



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, January 15, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the January 15, 2019 Finance Committee meeting to order at 3:38.

**Roll Call**

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Luwanna Pettus-Oglesby

**Senior Staff member present:** Jim Wimberg, Angela Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
<b>Welcome</b>	Ms. Schroder welcomed the group and wished them a Happy New Year. She also thanked everyone for their flexibility and clarified that after discussion at the last meeting, the Finance Committee Meetings will now be held on the Tuesdays before the BOH meetings and that the meetings will begin at 3:30 with a hard stop at 5:00.		Kate Schroder
<b>Approval of Minutes</b>	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The Committee members responded affirmatively.  <u>Motion:</u> That the Board of Health Finance Committee approve the minutes of the December 5, 2018 Board of Health Finance Committee Meeting.	<u>Motion:</u> Bhati <u>Second:</u> Pettus-Oglesby <u>Action:</u> Passed	Kate Schroder

<p><b>Review of Contract for 1/22/19 BOH Meeting</b></p>	<p>The Chair began the review of the contract that will go to the BOH for approval.</p> <p><b>Cincinnati Public Schools-</b> Amendment of Receivable contract to add one .8 FTE to the contract for a school nurse. This will add a nurse at Walnut Hills High school. This is a new position that will be created.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>	<p>Kate Schroder/ Dr. Crumpton</p>
<p><b>Update on Phamily Project</b></p>	<p>Mr. Kaukab updated the group on the three-month pilot program currently being run at the Cann Health Center. The pilot project was launched on January 7, 2019. The goals of the project are to exhibit benefit to patients, demonstrate operating scalability and prove reimbursement opportunity for the Health Department. In the first week, a core team at Cann was identified and trained and the first 10 patients were enrolled. Phamily also reached out to 97 eligible Medicare patients in the first week and 94 of those patients expressed interest in enrolling in the program. Mr. Kaukab explained that eligibility for the CMS chronic care management program is that the patient has to be either on Medicare or Medicaid and have either two or more chronic illnesses or one behavioral health issue. The patient also has had to have a face-to-face interview with a provider in the past 12 months at the health center. He also explained that once the patient is enrolled, the FQHC can bill for contact over 20 minutes for each of these patients per month. The Phamily pilot project's goal is to enroll 100 patients for the three months. Phamily has identified 680 patients at Cann who qualify for the program.</p> <p>Mr. Kaukab pointed out one important issue for the program is that it is important to check the CPC list before enrolling any Medicaid patients. He asked CHD to provide our CPC list to his team so they can see who is not enrolled in CPC plus and are eligible for this program.</p>		<p>Nabeel Kaukab/Dr. Gonzales</p>

	<p>For next steps, Mr. Kaukab proposed a weekly update conference call with the Phamily team, Dr. Gonzales and Commissioner Moore to keep everyone updated on the project. He also suggested that both Medicaid and Medicare patients be targeted for enrollment and emphasized that the key to that would be providing Phamily the CPC list.</p> <p>Mr. Kaukab ended his presentation answering questions from the Committee. The Committee asked questions about the experience Phamily has had in Ohio, the consent that is being obtained from the patients and the CPC list and Medicaid numbers.</p>		
<p><b>Update on Chronic Care Management Model</b></p>	<p>Ms. Richardson gave an update on the CHD chronic care management model that she has been running since the summer. The program now has 38 patients enrolled and is running out of the Northside Health Center using the EPIC system. Her team has now set up care plans for each of these patients. Ms. Richardson shared that her program is receiving push back from some of the patients on the monthly bills that the patients will now have to pay for their portion of the program and added that most Medicare patients are on an 80/20 plan. The reimbursement potential for CHD is \$ 60.00 -\$65.00 per patient per month.</p> <p>The Committee discussed the importance of understanding the impact of each model on patient outcomes and satisfaction, staff time, costs, and revenue. In particular, there is a desire to understand if/where the technology could add the most value—and at what cost this becomes worthwhile.</p> <p>The Committee recommended that both programs come back in April with data so they can be evaluated to determine recommendations for best way forward. The Chair asked CHD to follow up with Mr. Kaukab regarding his request for weekly update meetings and for sharing the CPC list to assess eligibility.</p>		<p>Phyllis Richardson/ Dr. Gonzales</p>

<p><b>Dashboard Review</b></p>	<p>Mr. Wimberg began the dashboard review noting that the visits are still down. He also noted that expenses are down in CCPC by \$11,000.00 and the SBHC expenses are currently over budget. The group discussed the revenue for CCPC and noted that it is down \$1,398,212.00 for the first six months of the fiscal year. The Commissioner questioned how the YTD numbers were formulated. Mr. Wimberg answered that that number is based on number of providers and expected visits.</p> <p>The Chair requested an update on the provider vacancies. Dr. Gonzales answered that we have four medical provider vacancies and Ms. Carter answered that dental also has four vacancies with one more coming in the summer. Both Dr. Gonzales and Ms. Carter shared that some of these vacancies are projected to be filled this summer. The Commissioner asked if we could hire retired dentists to come and work in the meantime. Ms. Carter and Mr. Wimberg answered that we do have three part-time dentists that are working as temps and we would hire as many more as we can. Ms. Carter also explained that many retired dentists from private practice are not experienced in the services our patients need. She added that two dentists are currently on maternity leave. The Chair requested a link for the job posting for dentists be sent out to the Committee.</p> <p>The Chair also added that she wants to prioritize an analysis of the dashboard next month and asked that that item be bumped up higher on the agenda.</p>		<p>Jim Wimberg/All</p>
<p><b>Discussion regarding Financial Audit</b></p>	<p>The Commissioner shared that Mr. Wimberg provided results of previous CHD audits and that those results have been sent out to the Committee.</p> <p>The Commissioner shared an update that all health departments in Ohio (including CHD) will be required to be treated as a separate "major fund" starting in 2020 FY; this means that CHD will no longer be consolidated into the City's</p>		<p>Commissioner Moore/Jim Wimberg</p>

	<p>Comprehensive Annual Finance Report (CAFR) and will instead have to be listed as a standalone fund.</p> <p>In preparation for this change, the Commissioner discussed engaging the current auditors (Clark Schaefer Hackett) in a consulting engagement to potentially review and provide recommendations on key dept. processes. As part of the discussion, the committee discussed first having Mr. Wimberg document policies and procedures for the annual cost reports. Another suggested area to be considered for review was the CHRIS system and ensuring consistent reporting of info by NPs, nurses and dentists of their work locations into the system.</p> <p>The Commissioner continued explaining that possible next steps with the auditors include a wide price range from \$ 20,000 to \$40,000 depending on the processes that we want to include (and that each process reviewed would be ~\$7500).</p> <p>The Chair clarified that the first step is that we need the policies and procedures in place and asked for an update on that at the next meeting. Mr. Wimberg agreed to bring an update.</p> <p>The Committee discussed and agreed that since we already have a contract with Clark Schaefer Hackett it will be easier just to amend the contract adding additional money and adjusting the scope than to write up a new contract. The Commissioner agreed to have a follow-up discussion with Clark Schaefer Hackett.</p>		
<b>Adjournment</b>	<p>The Chair briefly addressed the action items on the list and agreed to discuss the removal of completed items for the next meeting.</p>		Kate Schroder

Meeting Adjourned 5:08 p.m.  
Next Meeting February 19, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



## City of Cincinnati Board of Health Finance Committee

Tuesday, February 19, 2019

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the February 19, 2019 Finance Committee meeting to order at 3:37.

### Roll Call

**Board of Health members present:** Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown

**Senior Staff member present:** Jim Wimberg, Angela Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health

Topic	Discussion	Action/Motion
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The Committee members responded affirmatively.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the minutes of the January 15, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion:</u> Schroder <u>Second:</u> Brown <u>Action:</u> Passed</p>
<b>Review of Contract for 2/27/19 BOH Meeting</b>	<p>The Chair began the review of the contract that will go to the BOH for approval.</p> <p><b>AdComp-</b> Third amendment of a payable contract to add \$ 27,500.00 for maintenance of the Vital Records kiosks.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p><b>Greater Cincinnati Behavioral Health-</b> Second amendment of a payable contract to add one year and an additional \$ 100,000.00 to cover the costs of behavioral health services for CHD adult patients. The term runs from 4/1/19 – 3/31/20.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion:</u> Schroder <u>Second:</u> Robinson <u>Action:</u> Passed</p> <p><u>Motion:</u> Schroder <u>Second:</u> Brown <u>Action:</u> Passed</p>

	<p><b>The Children’s Home</b> - Second amendment of a payable contract to add one year and an additional \$ 100,000.00 to cover the costs of behavioral health services for CHD pediatric patients. The term runs from 4/1/19 – 3/31/20.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p><b>Complete Wellness Associates-</b> Payable contract of \$ 33,127.50 to provide Chronic Disease Self-Management/Diabetes Self-Management/Workplace Chronic Disease Self-Management and Diabetes Empowerment Education Programs for patients and the community during a term of 2/27/19 – 6/30/2021.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion: Schroder</u>  <u>Second: Brown</u>  <u>Action: Passed</u></p> <p><u>Motion: Schroder</u>  <u>Second: Robinson</u>  <u>Action: Passed</u></p>
<p><b>FQHC Sliding Fee and Billing Policy Change</b></p>	<p>Ms. Richardson explained that she is recommending changes to the CCPC FQHC Sliding Fee and Billing Policy and that according to HRSA, all financial policy changes need to first be approved by the joint CCPC/BOH Finance Committee and then taken to the CCPC Board for signature.</p> <p>She added that she is recommending two changes at this time. One change is to change the 30 days currently allowed for a patient to pay his/her outstanding balance to six months. The second change is that the required payment for that day of treatment be changed from half of the entire amount to copay for that day.</p> <p>The Committee discussed the different ways that private insurance, Medicaid/Medicare and the uninsured pay copays and remaining balances, and Mr. Wimberg shared that between 10-20% of CHD patients are uninsured. The group also asked about the process in place to bill for the uninsured population and if there is an industry standard for how to deal with accounts receivables. Mr. Wimberg shared that CHD has been in conversation with OCHIN re opportunities to strengthen collections. Mr. Ashworth shared that the City also has a collection attorney in Law that may be helpful with this matter. The Chair concluded saying that there are two separate issues, changing the wording on the policy and exploring the improvements to collections.</p> <p>For collections, the committee recommended the CHD Finance team explore opportunities to strengthen this, where feasible, and to bring any recommendations back to the committee.</p>	

	<p>For the policy, the Committee voted to change the language in the FQHC Sliding Fee and Billing policy from the current language to the new language listed below:</p> <p><b>Current language:</b> “To receive a discount, a patient must either pay the entire discounted amount at that time or sign a payment plan paying half the discounted amounts upon signing the plan with the remaining balance to be paid within 30 days”.</p> <p><b>New Language:</b> “To receive a discount, a patient must either pay the entire discounted amount at that time or pay the amount for the visit and sign a payment plan with the entire remaining balance paid within six months”.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the recommended new language for the FQHC Sliding Fee and Billing Policy.</p>	<p><u>Passed</u></p> <p><u>Ms. Schroder</u> Y</p> <p><u>Mr. Wimberg</u> Y</p> <p><u>Mr. Brown</u> Y</p> <p><u>Dr. Lichtenstein</u> Y</p> <p><u>Commissioner Moore</u> Y</p> <p><u>Ms. Robinson</u> Y</p>
<p><b>Presentation on Independent Audit Requirement</b></p>	<p>Mr. Ashworth, Superintendent of Accounts and Audits, explained the City annual audit process and the CAFR and explained that there have been some changes in the audit requirements of health districts at the state level and the state auditor recommended that some health districts file separately as their own major fund within the larger audit.</p> <p>In May of 2018, the City was notified that the state auditor wants a separate filing for CHD. Cleveland was required to do this before Cincinnati and their solution was to present the information as a separate fund basically pulling out the health department’s information that is now reflected in the general fund and putting it in a separate fund.</p> <p>Mr. Ashworth explained that the new audit reporting for Cincinnati starts in fiscal year 2020 and added that he does not anticipate additional costs to the health department for the audit changes.</p> <p>Mr. Ashworth also clarified that the reason this conversation is happening now is that the way the 2020 budget needs to be constructed will be different than previous years but that according to his latest conversation with Chris Bigham, there should be no changes in the coding on the CHD side as the changes will take place on the budget office’s side.</p> <p>Mr. Wimberg asked if CHD will continue to have many separate funds and Mr. Ashworth explained that his understanding is that all the funds would function the same</p>	



	<p>way but would be rolled into one by the budget office at the end of the year.</p> <p>Mr. Ashworth concluded his presentation and let the Committee know that he is available if there are any follow-up questions.</p>	
<b>Dashboard Review</b>	<p>Mr. Wimberg shared that revenue is still low due to provider vacancies.</p> <p>The Chair asked for updates on filling the provider vacancies and Dr. Gonzales responded that he has one N.P. in the process of being hired who is expected to start in about two months and a second pediatrician that will be coming from CCHMC who is expected to start in July.</p> <p>Ms. Carter shared that a temporary staff Dentist is starting in March and will work two days a week. She also shared that there has been interest in CHD's Dentist positions and four offers have gone out to prospective candidates. She added that three of the four offers have already been accepted and that two of the candidates are expected to start in July and another is expected to start in August.</p> <p>Mr. Wimberg also shared that on the expense side, the expenses are under budget for the year primarily due to personnel costs. He added that CHD just received three million dollars from Medicaid for the CHD settlement on the cost reports so the bottom line for this budget year should be favorable.</p> <p>The Committee had questions about the number of visits for this year and the Committee compared those numbers to the last two years' numbers. The Chair clarified that the revenue and visit projections for this year were optimistic and that CHD is working to ensure realistic budget assumptions for the 2019-2020 fiscal year.</p>	
<b>Budget Discussion</b>	<p>The Commissioner opened the discussion sharing that City Manager said the City is running a 19 million dollar deficit heading into the budget for next year and has asked all non-safety departments including CHD for a 15% cut. Mr. Wimberg added that this would be 2.8 million dollars for CHD.</p> <p>The Commissioner also shared that she is scheduled on February 25, 2019 to present to the Budget and Finance Committee of City Council on the Health Department's budget. The Chair recommended that CHD use this opportunity to highlight important areas like CHD's work on the opioid epidemic and commented that this is a good opportunity to lay the ground work for next year's budget. The Commissioner agreed and said CHD can fine tune its operations and turn to the Board of Health to advocate for what is needed later. She</p>	

	<p>also added that CHD needs to ensure realistic projections for this year's budget based on current trends and expectations on provider staffing levels and productivity.</p> <p>The Commissioner then asked Mr. Wimberg about current vacant positions. Mr. Wimberg replied that the total of all 050 general fund vacancies plus fringe benefits is 2.4 million dollars. He added that it might not be prudent to cut all of the vacant general fund positions but some general fund positions could also be moved to other funds.</p> <p>Mr. Wimberg also shared that CHD will need to respond to the budget office with budget reductions by March 12, 2019.</p> <p>The Chair recommended that staff work on the proposal for the cuts and that the Finance Committee have a special meeting to discuss and approve the proposal. The Committee agreed to convene a special meeting of the Board Finance Committee on February 28, 2019 at 3:30.</p>	
<p><b>Review of Action Items</b></p>	<p>The Chair asked Mr. Wimberg how the draft of policies and procedures guidance for CHD's Medicaid Cost Audit reports is going and Mr. Wimberg responded that he is still working on that draft. Mr. Wimberg agreed to have a draft ready for the March meeting.</p>	

Meeting Adjourned 5:18 p.m.  
Next Meeting February 28, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



## Special Meeting

### City of Cincinnati Board of Health Finance Committee

Tuesday, February 28, 2019

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the February 28, 2019 Finance Committee meeting to order at 3:37.

### Roll Call

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown

**Senior Staff member present:** Jim Wimberg, Angela Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner

Topic	Discussion	Action/Motion
<b>Introduction</b>	The Chair began the meeting acknowledging the last day of Mr. Wimberg as a City employee and thanking him for agreeing to help out with the transition of the new CFO.	
<b>Budget Discussion</b>	<p>The Commissioner began the budget discussion by summarizing that CHD was tasked with a 15% budget reduction which comes to about 2.8 million dollars.</p> <p>She also asked Mr. Wimberg to explain the position vacancy allowance (or PVA), which is the amount that every City department is required to estimate for unfilled positions for the year.</p> <p>He went on to explain that the estimated PVA for next year's budget is \$647,000, which is close to the same amount that was budgeted for this year. Additionally Mr. Wimberg shared that he identified \$430,000 of revenue for the lead grant that was not included in the initial revenue numbers sent over by the budget office. By adding these two numbers together and subtracting that total from the 2.8 million dollars, the remaining number for reductions was 1.74 million dollars.</p>	

The Commissioner shared that she met with the Leadership Team Members responsible for each fund (261-266) and discussed their suggestions for how to achieve the requested 15% cut for each fund. She referred to the spreadsheet provided to the Committee showing potential options identified by fund and the net budget reduction needed for each fund/division. The Commissioner explained that through these discussions with the Leadership Team and Mr. Wimberg, vacant positions in each fund/division were reviewed for potential efficiencies or to transfer from the General Fund into other funds. The Commissioner also asked Mr. Wimberg to provide the Committee a copy of the spreadsheet with those positions by fund. The total of these changes was \$1,726,270.61. In addition, \$ 14,117.49 in cuts were made to non-personnel expenses to meet the target for the total reduction of \$1, 740,388.10.

The Commissioner shared that her goal was not to lay anyone off and to minimize the non-personnel reductions.

The Commissioner shared that she knows that some board members have already begun advocating for the Health Department with the hope that CHD will not need to take the entire 15% cut. The Chair added that she completely agrees and suggested that CHD be clear and realistic in outlining the potential impact of each of the reduction options.

Mr. Wimberg explained that this information can be explained in the cover letter and that on the first go around the budget office does not want the cuts entered in the system but they want them presented on a spreadsheet with the cover letter.

Mr. Robinson observed that the 395 fund revenue stream has to be validated before positions are transferred to that fund and added that there has been a decline in 395 fund revenue this year. He asked Mr. Wimberg his best guess on year end reserves for the 395 fund and Mr. Wimberg said he is expecting one to two million in reserves at the end of year for that fund.

The Committee discussed additional and new revenue sources for the 2020 budget. The Chair recommended that CHD be conservative in estimates for new revenue sources for next year's budget. Mr. Wimberg agreed and said he plans to enter a realistic forecast for next year's overall revenue of one to one and a half percent growth.

The Committee also discussed that each line item in the budget has a comments section next to it and that would be a good place to explain what is feasible and what cuts will have consequences. Mr. Robinson suggested tasking the budget

	<p>owners with providing that insight. The Commissioner said they will put together a cover letter explaining the numbers starting with the PVA and discussing the clinical services piece and then have the staff lay out for each program what the cuts will mean. Mr. Wimberg said that the program people can work on their part while he works on his part and agreed that next Wednesday, March 6, 2019 is doable for a meeting to review where he is in the process and the submissions from the program people.</p> <p>The Committee concluded the discussion explaining that they plan to be as transparent as possible in the process.</p>	
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Meeting Adjourned 5:02 p.m.  
Next Meeting March 19, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, March 19, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the March 19, 2019 Finance Committee meeting to order at 3:34.

**Roll Call**

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown

**Senior Staff member present:** Ronald Robinson, Angela Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health

Topic	Discussion	Action/Motion
<b>Welcome</b>	The Committee Chair opened the meeting welcoming Mr. Ronald Robinson in his new role at CHD.	
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting. The Committee members responded affirmatively.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the minutes of the February 19, 2019 Board of Health Finance Committee Meeting.</p> <p>The Committee Chair then asked if the Committee members had also had the opportunity to review the minutes from the Special Meeting that the Finance Committee held on February 28, 2019 to discuss the budget. The Committee members responded affirmatively.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the minutes of the February 28, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>

<p><b>Review of Contracts for 3/26/19 BOH Meeting</b></p>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>University of Cincinnati Physicians Company, LLC-</b> New payable contract of \$ 400,000.00 to pay for the Reproductive Health and Wellness Program staff that are funded through the RHWP grant. The term of the contract is from 4/2/19 - 4/1/20.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p><b>Cardinal Health-</b> New payable contract of \$ 2,000,000.00 annually for pharmaceuticals. The term of the agreement is for one year from the date of execution of the contract. CHD staff shared that this was a competitively bid contract and Cardinal Health was able to provide all the required products and had the most competitive pricing. The committee discussed the fee schedule that offers discounts based on volumes and recommended CHD consider bundling orders to achieve greater price discounts where feasible. For example, if orders could be placed weekly or biweekly rather than daily, there may be additional savings possible.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p><b>Greater Cincinnati Dental Laboratories-</b> First amendment of a payable contract to add \$ 100,000.00 a year for the final two years of this contract. The current term of this agreement is 10/1/15 – 9/30/20.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p><b>Get Vaccinated Ohio Grant-</b> Accounts payable grant of \$ 261,831.00 to support activities that will increase the immunization rates in children. The term of this grant is 7/1/19 - 6/30/20.</p> <p>The Committee discussed this program and the Commissioner asked that the initiator, Ms. Gay, give a presentation on this program to the BOH in April and to the CCPC Board. She asked that the presentation include comparative information on immunization rates from both the public and private sectors.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
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	<p><b>Interact for Health-</b> Accounts receivable grant of \$ 10,000.00 for Cincy Safe Places pilot program. The term of this grant is from 3/18/19 – 3/18/20.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p>This agreement will go to the Board of Health as an informational item.</p> <p><b>Cincinnati Public Schools</b> – First amendment to 30-year lease at AWL for the new SBHC. This amendment is an accounts payable amendment of \$ 10, 712.52 to pay for janitorial services in the new SBHC. The term of this agreement is for the current school year.</p>	<p><u>Motion: Schroder</u>  <u>Second: Bhati</u>  <u>Action: Passed</u></p>
<p><b>Phamily Program Update</b></p>	<p>The Commissioner thanked the Committee for allowing her to add a request to the meeting agenda to extend the current pilot of the Phamily Program explaining that due to delays the pilot program did not launch until March 1, 2019 and therefore needs to be extended to May 31, 2019. The Commissioner also clarified that there was a question about whether the Phamily software can interface with EPIC and Mr. Kaukab responded that it can but that there would be an additional cost involved.</p> <p>Mr. Kaukab then shared a brief slide presentation that explained that Phamily is prioritizing patient benefit, increase in revenue and staff training.</p> <p>The Committee discussed the program and asked if the employees are comfortable with the program and the Commissioner responded that there was a training on the program last Friday where the staff asked their questions and received answers to those questions which increased their comfort level with the program. Mr. Kaukab added that an important point that came out of the conversations with the staff is that a lot of work has been done for free and that this pilot program is finding ways to bill for that work.</p> <p>The Committee concluded the discussion agreeing that the internal CCM pilot program will report on that program at the in April Finance Committee meeting and that the Phamily pilot program will report back at the May meeting.</p>	
<p><b>Budget Discussion</b></p>	<p>The Commissioner gave an update on the budget saying that the cover letter for the budget submission was sent to both of the boards and that the response from CHD was that CHD could meet a 1.4 million dollar cut but that the additional 1.3 million dollars requested would be difficult to meet.</p>	



	<p>The Chair asked about the response from the budget office on the CHD budget submission and the Commissioner responded that the response she has seen so far has been favorable.</p>	
<p><b>Dashboard Review</b></p>	<p>Mr. Robinson shared that he plans to expand the dashboard in several ways and explained that the trend of the third party payments time has increased in the last few months due to a large number of encounters that were recently found and closed.</p> <p>He also explained his understanding of why the budget targets for visits were so optimistic and suggested instead that the Committee compare this year to last year. He also pointed out that CHD is at capacity and that the last three years visit totals are basically flat.</p> <p>He concluded his remarks by pointing out that he is also concerned that “miscellaneous other” expenses are overspent by a half million dollars year to date. He is analyzing what is included in this line with the fiscal team and will report back to the Committee with his findings.</p> <p>The Chair commented that the Committee was running short on time at this meeting but asked that there be a more detailed explanation in some areas of the dashboard for the next meeting.</p>	
<p><b>Review of Action Items</b></p>	<p>The Chair asked if Mr. Wimberg has provided the draft of policies and procedures guidance and the Commissioner responded that she has not received that yet but that she will try to get that for the April meeting.</p>	

Meeting Adjourned 5:09 p.m.  
Next Meeting April 16, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, April 16, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the April 16, 2019 Finance Committee meeting to order at 3:39.

**Roll Call**

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Prencis Wilson (designee for Luwana Pettus-Oglesby)

**Senior Staff member present:** Ronald Robinson, Angela Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health

Topic	Discussion	Action/Motion
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting. The Committee members responded affirmatively.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approved the minutes of the March 19, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
<b>Dashboard Review/Budget Discussion</b>	<p>The Chair began the discussion reminding the Committee that the Finance Committee has committed to reviewing the dashboard quarterly with the full board starting this month.</p> <p>Mr. Robinson began his presentation by sharing that his goal is to provide a CHD profit/loss statement to the Committee each month but that he is not quite ready to do that yet.</p> <p>He pointed out that the focus of previous dashboard discussions with the Committee and the BOH has been on patient visits but that ultimately what matters is the revenue that is generated.</p>	

He then distributed a report from OCHIN that reflects all the revenue that is generated for the fiscal year and reflects the charges and the payments for each SBHC site.

The Committee had several questions about the report and Mr. Robinson clarified that he is not ready to validate the data in the report but brought it to show that CHD does have the ability to pull data sets from OCHIN. Mr. Robinson also promised to explain this information in more detail at the next meeting.

Mr. Robinson then moved on to the two-page dashboard that he distributed and pointed out that he added a revenue column to the dashboard. The Committee noted that the total revenue for the SBHCs is about 4.5 million dollars and Mr. Robinson explained that that amount is the billable revenue and that there is additional contract income from CPS of about 1.6 million dollars. Dr. Lichtenstein noted that the expenses in the SBHCs are currently at 6.5 million dollars so the revenue and the expenses are not yet breaking even.

Mr. Robinson also distributed the CHD 2019 Profile of Local Health Departments NACCHO report on sources of revenue. He explained each revenue source and noted that the total revenue for 2018 was \$ 57 million dollars while the expenses were about 52 million dollars. He also noted that the CHD surplus for last year was about four million dollars which was largely due to the Medicaid maximization check that was received.

The Committee discussed Medicaid maximization, the wrap, cost reports, and MAC billing. Mr. Robinson agreed to get definitions of all of these terms and share them with the Committee in the May meeting. The Committee discussed CPC and Mr. Robinson suggested that the Committee could benefit from a presentation on CPC as well.

Mr. Robinson wrapped up his presentation by referring to the dashboard in the Committee packets and pointing out that the medical and dental visits at the community sites are just a little behind last year. On the expense side, he also pointed out that the miscellaneous expenses are overspent and still being examined to make sure they are coded correctly.

Looking at SBHCs visits, Mr. Robinson pointed out that they are way ahead of their pace from last year by about 15%.

The Chair inquired as to the financials for the other side of the house outside of CCPC. Mr. Robinson responded that he is not quite ready to answer that question in detail but that the numbers look good. The Chair responded that she defers to

	<p>Mr. Robinson's judgement but would like an update periodically on the other revenue and expenses outside of CCPC and would like to see those numbers reflected on the dashboard as well.</p> <p>The Committee asked Mr. Robinson to rate the quality of the revenue cycle in CCPC and Mr. Robinson acknowledged there is room for improvement. Mr. Robinson reviewed that whole process with the Committee and stated that CHD processes could likely be more efficient and that he will work with the new CEO of CCPC to improve system and process efficiencies, wherever feasible.</p>	
<p><b>Presentation on Internal CCM Pilot Program</b></p>	<p>Ms. Robinson presented on the CCM Pilot Program since Ms. Richardson was out of town. She shared slides that show the definition of Chronic Care Management (CCM) and the process that the internal CCM Program is using. She also shared the EPIC screens that the provider sees and clarified that once the diagnosis codes are entered and patient eligibility is determined, EPIC is then triggered and an alert is sent to the provider.</p> <p>Ms. Robinson went on to explain that the next EPIC screen is the enrollment process. Providers comment on that screen that the program was offered and if the patient declined or agreed to enroll. Ms. Robinson shared that one of the obstacles that the pilot program had to overcome was the additional cost involved to the patients in the form of a copay. Dr. Gonzales explained that after discussion, the FQHC has decided to waive the copay fee.</p> <p>Ms. Robinson concluded her presentation with the next slide that showed that CHD has a total of 1073 eligible Medicare patients and that there are 52 patients enrolled in the Northside pilot program which officially started on March 1, 2019. Ms. Robinson also explained that the biggest issue has been that there are no dedicated staff to work on the program but that an analysis of the pros and cons shows that the pros outweigh the cons.</p> <p>The Committee discussed when they wanted Ms. Richardson to report back to the Committee on the program and agreed that they would like a report back at the June meeting. The Commissioner added that she would like a report on the claims that were sent out in March and what CHD got back for April and June.</p>	
<p><b>Review of Action Items</b></p>	<p>The Chair asked if Mr. Wimberg provided the draft of policies and procedures guidance and Mr. Robinson responded that they have been so busy meeting deadlines on reports that they have not been able to do that yet.</p>	

	<p>The Commissioner asked that the two scenarios with Clark Schaefer Hackett be revisited at the May Finance Committee Meeting to see if they can help in drafting the policies and procedures.</p> <p>The Chair also asked if the Get Vaccinated Ohio presentation was happening at the April BOH meeting and Dr. Jones confirmed that the presentation would take place.</p>	
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Meeting Adjourned 5:13 p.m.  
Next Meeting May 21, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, June 18, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the June 18, 2019 Finance Committee meeting to order at 3:34.

**Roll Call**

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown

**Senior Staff member present:** Ronald Robinson

**Ex-Officio Members present:** Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health, Domonic Hopson, Assistant Health Commissioner

Topic	Discussion	Action/Motion
<p><b>Approval of Minutes</b></p>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting. The Committee members responded affirmatively.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approved the minutes of the May 21, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p><b>Review of Contract for June 25, 2019 BOH Meeting</b></p>	<p>The Chair began the review of the contract that will go to the BOH for approval.</p> <p><b>Cincinnati Children’s Hospital Medical Center</b> - This is the first amendment to an accounts receivable contract to continue to provide one full-time Community Health Worker (CHW) at the SBHC at Aiken High School to support Cradle Cincinnati’s community partnership. The amended contract period is from July 1, 2019 - June 30, 2020. The additional dollar amount added to the agreement is \$ 49, 280.</p> <p>Ms. Martha Walter attended the meeting and answered questions from the Committee on the program and the types of services the CHW provides to the students. The Chair asked if there were reports that track the progress</p>	

	<p>made and outcomes as a result of having the CHW at Aiken. Ms. Walter agreed to work to provide reports on this information.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this amendment to the Board of Health.</p>	<p><u>Motion: Schroder</u>  <u>Second: Bhati</u>  <u>Action: Passed</u></p>
<p><b>Presentation by Phamily on pilot project</b></p>	<p>Mr. Kaukab began his presentation by recapping the Phamily Pilot Project and discussing the progress for each month from January - May 2019 focusing on objectives, challenges and outcomes for each month.</p> <p>He then shared the metrics of success of the program highlighting that a total of 89 unique Medicare patients were enrolled and 176 claims were submitted. Mr. Kaukab reviewed the average payment rate for these claims and the total projected reimbursement.</p> <p>Mr. Kaukab went on to share slides that explained the enrollment numbers and the qualification numbers of the patients in the pilot. He also explained that his group told all the patients that there may be a copay which scared many of them off. Since 80% of the patients ended up not having a copay, his recommendation going forward with CCM is to be sure to have accurate data about a patient's copay before discussing their enrollment with the patient</p> <p>He also explained how CCM can help fund other programs and shared that CHD has an estimated 1,600 eligible Medicare patients who if they are all enrolled and qualified could generate an additional dollar amount per month each in CCM reimbursement for explain his estimated total dollar amount per year. He also noted that although CHD is currently enrolled in Medicaid CPC and that the Phamily project estimates that CHD has 10,000 eligible Medicaid patients and CHD could receive an additional amount monthly for each and a yearly amount that is over three million dollars. He recommended that CHD compare this number to the current reimbursement from CPC to see which one is in the best interest of CHD.</p> <p>Mr. Kaukab concluded his presentation sharing that the future success of any CCM program at CHD depends on the alignment of the program within the CHD FQHC. This alignment includes making CCM an organizational priority, optimizing workflows and having a dedicated care manager. He also pointed out the key upcoming decisions that CHD has to make to do CCM well. These decisions include deciding to go forward with a CCM program,</p>	

	<p>deciding which of the two pilot programs make more sense for CHD, and designing the rollout strategy for the program.</p> <p>The Chair asked how much the program would cost and Mr. Kaukab responded that there is a fixed fee per month per patient. The Committee asked how many FTEs would be needed for this program. Mr. Kaukab explained that the recommended number is one FTE per 500 patients enrolled. He also explained that this FTE could be a medical assistant. The Committee estimated the salary of a medical assistant at \$ 50,000.00.</p> <p>Mr. Robinson asked Mr. Kaukab to share the challenges the pilot program faced. Mr. Kaukab agreed and responded that although his team tried to enroll patients over the phone, they found that the best way to enroll patients is to talk with them about the program when they came into the health center for an appointment. He also pointed out that since there is a culture within the health centers that already exists that defines the roles and responsibilities of each staff member, it is important to create an incentive structure for staff to take on this additional work.</p> <p>Mr. Robinson asked about the interface with EPIC and if it is ready. Mr. Kaukab said that this is something that can be done but it might take several weeks to get it done. Mr. Robinson asked if there is a cost for the development of the EPIC interface or is this something that is already done. Mr. Kaukab said that CHD should not worry about the EMR costs up front. He recommended that CHD focus on enrolling 500 patients first and then the integration of EMR.</p> <p>The Chair asked about the timeline needed so that the enrolled patients are not impacted and Mr. Kaukab responded that unfortunately it is already too late. The Phamily pilot program ended at the end of May so the patients that are enrolled are currently not receiving the service. He also estimated that each month that goes by that those patients do not receive the service, the likelihood that they will not choose to continue with the program goes down significantly.</p> <p>The Chair summarized that she believes that Committee all agrees that CHD should do CCM and added that the Commissioner and her team will come up with recommendations for the Committee on the rest of the decisions.</p>	
<p><b>Dashboard Review</b></p>	<p>The Chair asked Mr. Robinson if he had a dashboard for the group and he responded that he does not have a dashboard this month but will get the dashboard caught up</p>	



	as soon as he can. He added that he has worked diligently to fill the three open FTEs in the fiscal department. He said offers have been made and accepted but no start dates are available yet.	
<b>Sub-recipient Agreement</b>	Mr. Robinson handed out the current Sub-recipient agreement with the Cincinnati Health Network and discussed using this agreement for the template updating the current Sub-recipient agreement that CHD has with the Crossroads Health Center. This update needs to take place quickly because this was an observation during the HRSA site visit. The Commissioner recommended that the CCPC board review the template first and recommend it to the Finance Committee. The Chair recommended that the template go to the BOH next week. The Committee approved her recommendation.	

Meeting Adjourned 5:04 p.m.  
Next Meeting July 16, 2019 at 3:30 p.m.  
Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, July 20, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the July 20, 2019 Finance Committee meeting to order at 3:33.

**Roll Call**

**Board of Health members present:** Kate Schroder, Amar Bhati

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Luwanna Pettus-Oglesby

**Ex-Officio Members present:** Melba Moore, Health Commissioner, Phil Lichtenstein, Chairperson, Board of Health, Domonic Hopson, Assistant Health Commissioner

**Senior Staff member present:** Ronald Robinson

Topic	Discussion	Action/Motion
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting. Ms. Pettus-Oglesby asked that “health center” in the Sub recipient Agreement section be capitalized.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the amended minutes of the June 18, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<b>Review of Contract for July 23, 2019 BOH Meeting</b>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>The Children’s Home of Cincinnati</b> - This is the third amendment to an accounts receivable contract to continue to provide one Public Health Nurse 2 (PHN2) at the Children’s Home of Cincinnati, four days a week for six hours a day during the school year. The Children’s Home will pay salary and benefits for this position for 24 hours per week. The amended contract term is from August 1, 2019 - July 31, 2020. The additional dollar amount added to the agreement is \$ 47,409.12.</p>	

Ms. Lauren Thamann-Raines attended the meeting, walked through the agreement, and answered questions from the Committee. The Chair asked if this was an existing contract, it is.

Motion: That the Board of Health Finance Committee recommend this amendment to the Board of Health.

**Cincinnati Public Schools** - This is a renewable accounts receivable contract for CHD to provide 17.5 Public Health Nurses 2 (PHN2) for school health services during the 2019 – 2020 school year. CPS will pay salary and benefits for the positions as well as the salary and benefits for one team leader and two PHN2s for clinical oversight of the CPS employed, school-health assistants. The contract term is from August 1, 2019 - July 31, 2020. The dollar amount is \$ 1,849,290.17.

Ms. Lauren Thamann-Raines attended the meeting, walked through the agreement, and answered questions from the Committee. The Chair asked if the contract covered the full costs and how the contract amount differs from last time. It does cover the full costs; in addition, CPS agreed to fund two full-time PHN2s as school health clinicians. These positions are currently funded from the general fund. Dr. Bhati asked how many total school nurses and assistants CHD has? 17.5 are funded by CPS and 17 are funded through the general fund, Medicaid administrative clinics, or reimbursement from health centers. Do the nurses rotate through all the schools? No, they are assigned to a specific school with the majority of schools being served. Are there nurses working unsupervised? As they are employed by CPS, they are supervised by the principal; CHD provides clinical oversight. The Chair asked if CPS was planning on covering the additional PHN2s. While the contract has been approved, it has not yet been returned by CPS, but no concerns have been expressed and signature is expected. Dr. Bhati asked if the nurses provide primary care. It was clarified that they primarily provide functions such as administering medications, make sure immunizations are in compliance, and vision/hearing screening. The Chair asked if they also coordinate dental care. Yes.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Ohio Department of Jobs and Family Services – Refugee Program** - this is an accounts receivable contract to extend the current contract three months to continue providing health screening for all eligible participants,

Motion: Schroder  
Second: Pettus-Oglesby  
Action: Passed

Motion: Schroder  
Second: Pettus-Oglesby  
Action: Passed

including newly arrived refugees, asylees, special immigrant visa holders from Iraq and Afghanistan, and certified victims of human trafficking as defined in the 'Core Screen Procedures for Refugees' in Hamilton County, Ohio. The contract term is from June 30, 2019 to September 30, 2019. The dollar amount is \$50,585.00.

Ms. Phyllis Richardson attended the meeting, walked through the agreement, and answered questions from the Committee. A new RFP has been issued for a new three-year period which will be awarded in August; CHD has applied. There are two parts for the contract: social services, managed by Catholic Charities and medical, managed by CHD. We receive about \$800 per assessment.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Christian Community Health Services, Inc. dba Crossroad Health Center** - This is an accounts payable contract to Crossroad Health Center (CHC) as a sub-recipient of CHD under the HRSA grant. CHC supports the provision of comprehensive primary health care by providing services for the uninsured and underinsured populations in Harrison, Ohio. The contract adds provisions specifying that CHC use approved property management policies and procedures and sets forth deliverables and monitoring of the sub-recipient contract. The contract term is from October 1, 2019 - December 31, 2020. The dollar amount is \$ 450,000 (annually).

Mr. Domic Hopson walked through the contract and answered questions from the Committee. CHD has had a service agreement with CHC since 2014. A previous center – Neighborhood – had shut down and CHD stepped in to ensure those patients still had access to care. HRSA conditioned approval of CHD being awarded the Harrison, Ohio zip codes with CHD needing to execute a service area agreement with CHC. Recently, HRSA said that CHD needed to update the agreement with CHC. The agreement reflects items that HRSA says must be included. As the CHD's agreement with HRSA expires at the end of 2020, the contract is structured the same way, giving time to begin discussions early next year about an extension. CHC may be in a position to apply on their own and no longer need CHD to serve as a pass-through. Submitted draft to HRSA for their approval. Working to have it done in a timely manner. Currently, CHD provides oversight of CHC. Dr. Lichtenstein asked if funding went to all Crossroad sites or just the one in Harrison, Ohio. Just to Harrison. The Chair asked if there were any other funds going to Harrison? No.

Motion: Schroder  
Second: Pettus-Oglesby  
Action: Passed

	<p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion:</u> Schroder  <u>Second:</u> Pettus-Oglesby  <u>Action:</u> Passed</p>
<p><b>Presentation on the Internal CCM Pilot Project</b></p>	<p>Before the start of the presentation, Mr. Brown asked if it weren't more appropriate for the City of Cincinnati Primary Care Board of Governors (CCPC) to consider this. Ms. Phyllis Richardson responded that the providers prepare the documentation and it is using CCPC patients. The Chair said that the Board of Health Finance Committee is appropriate as it is a joint committee comprised of members of the Board of Health and the CCPC, there are costs involved, and the presentation should be seen as an informational update. The Committee concurred.</p> <p>Ms. Richardson began her presentation by stating that Angela Robinson made this presentation before the Finance Committee in April. The goal is to identify patients, obtain consent, update information, and establish protocols on how this is to occur. Dr. Gonzales provided a dedicated staff person to assist. Billing has not yet begun. OCHIN already has staff functionality to automatically identify those with two or more chronic conditions. Training Northside staff to connect each item so everything can fall into place. Two keys for Medicare are obtaining consent and establishing a plan of care. When someone is enrolled, you're attesting that you obtained either verbal or written consent and that you gave them a plan of care. Letters were sent to eligible patients asking if they wished to enroll. Upon registration, if the patient has already been to one of the CCPC sites previously, their insurance information is on file. That and if they have two or more chronic conditions lets us know they may be eligible for the CCM program. Asked front desk to inform clinicians that the patient is a Medicare beneficiary. If patient agrees to participate can begin billing; if patient does not agree staff will reach out and ask again. Running a report, going back to January 2018 we found 3,413 potentially eligible patients for the CCM program with 665 patients having Medicare-based primary coverage that is not under Medicaid. Since Medicaid patients are already being case managed under another program, they cannot also receive those services under Medicare. Normally Medicare reimburses about \$56 - \$57 with the remainder as a patient co-pay.</p> <p>Potential Monthly Revenue:  75 patients X \$67.00 per service = \$5,025 (those already enrolled at Northside  665 X \$67 = \$44,555 – (total patients eligible).</p>	

The current focus is on increasing enrollment and training the staff to use the work flow required by the program.

Mr. Brown asked if we rely mostly on phone calls to facilitate communications. Ms. Richardson replied that they also reached out to those who were visiting the office and having the front desk notify staff when a patient was a Medicare beneficiary. Can you bill? This starts the process and, once enrolled, Medicare can be billed for things the staff is already doing on a day-to-day basis such as making referrals or communicating with the lab. Previously, we could only bill for this if the patients were still on-site. Staff needs to document that they spent time on the phone with the patient speaking about the chronic condition. System is already set up so that after 20 minutes of activity, a bill is automatically sent. Mr. Brown stated that Phamily's use of text messaging utilized a mechanism that is frequently used more often than phone calls. Ms. Richardson stated that Medicare wants to ensure patients have 24/7 access so texting is also allowed and we are encouraging patients to sign up for My Chart to make it easier to track even though My Chart usage is lower than we would like it to be. Mr. Hopson said that frontline staff were concerned about the outcomes: it is assumed that CCM can be used to improve patient outcomes. However, if the patient isn't improving, and they are being charged a co-pay, are we pursuing improved health or just new revenue? The committee discussed minimizing risk of this by using CCM as a tool to change behavior and improve health outcomes and to provide the patients with the tools they need to manage their chronic conditions at home.

Mr. Robinson asked if we are billing for some of the patients. Ms. Richardson said she was not billing. Some of those bills were charged at \$67. Roughly we're getting \$56 - \$57 with the rest being charged to patient. Unless they're dual eligible, then Medicaid gets charged for the co-pay. Mr. Robinson asked that the care plan is part of the pathway with EPIC and is it populated? Ms. Richardson said the care plan is automatically populated. As we document each field is then populated into the care plan – nothing more than what staff is already doing. Mr. Robinson asked about the revenue projection: it's monthly? Yes, you get 20 minutes per patient per month. The Chair asked of those enrolled in the pilot how many have reached the 20 minutes. They haven't, we haven't finalized that part.

The Chair asked what the main difference is between the pilot here and the pilot at Braxton Cann. Ms. Richardson stated that the differences are 1) having a dedicated staff, 2) integration with My Chart. Dr. Gonzales said that the

main difference that other company does allow texting back and forth but is not synchronized with EMR (not integrated). Texts are captured, but need to be entered manually. While My Chart does allow integrated texting back and forth, not everyone has access to the internet or a smartphone. Ms. Richardson stated that we have Televox that's a bi-directional system, but you cannot send clinical information through it. EPIC does have a care management texting system that gives them the ability to do that. My Chart can be done through an app or through the internet where you can text, review labs, request prescription renewals, schedule appointments. We can tell the difference between data the patient entered and the data entered by the staff. Mr. Brown stated that making appointments through My Chart isn't efficient, but is efficient for communicating with the doctor, reordering medication, checking test results, and checking appointments both through the phone and computer. Mr. Hopson stated that we need to look at all options and provide a City phone so they don't need to use a personal phone.

The Chair asked for recommendations. Mr. Hopson said his recommendation is to ensure CCM pilot at Northside has sufficient time to complete billing to compare revenue data with the Phamily pilot revenue. He recommended that the committee revisit the decision in a few months once this data is available. Mr. Brown said if we're using care management, our outcomes should improve as a function of that. Dr. Bhati stated that we need to have an end date – however much time we need to collect the data. Mr. Hopson said that he would develop a timeline and present it to the executive committee of CCPC and also the Finance Comm at the Aug meeting. The Chair also requested that Phamily let us know when they have the EPIC integration complete including costs.

Commissioner Moore stated that she would forward to Mr. Kaukab the presentation and any non-confidential information to ensure he is kept in the loop regarding the Committee's process. The Chair asked that Mr. Hopson follow-up with the timeline. Dr. Gonzales stated that the previous projection that it would cost \$15 million for the integration will be much lower since the patient group is much smaller. If we can enroll 50 percent of those eligible, we will be doing well. Mr. Robinson stated that the staff does not seem comfortable with the chronic care management concept. Ms. Richardson said staff isn't comfortable due to before, patients weren't billed unless they came into the office, now they will be billed if they're called or texted. It needs to be made very clear to the potential enrollee about these charges. Mr. Robinson said

	<p>he needs to work out how to apply CHD’s sliding fee scale to the CCM.</p>	
<p><b>Dashboard Review</b></p>	<p>Mr. Robinson started by introducing his latest accountant Axel Nyilibakwe who has been contributing to the dashboard since his arrival on July 1. He also introduced Jon Lawniczak who will be serving as the Clerk for the Finance Committee.</p> <p>The dashboard provides an update through the end of May with just the community sites available. There were some difficulties with the school-based calculations. These will be updated for the next meeting. Will continue to track revenue cycle metrics, days on accounts receivable, and the number of claims from third party payors. Mr. Robinson stated that he would make sure the documents he passed out to the Committee were distributed electronically. In collaboration with Mr. Hopson and his team, we have been working with OCHIN to identify some of the issues that are driving these numbers in a direction we do not desire. EPIC sends errors or corrections that needs to apply to a claim are sent to a particular work queue. These are divided between in terms of responsibility between our internal staff and the OCHIN the billing services. As of June, 2019 we took a snapshot of the queues to see what issues were driving claims into those queues, then charged staff and OCHIN with responsibility to work claims down with a weekly report to track these metrics and others. Saw a fair amount of progress regarding what occupied most of the queues. Pushed out \$350,000 in pending claims. Queue “Claim Edit Masterfile” holds those claims from providers who have not yet completed the credentialing process and, as such, cannot yet send claims to those insurers. There were many claims on hold for AWL Dental and Caresource in excess of \$250,000. The credentialing has been complete and these claims are moving forward. Mr. Robinson, along with Mr. Hopson, and Ms. Richardson is creating a revenue cycle team with representatives from operations, internal fiscal, dental, pharmacy, medical giving us a venue to address a multitude of issues that create log jobs for billing. Mr. Hopson stated that our self-pay balances are growing, and there is currently no system in place to manage this. We are working with OCHIN to address these claims. This has been a long-standing problem. Worked with OCHIN in the past to resolve this, but the claims have grown again. Currently, don’t have the staff to send self-pay bills out on a monthly basis. Plus, we have concerns about the difference between an inability to pay vs a refusal to pay. Currently, the only time patients are reminded is when they come in for treatment. Mr. Robinson said that the sliding fee scale is the key to making a</p>	



	<p>difference as all of the calculations have been done and the remainder is a fair ask.</p> <p>In closing, Mr. Robinson updated matrix for revenue and expenses for the community sites and we're closing a little better than we were last year. \$15 million in revenue. More detail at next meetings.</p>	
<p><b>Review Action Items</b></p>	<p>Provide an update on draft policies and procedures guidance for CHD's Medicaid cost audit reports – held until August</p> <p>Revisit the two consultant scenarios with Clark Schaeffer Hackett at the May Finance Meeting – held until August.</p> <p>Report back on the internal CCM pilot project – complete.</p> <p>Report back on the number of days in accounts receivable trends and the percentage of claims from third party payors greater than 90 days – continual updates.</p> <p>Provide a copy of the revenue grant budget for 2019 – complete.</p> <p>Report on ways to maximize CPC revenue – held for September.</p>	

Meeting Adjourned 5:08 p.m.  
Next Meeting August 20, 2019 at 3:30 p.m. in room 324  
Minutes prepared by Jon Lawniczak



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, August 20, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the August 20, 2019 Finance Committee meeting to order at 3:30 PM.

**Roll Call**

**Members present:** Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Melba Moore, Luwanna Pettus-Oglesby, Ron Robinson.

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health Finance Committee approve the minutes of the July 16, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u>  <u>Second: Brown</u>  <u>Action: Passed</u></p>
<b>Review of Contracts for August 27, 2019 BOH Meeting</b>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>The Voice of Your Customer</b> – The purpose of this contract is to fulfil the requirements of the 2019 – 2020 Tobacco Use Prevention and Cessation Grant. The grant requires that paid media advertising activities be run continuously for 10 months of the grant year. To fulfil this requirement, the Voice of Your Customer will provide specialized services in order to run seven (7) paid media advertising activities to promote messages that encourage and help people to quit smoking, avoid Second Hand Smoke from tobacco products, and prevent youth from initiating tobacco use. The contract term is from October 1, 2019 – June 30, 2020. The additional dollar amount added to the agreement is \$25,100.</p> <p>Dr. Teminijesu Ige attended the meeting, walked through the agreement, and answered questions from the Committee. The Chair asked about the schedule and expressed a desire to see any available data regarding the</p>	

program's impact upon completion. Commissioner Moore responded that I Heart Media does track some demographic data and that she would follow up with them on what is feasible related to this work.

Motion: That the Board of Health Finance Committee recommend this amendment to the Board of Health.

**Adcomp** – Vital Statistics and Records is seeking to update the payment kiosk and website used for accepting cash and credit payments for Vital Records certificates. Adcomp will upgrade kiosks to include Windows 10, driver's license reader and EMV (euro, MasterCard, Visa) reader(s). We are adding the ability to accept payments from our nonprofit agency partners. All kiosks will have multiple language voice prompts built into the software to assist the customer with completion of an order. Adcomp must assist in managing customer online security, including the provision of PCI (payment, credit card industry) and related regulatory compliance services and solutions. Adcomp had demonstrated, professional and technical experience providing kiosks and website service for accepting payments and customer self-service. The contract term is from October 1, 2019 – December 30, 2021. The dollar amount is \$124,000.

Ms. Tunu Kinebrew attended the meeting, walked through the agreement, and answered questions from the Committee. The improvements include an update to Windows 10, creating better security for the credit card reader, adding different payment options for nonprofit agencies. A part of the discussion was whether to expand/relocate the kiosks, including potentially moving one to Avondale and another to be on the west side. Currently anyone on the west side must come downtown to access services. The Chair asked how many kiosks are there? 6. Mr. Robinson stated that the University of Cincinnati (UC) site is underutilized and that it may be one to be moved. Ms. Kinebrew stated that UC is trying to keep the kiosk. The Chair asked how long does it take to receive your documents? Ms. Kinebrew said that it is processed the same or next business day. The document can be picked up downtown or mailed to the customer. Ms. Kinebrew stated that the process had been completely updated and is much more efficient than before.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Reading Investments LLC** – This lease is for the space at 7162 Reading 8<sup>th</sup> Floor, Cincinnati, OH 45237. This facility

Motion: Schroder  
Second: Pettus-Oglesby  
Action: Passed

Motion: Schroder  
Second: Brown  
Action: Passed

	<p>houses the City of Cincinnati, Hamilton County WIC program. The WIC administrative office and the Roselawn WIC office are both located at this location. The WIC program serves at risk, low income women, infants and children. The lease term is from October 1, 2019 to September 30, 2024. The dollar amount is \$71,269 yearly.</p> <p>Ms. Betsy Buchanan attended the meeting, walked through the lease, and answered questions from the Committee. This is the third lease renewal at the same place. The lease is paid through a WIC grant. The Chair pointed out that this represents a 10% increase over the previous lease. Ms. Buchanan stated that it is still below market rates and signing the lease will lock the price in for five years; utilities are included. The space is good, extra room for storage, and plenty of room for the staff. The lease period is for five years with an option for five more. A termination clause is included in the lease.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion: Schroder</u>  <u>Second: Brown</u>  <u>Action: Passed</u></p>
<p><b>End of Year Fiscal Update/Accounts Receivable</b></p>	<p>Mr. Ron Robinson provided the Committee with documents for the end of FY19. At the last meeting, concerns were raised about continued increases in two key metrics: days in Accounts Receivable and the percent of claims over 90 days. There have been discussions with OCHIN, but still have not nailed down the variables causing these increases. The queues that are being worked on are making progress. CHD's resources to commit to resolving the revenue cycle issues are limited, thus numbers continue to deteriorate. Self-pay is a serious concern at 30 percent of overall business. There is no process in place to adequately have claims paid. Mr. Robinson stated that the timely credentialing of providers remains an issue. Mr. Hopson stated that while the accounting staff is strong, there is limited experience in analyzing data to help resolve CHD's issues. That while credentialing is a concern, it is not the only answer and we need to dig deeper, including reviewing the registration and coding processes. The Commissioner may need to be brought into the discussion or come back to the Committee with recommendations for it to consider. Mr. Brown asked about CHD's internal process. Mr. Hopkins stated that OCHIN scrubs for billing. We need to ensure that the providers are coding properly. An incorrect code can cost CHD. May need to add a coding and billing expert(s) to staff.</p> <p>The Chair stated that both indicators (days in AR and % of claims over 90 days) have gotten worse over the past nine months. The Chair stated that the Committee – and</p>	

ultimately the Board of Health – has a fiducial responsibility and needs to hear from Finance on what is driving these trends and what is needed to reverse them. The Chair pointed out that historically it was rare for one of the numbers to be above target and to increase—and that the Committee expected clear recommendations by the next meeting on how to improve these metrics.

Staff agreed to come back with recommendations. Some potential explanations were discussed, including that 12 months ago, OCHIN wrote off old debt, but that since policies and procedures were not updated, the problem may have continued. It was also discussed that changing provider behavior is challenging. Need staff to come back with recommendations. Mr. Robinson stated that it is also a question how to manage EPIC more effectively.

Mr. Robinson continued his report stating that payroll is down due to position vacancies. Temporary services, interpreters and medical supplies are up. Medical visits were 51,000 for the previous year – an improvement. Dental visits were 23,000, also an increase. No current projections for the current fiscal year, but any projections will be conservative, need to factor in Avondale, and all end of year numbers. Double check previous projections prior to next week’s Board of Health meeting. Interpreter costs, medical supplies are trending higher than projected. All other non-personnel costs catch everything not budgeted to particular line item. Chair: over all spent \$500,000 less for community sites. Mr. Robinson spoke about the school-based sites, where medical and dental visits were very close to the projected numbers. Total payout to OCHIN roughly \$1.5 committed to electronic medical records combined with OCHIN’s 6 percent billing services. Things looking to reduce: contractor services, laboratory services, interpreter services. Developed a table to review itemized expenses month after month and grand totals. This tool was developed to provide managers so they can review the data in different formats. The goal is to have ability to answer very specific questions with more insights than we had in the past.

The Chair asked if there is a way to break out other revenue sources such as contracts and rents? Mr. Robinson said we can. The Chair asked if we can look at the macro level of revenue compared to expenses—and reiterated that this overall picture is most critical for the Committee/Board. Mr. Robinson said we can break it out into a more summary form.

	<p>Mr. Robinson stated that we need to establish controls such as the Commissioner just established an authorization process for the P-cards before expenditures are made. Centers and school-based spends money as how they feel appropriate. No checks and balances. Avondale Center will be test cast to manage expenses. The Chair stated that having clarify on the overall financial picture. Will provide opportunity on where to strengthen things. Pull together by revenue and expenses by department. Mr. Hopson stated he would like this to include dental, health center, specialty, medical, behavioral health, etc. Commissioner Moore stated that we were to have this at the Committee's next meeting. Mr. Robinson will speak with the Chair about what information to provide to the Board of Health at next week's meeting.</p>	
<p><b>Avondale Deadlines</b></p>	<p>Commissioner Moore said the grand opening of the new Avondale clinic will take place Thursday, October 24 from 4:00 to 6:00 p.m. Invitations will go out soon. Councilmember Pastor reached out and said he is proposing almost \$250,000 for mental health with the University of Cincinnati. The Chair asked if the money was coming from the City budget? Yes. Will this be for the next fiscal year or current? Current.</p>	
<p><b>Review Action Items</b></p>	<p>Mr. Robinson introduced Li Liu, the new supervising accountant. Ms. Liu will be focused primarily on the Medicaid cost report, which is due September 30<sup>th</sup>. Will use historical documents as a template for this year's report.</p> <p>Commissioner Moore stated that the state auditor identified policies and procedures that were being worked on. Will other policies and procedures come forward? Mr. Robinson replied that his staff is approaching this with the mindset of an accountant, leaving a paper trail. The Chair asked if the draft could be circulated for feedback before submission. Mr. Robinson stated he would do that.</p> <p>Commissioner Moore discussed the two consultants, one is looking at internal. Would it be feasible to review audit report they issued, should we be thinking about having a consultant look at policies and procedures? Need to make sure cost reports are done well. Perhaps submit it early to obtain feedback. Mr. Robinson stated it is a very well-defined process. Need to look deeper into depreciation schedule and make sure we capture everything. There is a wealth of historical references. Should not be much variation between the FY18 report and the FY19 report. He recommends sharing draft with Mr. Shaffer but with others only as necessary.</p>	

	<p>Mr. Hopson stated that we have identified a staff member responsible for CCM who starts on the August 26<sup>th</sup>. Come back at January meeting with data. September we will collect data on those already enrolled. October and November, we will expand to other centers to bring in new patients. The Chair stated we will discuss this at the January meeting, with the outstanding question being the revenue capture. Mr. Hopson stated that he will supply data on what we billed Medicare as well as what we recouped – there is a difference given the lag in payments.</p> <p>Mr. Hopson discussed the issue of what happens when a homeless person seeks treatment without a card. Prospective homeless patients must either have a card or documentation from a shelter stating they are homeless. That document is then scanned into the system and kept on file so that future visits do not require the document. Commissioner Moore stated that CHD is looking at an outreach program to create a Vesta card. The outreach team is working on this allowing us to track the data.</p>	
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Meeting Adjourned 5:08 p.m.  
Next Meeting September 17, 2019 at 3:30 p.m. in room 324  
Minutes prepared by Jon Lawniczak



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, September 17, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the September 17, 2019 Finance Committee meeting to order at 3:30 PM.

**Roll Call**

**Members present:** Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Melba Moore, Ron Robinson.

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the August 20, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroeder</u>  <u>Second: Bhati</u>  <u>Action: Passed</u></p>
<b>Review of Contracts for September 24, 2019 BOH Meeting</b>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>Children’s Hospital Medical Center (CCHMC)</b> – This accounts receivable amendment between CCHMC and the CHD’s Division of Nursing, Home Health-Community Health Worker Program is to support Cradle Cincinnati’s community partnership to improve outcomes for pregnant women, new mothers and their infants. The contract term is from October 1, 2019 – December 31, 2019. The additional dollar amount added to the agreement is \$44,749.98.</p> <p>Jill Byrd attended the meeting, walked through the agreement, and answered questions from the Committee. CCHMC would like to extend the current agreement for the 4<sup>th</sup> quarter, aligning it with the calendar year. As of now, CCHMC legal department is reviewing the contract. There is no concern that CCHMC will modify/eliminate the contract as they were the ones that asked for the extension.</p>	



	<p><u>Motion:</u> That the Board of Health Finance Committee recommend this amendment to the Board of Health.</p> <p><b>Susan Tilgner</b> – This accounts payable contract is to allow a consultant to facilitate the strategic planning process including the City of Cincinnati Primary Care Board of Governors (CCPC), the Board of Health and employees; complete an updated strategic plan that links to the Community Health Improvement Plan (CHIP) and the Quality Improvement (QI) plan, facilitate the CHIP plan progress using Mobilizing Action Through Planning and Partnerships (MAPP) and complete an updated CHIP that includes a process to track and report progress on implementation. The contract term is from September 9, 2019 to March 31, 2020. The dollar amount is \$53,000.</p> <p>Commissioner Moore walked through the agreement and answered questions from the Committee. The consultant was initially engaged for the corrective action plan. It was decided to engage a consultant to review/update the strategic plan for CHIP, review performance management and QI for accreditation, the process for MAPP, and assist the CCPC board on developing its strategic plan.</p> <p>The Chair asked if the contract was based on deliverables rather than time? It is based on deliverables. The Chair asked that the proposal be forwarded to the Committee. Dr. Bhati asked if the Commissioner was happy with her previous work for CHD? Commissioner Moore stated that yes, she was. Ms. Tilgner is a former health commissioner and worked on the FAB accreditation process in Franklin County. Dr. Bhati asked if the Commissioner were comfortable with the timeline? Commissioner Moore stated that even though we are a little behind as the contract had to go through the RFP process, that we should still be able to complete the process by the end of March. If the BOH approves the contract, Ms. Tilgner can be notified and begin work. Mr. Hopson and the Commissioner will meet with her to get her what she needs to get started. Commissioner Moore will develop a timeline for these projects.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion:</u> <u>Schroeder</u> <u>Second:</u> <u>Bhati</u> <u>Action:</u> <u>Passed</u></p> <p><u>Motion:</u> <u>Schroeder</u> <u>Second:</u> <u>Brown</u> <u>Action:</u> <u>Passed</u></p>
<b>Update on Medicaid Cost Report</b>	Mr. Robinson stated that Ms. Li Liu has been working on the Medicaid Cost Report almost exclusively since she arrived at CHD. She is using the template created by Mr. Jim Wimberg prior to his retirement. Mr. Robinson reached out to the Ohio Medicaid program and was given a	

	<p>guidebook to assist with the development of the Cost Report. He also reached out to the accounting firm CHD has on retainer: Clark, Schaefer, Hackett (CSH). The report is due 120 days after the end of our fiscal year: October 31, 2019. 23 reports need to be developed as one is required for each site and the level of detail is very high. Thus far, there have been no issues that have required bringing in CSH.</p> <p>The Chair asked if any of the 23 reports have been completed? They all must be prepared together since they access the same dataset. The Chair asked how much additional revenue will be brought in by completing the report? It will mean somewhere around \$3 to \$4 million. The Chair asked if we can have someone look at it prior to submitting it and/or if the report can be corrected if errors are found in it after having been submitted? Mr. Robinson stated that CSH said they would review it without charge. The Chair stated that it would be useful to have CSH review the report. Mr. Robinson said that would schedule a meeting with CSH the second week in October.</p> <p>Mr. Robinson stated that we need to improve how we are booking revenue and expenses. There are inconsistencies that need to be removed and the chart of accounts needs to be improved to eliminate the need for manual adjustments. The core is solid, but over time, as CHD has expanded, it has become more cumbersome. The City establishes the chart of accounts that CHD must utilize regardless of how we operate. Fortunately, we are finding tools within the system that we can use to help resolve the situation.</p>	
<p><b>Fiscal Update</b></p>	<p>Mr. Robinson stated that employee vacancies means that CHD can no longer keep current on the dashboard as it takes ½ an FTE to maintain it due to all of the manual adjustments it requires. Mr. Robinson would like to move away from the dashboard and use other, more easily produced, reports. He is in the process of identifying what those reports can be. Activity reports may come from EPIC while revenue and billing can be developed by OCHIN. OCHIN already has a preformatted dashboard that was received well from the clinicians. It is also critical that we use a dataset that is consistent and verifiable. There may be errors in the dashboard because of the manual adjustments. The dashboard takes a large amount of time because every month a staff person must extract data from 20 or so reports.</p> <p>The Chair asked if the dashboard could be streamlined. Perhaps the data can be reviewed to determine what is</p>	

needed monthly and what can be done on a quarterly basis. It is important to track trends so that we can respond in a timely manner. The concern is that we have had some concerning trends in our matrixes for six months and then we stop looking at a dashboard. Mr. Hopson said that we can get account receivable data monthly as it all comes from OCHIN as they manage our billing. The Chair stated that we worked hard to get a dashboard that can be compared month to month. Review most recent dashboard and tell us what you can update month to month relatively easily.

Commissioner Moore asked if the meeting with the City's budget director was scheduled? Mr. Robinson stated the meeting was set for Thursday at 11:00. Commissioner Moore suggested that we ask if the Director can inform us as to what programs can be utilized from the CSF system and what the timeline would look like for a new, updated report.

Commissioner Moore discussed vacant positions, stating that they are reviewing vacancies needing to be filled, versus the vacancies that are currently open. For example, there are currently positions on 395 that should be shifted to 416. It is time to begin getting ready for the budget process. Now is the time to begin discussions with Council on CHD needs. In addition to filling clinical vacancies, we need one or two positions in environmental health and perhaps some others.

Mr. Robinson suggested that the accounts receivable data is consistently reproduceable and that that can be provided to the Committee every month. The medical data for both community- and school-based sites are problematic because we must extract granular data that run in different time frames. We can use EPIC clinical activity data to replace what is currently on the dashboard. Dr. Bhati asked if there are benefits to splitting community- and school-based data? Mr. Robinson stated that there are benefits as it would be preferable to have data based on location. The Chair agrees we should extract the data from EPIC. Mr. Robinson stated that based upon the resources available that investing in the dashboard, as valuable as the data is problematic. There are two issues: 1) it is very labor intensive, and 2) because of the manual manipulation, errors may be creeping into the system. Additionally, there is a concern with items being coded correctly from the beginning. For example, if something needs to be charged to AWL dental and no funds have been encumbered for that code, it may be charged elsewhere. The same is true on the revenue side. It is not as clear and well defined as it

needs to be. Have charged his team to ensure that revenue be assigned a specific and unique code and that all expenses for that revenue source be charged against that code. The Chair asked why there may not be revenue in specific codes? Accounts receivable and payable are not part of the budget process. Funds need to be encumbered in advance so when the charge hits, there are funds in that account. Accounts receivable and payable encumber funds based on the previous years' experience. If the budget does not line up with activity from last year, dead ends can be created. The Chair asked why this was not a problem before? Mr. Robinson stated if you are managing the organization at the enterprise level it does not matter where the charges go. What we need is a clean slate. What goes in is clean so what comes out is clean. Ms. Liu will lead this project when she is finished with the Medicaid Cost Report. Should not be difficult. There are tools in CSF to help.

Mr. Robinson stated that the Commissioner has alerted the Committee about some budget gaps – FY19 non-personnel expenses were budgeted at \$10.5 million, FY20 budget was \$8.7 million, creating a \$1.8 million reduction in the non-personnel budget. The Chair asked if these are expenses we would incur, but do not have? Mr. Robinson stated that the shortfalls are in areas we cannot eliminate – including OCHIN. We may be able to reduce laboratory and temporary services. Last year we were \$1 million over budget on temporary services. The Commissioner and Mr. Hopson reviewed vacant positions and found \$1 million from these that can be eliminated and transferred to non-personnel budget. The way our personnel budget is structured, virtually all our positions are coded as one FTE. Most of the positions in our school-based system are 0.8 FTEs. Thus, our approved budget for these positions are overstated by 20 percent. Capturing this budget expense generates \$1.5 million that can be moved into the non-personnel budget.

CSF will generate a report to show actual revenue and expense compared to budgeted revenue and expense and provide projective and estimated year to date. Moving to this standard reporting format will give us what we need and tracks month after months. The Chair stated that we need to look at monthly account receivable plus visit data plus expenses and revenue – one for clinical operations and one for the rest. Mr. Robinson stated that doing it this way loses us our ability to look at specific sites. Mr. Hopson needs more specific detail and will eventually be asking for a staff person to oversee the revenue cycle in his area. The Chair asked if we could look at sites on a quarterly basis? Mr. Hopson said that quarterly is doable at high level by

	<p>site. The Chair stated she would like visits by site and revenue and expenses by site on a quarterly basis.</p> <p>Mr. Robinson stated that we are revising the financial report for the 330-cluster grant. In the year-end report for 2018 there were some errors made. The core grant was awarded during 2018, in September the SUD grant was awarded and the quality assurance grant was also awarded mid-year. At the end of the year, following standard practice, we drew down the available money including the SUD and QA portions to not carry anything over. There should have been a carryover for SUD and QA. Just submitted final report on SUD grant. Need to revise the core cluster grant to modify the funding, reporting a reduction of \$210,000 to give us a carryover for SUD and QA. HRSA gives us nine months to revise a final report and we are well in that window.</p>	
<p><b>Review Action Items</b></p>	<p><i>Report back to the Committee on the ways to maximize CPC revenue.</i></p> <p>Mr. Hopson included what the CPC requirements are in the packet. There are three area we must be compliant in to participate in CPC. requirements to participate are activity requirements (must meet 100% - in compliance), efficiency measures (must meet 50% - in compliance), quality (must meet 50% - in compliance). Report back from Medicaid on FY 17 – we were in compliance with all matrixes. He just received word that Medicaid would like us to reenroll in CPC. Doing so gives us increased payments for each patient. We do very well on quality matrixes. Struggle with coding. Providers still believe we get paid the same amount regardless of what we do with that patient. Need to code properly. For example, new patients and every annual well visit receive a higher payment. Reached out to OCHIN and Medicare and Medicaid insurers to provide training to our providers. With hypertension you need one code for high, another for low. Same with lab work. We put the information into the system, but it is not sent to insurers. We provide quality care, but it is not reported through our coding. We are looking at bringing on a coder and meeting one-on-one with provider to have them use all diagnoses to have them capture all the revenue.</p> <p>Mr. Brown ask if there is a bias to participate in CPC as opposed to chronic care management? Mr. Hopson stated that Medicare is best to use CCM. Can generate a lot of revenue from CPC. 11 sites are eligible. In 2020 they are rolling out CPC for children, putting us in an excellent position with our school-based program.</p>	

*Ask Voice of Media if they can track tobacco usage demographics.*  
Commissioner Moore sent a message to Ms. Kendrick. She has not heard back yet.

*Follow-up with Committee recommendations regard the revenue cycle.*  
Mr. Hopson stated there are two areas we are seeing going consistently up: days in account receivable, and our percent of accounts receivable over 90 days. Until December 2018 we have a rule in EPIC where the claim was written off automatically if it was older than 6 months regardless of how often we billed. So, our account receivable was always excellent. In December 2018 the rule broke so the numbers crept up. Currently, we do not bill self-pay. We had already started a process to bill self-pay. There is a lot the clean-up before we start to bill self-pay. There are charges in the system from 2012 that have not been assigned to a patient. As we clean up these charges, our days in accounts receivable will increase. EPIC will do send us a statement of cost and do the work for us. Once clean-up complete, we will work with EPIC to create new rules. After three bills the charge will be sent to a collector, but not in a way that would impact someone's credit report. OCHIN will receive all calls and revenue from the patient. There should be no additional charges as OCHIN will keep part of the revenue. The Chair asked is there a way without making extra work that we can compare what it would have been had the rule stayed in place, making sure that people understand why the account receivable is increasing.

Mr. Hopson stated that the other issue that is increase is our third-party payors 90 days. This is an internal issue: front desk staff and coding. Create standardized training process for verifying insurance. CareSource is holding claims for over a year. We have to increase pressure as we cannot have claims held for a year. One reason is that someone is credentialed but not at this site. We have been working on it and will improve.

*Provide Committee with revenue v. expenses breakdown by department, services, location, etc.*  
Discussed earlier.

Mr. Robinson announced that the court case regarding his hiring has been resolved in favor of the plaintiff meaning his hiring is null and void. He is waiting to hear from the City as to what it means. Mr. Hopson will do his best to carry forward with the three main issues we are working on. Mr. Robinson has every confidence in Ms. Liu – she has a

	<p>tremendous feel for the system, but the entire team will have to step up and be more attentive to managing the business. Mr. Hopson stated that as no one knew what the outcome would be, that Mr. Robinson started handing things off right way, such as access to systems. Mr. Robinson stated that the it is now up to the City to determine what happens. The Chair stated that she is grateful for Mr. Robinson's work and that she knew he worked tirelessly to improve his department.</p>	
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Meeting Adjourned 5:04 p.m.  
Next Meeting October 15, 2019 at 3:30 p.m. in room 324  
Minutes prepared by Jon Lawniczak



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, October 16, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the October 16, 2019 Finance Committee meeting to order at 3:30 PM.

**Roll Call**

**Members present:** Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Melba Moore, Luwanna Pettus-Oglesby.

Topic	Discussion	Action/Motion
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the September 17, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u>  <u>Second: Bhati</u>  <u>Action: Passed</u></p>
<b>Review of Contracts for October 29, 2019 BOH Meeting</b>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>One City Against Heroin (OCAH)</b> – This accounts payable contract is between OCAH and the Cincinnati Health Department (CHD) to provide Care Coordination services for patients of CHD who are opiate and other drug dependent in order that those persons may access addiction treatment and attain recovery from their addiction. The contract term is from October 1, 2019 – September 30, 2020. The dollar amount is \$65,000.</p> <p>Commissioner Moore attended the meeting, walked through the agreement, and answered questions from the Committee. OCAH has had a successful track record of outreach to those who suffer from addiction and connecting them to care. They initially started in Butler County and are expanding to areas in which CHD works. This partnership would allow CHD to expand outreach and increase the number of patients in the city who CHD is able to reach with addiction services. CHD proposes to contract with</p>	



them for one FTE as they have the experience in identifying and bringing in care coordinators. Through the agreement they identify, train, and bring people in. They will then work with CHD to work with the Quick Response Team (QRT) in Cincinnati. When a call goes out on an overdose this person will be in the loop and will try to bring the person suffering from the overdose into a system of care. This leverages what we are currently doing and increases our reach to bring people into Safe Places Cincy. There is a monthly reporting requirement, real time data with OCAH.

The Chair asked how this is different from what we currently have? Commissioner Moore stated that now we are waiting for people to come in. Additionally, this staff person will be linked to the QRT to assist with bringing people in for treatment, adding one more piece.

Dr. Bhati asked if OCAH has any data? Commissioner Moore stated that she would provide the Committee with reports. Mr. Brown asked if there was any data yet on Safe Places Cincy? Commissioner Moore stated that reports have been given to the Board of Health. She will provide report to CCPC and this Committee as well. Safe Places Cincy – 41 people have come through. CHD is also planning to reach out to our three partners to gather data on outcomes of patients referred (e.g., how many went into treatment, the time frame to get them into treatment, and how many people stayed in treatment, etc.). Mr. Hopson clarified that HIPAA limits how much information can be shared on individual patients, but that CHD will continue to gather and share what data and metrics can be obtained on progress to date.

The Chair asked what the long-term vision is. Commissioner Moore stated while the contract with OCAH is only for one year, an assessment will take place to determine the effectiveness of the program and whether the agreement should be extended or if successful we may ask for a new FTE in the budget process.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Ohio Department of Jobs and Family Services – Refugee Program** – This accounts receivable contract is a new agreement between the Ohio Department of Job and Family Services and CHD. Compensation will be paid upon completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation services at \$200 and interpreting services at \$200 for a

Motion: Schroder  
Second: Bhati  
Action: Passed

	<p>total of \$400 for each completed screening. The Cincinnati Health Department will bill Medicaid directly for the cost of the exam. ODJFS estimates a total of 200 screenings will be completed during the three-year period. The contract term is from October 1, 2019 to September 30, 2020. The dollar amount is \$56,000.</p> <p>Mr. Hopson walked through the agreement and answered questions from the Committee. This is a full award that will last for a three-year period. CHD would be responsible for making sure that patients referred to us have received necessary vaccinations and other care needed to move into our community and be successful. The biggest difference is in how we receive payment. Payment used to be \$400 for each patient, now it's a \$200 payment, plus an additional \$200 for interpreters. Still receiving full funding for costs of services. Dr. Bhati asked how long before first extension. Mr. Hopson stated it was at least a year. Review of data from July thru September we saw 34 refugee patients and \$29,000 in funding.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion: Schroder</u>  <u>Second: Brown</u>  <u>Action: Passed</u></p>
<p><b>Update on Medicaid Cost Report</b></p>	<p>Ms. Li Liu stated that all the reports are completed including all 23 centers – a report is needed for each center including school-based health. Each report has a different schedule that required non-personnel expense, different categories (providers, nurses, etc.). Overall, the numbers are close to last year's numbers. Ms. Liu is comfortable with the numbers. Met with our consulting accounting firm Clark Schaefer Hackett (CSH) today. They will assist in a review. Mr. Hopson said CSH would review one school based and one community center report and provide feedback by next Wednesday to ensure we are submitting the data correctly. Went with AWL as that was more difficult as we added services and Price Hill. Submit to Medicaid by Thursday next week, Friday at latest. The chair requested that CHD report back to the committee if for any reason the report is delayed beyond this timeline.</p> <p>Commissioner Moore stated that CHD is looking at strengthening consistency in coding between our RNs and providers. This is important to minimize manual data entry/corrections. CHD is discussing a consulting engagement CSH to identify opportunities for improvement. CHD will come back to committee with proposed scope of the engagement. Depending on cost it may need to be included in the next budget.</p>	

	<p>Mr. Brown asked what the primary purpose for the consulting agreement? Commissioner Moore stated to review our processes and procedures in place in order to prepare for the audit: audit prep. The Chair stated that CHD used to be audited with the rest of the City, but this is the first time CHD will be audited on its own. Chair asked when would the CSH engagement be? Commissioner Moore stated it would be prior to the start of the audit. This is an audit conducted internally by the City. Ms. Liu said the state audit begins after the end of the fiscal year – August. Commissioner Moore stated now is the time to identify the funding for the CSH audit prep.</p> <p>The Chair stated that the next steps for the Medicaid Cost Report is that CSH is conducting the review and will provide feedback by Wednesday. If something big comes up, please alert the Committee. The Chair asked what the dollar amount would be? Mr. Hopson stated that we do not know what we will receive yet. It depends on the formula and the level of funding Medicaid has. We will receive a preliminary payment after the report is submitted. It will then be audited, and if the audit calls for it, the amount will be adjusted. Payment was received in February last year. The Chair expressed the thanks of the Committee to everyone that worked on this, especially Ms. Liu.</p>	
<p><b>Community Tobacco Update</b></p>	<p>Ms. Tonia Smith reported on work of Dr. Ige. From August through September of this year there was a community survey conducted to assess attitudes towards smoking. This was a requirement of the grant. 389 surveys were conducted, mostly female, mostly Caucasian, followed by African Americans. Significantly, of those completing the survey, 20 percent had a household income of less than \$20,000 a year, and these households were more likely to use tobacco products. Data from the survey allows us to determine community readiness for messaging and policy. Ages 18 – 25 were a majority of the respondents.</p> <p>The Chair asked if this was an online survey. Ms. Smith stated that there was also a link, and for those without access to the internet, Dr. Ige and Mr. Stafford physically took down their answers and entered the data. Many people are in favor of restricting where people can use tobacco products and adding age restrictions. More education is needed around e-cigarettes and outdoor tobacco use. Respondents had a high awareness of how important it is to protect youth from tobacco company messaging.</p> <p>Commissioner Moore stated that college-age individuals represent a large amount of e-cigarette use. Tobacco 21</p>	

	<p>will make it harder for young people to gain access to cigarettes, making it harder for young people to pick up the nicotine habit. By the time they are 21 or older, they will be less likely to pick up the habit.</p> <p>Mr. Brown asked if Ohio has a large percentage of smokers? Ms. Smith stated that Ohio does have one of higher rates of smoking and a higher percentage of younger people who smoke. The Chair asked that future surveys include the same questions to be able to track trends. She asked Ms. Smith what the main takeaways from the survey were? Ms. Smith said that the community understands the importance of keeping tobacco products away from young people and to protect nonsmokers from secondhand smoke.</p> <p>The Chair asked what the biggest surprise to come out of the survey? Ms. Smith said the willingness of allowing people to smoke in outdoor spaces. Dr. Bhati asked if there was a difference in the response between smokers and non-smokers? Ms. Smith said that, while it did not come out in this survey, in her experience while smokers are in support of policies limiting where someone can smoke, they do want to be able to smoke in their apartments and homes. Work cut out for us in finding messages and finding the best methods for distributing those messages. Dr. Bhati stated that e-cigarettes and vaping is a huge problem as youth do not see the harm with those. Mr. Hopson asked if the survey was conducted previously? Ms. Smith said it was but may not have included the same questions. Mr. Hopson would like to see future surveys for comparison purposes and asked what is our message? Ms. Smith said that cancer is not an effective message, too far off in the future. What young people are concerned about are yellow fingernails, yellow teeth, not smelling good, not being attractive, athletic performance, and money.</p>	
<p><b>Dashboard Update</b></p>	<p>Last month, Mr. Dominic Hopson discussed difficulties with putting together the dashboard. He and other staff members met with City finance people and discussed how to build reports that leverage existing data and minimize manual manipulation needed. The accounts receivable (AR) data we get directly from OCHIN.</p> <p>On AR, we are where we expected to be. Primary issue is the self-pay \$1.8 million and how that weighs on AR. Consistent with what we see with our counterparts across the state. Everyone in Ohio, according to OCHIN, is having issues regarding the timeliness of Medicaid reimbursement. This appears to be an issue in the state and our state association is looking into it.</p>	

Mr. Brown asked when to write off the self-pay? Mr. Hopson stated that historically we wrote them off after six months (180 days). However, CHD stopped that practice since it did not make sense as we never sent a statement to a self-pay patient. We have arranged an agreement with OCHIN where they will bill self-pay patients beginning December 1. Prior to that, a letter will be sent to patients to make them aware of this new policy. We will need to write off anything older than a year. Three or four statements will be sent to self-pay patients requesting payment. If, after 90 days, we receive no payment, then OCHIN will attempt to collect the debt. This will have no impact on our bottom line as OCHIN will get 5% of anything collected, which is what they currently charge for our regular billing process. After 12 months, the debt will be sent to a credit agency who would get a higher percentage – 20 percent – if anything collected, but the agency would not harm the patient's credit score. When it reaches this point, it gets removed from our AR.

Mr. Brown asked about the insurance claims that are over 211 days? Mr. Hopson stated that a lot are tied to CareSource and AWL. CareSource never added dental to the AWL location. We informed staff if there is an issue that they are unable to resolve to bring it to Mr. Hopson so he can elevate it. Providers are credentialed with CareSource but not for that location. CHD will be reimbursed regardless of time as it is a CareSource error.

Mr. Brown asked if there is a process for dealing with disputed claims? Mr. Hopson stated that OCHIN, as our biller, managed that. We are looking to leverage their partnership more as most rejected claims are because of incorrect insurance information and coding issues. Front desk needs to scan in the insurance card of every patient that comes in. OCHIN will provide staff training.

The Chair asked if we saw a trend? Mr. Hopson stated that we do not currently have trend information, but as we get this information monthly, we can pull it out and put in a chart form. The Chair asked if this number or trend would raise a red flag during an accreditation audit? Mr. Hopson said no, the auditors are looking at provided care. Even the financial audit is more about are the right things going to the right account than about the revenue cycle.

The Chair expressed concern about the potential impact on patients' credit scores. Do we still own data? Could someone buy the data and have that get back to our patients? Mr. Hopson said that the only outside

	<p>organization that would be involved will be our UC partner. Mr. Brown said we need to be sensitive as cost sharing can be a barrier to treatment. Dr. Bhati asked if we can put someone with cost sharing issues on a payment plan on day one? Commissioner Moore stated that we are working to have our front staff trained to have that conversation at the door. The first person will check them in, but if they check the box on cost sharing can talk with someone else and be moved away from the front desk. Mr. Hopson says that we cannot turn someone away because they do not pay their copay. But we have an obligation to City rate payers and to our Federal sponsors to try and recoup some payment from those who have the ability to pay. We already have a sliding scale payment system based on income so if someone cannot afford the copayment, they will not be billed. We need to separate an inability to pay from an unwillingness to pay.</p>	
<p><b>Commissioner Update</b></p>	<p>Commissioner Moore reported that the Director of Finance position is going through the VR process. The process is that HR reviews the position and it goes through seven steps before final approval is given to post the position. HR has not met yet but will discuss it at their monthly meeting next week. The proposed process is that the City's budget and finance departments would provide two people to interview the first set of candidates as determined by a review of resumes by HR – they will forward all of those who meet the minimal qualifications. This first round should return three candidates. The next step would be to have budget and finance again provide two people and to include people from CHD as well. This is a process similar to the process used previously. The Chair recommended considering having someone from the CHD finance department be involved as part of the process, to help offer input and build buy-in if/where valuable in the process. The Chair also suggested that while the committee could recommend who the final selection should be, it may be better to have the Commissioner make the final selection as she can consider culture and best fit for working with the leadership and the rest of the team. The Commissioner suggested that at the second step have two from the City's finance and budget offices, two board members, and two staff members. The Chair suggested giving thought to the optimal size of the panel, as larger panels can sometime reduce the quality and depth of the dialogue. HR can provide guidance on developing an effective process.</p>	
<p><b>Review Action Items</b></p>	<p><i>Ask Voice of Media can track tobacco usage demographics.</i> Information was provided earlier in the meeting.</p>	

	<p>Committee asked for an update after the next survey with comparable data.  <i>Status: Complete</i></p> <p><i>Consultant proposal for strategic planning to Committee</i>  Commissioner Moore said that regarding the strategic plan, they met with the consultant earlier. She asked if the Committee wanted to see the actual consultant's proposal. She agreed to send it to the Committee. A survey was sent to all employees to weigh in on the mission/vision statements and the core values. Goal is to ensure CHD strategic plan is in alignment with the City Manager's performance matrixes, the school system's and the matrixes used by other partners. Mr. Brown stated that CCPC was working on performance matrixes for Mr. Hopson and those will align with the strategic plans. Their timeline needs to be adjusted so that they can have access to the data used in the strategic planning process. Also going to overlay civil service requirements. Elements that should be included in a system-wide strategic plan.</p> <p>Commissioner Moore shared with the consultant that bringing the two boards together would be best done on a Saturday.  <i>Status: Ongoing</i></p> <p><i>Meet with Clark Schaefer Hackett on Medicaid Cost Report.</i>  <i>Status: Complete</i></p> <p><i>Review dashboard and determine what matrixes can be updated monthly relatively easily.</i>  <i>Status: Complete</i></p>	
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Meeting Adjourned 5:01 p.m.  
Next Meeting November 19, 2019 at 3:30 p.m. in room 324  
Minutes prepared by Jon Lawniczak



**City of Cincinnati Board of Health Finance Committee**

**Tuesday, November 19, 2019**

**Room 324**

Ms. Schroder, Chair of the Board Finance Committee, called the November 19, 2019 Finance Committee meeting to order at 3:30 PM.

**Roll Call**

**Members present:** Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Phil Lichtenstein, Melba Moore, Luwanna Pettus-Oglesby.

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>
<b>Approval of Minutes</b>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the October 16, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u>  <u>Second: Bhati</u>  <u>Action: Passed</u></p>
<b>Review of Contracts for December 10, 2019 BOH Meeting</b>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p><b>Laboratory Corporation of America Holdings (Lab Corp)</b> – This accounts payable contract is between Lab Corp and the Cincinnati Health Department (CHD) for phlebotomy services, including 11 point of care tests, at all six major CHD health center labs and lab pick up services at CHD’s 13 School Based Health Center (SBHC) locations. Lab Corp bills patients with insurance for their service and bills CHD for uninsured patients. The contract term is from January 30, 2020 to March 31, 2021. The dollar amount is \$1,000,000 maximum.</p> <p>Mr. Dominic Hopson attended the meeting, walked through the agreement, and answered questions from the Committee. Lab Corp is the CHD lab provider. The contract expired 2 months ago. It took time to negotiate in order to get everything we wanted into the contract including diabetes testing at each site. Lab Corp bills insurance for insured patients, and CHD pays for uninsured patients</p>	



(about 35 percent). There is a possibility of negotiating a flat fee per month in future. Currently, we are spending close to \$100,000 a month. Flat fee may reduce costs. The Chair asked about the trends for the contract. Mr. Tim Doran said that the million dollars a year is not an exact number, but that the trends have been flat. He said that the exact number would be given to the Board of Health at its meeting and will include a 24 month look back.

The Chair asked why did only Lab Corp bid in response to the RFP? Mr. Hopson explained that they were the only bidders able/interested in meeting the requirements of the bid. Dr. Bhati asked how long to negotiate a month-to-month flat rate? Mr. Hopson says that he would like more data about the uninsured. Are the trends going up or down? Could have data in a month. If Lab Corp knows they're the only one bidding, we may not have much leverage. The Chair asked about the term of the contract. Mr. Hopson stated that the old contract was extended twice to give us time to negotiate a new contract.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Hamilton County Solid Waste Management District (HCSWD)** – This accounts receivable contract is a long-standing contract between the CHD and HCSWD. The Environmental Waste Unit of CHD will inspect the Solid Waste Transfer Station, the Class II Composting Facility, the Closed Municipal Solid Waste Landfill, all Registered Scrap Tire Transporters, and Open Dump Complaints; at the frequency state in the contract. In return for performing these inspections, the HCSWD will pay the CHD. Billing and payment will be quarterly. The contract term is from January 1, 2020 to December 31, 2020. The dollar amount is \$68,911.

Ms. Robin Anderson walked through the agreement and answered questions from the Committee. Contract between HCSWD and CHD, they pay for certain inspections annually including transport stations, composting station at Findlay market, the landfill, tire, and open dump. CHD bills them quarterly. Contract has been going on 35 years. We would have to do it even if we weren't getting paid. Chair: how does amount different? Ms. Anderson said that the contracted amount is lower by a couple thousands of dollars from a couple of years ago. The Chair made a general request that it would be helpful in the future if trend data could be included. The Chair asked if the amount covers the full costs of the inspections? Ms. Anderson says it covers the costs of the inspections, but not the total costs

Motion: Schroder  
Second: Bhati  
Action: Passed

of the FTE. Dr. Bhati asked if we could negotiate to have all our cost covered? Ms. Anderson stated that we must do the work anyway and that Hamilton County has had budget cuts as well.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**Santa Maria Community Services – AmeriCorps Program** – This accounts payable contract is for Santa Maria Community Services to provide the services of AmeriCorps members to assist with escorting students to and from SBHC medical, vision and dental appointments as well as help in various divisions in the Health Department. The contract term is from September 1, 2019 to July 31, 2020. The dollar amount is \$33,000.

Mr. Hopson walked through the agreement and answered questions from the Committee. This leverages a partnership with AmeriCorps. It provides their people with experience and give us help in managing the School Based Health Centers. The Chair asked what does money go for? Mr. Hopson said the funds go to AmeriCorp to reimburse volunteers for some costs.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

**ABM Parking Services** – This accounts payable contract ten designated parking spaces for Walnut Health Center staff and CHD/CCPC administrative staff were acquired in August 2017 through ABM Parking Services for daily use. The monthly cost is \$110/mo. for ten spaces). The spaces have been paid monthly using a P-Card. Daily downtown parking spaces are limited and at premium prices.

Designated parking provides staff the ability to provide daily health care services to patients at Walnut Street without being concerned that parking may not be readily available and too expensive to afford. The contract term is from November 1, 2019 until canceled. The dollar amount is \$13,200.

Mr. Hopson stated that parking is an issue at our Walnut Street location. Makes it easier for our patients to park. Mr. Brown asked what is the status for that health center? Mr. Hopson said that everything is fine now, but we do know that in the long-term we will have to relocate – we are looking at our options. Commissioner Moore stated that each side needs to give 120 days’ notice to cancel the lease. Mr. Brown asked if our collaboration with Talbert

Motion: Schroder  
Second: Bhati  
Action: Passed

Motion: Schroder  
Second: Bhati  
Action: Passed

	<p>House would continue if that Center were relocated. Commissioner Moore said that would depend on where we go, and the space. The Chair asked for a clarification as to whether this is a new contract. Mr. Hopson stated it is an extension of a professional service agreement.</p>	<p><u>For Notification purposes only</u></p>
<p><b>Final Report on Medicaid Cost Report</b></p>	<p>Ms. Li Liu stated that the report was sent to Medicaid in mid-October. Before it was filed, she received input from Clark Schaefer Hackett (CSH). Some adjustments were made to the report due to the input. Five days after filing she called Medicaid to make sure it was received, and it was. The Chair asked what the time frame is? Ms. Liu said last year it was late January, early February. Mr. Brown asked if the Board of Health would get copies? Mr. Hopson asked if they meant a summary? Mr. Brown stated that the Board need to understand how this is related to the Medicaid match. Mr. Hopson responded that we do not know the formula they use. Ms. Liu stated that we fill out the report based upon their forms and instructions. Medicaid has their own information they use to determine the reimbursement amount.</p>	
<p><b>Financial Update</b></p>	<p>Mr. Dominic Hopson stated that one of the requests of the Chair is to provide a picture of all our funds. He would like to use a standard report out of the City financial system. Want to get feedback from the Committee as to what information out of this report that it wants. Top six or seven lines on the charts are revenues, the rest expenses. Is this too much information? Do you want us to drill down further?</p> <p>The Chair asked for Mr. Hopson to walk through an example from the report to give the Committee a better understanding. Mr. Hopson walked through accounting code 395 to explain what is in the report. The Chair stated that the Committee would like to look at trends regarding revenue and expenses – overall how are we doing over time and how expenses compare to revenue. If we're off on something, then we can dig down. Are we doing better or worse than last year? Is it possible to breakout clinical, CCPC, and everything else? Dr. Bhati stated that the trend report should be something that can be discussed at the BOH meeting.</p> <p>Mr. Hopson discussed accounts receivable (AR). Biggest driver is the self-pay portion. The Chair stated that we are working to resolve the self-pay issue and would like to see AR without self-pay. Mr. Brown asked if self-pay has increased significantly? DH no, but we stopped writing it off. December 2018 was when CHD stopped writing it off automatically. The rule under OCHIN broke on its own with OCHIN's updating of its systems. The City Manager's</p>	

Office gave us go ahead to move forward in billing self-pay patients. It will take OCHIN 30 days to get the queues in order so our first invoices should go out around January 1. Mr. Brown asked if everyone eligible for Medicaid is on Medicaid? Mr. Hopson said no. We have two employees to assist people in signing up for Medicaid, but not everyone agrees to sign up.

Discussion on AR broken out by payor groups. Issues with CareSource and dental - dentists not added at locations they were performing services at. Outside of self-pay majority of AR within 30 to 60 days. United Healthcare \$186,000 provided us with wrong information on how to bill us. We need a settlement between United Healthcare and the City to pay us for aging claims. The issue is that once United Healthcare pays the claim, they will be scrubbed and there will be no possibility to resubmit a claim if it were later found it needed adjustment. Law Department needs to review the agreement. Call was coordinated with OCHIN. The Chair stated that we should ask United Healthcare for an exception to the resubmit issue as the problem was with United Healthcare not providing us with the correct information.

Mr. Hopson stated that in October, our self-pay percentage was 35 percent. While this appears to be average for CHD, it is high in a state that accepted the expanded Medicaid. We are looking at refugees as a possible reason for the high percentage as Cincinnati has a much higher rate compared to other FQHC's in Ohio. Mr. Brown stated that we may want to apply for Hamilton County's Hospital and Health Care Funds. Mr. Hopson stated that there is a process to catch those with wrong insurance or said they didn't have insurance but did. Dr. Bhati asked what percentage of those who are self-pay are eligible for Medicaid. Mr. Hopson stated that our biggest bang for the buck is signing people up for coverage.

Mr. Brown suggested that we may want to look at cost by encounter and revenue by encounter. Mr. Hopson stated that one of our biggest factors is our cost of doing business. Dr. Bhati stated that training our staff better would help alleviate some of this. Mr. Hopson stated that we are requiring our providers to see more patients – we added four slots a day, and our patient contact hours is still lower than other organizations. Mr. Hopson stated that there are many factors involved, but what CCPC needs to determine is “what does success look like for us?” The Chair stated that getting percent of uninsured down as low as possible by increasing coverage rates is an important metric for success. Mr. Brown stated that CHD may not need to be

	<p>profitable, but the concept of sustainability needs to be in the equation. The Chair stated that City Hall does not have a specific number in mind but that they likely want to see a good faith effort from CHD in expanding the number of those ensured.</p> <p>Mr. Hopson stated that CHD is becoming more efficient and are decreasing wait time. Gross and net charges are higher than they've ever been.</p>	
<p><b>Commissioner Update</b></p>	<p>Commissioner Moore stated that CHD was awarded a \$100,000 from the Ohio Department of Health for safety net dental care. for ODH for safety net dental – the grant is for three years.</p> <p>CHD, Interact for Health, and Talbert House applied for and was awarded a grant for \$100,000 from the Hamilton County Recovery Services Board. The funds will be used for outreach for the opioid crisis used to remove the stigma.</p> <p>Commissioner Moore provided the Committee with the reports on Safe Places Cincy immediately after our last meeting. We are now accepting referrals through the courts. Some assessments done over the phone instead of face-to-face. During planning process, CHD's partners said they have plenty of space, but when referrals come it, it is difficult to find beds/placements. The majority of the referrals need inpatient treatment. Only one patient was referred to outpatient treatment. The Chair stated that once the data is collected, it should be presented to the BOH.</p>	
<p><b>Review Action Items</b></p>	<p><i>Reach out to determine if ex-officio members count towards a quorum.</i> <i>Status: Complete</i></p> <p><i>Report on One City Against Heroin data</i> <i>Status: complete</i></p> <p><i>Provide Committee with Safe Places Cincy reports</i> <i>Status: Complete</i></p> <p><i>Provide consultant's strategic plan proposal, timeline, and the draft vision/mission statements to the Committee</i> CHD/BOH/Employee strategic plan and then a joint CHD/CCPC plan. Commissioner Moore sent a request for dates people were available after the last meeting. <i>Status: Complete</i></p> <p><i>Provide Clark Shaffer Hackett (CSH) recommended scope of services and audit timeline to Committee</i></p>	

	<p>Commissioner Moore sent the information following the last meeting. The Chair stated that once the scope has been agreed with CSH to share that with the Committee prior to signing the agreement. This is for the engagement piece, not the audit.</p> <p><i>Status: Complete</i></p>	
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Meeting Adjourned 5:04 p.m.  
Next Meeting January 21, 2020 at 3:30 p.m. in room 324  
Minutes prepared by Jon Lawniczak