

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 June 26, 2013, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Matthew Kelm, Chair; Liska Lackey; Tony Whitaker; Susan Elmore; Michael Wood; Corey Davis; Alex White, Carol Haggerty.

BOARD OF HEALTH MEMBERS ABSENT: Commissioner Bernadette Pelissier, Mike Carstens; Paul Chelminski;

STAFF PRESENT: Colleen Bridger, Health Director; Pam McCall, Nursing Director; Christy Bradsher, Financial and Administrative Services Division Director; Alan Clapp, Environmental Health Supervisor ; Stacy Shelp, Communications Manager; Annette Moore, Attorney-Orange County Legal Department, Keith Walker, Senior Public Health Educator; Joan Melton, Property Development Technician; Jessica Beattie (Intern), Trinh Le (Intern)

GUESTS PRESENT: Flicka Bateman.

I. Welcome New Employees

Dr. Bridger introduced new staff members: Keith Walker, Senior Public Health Educator; Joan Melton, Property Development Technician; Jessica Beattie (Intern), Trinh Le (Intern)

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

III. Approval of June 26, 2013 Agenda

Motion was made to move agenda item V.C (Adoption of the Orange County Wastewater Rules) to VII. B. under Reports and Discussion with Possible Action, Motion was seconded and carried without dissent.

Motion was made to approve the June 26, 2013 agenda as amended and carried without dissent.

IV. Action Items (Consent)

A. Minutes approval of May 22, 2013 meeting

Motion to approve Consent Agenda with changes to correct typos was made by Susan Elmore, seconded by Michael Wood, and carried without dissent.

V. Action Items (Non-Consent)

- A. **Medical/Dental Write-Off of delinquent and Uncollectable Accounts:** Christy Bradsher presented uncollectable Medical and Dental debts for fiscal years 2010 and 2011. For 2010, the uncollectable Medicaid balance is \$60,711, \$146,294 for Insurance, and \$26,083 for Self Pay. The total uncollectable amount to be transferred for 2010 is \$233,088. For 2011, the uncollectable Medicaid balance is \$122,465, \$6,447 for Insurance, and \$53,380 for Self Pay. The total uncollectable amount to be transferred for 2011 is \$182,292. Dental and Medical are combined due to both having the same NPI (National Provider Identification) number in the old system. We have requested a separate NPI number for Dental to better distinguish the balances going forward.

For fiscal year 2012 we currently have approximately \$56,357 in outstanding self pay balances that we are pursuing.

Ms. Bradsher reported that quality improvement measures have been put in place such as internal reports to monitor claims submission, working with State Consultants to improve processes, and additional trainings for staff have been set up.

Question was asked how these uncollectable balances were created. Ms. Bradsher's response was that many of the Medicaid and Insurance claims simply were not filed due to lack of adequate training given to staff and system challenges during the initial roll out of HIS. This resulted in the timely filing period expiring.

Board requested follow up quality assurance reports to monitor progress of new system and processes that have been put into place. Dr. Bridger stated we will start sharing billing dashboards with the board starting with the August Board of Health meeting.

Tony Whitaker asked if there were benchmarks of other health departments that we should be comparing to. Dr. Bridger responded that billing is a relatively new concept for health departments, and that before the implementation of Patagonia we were billing at 60-65% which identified that there was a problem. We now have Standard Operating Procedures and ongoing Quality Assurance in place. Our goal is to see a steady decline in recoupable claims.

Motion was made by Liska Lackey to transfer \$415,380 in uncollectable Medical and Dental Health accounts from "active" to "inactive" status. Motion was seconded by Carol Haggerty and carried without dissent.

- B. **New Fee:** Christy Bradsher requested to have the Health Check Autism Assessment procedure (99420) added to the fee schedule. She stated the

maximum reimbursement amount by Medicaid was \$8.14 and that the department performs 15-20 annually during Well Child visits. Tony Whitaker asked what the procedure involved and whether the Health Department was qualified to make a diagnosis or recommend the child get an evaluation to the parent. Pam McCall responded it is a standard screening tool that can trigger a referral. Our clinicians do not diagnosis autism, but refer to another practitioner specializing in that area based on results of the assessment.

Motion was made by Susan Elmore to add the procedure to the fee schedule and begin billing for the service. Motion was seconded by Michael Wood and carried without dissent.

VI. Educational Sessions

Medical and Dental Partnerships with Piedmont Health Services-Brian Toomey and Colleen Bridger:

- Dr. Bridger reported that there are unmet health needs especially in the northern end of the county. We are exploring a partnership with Piedmont Health Services to provide Primary Care services to those who don't currently qualify for the Health Department's Primary Care Clinic based on existing criteria. She explained the need to expand services to patients, especially men, who don't have access to Primary Care Services/Preventive services through the Health Department. Piedmont Health Services has limited space in comparison to the Health Department's facilities which works in favor on the partnership and increasing access to services for the underserved.
- Mr. Toomey and Dr. Bridger stated they are in the process of exploring a pilot program consisting of having one Medical Provider, and one Medical Assistant to offer Primary Care Appointments 1/2 day a week at the Whitted clinic here in Hillsborough. The Health Department will provide an RN to assist during that time. The planned start time will be mid-August to get a sense of potential volume.
- Mr. Toomey answered questions about existing sites. He stated that Piedmont Health Services overall sees approximately 40,000 patients annually. Piedmont currently provide WIC services at the Whitted clinic location.
- Tony Whitaker asked how liability coverage would be handled. Mr. Toomey responded that each entity (Health Department and Piedmont Health Services) has its own liability insurance.
- Dr. Bridger and Mr. Toomey discussed how partnership would work, and stated that each would have their own separate patient management system. Piedmont Health Services currently uses Centricity. Patients seen by Piedmont Health Services would be scheduled, billed and processed through Piedmont Health Services.
- Mr. Toomey stated that when the Carrboro Dental Clinic was open, based on a previous agreement with Dr. Bridger's predecessor they agreed to see Health Department patients and change them based on the Health Department's rates

instead of charging Piedmont Health Services rates to accommodate the needs of patients seen. To-date, however, that has not happened.

- Mr. Toomey stated they would be doing this as “outreach” and would only be able to see information on patients registered in their system. Statistical tracking would be done independently by each agency. All administrative needs of those patients would be handled by Piedmont Health Services. Piedmont Health Services would use their own vaccine and equipment. All revenue and expenses from patients seen during the half day a week by Piedmont Health Services would be maintained by Piedmont Health Services.
- Dr. Bridger reiterated that the main point is to help more people in the county access primary care services.
- Corey asked what kind of Primary Care Services would be provided. Mr. Toomey responded they would start with a physician. This is preferred in order to identify what the issues are.
- Mr. Toomey stated that with the Affordable Care act, more people will be insured so there will be an increased available of insurance to provide coverage for the service.
- Dr. Bridger and Mr. Toomey discussed how patients would be referred. No difference in the type of service offered between the two now. Dr. Bridger stated that instead of being turned away patients will now have another option and can be seen for Primary Care Services by Piedmont Health Services staff as a result of the partnership formed.

Dental Health Partnership

- Dr. Bridger stated partnership with Piedmont Health Services to provide additional Dental Health services would be the same concept as with Primary Care. Piedmont Health Services in Carrboro has 2 dentists and 3 operatory stations. The Health Department has extra space and sometimes has to turn patients away due to lack of available Dental Providers. Dr. Bridger stated the Health Department wants to expand Dental Services by collaborating with Piedmont Health Services.
- The Dental pilot program would consist of Piedmont Health Services Dental staff providing services 1 day per week to adults including seniors through the PACE Program, and WIC clients who come here and are referred to dental clinic. It would be the same set up as with the Primary Care partnership for medical.
- Mr. Toomey stated the partnership with the Dental clinic would promote early oral health and could potentially benefit 800 WIC patients by offering full dentistry services including, bridges, and crowns.
- The question was asked by the board, “How will you integrate Health and Dental staff with Piedmont Health Services’ Dental staff. How will the costs be separated? Dr. Bridger explained that Piedmont Health Services would compensate the Health Department for the cost of supplies, wear and tear of equipment which is the biggest difference between the dental from medical collaboration with Piedmont Health Services

- Dr. Bridger stated they were working to figure out utilizing staff and compensation for use of them. How it will work is still being discussed. The Health department will continue with GPR using UNC dental students.
- Tony Whitaker stated he liked expanding services without increasing the budget much.
- Susan Elmore stated it was good in helping to fill in the gaps, and she supported it. She asked what other risks had been identified and what milestones were needed to evaluate how it's working. In response Mr. Toomey stated we have to follow many rules. Dr. Bridger stated the biggest challenge was integrating two separate cultures. Federally qualified health centers (FQHCs) are more flexible and the two agencies have different ways of working. Have to refocus on the mission. Communication is key.

VII. Reports and Discussion with Possible Action

A. Informational Items

- a. **Budget Year to Date Report**-Christy Bradsher gave a summary of budgeted to actual revenue and expenses where the department will be overall. Year to date we have received 79% of estimated revenue and expended 78% of projected expenses. Overall, although total revenue is down, total expenditures are down to offset revenue.
- b. **I-693 report/update:**
Pam McCall gave the follow up report on the process of completing and I-693 (Included in packet) in response to Ms. Flicka Bateman's request to review how the fee was assessed for that services.

As background, Ms. McCall stated cost of completing the form was looked at including registration by the Medical Office Assistant, utilization of the language line, and cost of the Nurse performing the assessment and administering vaccines if needed. She went over how other Health Departments Civil Surgeons charge for the service. A provider must be designated as a civil surgeon to complete the I-693 assessment.

Ms. McCall reported the number of refugees coming to Orange County has decreased over the past several years. Last year we completed (31) I-693 assessments and this year we have completed (25). In terms of additional free services provides to refugees we provide the Communicable Disease and TB screenings free to further assist those needing this service.

Due to the amount of staff time and costs associated with completing the I-693 assessments, Ms. McCall recommended keeping the fee at \$25, but stated staff would do a better job of educating clients on a 1 time waiver for financial hardship. The current fee for the I-693 service is \$25.

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Tony Whitaker asked if there was any difference in the fee for a two year old versus an adult. Ms. McCall responded that the fee is the same, however might take longer to complete on a child based on what is required during the assessment. Ms. McCall explained how the waiver works. Either the Health Director or Nursing Director can approve the waiver without their being a delay in services for the patient.

Corey Davis asked if we could see the refugees for the physical and I-693 assessment at the same time. Ms. McCall responded that when we started providing this service, we didn't have the capacity to see them. Several years ago, we tried providing the physical and I-693 assessment at the same time, however found that many of the patients had physical problems beyond what we could treat or see. In order to assist them we referred them to other physicians to be seen.

The physical is provided when they initially get into the county within 30 days of arriving. They then have a year to complete the I-693 assessment. By the time patients are seen at the Health Department for this service, many have already received the required vaccines because they have Medicaid for seven months after arrival. If they don't get the vaccines required during that time they may have to pay out of pocket for the vaccine in addition to the \$25 for the assessment.

Tony Whitaker recommended the Board of Health show their support via a statement supporting appropriate use of fee waivers. The board agreed without objections. No further action recommended.

- c. **Health Director's Report-** See attached Health Directors Report. No additional information to report.

Motion was made by Tony Whittaker to go into closed session for the purpose of consulting with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged, to discuss the matter of Phillips and Osborne v. Orange county Health Department. The motion was seconded by Susan Elmore and carried without dissent

Closes Session-Discussion

Motion was made by Corey Davis, to go back into open session. The motion was seconded by Susan Elmore and carried without dissent.

Action taken during closed session:

Motion was made by Liska Lackey to appeal the Judge's order regarding the Board of Health's WTMP Rules. The motion was seconded by Tony Whitaker and carried without dissent.

Adoption of Amendments to the Orange County Wastewater Rule- There was discussion to clarify what systems we can currently regulate and what systems over which we do not currently have authority. Annette Moore stated we are trying to modernize the Rule's language to keep up with current times and changes in oversight from the state Department of Environment and Natural Resources to the state Department of Health & Human Services. The board discussed the proposed local Rule changes to reflect the changes in state regulatory departments and to update nomenclature. Staff interjected that systems as permitted in our current rules are now under the authority of DHHS. Systems that are monitored by our current rules include those permitted by NC DENR Division of Water Quality (DWQ) and those permitted by Environmental Health staff as authorized by NC DHHS. Staff also pointed out to the Board that the rules are not promulgated by Environmental Management Commission as worded in the current rules. The board discussed the proposed changes and expressed concern that now might not be the best time to change the regulations in light of the decision to appeal the Osborne-Phillips case. Annette Moore indicated these changes are technical in nature and do not change the scope of the Rule. The board discussed with staff problems found with DWQ-permitted systems and the number of DWQ systems in the county. The board discussed the need to strengthen the resolution associated with these proposed changes, including some statistical analysis and justification for increased monitoring due to the soils and geology of the county. Environmental Health staff will rework the resolution and the board agreed to revisit the issue at the August 28th Board of Health meeting.

VIII. Board Comments-No additional comments given

IX. Adjournment

Liska Lackey made a motion to adjourn the meeting at 9:27 pm seconded by Michael Wood and carried without dissent.

The next Board of Health Meeting will be held August 28, 2013 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD.
Health Director
Secretary to the Board