

1 MINUTES OF SPECIAL MEETING OF NORTH LAKE COUNTY
2 HOSPITAL DISTRICT OF JUNE 13, 2012
3

4 A special meeting of the North Lake County Hospital District (the "District") was held on
5 June 13, 2012 at 5:30 p.m. in County Commission Chambers, Administration Building,
6 315 W. Main Street, Tavares, Florida.
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8 Mr. Ken Carpenter, Chairman, called the meeting to order and led the Pledge of
9 Allegiance. M. Meredith Kirste, attorney for the North Lake County Hospital District,
10 called the roll to ascertain the trustees present for the meeting, with the following
11 members in attendance: Ken Carpenter, Chairman; Marilyn Bainter; Robert Bone; Roger
12 Beyers; Jerry Brown; and Frances Grossi.
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14 APPROVAL OF MINUTES

15 On a motion by Mr. Beyers, seconded by Ms. Bainter and carried unanimously by a vote
16 of 6-0, the North Lake County Hospital District board approved the Minutes of the
17 regular annual meeting of January 30, 2012.
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19 On a motion by Mr. Bone, seconded by Mr. Beyers and carried unanimously by a vote of
20 6-0, the District board approved the Minutes of the special meeting of May 16, 2012.
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22 IMPLEMENTATION OF PROCEDURES FOR COMPLIANCE WITH HB 1299

23 Mr. Carpenter stated that the primary reason for this meeting was to discuss the
24 implementation procedures that will be necessary for the new legislation that they were
25 now required to comply with, and he suggested that they go through the information that
26 had been provided to the board members, although it was only a working draft document.
27 He explained that the options they had to consider were to hire their own staff to
28 implement those requirements, come up with their own policies and procedures, or look
29 at the existing tax district of the West Volusia Taxing Authority. He also noted that he
30 wanted to start the meeting with a presentation by Dreggers, Rigsby, and Teal in Deland,
31 who performed some administrative work for the West Volusia Hospital Authority, about
32 how their system works.
33

34 Mr. Al Powers with Dreggers, Rigsby and Teal related that their first recommendation to
35 the taxing authority when they took over was to get rid of employees that were previously
36 hired, since they had moved to a third-party administrator a few years ago which issues a
37 health card. The card is good for six months and makes the patients apply for Medicaid
38 at the same time, which resulted in a lot of Medicaid recoveries for them. He explained
39 that they have created a model where the dollars follow the patients, and they have a
40 primary care network, three clinics, and a specialty care network. He mentioned that they
41 wrote some eligibility guidelines in 2009 which are provided in the packet. He added
42 that they have found that the third-party administrator (TPA) provides some good
43 information to them about services that are provided and what each patient is costing, and
44 they have reduced the cost of each encounter from \$150 to \$107. He specified that there
45 were approximately 1,800 to 2,000 health card users and that they raised about \$16
46 million in ad valorem taxes. He related that their firm does the accounting and
47 administration and that they work closely with the third-party administrator.

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Mr. Carpenter related that their legislation requires them to audit any provider that receives more than 10 percent of the tax proceeds in any given year and asked if there were similar requirements in their tax district.

Mr. Powers responded that their third-party administrator reviews the eligibility and approves the application, looking at the residency, income, and background testing, and he mentioned that about 20 percent of the applications were rejected for not being eligible.

Mr. Carpenter asked what the budgeted cost for the TPA service was for this year.

Mr. Powers answered that it was \$110,000 for eligibility, including reviewing all the information which was sent to them electronically, doing checks with the Property Appraiser's Office, and checking for income eligibility; and \$605,000 for processing claims and administering a specialty care network of the contracts of the specialists. He opined that Lake County's costs for those services might be less, and he suggested that they check with the TPA and ask for some information and an idea of what it might cost if they were thinking of using that kind of service.

Mr. Carpenter mentioned that their legislation specifically allows acute care hospitals to participate in Medicaid matching programs, and they wanted to look at that opportunity. He asked if their hospitals participate in that program.

Mr. Powers indicated that they have participated for the last two years, and they advance those funds to AHCA and payments are made quarterly beginning in October.

Ms. Bainter asked who their third party administrator is.

Mr. Powers answered that the organization was HS1 (Health System One) Medical Management, Inc., which is located in south Florida, and it was all done electronically, although HS1 representatives attend their board meetings periodically. He added that HS1 also oversees the specialty services that the health card users can receive in addition to the clinics. He opined that the TPA has paid for itself by saving them money, but he mentioned that they had a hard time finding a firm to do this for them when they first went out for the RFP.

Ms. Bainter opined that the high hospital millage in Volusia County was a deterrent for businesses to locate there.

Mr. Brown asked what role Dreggors, Rigsby & Teal have in this arrangement.

Mr. Powers responded that they work with the TPA but are not affiliated with them, and they do the monthly bookkeeping, pay the bills, prepare the budget, meet monthly as well as go to the District meetings, transcribe the minutes, answer phone inquiries for the hospital authority, present financial statements to the auditors, administer contracts, and deal with other unexpected things. He opined that it might be difficult for the District to

1 endeavor to do everything with employees. He noted that each hospital district in their
2 county is responsible for paying the Medicaid claims other than for nursing home and for
3 HCRA (Health Care Responsibility Act) hospital claims which are submitted to hospital
4 authorities.

5
6 Mr. Beyers stated that he calculated the costs for the TPA and their fees at about
7 \$822,000 and asked if there are any other hard-dollar costs.

8
9 Mr. Powers responded that whatever the Tax Collector and Property Appraiser charges
10 would be additional, and they have \$485,000 budgeted for that.

11
12 Mr. Ronald Cantlay from Dreggors, Rigsby & Teal added that their administrative, TPA,
13 and accounting costs total four percent of the entire budget in a given year.

14
15 Ms. Bainter asked how much the legal fees were.

16
17 Mr. Powers answered that they had legal fees in the budget for about \$60,000 and
18 mentioned that there were also small things such as the independent audit budgeted at
19 \$15,000 and workers comp claims that they were responsible for when they owned the
20 hospital.

21
22 Mr. Cantlay added that a benefit of the health card is that it is eligible for six months,
23 which cuts down on having to document every visit for the same patient.

24
25 Mr. Powers summarized that they have found that this system has worked well for their
26 hospital district and has given them a lot more accountability than there was in the past.

27
28 Mr. Carpenter directed the board member's attention to the information in the packet
29 regarding recommended procedures, which he commented just included alternatives to
30 consider regarding funding procedures and allocation of the dollars. He explained that
31 the current method of distribution was done by first accounting for the operating
32 expenses for the district which are netted from the estimated tax proceeds for the fiscal
33 year, and then those funds have historically been divvied up on a per capita basis between
34 the northeast and northwest district, with 5 percent being given to LifeStream Behavioral
35 Center. He pointed out that this new legislation gives them some discretion as to how the
36 funds can be allocated, specifically identifies the acute care hospitals that reside within
37 the districts, and mentions the other licensed primary care clinics within the districts. He
38 related that since the last meeting, he has met or talked with representatives from all of
39 the entities, and it was suggested that they go forward with a similar allocation for the
40 first fiscal year, assuming that there will be a tax levied, which was to divvy up 90
41 percent of the net proceeds after the allocation to cover the operating expenses between
42 the two acute care hospitals on a per capita basis, which was 54 percent to Waterman and
43 46 percent to Leesburg Regional, and still allocate 5 percent to LifeStream and 5 percent
44 to be made available to other licensed primary health care clinics. He reported that the
45 tax dollars in their budget for this past year amounted to about \$8.6 million net, so he had
46 calculated that \$4.2 million would go to Florida Hospital Waterman and just under \$3.6
47 million to Leesburg Regional, with Lifestream receiving \$388,000 and other health care

1 clinics also receiving \$388,000. He noted that this new legislation has significantly
2 tightened the criteria for a person to be considered an indigent, basically using the
3 stringent HCRA guidelines regarding income and assets with the exception of an increase
4 to 200 percent of the federal poverty level rather than 100 percent, and unreimbursed
5 Medicaid and Medicare costs are no longer included in the computation. He stated that
6 there were about eight or nine documents acceptable to substantiate residency.

7
8 Mr. Carpenter went over Section 1.0 of the recommended procedures as to how those
9 suggested allocation percentages were derived, as well as the next section 2.0 entitled
10 Provider Procedure, which contains language taken out of the legislation, noting that the
11 legislation requires a certification from the providers that the procedures were medically
12 necessary. He commented that he did not think individual patient information needs to
13 be disseminated amongst the board, but instead they would use the patient number
14 assigned to the qualified patients that are identified by the hospitals, along with a list of
15 charges, costs associated with those charges, and the Medicare reimbursement number
16 for them, and have the TPA, employee, or other independent third-party do the audits on
17 those. He mentioned that he calculated that about 15,000 encounters would be submitted
18 by Waterman, Leesburg, and Lifestream as proof of incurring those indigent costs, and he
19 pointed out that it would be impossible for the board to audit all of them. He described
20 industry standard procedures for auditing where a representative random sample is taken
21 to determine if it meets the requirements of the legislation. He relayed that Section 3.0
22 defined the acceptable supporting documentation of residency within the North Lake
23 County taxing district as well as documentation of income and assets. He commented
24 that Section 4.0 regarding Medicare reimbursement and costs was complex, including the
25 fact that there were different reimbursements for inpatient versus outpatient charges, and
26 he understood that there is a Medicare cost report for allowable reimbursable costs, which
27 are tallied up at the end of the year and compared to the charges from the hospital to
28 develop a cost-to-charge ratio. He pointed out that there were some definite differences
29 with how they operate compared to Volusia County, and the recommended procedures
30 also tries to take into account the allowance within the legislation for the hospital to
31 participate in the Medicaid matching programs that are offered through AHCA for the
32 indigent charges or costs that are submitted, which allows the hospitals to almost double
33 their reimbursement. He noted that since the current programs may not be around much
34 longer, they may end up reverting back to the Lower Income Pool program in the next
35 couple of years. He summarized that their options were going with in-house staff, using
36 a TPA, or hiring an outside vendor such as a CPA firm or some other audit firm to do the
37 work for them on a quarterly basis.

38
39 Ms. Bainter asked him about the payments to AHCA for Medicaid.

40
41 Mr. Carpenter explained that the new legislation allows them to still participate in the
42 same matching programs, but will require that the money go directly from the tax district
43 to AHCA on a quarterly basis to be matched with the federal funds and be diverted away
44 from the hospitals.

45
46 Ms. Frances Crunk, CFO of Florida Hospital Waterman, stated that they had a copy of
47 the presentation that Mr. John Owens did about a year ago that explained how the

1 program worked, which she could share with the board if they did not already have a
2 copy of it, and they could also have an abbreviated description of the program from
3 AHCA. She recapped that they prefer that the District send the dollars for the
4 documented indigent care that they provide to AHCA rather than having the dollars paid
5 directly to them so that they can participate in that program.

6
7 Mr. Don Henderson, President and CEO of LRMC, commented that \$882,000 in
8 administrative costs would be almost one-tenth of the entire amount, and they would
9 prefer to do it on a spread-sheet basis that they would submit to be audited rather than
10 using a TPA because of the extremely high costs.

11
12 Mr. Carpenter asked if he thought that the determination of medical necessity mentioned
13 in the legislation would also be audited and if so, how it would be done.

14
15 Mr. Henderson answered that they have a case management group of nurses and social
16 workers to screen all of the inpatient cases that come into the hospital 16 hours a day,
17 seven days a week, who reviews them for medical necessity using a national standard for
18 all types of patients. He mentioned that for outpatients, similar criteria could be used by
19 using Medicare guidelines for medical necessity criteria.

20
21 Mr. Howard Weiner with Lifestream clarified that they do not get paid on a DRG
22 (Diagnosis-related group) basis but rather on a prospective payment system, which was a
23 complicated Medicare formula, and they do not participate in the matching program
24 because they were a specialty hospital and could not bill the state for Medicare services
25 for their inpatients.

26
27 Mr. Carpenter expressed concern that indigent patients would not cooperate if the process
28 becomes too complicated, and he asked how different the requirements of the new
29 legislation are than what is currently being done and whether that would have an impact
30 on the amount of indigents who would qualify.

31
32 Mr. Weiner responded that people who come to his facility are unable to make rational
33 decisions, and he believes that the new system will create a problem. He pointed out that
34 the criterion to be admitted to Lifestream was that the patients were a danger to
35 themselves or others, and he opined that the acute care hospitals will have the same
36 problems.

37
38 Mr. Ken Mattison from Florida Hospital Waterman, opined that the documentation
39 requirements would substantially erode what they were providing in indigent care
40 because patients were less likely to want to cooperate with them in documenting the
41 requirements in the legislation. He commented that they were taking into consideration
42 the additional responsibility and burden of that documentation in the figures that they
43 provided to the board, and he pointed out that those figures were substantially less than
44 what they reported in the past, because they were based on what they believe they can
45 document based on the requirements of the new legislation.

1 Mr. Carpenter related that the primary care clinics run by the hospitals would need to be
2 reimbursed directly under this new legislation, and he understood that the hospitals
3 provide a majority of the financial support for those clinics. He asked how they could
4 help to get dollars to the clinics.

5
6 Mr. Mattison responded that the indigent care clinic that Waterman operates is operated
7 as a department of the hospital, with the full responsibility of the cost of providing that
8 care born by the hospital, and they would want any dollars reimbursed to the clinics
9 included in the dollars used for the matching program. He pointed out that the hospitals
10 also bear any hospital costs for those patients such as surgery and imaging that those
11 patients require.

12
13 Mr. Brown opined that the ten percent cost for the TPA is way out of line, but he asked
14 what the hospitals thought of spending four percent for a third-party administrator.

15
16 Mr. Mattison commented that they would rather not see dollars spent on the adjudication
17 of claims, since they believe that there is a more efficient way of documenting that they
18 are following the requirements of the new legislation. He also noted that the TPA was
19 only documenting a sample of the claims rather than all of them. However, he indicated
20 that they do not object to the board hiring an administrator or accounting firm to help
21 manage the process, as long as it was done as efficiently as possible.

22
23 Mr. Brown assured him that they will do it as efficiently as they could.

24
25 Ms. Bainter stated that her vision of this new charter was to provide as much care to the
26 indigent as they possibly could on a primary care basis especially through clinics, and her
27 idea was they would have more money than they are taxing if the District could get those
28 matching program grants, since primary care could keep a lot of those patients out of the
29 hospitals where most of the expense lies.

30
31 Mr. Carpenter pointed out that if those matching federal dollars do not come back to the
32 community, they will go somewhere else, and he does not understand why they would
33 turn their backs on that funding, especially since they are including primary care clinics.
34 He added that after the first year of allocation of the funds, if they find that primary care
35 clinics have a much greater need, this board can decide to allocate more money to them
36 and less to the hospitals in the future.

37
38 Ms. Bainter commented that she liked West Volusia's idea of getting a card before going
39 to doctors, clinics, or hospitals. She suggested that they do a Request for Qualifications
40 (RFQ) where they might get several different firms to respond for the different areas they
41 need to address.

42
43 Mr. Carpenter indicated that he was in favor of that, if most of the board agreed.

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45 Mr. Vance Jochim, a resident of Tavares who writes a blog on fiscal issues,
46 recommended that in the future having the documents referred to at the meetings come
47 out at least a week beforehand.

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Mr. Carpenter explained that this was a working document which changed at least six or seven times within the last two weeks, and the last version was available on Monday.

Mr. Jochim opined that TPA's are good, but if they and the providers do not have their own quality assurance program, there could be a problem with that, although he thought the danger was reduced quite a bit since they will be controlling who will provide the services. He mentioned that he did not see anything in the bill that stated that hospitals should be given priority over this funding, and he believed one of its objectives was to have competition and a free market position where other providers can bid or provide services and could be evaluated on a cost-benefit type of approach; however, they were structuring it so that most of the money goes to the hospitals first and to give what is left to the providers.

Mr. Carpenter responded that the hospitals incur most of the cost, and they have substantiated an estimated \$8 or \$9 million that was incurred for 2011. He noted that this was just for the first year, and the criteria for choosing the primary care providers were not included in the recommended procedures, which he intended to discuss at this meeting. He added that something else that needed to be considered is that the legislation also states that primary care clinics could not provide duplicate services that are offered by other public health clinics, although it was not a requirement for the acute care hospitals.

Dr. Albert Eckian, a resident of Eustis, stated that the enabling legislation dissolved the old district, resulting in a new tax district and a new paradigm, and he pointed out that the legislation was focused on the medically indigent patient, although it recognizes that the funds will go ultimately to the provider for rendering services to those patients. He related that the legislation stated that they could not use the money raised by the tax based on assumptions, models, studies, or expert analysis or opinions; however, he believed that basing funding on last year's data is doing just that and is prohibited. He commented, however, that he realizes that the allocations may end up being the same going forward, and he recommended for the board to hire about five employees and secure an office in Tavares and a satellite branch in Leesburg to cover the two districts for qualifying and issuing the cards. He opined that he liked the card system, so that the only burden on the provider is to ensure that whoever presents the card is its rightful owner, and he believed a photo identification card with a yearly renewal would be ideal. He recommended that they market this to reach as many people as possible. He also opined that the RFQ process really works, gave them a rich resource, and offered a varied skill set; and he explained that process. He opined that it was very important to keep a strong emphasis on the medically-necessary aspect of the audits, since billing irregularities in the medical industry are rampant.

Mr. Carpenter responded that he did not believe what they were proposing for the first year was modeling or analysis, although he agreed that assumptions, models, and studies were prohibited. He pointed out that the legislation allowed for participation in the Medicaid matching programs, but that number is negotiated up front and subsequently documented by charges that are submitted for audit to them. He added that the legislation

1 also calls for a reimbursement or refund of tax proceeds that are received that are not
2 documented.

3
4 Dr. Tully Patrowicz, a physician who has been practicing in Lake County since 1972 and
5 former member of this board, stated that he understood that they have a work in progress
6 and commented that the heart of that legislation is transparency for the public to
7 understand early on what they were considering. He commented that the board members
8 were representatives of the taxpaying public who was shouldering this burden, and this
9 should not be about the hospitals. He believed that the board was getting ahead of
10 themselves by discussing these procedures, since he thought they first needed a study to
11 determine if they had an indigent health care problem in Lake County before spending
12 the tax dollars that they have, and he opined that relying on the hospitals for their
13 information constituted a conflict of interest.

14
15 Ms. Katherine Earhart, a resident of Eustis, commented that this bill came about because
16 the public wanted external accountability, and she felt that the card system was a good
17 way to get that accountability. She opined that the board was getting too much of their
18 information from the hospitals and that their interest was to maximize the grants so that
19 the hospitals can have as much money as they could from the Medicaid matching fund.
20 She asked how they can give all of the taxpayer money to AHCA when the taxpayers'
21 money is not going to be used for paying Medicaid services at this point in time.

22
23 Mr. Carpenter answered that they were not directly reimbursing Medicaid costs, but they
24 are documenting indigent costs on the quarterly reports that are going to be submitted by
25 the providers, and the hospitals have asked that they send their funds to the state in order
26 to participate in that program, which is clearly allowed by the legislation.

27
28 Ms. Bainter commented that she liked the idea of a study to tell them what is really going
29 on in North Lake County and mentioned that they had \$294,000 available to do a study.

30
31 Mr. Brown asked what their timeline was for implementation.

32
33 Mr. Carpenter explained that their meeting to set the millage and budget was in
34 September, and they had to have a good idea of what they were doing by then. He
35 mentioned that since two candidates are not rerunning for their seats for the upcoming
36 election this year and one candidate is facing opposition for his seat, there is a good
37 chance that 50 percent of the board will be replaced after the next election, and it has
38 been suggested that they just do the minimum at this time and let the new board decide
39 the details.

40
41 Dr. Patrowicz opined that the study to determine the health care needs in the county
42 should be paramount in the board members' minds and a basis for how the board operates
43 in the future, and he believed that the hospitals would be amenable to let the system be in
44 accord to what they have written in this document this year, but with an agreement to
45 have an independent analysis of health care needs supported with District funds.

46

1 Mr. Brown commented that he thinks they need to get this started, since they are on a
2 tight timeframe, and he believes that the outline presented is practical and feasible. He
3 added that a study and a citizens advisory board could be feasible in the future, and the
4 next discussion they should have is how to administer the new program and costs
5 incurred with each option. He opined that they should give strong consideration to the
6 TPA if those costs could be confined.

7
8 Mr. Carpenter offered to contact Health Systems One discussed earlier as well as another
9 firm located in Tampa to make a presentation to the board, but he expressed concern that
10 the board does not yet have a clear idea of what they would want the TPA to do. He
11 suggested that the next step would be to come up with some costs for implementing and
12 administering the program.

13
14 Mr. Beyers mentioned that the study would provide numbers for eligibility.

15
16 Dr. Patrowicz specified that the study that was previously done was entitled Health Care
17 Needs Assessment for Lake County by the North Central Florida Health Planning
18 Council out of Gainesville, and they chose two out of the ten recommendations made,
19 which were to set up the comprehensive health care committee representing all of the
20 stakeholders and the delivery system of the WeCare program. He also noted that the
21 study was intensive, but did not take long to complete, and cost \$25,000 in 1993; and he
22 offered to distribute a copy of that report to the board members.

23
24 Ms. Bainter indicated that she had some numbers from the local health department as
25 well as a chart showing the number of Medicaid eligible residents by age and county as
26 of August of 2010, and she commented that in 2010 there were 42,655 patients in Lake
27 County, but Marion County, which is about the same size as Lake and does not have a
28 hospital tax had 57,499 patients. She opined that they could find the data they need.

29
30 Mr. Carpenter indicated that he was not interested in taking on that project and asked if
31 anyone volunteered to do that and come back with some information that could be useful
32 at their next special meeting. He also noted that there was an email asking them to check
33 their calendars to see whether July 9, 10, or 11 would be the best day for their next
34 special meeting.

35
36 Ms. Bainter volunteered to contact the company out of Gainesville that was mentioned to
37 see if they could do a study similar to the last one and how much it would cost.

38
39 Ms. Kirste reported that the majority of the board has indicated that July 10 would be a
40 good date for the next meeting, and she received indication from the rest of the board
41 members that they will also be available on that date.

42
43 Mr. Bone commented that he appreciated the effort that Mr. Carpenter made in putting
44 this together. He stated that he anticipated that they would make decisions in September
45 regarding whether to impose a tax and the millage rate, and then they would have issues
46 of auditing and compliance to make sure that the statute is being complied with. He
47 believed that those who believe the tax should be imposed would have the burden and

1 obligation to provide data supporting their position, with the board making the final
2 determination, although he believed that it would be nice to have a study and to have
3 detailed policies and procedures in place to make those determinations. He opined that it
4 was obvious that there was a great need for care for the indigent in Lake County, and he
5 did not want to do anything that would delay providing the necessary funds for that care.
6 He also indicated that he would prefer not to hire someone to gather information that they
7 need to have and that he thought they should try to keep what they spend at a minimum.

8
9 Mr. Carpenter asked if the board would want to look into the card system.

10
11 Mr. Beyers commented that since this is the first time he has heard of that system, it was
12 difficult to make a decision without knowing more about it, and he believed they needed
13 more time to look into the different proposals and information before making a decision,
14 including speaking with those who have used the cards to get their opinion of that system.

15
16 Mr. Phil Braun from LRMC related that the hospitals have to do verification checks
17 anyway, and the card system could be a great system when there are a network of
18 providers in their area with government clinics such as in Volusia County; however, their
19 clinics are free clinics with no payment associated with that, so the cards would not be
20 able to be used in those clinics under the Health Care Act. He mentioned that the card
21 would also not be used for those coming into the hospital, and he opined that putting a
22 card in place at this point is premature. He related that the legislation does not state that
23 they cannot pay or allocate money for care provided in the past. He added that as long as
24 the matching funds are in place, it makes no sense for those funds to go to another county
25 rather than to take advantage of that to maximize the tax dollars for this community. He
26 also expressed concern that the legislation is not very clear regarding sovereign immunity
27 for the volunteers that give that care, and a discussion ensued about that issue.

28
29 Mr. Mattison commented that he believed that their sovereign immunity would be in
30 jeopardy if they accepted reimbursement for care provided at their clinics.

31
32 Mr. Carpenter commented that there are a lot of ambiguities in this legislation, and there
33 are some areas that are open to interpretation. He read the section regarding sovereign
34 immunity from Page 16 of the legislation, stating that providers who provide the services
35 to the indigent patients without receiving personal financial compensation shall be
36 deemed primarily acting as an instrumentality of the state. He also suggested that they
37 look into the requirements of the Florida Health Care Clinic Act from a licensing
38 standpoint so that they could try to identify what entities or providers other than acute
39 care or mental hospitals would qualify. He concluded that he would contact the TPA's
40 and see if there are other sources that they could contact about providing the audit
41 service, get some information about the health cards, and get an idea as to costs. He
42 recapped that Ms. Bainter would contact the entity about the study and to see if they
43 could get someone from that organization to make a presentation at their next meeting on
44 July 10; and Mr. Beyers will contact the Leesburg clinic and get their ideas and any
45 issues they might have regarding sovereignty immunity, with Mr. Mattison possibly
46 putting together a statement as to their position with regard to their clinic. He also related
47 that Ms. Kirste would research the Health Care Clinic Act to give them an idea of what

1 providers other than the hospitals might be able to receive funds under this new
2 legislation.

3
4 OTHER BUSINESS

5 Ms. Kirste reported that they have a website up and running which has a notice of the
6 special meetings, and she asked for direction about whether to give information that the
7 board wants to submit, such as resumes of the board members, to her or to Ms. Pat Sykes-
8 Amos, the accountant for the District, to get that to the webmaster.

9
10 Mr. Bone responded that he believes they wanted to list the board members' names and
11 email addresses, and he stated that he would send the email addresses that they got
12 through the web post to her. He added that they had previously discussed some basic
13 information which could be put on the website such as how long they have lived in Lake
14 County, occupation, education, and birthplace.

15
16 Mr. Carpenter pointed out that they still have not identified anyone to update and upload
17 documents to the website, noting that that could be part of the overall administrative
18 decision. He mentioned that some people have offered to do that on their behalf, if there
19 is no claim of conflict of interest. He commented that he is glad that the website is up
20 and running, since it was something they had to do per the new legislation.

21
22 ADJOURNMENT

23
24 There being no further business to be brought before the board, the meeting was
25 adjourned at 8:49 p.m.

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31 _____
Ken Carpenter, Chairman