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
Approval of Minutes	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. Motion: That the Board of Health Finance Committee approved the minutes of the May 21, 2019 Board of Health Finance Committee Meeting.	Motion: Schroder Second: Bhati Action: Passed
Review of Contract for June 25, 2019 BOH Meeting	The Chair began the review of the contract that will go to the BOH for approval. **Cincinnati Children's Hospital Medical Center** - 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. 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	

	made and outcomes as a result of having the CHW at Aiken. Ms. Walter agreed to work to provide reports on this information. Motion: That the Board of Health Finance Committee recommend this amendment to the Board of Health.	Motion: Schroder Second: Bhati Action: Passed
Presentation by Phamily on pilot project	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. 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. 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 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. 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,	

	deciding which of the two pilot programs make more sense for CHD, and designing the rollout strategy for the program. 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. 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. 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. 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. 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.	
Dashboard Review	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	

	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.	
Sub-recipient Agreement	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