



**HealthLink Miami Valley
Management Team Meeting**

January 21, 2003
10:30 AM to 12:30 PM
Kettering Center

MINUTES

1. Introductions

Attending: Rudy Arnold (MVHIC), Kate Cauley (WSU), Carla Clasen (WSU), Kimberly Conner (WSU), Mary Crimmins (WSU), Janet Grant (CareSource), Joe Krella (GDAHA), Jack Pascoe (WSU, CMC), Marilyn Rodney (SCC), Becky Valekis (WSU), Allyson Sepp (WSU)

2. Review Meeting Roles

Facilitator: Kate Cauley
Notetaker: Allyson Sepp

3. Review Meeting Agenda

4. Work Through Agenda

A. Members Update:

Carla submitted an abstract to Academy Health for the Annual Research Conference.

B. General Issues

Health Management Associates (HMA): Kate and Rudy will meet with representatives from Montgomery County (Deb Feldman, Sue Dailey, Bill Bines, and Dannetta Graves) January 31st to further discuss the plan to develop a program that will increase access to healthcare coverage for residents in Montgomery County. Joe Krella will arrange a meeting with hospital CEOs when the State Hospital Association provides input. Kate received template documents from HMA including documents concerning Articles of Incorporation, By Laws, General Provider Contract, and Indigent Care Agreement. These documents will be used as a template and modified as needed as we develop a plan for Montgomery County to be submitted to the state to increase number of people with health care.

Kate suggested that it is important to have clear communication as we develop this initiative and led a discussion to identify potential conflicts of interest and particular organizational agendas as we move forward. The Center for Healthy Communities (CHC) is interested in continued fiscal support for the outreach component of the expanding health care coverage. Janet explained that Care Source sees the plan fulfilling an important part of Care Source's overall mission, and would be interested in the administrative function as they already have systems in place for claims payment and a developed network. Rudy has an interest in a regional approach to improving the quality of healthcare and address healthcare needs that are not currently being met. Wright State University School of Medicine is interested in housing and managing the database. Jack and Joe both said they would like to see funding for outpatient clinics in order to increase the capacity of existing clinics. Joe also suggested

hospitals are interested in more appropriate settings for primary care other than the hospital ER. Additionally from the hospital's perspective there could be an overall reduction in cost since people without access are already being served at the hospital, so potentially some of the hospitals uncompensated care costs could be reduced. Jack would also like to see a prescription plan developed. Janet noted that HMA has developed a prescription coverage plan for Ingham County, Michigan. Kate reminded the group that this funding is targeted to provide more service not to provide alternate funding for current service levels in existing programs. Janet and Joe want to support providers in areas that are presently underserved. Marilyn questioned the potential impact of increasing indigent coverage on existing programs. Carla would anticipate decreased volume in the free clinics. Funding for the plan is leveraged by sending local monies to the state for use as a match under a funding mechanism like the upper payment limit provisions of Medicaid. The turn around time is approximately 2 days and is accomplished with intergovernmental transfers. Joe expressed a concern about exposing providers to risk and commented on the expected decrease in overall Medicaid funding. The Care Assurance program is receiving less funding this fiscal year as compared to previous years. Carla expressed concern that protests from area organizations could cause Montgomery County to refuse to support HLMV. Rudy anticipates that with proper education, HLMV's efforts will be supported. Joe expressed concerns he has heard from the State in terms jeopardizing their relationship with the Federal Government by submitting "risky plans" to obtain more funding. Kate suggested we should follow up with the Combined Health District and the free clinics to see what other agendas were important

Kate distributed the draft template for the Articles of Incorporation for group discussion. Kate said she would contact HMA to determine why Articles III and IV were missing. The group considered the proposed Board of Directors listed in Article VII. HMA has advised that the optimal board size is around seven, but Janet noted that the size and membership would depend on the model chosen. The key to selection is the ability to regularly attend meetings and a solid knowledge of healthcare in the community. The group discussed whether the Greater Dayton Area Hospital Association (GDAHA) should represent the hospitals or if a representative from each hospital system should be invited to be on the board. There was also discussion on inviting representatives from professional organizations such as Gem City Medical, Dental and Pharmaceutical Society, Montgomery County Medical Society, and the Ohio Nurses Association. Rudy suggested that these organizations be a part of a sub-group rather than on the Board of Directors. Rudy also suggested inviting community, consumer, or business groups to be part of the board; Tri-River Employers and the Dayton Chamber of Commerce were suggested. Mary felt it would be critical to have a representative from the County on the Board of Directors. Joe suggested that FCFC represent the County. There will be further discussion at future meetings on which organizations will be invited to join the Board of Directors.

Kate distributed the draft of the Bylaws of HealthLink Miami Valley Health Plan Corporation. The administrator for the plan could be an existing organization, multiple organizations, or a new organization developed expressly for the purpose of administering the plan. The group raised a question: what would be the oversight function of the County. Kate reviewed the two types of plans that

could be implemented: a general provider plan that pays providers to give services to the population of interest, or the employer plan. With the employer plan, the qualifying individual pays one-third of the insurance cost, the employer also pays one-third, and HealthLink Miami Valley would pay one-third of the cost of the plan. This plan would serve the working poor who do not have access to health insurance. As compared to the general provider plan, the employer model would provide more comprehensive coverage to participants, but fewer people would be served. The plan is also more difficult to implement. Joe noted that employers may be hesitant to become involved in such a program due to the possibility that funding could be cut. Mary suggested that we contact some of the Michigan counties to see what their experience has been historically with this type of plan. The Management Team recommends pursuing the more general provider plan.

- C. Task Force Reports/Actions Steps from Previous Meeting/New Members:
 - Management Information Systems (MIS):
 - Outcomes/Evaluation: Jack requested that a member of the MIS Task Force be present at the February Outcomes and Evaluations meeting to assist in completion of the MIS component of the timeline.
 - Outreach: Marilyn informed the group that representatives from each of the Portal Agencies would be invited to be a member of the Outreach Task Force.
 - Strategic Planning:
- D. Speaking engagements/invitations/presentations/publications review
Jack has arranged for representatives from HealthLink Miami Valley to present to the Western Ohio Pediatric Society in March.
- E. Issues for HealthLink Network Review/Approval
- F. Issues for Discussion
- G. Work to be Completed/Action Steps

5. Future Agendas and Schedules

NEXT MEETING: February 4, 2003, 8:30AM – 10:30AM (Please note that the meeting time has been changed to 8:30AM in order to further discuss the HMA plan.)

6. Evaluation of the meeting

7. Adjournment