



**RESOURCE PRIORITIZATION AND ALLOCATION RECOMMENDATIONS  
HOSPICE, ST. PETERSBURG  
THURSDAY, JANUARY 10, 2008  
12:30 P.M. - 2:00 P.M.**

**MINUTES**

- CALL TO ORDER** The meeting was called to order by David Konnerth, Chair at 12:45 p.m.
- ATTENDANCE** Members Present: Ginny Boucher, Marty Clemmons, William Harper, David Hasiba, Dave Konnerth, Lorraine Langlois, Lee Luther, John Melartin, Patrick Mercier, Marilyn Merida, Bob Reynolds, Jim Roth, Woody Wilbanks
- Members Absent: Carla Baity, Lisa Cohen, Suzanne Lewis, Andrew Paquette, William Perry, Elizabeth Rugg
- Guests Present: Jana Balicki, Jimmy Baumgartner, Vicki Kenyon, Wendell Martin, Suzanne Matthews, Kim Praitano, Jacqueline Walsch
- Grantee Staff Present: Aubrey Arnold, Dorinda Seth
- Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** There were no changes to the agenda.
- ADOPTION OF MINUTES** The minutes for December 4 were approved (M; Merida, S: Clemmons) with 13 yes votes and 0 no votes.
- CARE COUNCIL REPORT** Dave Konnerth shared that the Care Council passed several action items including the election of Robbie Bouplon as Parliamentarian, a bylaw revision to reflect current legislative wording, the election of a new voting member, approving the Assessment of the Administrative Mechanism, Part A and Part B reallocations, and the approval to give the Grantee discretionary authority over any last minute reallocations. There were updates on the Ryan White Information System, upcoming case management training and the status of our quality management program. The Care Council members also received a mini training on parliamentary procedure.
- COMMITTEE TRAINING** The Grantee arranged training for the committee on patient education as a sub-service of outpatient/ambulatory medical care. This training will

allow committee members to better understand the services we are buying with Ryan White funds in order to make decisions regarding future allocations and reallocations.

Vicki Kenyon is a former Care Council member, current member of the Health Services Advisory Committee and a nurse who previously ran the Pinellas Care Clinic and Tampa Care Clinic. Vicki was asked to present the history of meeting local primary care needs.

Vicki detailed the history of how patient education came to be a separate billable service for Ryan White. She explained that Medicaid does not reimburse for patient education but Ryan White may. The Medicaid reimbursement rate is very low for a private provider versus a county health department (around \$20 versus more than \$200). All Ryan White (RW) providers must be Medicaid providers but do not have to accept Medicaid patients as the low reimbursement rate would not support keeping the doors open. Because of the low reimbursement rate, very few, and historically no, private doctors accept new Medicaid patients.

Recalling that the primary intent of the CARE Act was to fill gaps left by other payer sources, one solution was to create a separate, billable service for patient education under the larger category of outpatient/ambulatory medical care. By doing this, all RW eligible clients could receive the patient education and primary care they needed. This solution was presented to the Care Council with representatives from HRSA (Health Resources and Services Administration) in attendance. The Care Council agreed to allow this practice and HRSA felt that it was a good, creative solution.

This solution removed the barrier to receiving care for Medicaid clients. This is an example of cost sharing that is common in health care. Those with better payer sources offset the less than cost reimbursed by poor payers. This cost effective practice is reviewed and scrutinized by the competitive RFA (Request for Application) process. The committee was reminded that profits are not possible with any Ryan White provided funds. Providers must provide evidence of how each dollar is spent. The committee was encouraged to review the contracts and RFA to see exactly what is billable as a primary care visit and a medical education visit.

In summary, since the CARE Act allows us to act locally with creative solutions, this has been a successful way for all RW eligible patients to access primary care. In 2004, HRSA reviewed how our area provides services in primary care and case management. The review was very positive and favorable to the current practices. The competitive process and frequent independent audits ensure the patients in our TSA (Total Service Area) receive the best and most cost effective care available.

The committee thanked Vicki for the information and Aubrey stated that we may have a similar training on case management in the future.

## **COMMUNITY**

Members announced upcoming community events.

**CONCERNS/  
ANNOUNCE-  
MENTS**

Lorraine Langlois stated that the committee needs to be aware that her agency is receiving quite a few complaints about the lack of financial assistance for housing. Aubrey stated that providers need to keep track of these numbers for unmet need.

**ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 1:30 p.m.