

**Warren County Health Services
Health Services Committee Meeting Agenda
April 28, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To ratify the actions of the Chairman of the Warren County Board of Supervisors in executing amendments to the CDPHP(Capital District Physicians Health Plan) Ancillary Provider Agreement and the Unified Ancillary Provider Agreement in order to expedite the receipt of higher and new reimbursements for services, and further, to authorize the execution of any further amendments which increase rates for service be executed by the Chairman of the Board of Supervisors without the necessity of obtaining full board approval first.

Rationale:

Insurance Plans seem to keep adding various combinations of provider agreements, that we need to accommodate as we continually try to keep service rates updated. As long as the agreements are for increases in reimbursements, it behooves the agency to execute the contracts as soon as possible.

Request Resolution:

To renew the agreement with Kinney Management Systems LLC to continue to obtain the limited license to utilize K-checks Software and website for the period September 1, 2011 through August 31, 2012 in the amount of \$650.00 paid in a lump sum at the beginning of the period.

Rationale:

This is a program we need to have to demonstrate that we check our vendors on a monthly basis to assure they have had no issues with Medicaid fraud and abuse. This is part of the Corporate Compliance Program, and when we are audited by OMIG (Office of the Medicaid Inspector General) we must be able to demonstrate that we have a system in place that routinely checks individuals. The amount for the agreement is an increase of \$110.00 over last year, but the system is working and we need to have it. We will monitor other means to accomplish the same task as we progress with the Compliance Program.

Pending Items/Old Business

No Pending Items or Old Business

Topics for Discussion/Information

Report of Emergency Preparedness Activities

Please see **Attachment #1** for April report.

* Note, this report has been moved from Pending Items/Old Business to the Topics for Discussion/Information section of the agenda, as it seems more appropriate.

Corporate Compliance Plan – Contractor/Vendor Consultant Acknowledgement

With the need for various agencies to develop Corporate Compliance Plans, we are receiving an increasing number of letters informing us of the agency plans and looking for a return signature acknowledgement that we have received their information. This has no impact on our contractual agreements, and after consultation with Assistant County Attorney, Trish Nenninger, it would seem appropriate to allow the department head to sign and return the acknowledgement requests without coming to the Health Services Committee and requesting a resolution for every request.

Is the committee in agreement with this, or is another type of plan recommended?

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Report of Free and Reduced Fee Care

Please see **Attachment #3**.

Budget Transfers

Tawn Driscoll, Fiscal Manager will be present at the meeting and answer any questions.

Projected Impacts for the Health Services Department in light of the passage of the New York State Budget

Please see **Attachment #4**

At the request of the County Administrator/Attorney, Paul Dusek, the information on the attachment was compiled and submitted on April 8, 2011.

Executive Session:

This may or may not be necessary.

Attachments:

- #1** Report of Emergency Preparedness Activities
- #2** Reports of Expenditures, Revenues, Overtime and Per Diem Use
- #3** Report of Free and Reduced Fee Care
- #4** Projected Budget Impacts

BT ACTIVITY SHEET

GY 11 - 8/10/2010 - 8/9/2011

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Topic Color Codes

Red/Chempack: Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu)
April	Fit Testing	School Nurses (various times and dates)	Laura Saffer	
4/4/11	Meeting	L-12 Regional Hospital Drill Planning Meeting	Barb Orton	Drill
4/6/11	Meeting	SNS Training Planning Meeting	Barb Orton, Laura Saffer, Student (Jennifer)	Training
4/12/11	Meeting	Monthly BT Coordinators (volunteers; UASI tabletop)	Barb Orton, Laura Saffer	
4/12/11	Conf Call/Webinar	L-1 Monthly ERP Call; followed by 3 rd quarter deliverables questions	Barb Orton, Laura Saffer, Angela Meade	
4/13/11	Meeting	Quarterly ERP Committee	Barb Orton, et.al	
4/14/11	Conf Call/Webinar	Clinic Ops (Plague)	Barb Orton, Laura Saffer, Angela Meade, Student (Allison)	
4/20/11	Tabletop	Monthly GFH Collapse of roof at elementary school	Barb Orton, Laura Saffer	
4/20/11	Conference Call	Integration of Functional Needs Support Services (FNSS) in General Population Shelters	Barb Orton	
4/22/11	Drill	Chempack	Laura Saffer, Student (Allison),	Drill/Chempack
4/26/11	Training	L-8 HCS Training Courses (CT200 & CT400)	Matt Delafayette, Pat Auer, Ginelle Jones, Barb Orton, Laura Saffer, Helen Stern, Pat Belden, Angela Meade	Training
4/28/11	Training	MERITS (Medical Emergency Response Inventory Tracking System)	Barb Orton, Laura Saffer, Angela Meade	Training/SNS

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 4/25/2011 12:04:26 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,910,492.74	\$789,742.32	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$35,488.91	\$137,667.52
Salaries - Part Time	\$328,473.56	\$56,103.91	\$238,194.55
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,396,466.30	\$881,335.14	\$3,238,621.25
200's EQUIPMENT	\$47,612.75	\$3,474.31	\$72,543.64
400's CONTRACTUAL	\$10,257,665.08	\$1,074,376.50	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,388,405.89	\$417,513.86	\$35,015.66
TOTALS	\$15,090,150.02	\$2,376,699.81	\$11,306,734.58
REVENUES			
	\$12,528,131.00	\$916,195.70	\$10,765,056.33

Note: For 2011, \$108,788.10 was added to revenues for the 2011 portion of Preschool AVL's and Evaluations for the 10/11 School Year. We also are currently working on March Billing for CHHA, LTC and MCH.
 *We have just been notified by the State that we should be allowed to bill Medicaid for Preschool services. We anticipate to begin this billing as soon as possible.

Warren County Health Services
 Salaries Comparison

2010 vs 2011
 as of 4/10/11 Payroll date ending

Total of All Depts	YTD		% Change	Total Budget	
	2011	2010		2011	2010
Regular Salaries	\$789,742.32	\$794,102.58	-0.55%	\$2,910,492.74	\$2,861,559.18
Overtime Salaries	\$35,488.91	\$50,746.89	-30.07%	\$157,500.00	\$137,667.52
Part Time Salaries	\$56,103.91	\$60,391.53	-7.10%	\$328,473.56	\$238,194.55
Sick Leave Incentive	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00
TOTALS	\$881,335.14	\$905,241.00	-2.64%	\$3,396,466.30	\$3,238,621.25

*Source: Detail G/L report for all Salary Category from 1/1/XX-4/10/XX
 Note: Payroll reflects the annual 3% increase in union salaries for 2011.

Attachment # 3

WARREN COUNTY HEALTH SERVICES

HOME CARE DIVISION

FREE AND REDUCED CARE

Quarter 1 2011

Jan. – Feb. – Mar.

Free Care - \$17,760.00

Reduced Care - \$0

New York State Budget
Projected Impacts on Warren County Health Services
Prepared As Requested For: Paul Dusek, Warren County Administrator/Attorney
By: Patricia Auer, DPH/DPS
April 8, 2011

1.

Two Per Cent Medicaid Payment Cut:

Certified Home Health Agency Revenue Loss of \$11,000

Long Term Home Health Care Program Revenue Loss of \$21,000

Discontinuation of Article 6 Funding for Optional Services:

Certified Home Health Agency Revenue Loss of \$23,000 - \$43,000 (dependent upon expenditures for 2011)

Long Term Home Health Care Program Revenue Loss of \$12,500 - \$25,000 (dependent upon expenditures for 2011)

Early Intervention Administration Revenue Loss of \$7,500 - \$33,000 (dependent upon expenditures for 2011)

No Mandate Relief for Preschool or Early Intervention Programs

Early Intervention Providers will receive a 5% cut across the board for services. The 5% cut is for a one year period.

In addition, the program would also be subject to the 2% across the board Medicaid cut. These decreases would equate to approximately 63,000 less in revenue.

Third Party Health Insurance will not be required to pay Early Intervention Claims.

This would have been very beneficial financially, though much more labor intensive for counties.

2.

The final budget gives the Department of Health the authority to accept alternative efficiency proposals (swaps) to be developed and agreed to upon the discretion of the State Commissioner of Health in consultation with the industry. The Home Care Association will continue to advocate for alternative proposals in lieu of the 2% payment cut. We have not received official word from the Department of Health regarding the discontinuance of Optional Services or how it will be enforced. (i.e. will it be based on quarterly reports for expenses incurred after 04/01/11 or claims submitted after 04/01/11?)

3.

We expect that guidance documents will be issued and educational sessions will be held in the next month regarding the elimination of Optional Services. We will update the Health Services Committee, and/or the County Administrator as information becomes available.

4.

Episodic Reimbursement similar to the method in which we are reimbursed by Medicare will be in place by 04/2012. We should benefit from this by closely regulating our expenditures and providing high quality, cost effective care.

5.

The above information reflects what we are aware of to date. We will continue to monitor the situation.

Attachment #4

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 28, 2011

- (a) Purpose of Contract Change: To extend the agreement with Kinney Management Services, LLC. to continue to obtain the limited license to utilize Kchecks software and website.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: April 17, 2010
- (c) Name of Contractor: Kinney Management Services, LLC.
- (d) Address of Contractor: 3 Tallow Wood Drive, Suite G, P.O. Box 1047, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Sandy Kinney – 371-0176, Ext. 116 - skinney@kinneyassoc.com
- (f) Commencement Date of Amendment: September 1, 2011
- (g) Termination Date of Extension: August 31, 2012
- (h) Payment Provisions:
 - i) lump sum amount - \$650.00
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

A.4010.428 CHHA Data Processing



Kinney Management Services, LLC
 PO Box 1047
 Clifton Park, NY 12065

Invoice

Date	Invoice #
4/11/2011	33104

Bill To
Warren County Health Services Tammie DeLorenzo Clinical and Fiscal Informatics Coordinat 1340 State Route 9 Lake George, NY 12845

Remitt To:
Kinney Management Services LLC 3 Tallow Wood Drive Ste G Clifton Park, NY 12065

*Renewal fee must be paid by the due date to avoid interruption in access to your Kchecks account.	P.O. No.	Due Date
		9/1/2011

Description	Amount	
Annual License Fee for Kchecks	750.00	
Customer Appreciation Renewal Discount	-100.00	
<p>*We now accept MC, VISA, AMEX and Discover cards. Please call 518-371-0176 x116 to pay by phone or you can fax this invoice back with pymt section completed to 518-371-4322. Attn: Sandy, Accts Receivable Thank you!</p>		
<table border="1"> <tr> <td> CC# _____ Exp Date: _____ (MM/YY) Card Code: _____ (3 or 4 digit) Billing Name: _____ Billing Address: _____ _____ Email Receipt to: _____ </td> </tr> </table>		CC# _____ Exp Date: _____ (MM/YY) Card Code: _____ (3 or 4 digit) Billing Name: _____ Billing Address: _____ _____ Email Receipt to: _____
CC# _____ Exp Date: _____ (MM/YY) Card Code: _____ (3 or 4 digit) Billing Name: _____ Billing Address: _____ _____ Email Receipt to: _____		

Thank you for your business! If you have any questions please call 518-371-0176 x116.	Total	\$650.00
	Payments/Credits	\$0.00
	Balance Due	\$650.00

Phone #	Fax #	E-mail	Web Site
518-371-0176	518-371-4322	skinney@kinneyassoc.com	www.kinneyassoc.com

Warren County Board of Supervisors

RESOLUTION NO. 417 OF 2010

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

AUTHORIZING AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE K-CHECKS SOFTWARE AND WEBSITE - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services has requested an agreement with Kinney Management Services LLC, 3 Tallow Wood Drive, Suite G, PO Box 1047, Clifton Park, New York 12065 to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan in meeting a directive set forth by the Department of Health and Human Services Center for Medicaid and State Operations (CMSO) which requires providers to test monthly to assure that employees or contractors have not been excluded from participating in any federally funded program, for a term commencing ~~June 21, 2010~~ ^{September 1, 2011} and terminating ~~June 20, 2011~~ ^{August 31, 2012}, with optional annual renewals, in an amount not to exceed ~~Five Hundred Forty Dollars (\$540)~~ ^{Six hundred fifty dollars (\$650)} per year, and

WHEREAS, the Administrator of Westmount Health Facility has advised that said CMSO regulations are applicable to all Medicaid providers, and therefore requests authorization to obtain the services of Kinney Management Services LLC for Westmount, upon the same terms and conditions as described above, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is authorized to execute an agreement(s) with Kinney Management Services LLC, 3 Tallow Wood Drive, Suite G, PO Box 1047, Clifton Park, New York 12065 to obtain a limited license to use k-checks software and website for any Warren County Department affected by the CSMO regulations described herein above, in an amount not to exceed ~~Five Hundred Forty Dollars (\$540)~~ ^{\$650.} per year per Department, for a term commencing ~~June 21, 2010~~ ^{September 1, 2011} and terminating ~~June 20, 2011~~ ^{August 31, 2012}, which agreement may be annually renewed without the need for further resolution subject to available Department budget appropriations, and in a form approved by the County Attorney.

371-0176 Sundry A/R

kchecks@kinneyassoc.com

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 28, 2011

- (a) Purpose of Contract Change: To ratify the actions of the Chairman of the Warren County Board of Supervisors in execution of amendments to the Unified Ancillary Provider agreements with CDPHP and CDPHP Ancillary Provider Agreement and to authorize the execution of any further amendments which increase rates for service to be executed by the Chairman with necessity of Health Services Committee agreement first.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On file.
- (c) Name of Contractor: Capital District Physicians Health Plan
- (d) Address of Contractor: 500 Patroon Creek Blvd., Albany, NY 12206-1057
- (e) Contractor's Contact Person and Telephone Number: Mark McLaughlin – Contract Negotiator, (518) 641-4244.
- (f) Commencement Date of Amendment: Upon formal execution of contract
- (g) Termination Date of Extension: Per terms of contract agreement.
- (h) Payment Provisions: Per terms specified in contract agreements.
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

A 4018.0020.1612 – Family Health Maternal Child Health
A 4010.1610 – Health Services
A 4054.0060.1604 – Early Intervention
A 4018.0030.1613 – Immunizations

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

***If this is the result of a grant award, also complete and submit Form No. 5 or 6**

DEPARTMENT NAME: Warren County Health Services-Bioterrorism Program

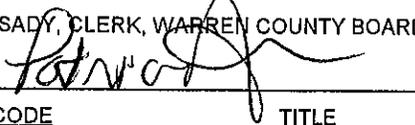
DATE: April 28, 2011

- (a) **Purpose of Amendment:** To amend the 2011 budget to include Office of Homeland Security grant revenue and expenses. Total funds between HRI Grant (\$70,750) and OHS Funds (\$27,778) total \$98,528 and budgeted is \$85,000 in revenues, therefore we need to add \$13,528 to both Revenues and Expenses. (OHS grant has already been approved by resolution for the county to accept and the grant contract is in place.)
- (b) **Appropriation Code (with title), Object Code (with title) and Amount: A.4189.260 Bioterrorism-Other Equipment \$13,528.**

Revenue Code (with title), and Amount: **A.4189.4401 Bioterrorism Revenue \$13,528**

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: 

DATE: 4/28/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4189.410	Public Health-Bioterrorism-Supplies expense	A.4189.260	Public Health-Bioterrorism Other Equipment	\$2,000.00
A.4189.423	Public Health-Bioterrorism-Telephone Expense	A.4189.260	Public Health-Bioterrorism Other Equipment	\$5,317.00
A.4189.470	Public Health-Bioterrorism-Contract Expense	A.4189.260	Public Health-Bioterrorism Other Equipment	\$3,000.00

Total Transfers

\$10,317.00

Please state reason for transfers requested:

1. To transfer funds to Equipment for purchases related to OHS grant

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990.469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records