



1 Mr. Halikman responded that any new provider would have to request an allocation from  
2 the NLCHD board, but the current providers had requested and been provided parts of the  
3 budget during the last cycle. He added that the list is fixed for this year but could change  
4 during any year based on the annual cycle.

5  
6 Ms. Pat Sykes-Amos, Accountant for the NLCHD, elaborated that the funding requests are  
7 done in August of each year, the total of which far exceed the budget, and usually they  
8 fully fund the clinics as best as they could and split the remaining amount equally between  
9 the hospitals. She further explained that she comes up with three different budget scenarios  
10 and has the board choose one. She related that each provider gives a presentation regarding  
11 its request during the August meeting, and only not-for-profit providers are eligible to  
12 receive the funding.

13  
14 Mr. Beliveau opined that the indigent using hospital emergency rooms rather than clinics  
15 has been a large ongoing problem in this county. He asked whether the money has been  
16 used wisely.

17  
18 Mr. Berkowitz noted that he had raised some of the same questions at the last meeting as a  
19 new member of the board and that the minutes reflect the response to those questions. He  
20 also opined that the NLCHD must be doing something right to get 70 percent support for  
21 the hospital tax. He expressed interest in taking the training that Mr. Halikman mentioned,  
22 since he had a background in statistical sampling. He expressed some concern about a  
23 statement on the third page of the report stating that other matters might have come to their  
24 attention which would have been reported to the board if the auditing firm had performed  
25 additional procedures, since their work consisted of the performance of agreed-upon  
26 procedures rather than an audit or examination with the objective of expression of an  
27 opinion.

28  
29 Mr. Halikman responded that that was standard language required by the American  
30 Institute of CPA's when they issue an agreed-upon procedures report.

31  
32 Mr. Berkowitz clarified that they have had a discussion about which procedures would be  
33 appropriate for this situation, and Mr. Halikman would advise them if there were other  
34 procedures he felt should be added reasonably to the procedures they were using.

35  
36 Mr. Halikman added that there was a lot of time spent designing the process when Bill  
37 1299 came out, including a practical expedient, since the free clinics did not keep  
38 sophisticated billing records. He elaborated that trying to determine how much Medicare  
39 would have paid the clinics for each encounter was not practical, so it was agreed that they  
40 would use the practical expedient of federally qualified health centers (FQHC) for the  
41 encounter reimbursement rate, which was done on a sliding scale based on a financial  
42 affidavit, tax return, and other information provided by each patient. He specified that  
43 Schedule A shows that each clinic is paid \$113 per encounter, which is the FQHC rate that  
44 the Centers for Medicare and Medicaid (CMS) had approved. He noted, however, that last  
45 year CMS changed the way they reimbursed FQHC's by adding a modifier for urban and  
46 rural rates and increasing the rate, and he proposed that they use the rate that is currently  
47 in effect of \$146.80 per encounter starting with dates of service from January 2017,

1 although they have not yet applied the new rate. He added that it will not impact the total  
2 amount of the budget but might help the money get spent a little faster as the clinics reach  
3 their maximum allocation.

4  
5 Mr. Berkowitz noted that it would be a 30 to 40 percent increase in the rate at which the  
6 monies would be used.

7  
8 On a motion by Mr. Beliveau, seconded by Mr. Berkowitz and carried unanimously by a  
9 vote of 5-0, the NLCHD board approved the usage of the new CMS rate of \$146.80 per  
10 encounter for any services provided by the clinics in 2017.

11  
12 Mr. Beliveau asked how the clinics document their per patient encounters.

13  
14 Mr. Halikman explained that the submission consists of a detailed spreadsheet with patient  
15 identifier information, the encounter, and the date of the encounter, accompanied by some  
16 demographic information for the patients such as their address to make sure they live in  
17 the district as well as financial information to make sure that they meet the financial  
18 qualification under the bill. He pointed out that the patients who are submitted have to be  
19 indigent and considered qualified to pay zero on a sliding scale of an FQHC.

20  
21 Ms. Kirste cautioned the board that the Sunshine Law prohibits more than one member of  
22 this board to attend the training at one time unless it was advertised and suggested that they  
23 make arrangements to have the training presented to the board if more than one wanted to  
24 attend.

25  
26 Mr. Halikman pointed out that they could also watch the video of the training instead.

27  
28 Ms. Hanson commented that Florida Hospital Waterman has taken the initiative to identify  
29 and bring together many of the nonprofit health providers to help determine obstacles to  
30 awareness of health care for all citizens.

31  
32 Mr. Booth asked for a representative of one of the hospitals to address how they are  
33 educating the public in order to get patients to utilize the clinics rather than the more costly  
34 hospitals.

35  
36 PUBLIC COMMENT

37  
38 Mr. Vance Jochim, a resident of Tavares and writer of a blog about fiscal and governmental  
39 issues, mentioned that the video that was made of the last meeting was available on the  
40 website; however, he commented that the YouTube video of the meeting does not show up  
41 on any searches, since it was a private video, although it was available through the  
42 District's website, and he suggested that they make it public in the interest of transparency.

43  
44 Ms. Kirste replied that they did try to do that, and they were still working on it.

45  
46 Mr. Jochim suggested that the District have an outreach program to get the word out before  
47 the deadline for any providers who may want to apply in order to encourage competition.

1 He also suggested that they have a process to allocate the dollars between the clinics and  
2 the hospitals and decide on that at a workshop before the deadline in order to make it more  
3 of an open and formalized process.

4  
5 Mr. Booth responded that the board does that when they do the budget.

6  
7 Ms. Sykes-Amos assured everyone that the actual submitted claims were real numbers and  
8 explained that the total requested would be more than the money that was available. She  
9 elaborated that the board in the past had always decided to fully fund the clinics and split  
10 what was left between the hospitals out of the three scenarios that she presented.

11  
12 Mr. Booth added that the board was also free to choose another option and have Ms. Sykes-  
13 Amos recalculate that. He added that some of the clinics in the past two years have not  
14 fully used or requested their funds, and they have elected to give the additional funds to  
15 the hospitals once the clinics were fully funded after the true-up.

16  
17 Mr. Beliveau opined that the hospitals expend more funds for the indigent than they get  
18 from this board and expressed interest in learning the process. He also noted that there was  
19 more need than they had money to address that need, and he opined that they do the best  
20 job they can with what they had. He expressed interest in finding out whether there were  
21 other clinics who would be eligible for this funding, since he believed that competition was  
22 good, as well as whether the clinics who were awarded these funds are doing the best job  
23 possible filling the need for indigent care.

24  
25 Ms. Hanson pointed out that there were several people who attended the Florida Hospital  
26 Waterman's meeting she referenced earlier who were not aware of the hospital tax.

27  
28 Mr. Berkowitz commented that he is proud to be in a county that has a hospital tax for the  
29 indigent in a state that refuses to accept federal Medicaid funds in order to help those in  
30 dire need of health care.

31  
32 Mr. Booth expressed a desire to follow up on the outreach that was suggested and asked  
33 what the most efficient way was to reach out to any possible not-for-profit clinics or care  
34 centers in north Lake County that may benefit from these funds.

35  
36 Ms. Kirste replied that they could put notices in the newspapers and on the website and  
37 have the hospitals inform them of any clinics they become aware of.

38  
39 Mr. Booth commented that using the lower cost clinics rather than the hospitals would  
40 enable them to help more patients with the funding that is available.

41  
42 Ms. Anita Young, Chief Operating Officer at Florida Hospital Waterman, thanked the  
43 board for supporting the indigent care of their community and commented that they believe  
44 they need to have a combined community effort to provide care for their indigent patients.  
45 She elaborated that they have opened up an opportunity for all hospitals and clinics in the  
46 entire county as well as any public health, mental health, or substance abuse providers to  
47 discuss indigent care by hosting an event attended by 25 people representing many different

1 agencies all over Lake County. She noted that although many are grateful for the funding  
2 coming from the taxing district for helping the people they are providing care to, it does  
3 not support all of their organizations. She related that there was discussion about what they  
4 could do as a community to come together and look at all of the resources and the barriers  
5 for the indigent people in their community, how they could improve their lives, and help  
6 them become productive citizens within their community and came up with one major  
7 focus of more coordination of existing efforts to do something significant for the  
8 community.

9  
10 Mr. Booth asked whether there were any other clinics that attended that meeting located in  
11 north Lake County that the NLCHD was not helping.

12  
13 Ms. Young answered that she was not aware of any other clinics that currently qualify  
14 under the legislation, but there may be some in the future. She opined that the hospital  
15 would prefer to care for the indigent in their clinic setting than their emergency department.  
16 She explained that the hospital is obligated by law to see patients who come to the hospital,  
17 but they have care managers who help to refer those patients based on their qualifications  
18 to follow up with their clinic staff. She specified that their success rate ranges from 11 to  
19 30 percent for conversion from the patients going from the emergency department to  
20 becoming a full-time clinic patient, noting that there are many barriers that the indigent  
21 patients face such as transportation to appointments.

22  
23 Mr. Beliveau opined that there will always be a percentage of the population that used the  
24 emergency room as their only source of medical care.

25  
26 Ms. Young added that the emergency department is the only place that is open every day,  
27 all day, so anyone needing care outside of the parameters of the clinic or physician hours  
28 would seek care there.

29  
30 Ms. Diane Hardin, Chief Financial Officer, Leesburg Regional Medical Center, related that  
31 they have started a new initiative to coordinate with their clinic by having a case  
32 management person from their clinic who is in their emergency room to try to do the same  
33 thing that Florida Hospital Waterman was doing and finding more opportunities to be able  
34 to redirect the patients for care. She opined that they clearly need more clinics in the area.  
35 She pointed out that qualifying the indigent patients is quite an in-depth process, and they  
36 dedicate extensive resources to get the documentation for those patients. She mentioned  
37 that they are behind on their numbers submissions due to a reduced staff but expect to be  
38 able to catch up, since they are getting back up to staffing now.

39  
40 Erin Burley, Clinic Manager at St. Lukes Medical and Dental Clinic, mentioned that they  
41 were the smallest clinic that she was aware of and that they had a large waiting list,  
42 especially for dental services. She noted that they get a lot of patients who are referred to  
43 them from the Florida Hospital Waterman emergency department as a primary care  
44 physician. She elaborated that their patients have to have been denied Medicaid, fall under  
45 the federal poverty guidelines, and live in north Lake County; and the qualification process  
46 is fairly burdensome for their clinic, which relies almost solely on a volunteer staff. She  
47 noted that space was also a problem, since they have a very small building and had a very

1 limited amount of space. She commented that it was very difficult to get physicians to  
2 volunteer their time, since those who are not retired put in a lot of hours at their regular  
3 jobs. She emphasized that this funding means a lot to the community and their patients.  
4 She also mentioned that all of the clinics work well together, and they receive referrals  
5 from both the clinics and hospitals; also, the Department of Health facilitates a meeting  
6 once every other month for the clinics and hospitals to get together and discuss anything  
7 new that was happening.

8  
9 Ms. Hanson suggested that there be a coordinated effort throughout the county to try to  
10 recruit physician volunteers for the clinics.

11  
12 Ms. Young explained that the We Care organization is their community advocate which  
13 visits with the physicians within Lake County and requests them to donate their time. She  
14 assured everyone that they ask physicians consistently to donate their time to help in the  
15 clinic, noting that retired physicians make up a large part of their volunteers.

16  
17 Mr. Beliveau expressed concern that doctors were aging and that there was a risk that they  
18 would be losing quite a few doctors in the Central Florida region, resulting in a shortage of  
19 doctors in the future. He also opined that new doctors do not have the same involvement  
20 and desire to help the community.

21  
22 Ms. Young replied that although the trend is that new doctors want more of a quality of life  
23 with their families and a better balance of life, their volunteers were from all over the age  
24 spectrum. She added that they also utilize mid-level providers such as physician's  
25 assistants, who could work under a physician to provide care, which they feel will be the  
26 trend of the future and a low-cost option for their clinics.

27  
28 OTHER BUSINESS

29  
30 Mr. Booth pointed out that House Bill 1317 was included in the packet for the board's  
31 information.

32  
33 Ms. Kirste announced that the next meeting will be on May 25, 2017.

34  
35 ADJOURNMENT

36  
37 The meeting adjourned at 6:30 p.m.

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39 

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41 \_\_\_\_\_  
Duane Keith Booth, Vice Chairman