explained the reasoning for the transition which includes:

- Improving clinical communication;
- Capturing data to better describe the clinical services overall;
- The ICD-9 cannot accommodate the addition of codes to reflect new diagnosis and procedures; and
- Exchanging information across country borders.

Ms. Walker continued by introducing the ICD-10-CM Implementation Team. She also presented budgetary, system and business impact assessments. First, she began with the budgetary impact. The total anticipated cost of the ICD-10 transition is under \$1,000.00. This includes staff training cost, new code books and/or coding assistance software and modification of processes and forms. In regards to the system impact assessment, she stated that Patagonia and Office Ally tested claims on behalf of the health departments with all test claims submitted passed; although, some test claims are still pending. Ms. Walker also stated ESB and Claims side entry of ICD-10-CM code have been tested as well as clinical documentation. The new ICD-10 codes are in Patagonia waiting to be uploaded on October 1st. When asked if dental codes were affected, Ms. Walker responded that they're not affected by this transition. Lastly, she spoke about the minimal business impact that the transition has caused on Administrative Services and the clinical areas. There has been the implementation of cheat sheets in all exam rooms which include commonly used codes. Manuals have been created for providers. There is also a code lookup system in Patagonia.

The BOH members had several questions that were addressed by Ms. Walker and Dr. Bridger.

B. 4th Quarter Financial Reports

Dr. Colleen Bridger reported on the 4th Quarter Financial report which was included in the packet. Average YTD monthly revenue in FY15 after the 4th Quarter is \$205k/month or \$2.5M YTD, representing 100.15% of our overall budgeted revenue for the year. This is an increase from an average of \$174k/month in FY14. Year-end revenue is in line with initial budget projections (\$207k/m, \$2.5M/y). Due to slightly exceeding our anticipated revenues, budgeted Medicaid Maximization funds were not transferred into the budget at the end of the fiscal year, which is in accordance with Health Department practices. Expenses were lower than budgeted at 93%.

The BOH members had questions that were answered by Dr. Bridger.

C. 4th Quarter Billing Dashboard Reports

Dr. Bridger also reported on the 4th Quarter Billing Dashboard. After surpassing our billing accuracy goal of 80% in FY 13-14, we set a new goal of reaching 90% in FY 14-15. The

average billing accuracy rate for medical at the end of FY 14-15 is 91% as compared to 86% in FY 13-14 and the average rate for dental for FY 14-15 is 96% as compared to 73% in FY 13-14. Progress continues in refining our definition of billable claims, though the billing accuracy percent presented here always reflects a conservative estimate of accuracy. Though reducing the proportion of unpaid Self-Pay claims is a work in progress, it's not likely we will ever recover 100% of those claims.

Dental earned revenue has consistently increased from year to year, and FY 14-15 average monthly revenue (\$35k/month) exceeded our budget projection (\$32k/month). FY 14-15 dental revenue totaled \$423k as compared to \$317k in FY 13-14.

Medical earned revenue has exceeded the budgeted projection for FY 14-15. The monthly average after the fourth quarter (\$50k/month) is greater than FY14 (\$44k/y) and FY13 (\$25k/y), but slightly higher than our budget projection (\$48k/month). Improved billing efforts (coding, payment collections, and debt set-off) contributed to the higher revenue collections for FY 14-15.

The BOH members had several questions that were answered by Dr. Bridger.

D. Annual Bad Debt Write Off

Dr. Bridger began by notifying the BOH members that per the department's Delinquent and Uncollectable Accounts policy (15.0), uncollectible accounts are to be administratively written off the books. The purpose of this accounting function is to precisely account for and pursue funds which are truly unrecoverable. The last administrative write-offs were performed by the Board of Health in September 2014 (Personal Health, Dental Health, and Environmental Health) for FY 2012 and FY 2013 in the amount of \$9,073.75.

Personal Health, Dental Health, and Environmental Health continue to participate in the NC Debt Set-Off Program, which allows the county to collect debts on delinquent accounts with a balance between \$50 and \$4,000 through the customer's tax refund. The Health Department anticipates collecting payments on delinquent accounts being pursued through the NC Debt Set-Off program; therefore, those accounts are not included in this write off request.

This year, there were 157 uncollectable accounts with the total debt write off equaling \$5,288.36. The motion to administratively write off a total of \$5,288.36 in uncollectible debt from was made by Paul Chelminski, seconded by Sam Lasris and carried without dissent.

The BOH members had questions that were answered by Dr. Bridger.

E. NALBOH Meeting

Susan Elmore, Chair, gave a brief summary of the National Association of Local Boards of Health 2015 Annual Conference that took place on August 5-7th in Louisville, KY. Ms. Elmore began by stating that the conference focused on the six functions of governance which are policy development, resource stewardship, legal authority, partner engagement, continuous improvement and oversight. She conveyed the effectiveness of the keynote speakers (Carter Blakey, James G. Hodge, Jr., Ali S. Kahn) as well as how great the breakout sessions were. The conference allowed an opportunity to meet and speak with other local boards and discuss the issues that they're tackling and/or have found to be challenging. Ms. Elmore recommended that the Chair and/or Vice-Chair attend this annual conference.

There were no questions asked by the BOH members.

VII. Reports and Discussion with Possible Action

A. BOH Policy & Procedure/By-laws Review

Meredith Stewart, Public Health Program Manager, began by informing the BOH members that the BOH is required to review their Policies and Procedures each year to meet accreditation standards. She then informed them that this is just a review of the recommended edits and the Fee and Eligibility sections will be presented at the BOH meeting in October. Next, Ms. Stewart outlined the recommended changes with the BOH members to which the final approval of the revised policies will occur in October. Ms. Stewart also brought before the BOH members the recommendation of voting to repeal the by-laws in October as well. The reasoning is that the accreditation guidance on this issue states:

“This activity requires that the BOH have Operating Procedures. Although the BOH may have Bylaws, a set of Bylaws alone will not meet the requirements of this activity. There have been past concerns that local health departments may include items in bylaws that do not comply with state statutes. The Institute of Government recommends that the BOH have operating procedures instead of bylaws. An Operating Procedures template is located on the NCLHDA website. It has been reviewed by the Institute of Government and is free of any potential legal problems. Please note that in many instances a BOH will usually repeal their Bylaws and replace them with the Operating Procedures.” (Accreditation Benchmark 34, Activity 1).

The Operating Procedures template matches the format and content of the Board of Health's existing Policy III.A. Necessary information from the By-Laws, including Terms of Office, have been moved to Policy III.A. The remainder of the content of the existing By-Laws will be moved to a procedural document to be referenced as needed by the Board.

After several comments from the BOH members, they chose to not make any changes to the BOH Policies and Procedures. Ms. Stewart concluded with stating that they will be seen again without the tracked changes for voting at the BOH October's meeting. Dr. Bridger added the reminder that the voting will take place at October's meeting as the meeting in September is dedicated to BOH training.

The BOH members had several questions that were answered by Meredith Stewart and Dr. Bridger.

B. Fee Schedule and Requested Changes

Dr. Colleen Bridger began by stating that the fee schedules are reviewed on an annual basis. These fees are associated with clinical services. The Orange County Health Department fee schedule was reviewed by the BOH members. The proposed changes are to:

- Eliminate Environmental Health well water testing fees for medical referrals. This will allow clients in the Newborn/Postpartum Homevisiting Program that are on well water to have the water tested at no charge. The Health Department would waive the fee if

the well water test is medically-referred. The majority of clients whose medical professional refers them to have their well water tested qualify for Medicaid or have a low enough income to pay \$0 on the medical clinic sliding fee scales.

- Personal Health requests the addition of new fees for multiple procedure codes. These procedures may have been in use at other times under different procedure codes or are more descriptive than current procedure codes that are in use. The division also requests to charge fees for new vaccine types and brands on the market. Finally, Personal Health requests to increase the fees for multiple vaccines that have increased in cost since the last fee change; in many cases this was in 2009 and 2012.

In response to BOH members' comments, Dr. Bridger informed them that there was no cost-impact to the Health Department and that the Health Department is also looking into the logistics associated with discounting charges prior to applying the sliding fee scale. She also mentioned that there is no statute on how many times/when the fees can change; although, the General Statute does offer guidance. She also indicated that the fees the Orange County Health Department charges are based on what Medicaid will pay which is consistent with most of the other county health departments.

The BOH members had several questions that were addressed by Colleen Bridger.

Motion was made by Jessica Frega to approve the proposed fee changes for 2015-2016 as presented and forward to the Board of County Commissioners for action, Sam Lasris seconded, and carried without dissent.

C. BOH Recommendations – Engineer & General Public Positions

BOH members, Nick Galvez and Dan Dewitya, reviewed several applications for the General Public and Engineer positions. They recommended Barbara Chavious for the General Public position and Timothy Smith for the Engineer position. Barbara Chavious, who is very involved in the community, had been a previous BOH member years ago and has a passion for substance abuse and mental health issues. Timothy Smith has been an engineer for 36 years, has environmental health experience and was deemed good critical thinker and long-time Orange County resident.

Motion to recommend Barbara Chavious and Timothy Smith to the BOCC that Sam Lasris be appointed to the BOH, was motioned by Nick Galvez, seconded by Tony Whitaker, and carried without dissent.

D. Health Director's Report

There were no questions from the Board regarding the Health Director's Report included in the packet. Dr. Bridger emphasized that the Health Department has had a busy couple of days in regard to Communicable Diseases in Orange County. She gave a brief description of some of the cases that the Health Department had to monitor including pertussis, salmonella, malaria, and possible rabies. She stressed that vaccinations, both animal and human, are essential. Based on the conversation and comments made by the BOH members, a possible future agenda action item in reference to vaccination statistics for school children was suggested.

Dr. Bridger also gave attention to the recently received 2015 Local Government Federal Credit Union Excellence in Innovation Award that was presented to the Orange County Health Department and its partners for its Naloxone Access Program to reduce deaths caused by drug overdoses.

E. Media Items

Media items were in the packet which focused on Orange County's events and our involvement in various efforts.

VII. Board Comments

A. Plaque Presentation

Susan Elmore, Chair, presented a plaque of appreciation to BOH member Tony Whitaker for his service.

B. Other Comments

Liska Lackey, Co-chair, reiterated the numbers regarding the Community Health Assessment (as of August 24th, completed so far are 134 in-person surveys, 1913 online surveys and 3 focus groups). She informed the BOH members that there will be discussion groups held through Orange County and spoke of the benefit of having the BOH members participate in these sessions.

VIII. Adjournment

A motion was made by Mia Burroughs to adjourn the meeting at 8:20 p.m., was seconded by Dan Dewitya and carried without dissent.

The next Board of Health Meeting will be held September 23, 2015 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD
Orange County Health Director
Secretary to the Board