



**HealthLink Miami Valley
Management Team Meeting**

April 15, 2003
8:30 AM to 10:30 AM
Kettering Center

MINUTES

1. Introductions

Attending: Rudy Arnold (MVHIC), Kate Cauley (WSU), Kimberly Conner (WSU), Mary Crimmins (WSU), Vern Erickson (GDAHA), Jack Pascoe (WSU, CMC), Marilyn Rodney (CHC, SCC), and Becky Valekis (WSU)

2. Review Meeting Roles

Facilitator: Kate Cauley
Notetaker: Mary Crimmins

3. Review Meeting Agenda

4. Work Through Agenda

- A. Members Update:
- B. General Issues

- Health Management Associates: Kate reviewed the key points agreed to regarding the HealthLink plan. The group has philosophically agreed to a minimal benefits package for a maximum number of people, aged 19 to 65 having incomes less than 200% of the poverty level. Data from CareSource has been used to assess potential cost factors associated with each type of treatment to be included. Specifically pharmaceuticals are on hold. Mental health, dental, and specialty laboratory items will not be included. We will use a fee for service system adjusted appropriately to encourage provider participation and will use CareSource's business practices as a close guide for the gatekeeper function. Kate reviewed the idea that local monies already used for federal match can not be used in the upper payment limit match we are proposing.
- Minutes of the April 1, 2003 were accepted.
- Task Force Reports/Actions Steps from Previous Meeting/New Members
- MIS: Rudy reported that there had been an interesting discussion about governmental fiscal systems. The Shelter Policy Board attended the MIS meeting and reported on Service Point. The HealthLink server is being tested, development continues. Bill liames had presented information on the Ohio Family Health Survey over sampling option to MIS. Kate expanded on that discussion giving background information. ODJFS will pay for the over sampling and CHC will provide data analysis.
- Outcomes/Evaluation: Jack reported on progress with the CMC emergency room data analysis. He also discussed talking with Mark Reading regarding Pathways, a proprietary system used by the CHAPS program which is partnering with the Ohio Department of Health CAP program to monitor progress toward goals. Kate reported that Gina MacFarlane-EI has been locally instrumental in Pathways development and wanted to be sure

Jack contacted her for input. She suggested that Carla Clasen would be aware of any other people locally involved in Pathways. The group then reviewed the timeline document and made changes. MIS has to be revised and Mary is taking responsibility for that. For Strategic Planning, it was agreed that we need to revisit the Strategic Plan and complete the report on the capacity survey and submit it to the Network. Item 4 under the Strategic Planning area is to be assigned to Management Team. It was agreed that for items 5, 6, & 7, Janet Grant would have to be consulted. Under the Outreach objectives, Kate emphasized that number six, involving identification of barriers needs to be approached as a systemic issue with Strategic Planning. Mary is to forward comments collected at various sessions regarding health care needs to the Outreach Task Force.

- Outreach: Marilyn reported that Outreach had met Friday and asked Kim to present information from the Task Force. Kim reported on the increases in referrals from portal agencies and the lag time in contacting these people. The group discussed the importance of prioritizing responses to the needs of the community and continuing to respond to as many referrals as possible to insure continued program viability.
- Strategic Planning: The MD's of the group are going to meet with CareSource to review specific codes for treatment.
- Management Team: The template review continued with a focus on administrative issues. The HealthLink corporation could be organized minimally with a board of directors and no staff, or with a small staff. Staff functions could be subcontracted to other organizations. There are essentially 3 ways to run the program:
 1. Hire an organization to form the corporation and administer the program, (complete out-sourcing), like HMA
 2. Hire an organization to manage the provision of service, like CareSource
 3. Establish individual contracts with providers

The group does not like option 3 and will choose between the first two and considered some advantages and disadvantages. Future discussions should include:

1. Case management component
 2. Eligibility criteria
 3. Data base issues
 4. Administrative function and staffing/ program director
- It was agreed that the group would meet once again at 8:30 on May 6.

5. Future Agendas and Schedules

NEXT MEETING: May 6, 2003, 8:30AM – 10:30AM

6. Evaluation of the meeting

7. Adjournment