

**Warren County Health Services
Health Services Committee Meeting
October 26, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend/expand the contract with ZirMed Inc. to allow for the provision of electronic remittances at a cost of \$199.00 one time set up fee, and monthly fees of \$25.00 for up to 500 claims. In the event there were more than 500 claims in a month, the cost would be \$.05 per claim additional.

Rationale:

This expansion allows for receipt of revenues much more quickly identifies whether an individual claim is paid or denied. This is another way we keep current with the electronic times, and we have been very happy with the Zir Med system to date.

~~**Request Resolution:**~~ *Not needed current reso good thru 2013*

To renew the grant agreement with New York State Bureau of Early Intervention to allow for continued receipt of funds for Early Intervention Administration in the amount of \$31,114.00 for the contract year October 1, 2012 – September 30, 2013.

Rationale:

This is a grant that is received annually, and the amount is based on the number of children in the program. The amount is 20% less than last year's grant because the state reduced each county's amount in anticipation of the proposed changes in the Early Intervention Billing System, which "supposedly" will cost counties less and reduce the workload. We will keep you updated as, when, if, what changes occur.

Budget Transfers: Please see **Attachment #3** which will be distributed at the meeting.

Budget Amendment: Please see **Attachment #4** which will be distributed at the meeting.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to discuss the need for the changes.

Pending Items

Update on the Certificate of Needs Applications

New York State has extended the time frame an additional thirty days for agencies applying to develop or expand areas for Certified Home Health Agencies (CHHAs) who wish to submit additional information. This prolongs the process.

Items for Discussion/Information

Emergency Response and Preparedness Activities

Please see **Attachment #1** for the monthly report.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the report and answer questions.

Attachments:

#1 Emergency Response and Preparedness Activities Report

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use

#3 Budget Transfers

#4 Budget Amendment

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

Attachment 1

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
Various	Fit Testing	Annually for Public Health Nurses	Laura Saffer	
Various	Preparation	L-11 Flu POD Exercise (Pre-POD activities) <ul style="list-style-type: none"> 9/12 - "Save the Date" to participants 10/1/12 - Save the Date to therapists 10/2/12 - Planning meeting 10/2/12 - email "pre-registration is now open" 10/9/12 - ongoing emails with Special Needs groups to participate 10/10/12 - "Don't forget to Preregister" Notice 10/10/12 - Gathering laptops, confirming passwords, checking computer compatibility 10/11/12 - email assessing staffing 10/23/12 - POD Exercise 	Dan Durkee, Laura Saffer, Angela Meade, Ginelle Jones, Helen Stern, Patty Myhrberg, Tammie DeLorenzo	Pan Flu
10/2/12	Meeting	Special Needs Registry	Dan Durkee, Amy Drexel	Special Needs
10/3/12	Meeting	L-3 & L-8 Regional Healthcare Coalition at HANYS	Dan Durkee	
10/3/12	Program	Flu Prevention at Cornell Cooperative Extension for Grades 5-6 (2 schools apx 150 kids)	Laura Saffer	
10/3/12	Meeting	Annual School Nurse. Topics include: Immunization, Flu and EPR updates (35 participants)	Dan Durkee, Helen Stern, Mark Amyot (NYSDOH)	
10/3/12	Program	Flu Prevention at Cornell Cooperative Extension for Grades 5-6 (3 schools apx 107 kids)	Dan Durkee	
10/9/12	Meeting	BT Coordinators (Ballston SPA) - Warren County Hosts	Dan Durkee, Laura Saffer	
10/10/12	Blast Fax	To providers re: multi-state meningitis case conference call today at 2pm	Ginelle Jones	
10/17/12	Tabletop	Monthly GFH - Zoological incident	Dan Durkee, Pat Belden	
10/24/12	Meeting	Quarterly EPR Committee	Dan Durkee, et.al	
10/24/12	Webinar	ClinOps "Safe Injection Practices"	Patty Myhrberg	
10/30/12	Training	CPR and 1 st Aid @ Warrensburg Residential Hall Staff	Laura Saffer	Training

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2012 AS OF 10/22/2012 4:59:25 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
EXPENSES			
Salaries - Regular	\$2,635,728.89	\$2,165,788.80	\$2,878,176.80
Salaries - Overtime	\$137,500.00	\$100,220.83	\$125,594.50
Salaries - Part Time	\$283,111.20	\$164,316.65	\$217,841.31
Salaries - Sick Leave Incentive			\$2,000.00
100's PERSONAL SERVICES	\$3,256,340.09	\$2,430,326.28	\$3,223,612.61
200's EQUIPMENT	\$133,577.02	\$120,413.69	\$68,065.47
400's CONTRACTUAL	\$9,478,454.29	\$3,822,953.33	\$7,251,995.51
800's EMPLOYEE BENEFITS	\$1,600,884.41	\$1,276,941.36	\$1,326,493.01
TOTALS	\$14,470,355.81	\$7,650,634.66	\$11,870,166.60
REVENUES			
	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
	\$12,029,356.00	\$5,355,610.45	\$9,673,991.86

Notes: We have accrued for August Revenues \$384,276.00 for CHHA, LTC and Family Health. Also accrued \$6,146 for EI Grant, \$6,775.35 for IAP Grant and \$8,942.01 for BT Grant. We are currently working on closing the month of September for CHHA, LTC and MCH. Also to note for 2012, Health Services is currently \$38,491.38 below 2011 year-to-date totals for Personal Services. (see below)

Warren County Health Services
Salaries Comparison

2011 vs 2012
as of 10/7/12 Payroll date ending

	YTD 2012	YTD 2011	% Change	Total Budget 2012	Total Actual 2011
Total of All Depts	\$2,165,788.80	\$2,205,962.95	-1.82%	\$2,835,728.89	\$2,878,176.80
Regular Salaries	\$100,220.83	\$94,326.42	6.25%	\$137,500.00	\$125,594.50
Overtime Salaries	\$164,316.65	\$168,528.30	-2.50%	\$283,111.20	\$217,841.31
Sick Leave Incentive	\$0.00	\$0.00	0.00%	\$0.00	\$2,000.00
TOTALS	\$2,430,326.28	\$2,468,817.67	-1.56%	\$3,256,340.09	\$3,223,612.61

*Source: Detail G/L report for all Salary Category from 1/1/XX-10/7/XX

Note: Effective 4/23/12 a few per diem and part time employees received salary increases. They have not had increases in a few years. Regular salaries are below last year due to absences within a few positions throughout the year. Overtime for 2012 YTD is slightly above 2011 YTD due to need for weekend coverage. This is primarily because of vacant positions and summer coverage needed.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: October 26, 2012

- (a) Purpose of Contract Change: To amend/expand the contract with ZirMed, Inc. to allow for the provision of electronic remittances.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R205/2009
- (c) Name of Contractor: ZirMed, Inc.
- (d) Address of Contractor: 626 West Main St., 6th Floor
Louisville, Kentucky 40202
- (e) Contractor's Contact Person and Telephone Number:
Ann Campbell - Phone (502) 882-4791
- Fax (502) 882-9791
- E-Mail – ann.campbell@zirmed.com
- (f) Commencement Date of Amendment: November 19, 2012
- (g) Termination Date of Extension: Per terms of agreement
- (h) Payment Provisions: \$199.00 one time setup fee
 - 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.
\$25.00 per month for up to 500 claims – if greater than 500 claims, each additional claim would be \$0.05.
- (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
A 4018 0030.428 - Disease Program Data Processing

Warren County Board of Supervisors

RESOLUTION NO. 205 OF 2009

Resolution introduced by Supervisors Sokol, Sheehan, Thomas, Champagne, O'Connor, Strainer and Pitkin

**AUTHORIZING SUBSCRIBER AGREEMENT WITH ZIRMED, INC.
FOR THE PURPOSE OF VERIFYING INSURANCES BEFORE
BILLING TO EXPEDITE CLAIMS WITHOUT DENIALS
- HEALTH SERVICES DEPARTMENT**

WHEREAS, the Director of Public Health/Patient Services is requesting that the County enter into a subscriber agreement with ZirMed, Inc., as part of the Point of Care initiative, for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc. for a term to commence March 23, 2009 and terminate upon thirty (30) days written notice at the following cost:

1.	One-time implementation fee	\$395.00
2.	One-time training fee	\$195.00
3.	Monthly subscriber fee	\$149.00

now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a subscriber agreement with ZirMed, Inc., 626 West Main Street, 6th Floor, Louisville, Kentucky 40202 for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc., for a term to commence March 23, 2009 and terminate upon thirty (30) days written notice at the cost described in the preambles of this Resolution in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from A.4018 428 Preventive Program - Data Processing & Internet Fees.



Subscriber Agreement Addendum

This Subscriber Agreement Addendum ("Addendum") is intended to amend and supplement the Subscriber Agreement ("Agreement") made and entered into between ZirMed, Inc. and Warren County on Behalf of Warren County Health Services ("Customer") regarding Customer's access and use of the products and services ("Services") provided by ZirMed directly or made available through the ZirMed website by third parties. The Parties agree to the following terms that shall be additive to those found in the Agreement and restate and recite all other terms as defined in the Agreement. Unless otherwise specifically defined in this Addendum, terms shall have the same meaning as in the Agreement in effect between the Parties.

Section I – Solutions

<input checked="" type="checkbox"/> Claims Management	\$0.00 per month; \$0.00 Implementation Fee
<input type="checkbox"/> Professional Claims <input type="checkbox"/> Institutional Claims <input type="checkbox"/> Direct Data Entry (Professional Only)	
<i>Subscription includes 0 claims per month. \$0.00 per additional claim. Paper Claim Pricing \$0.00 per paper claim, \$0.00 per additional page printed.</i>	

Subscription Upgrades	
<input type="checkbox"/> Claims Status	\$0.00 per month <i>Includes 0 inquiries, \$0.00 per additional</i>
<input type="checkbox"/> Claims Attachments	\$0.00 Implementation Fee <i>Electronic Attachments: \$0.00 per attachment Printed attachments: \$0.00 per 1st page printed, \$0.00 per additional page printed</i>
<input type="checkbox"/> CCI Edits	\$0.00 per month
<input type="checkbox"/> Medical Necessity Edits	\$0.00 per Medicare claim <i>CCI Edits Required</i>
<input type="checkbox"/> Coding Tools	\$0.00 per user x 0 = \$0.00
<input type="checkbox"/> Enhanced Coding Tools	\$0.00 per user x 0 = \$0.00

<input checked="" type="checkbox"/> Eligibility Verification	\$0.00 per month; \$0.00 Implementation Fee
<i>Subscription includes 0 inquiries per month. \$0.00 per additional inquiry.</i>	

Subscription Upgrades	
<input type="checkbox"/> Batch Eligibility Upgrade	\$0.00 (one-time)

<input checked="" type="checkbox"/> Electronic Remittance Advice	\$25.00 per month; \$199.00 Implementation Fee
<i>Subscription includes 500 ERAs per month. \$0.05 per additional ERA.</i>	

Subscription Upgrades	
<input type="checkbox"/> Denial Management - Basic	\$0.00 per month (\$0.00 if less than 500 ERAs/month)
<input type="checkbox"/> Denial Management - Professional	\$0.00 per month (\$0.00 if less than 500 ERAs/month)
<input type="checkbox"/> ERA Autoposter	<i>See End-User License Agreement</i>

<input checked="" type="checkbox"/> Patient Collections Suite	\$0.00 per month; \$0.00 Implementation Fee
<input type="checkbox"/> Print Services <i>\$0.00 per first page, \$0.00 per additional page Includes NCOA and Statement Storage E-Delivery: \$0.00 per electronically delivered document, \$0.00 per electronic reminder Print Services and Credit Card Processing Required for E-Delivery</i>	
<input type="checkbox"/> Credit Card Processing <i>See Merchant Agreement for Advantage Pricing Subscription includes 0 locations, \$0.00 per additional location E-Commerce Portal Development included at www.mypay.com/</i>	

Subscription Upgrades	
<input type="checkbox"/> Lockbox	\$0.00 Implementation Fee <i>\$0.00 per month, \$0.00 per transaction \$0.00 per returned check, \$0.00 per correspondence \$0.00 per active child account</i>
<input type="checkbox"/> Check Processing	\$0.00 Implementation Fee <i>\$0 per check, \$0.00 per ATM Verification \$0.00 per returned check</i>
<input type="checkbox"/> MagTek Mini Swipe®	\$0.00 per device x 0 = \$0.00
<input type="checkbox"/> MagTek Mini MICR®	\$0.00 per device x 0 = \$0.00

Note: The above fee schedule will honored until 10/20/2012. Unless this Addendum is accepted and upon expiration, ZirMed reserves the right to modify the pricing and payment terms enumerated herein.

Section II – Terms and Conditions

1. **Solutions and Pricing.** Customer desires to access and use Services more particularly defined above in addition to those covered by the Agreement between the Parties. Customer agrees to pay all Charges as billed to Customer including monthly fees, transaction or usage fees, implementation fees and any customer development or consulting fees as incurred and agreed to between the Parties as described above or in a supplement development agreement. Transaction or usage fees shall be based on the amount of usage recorded by ZirMed's computer system, and the pricing in effect at the time of Customer's use of such Services as documented herein.

2. **Payment.** Payment terms shall be as stated in the Agreement. Failure to make timely payments may result in disruption of Service or deactivation of Customer's account. ZirMed reserves the right to charge Customer a \$50.00 reactivation fee for frequent late payments resulting in disruption or deactivation of Service. Late Payments (after 30 days) will be subject to a late fee equal to one and one-half (1.5%) per month or at the maximum interest rate allowable under applicable law, whichever is lower, of the overdue amount, except amounts disputed by Customer in writing in good faith within ten (10) days following receipt of the invoice. If any undisputed amount of any invoice remains unpaid, ZirMed may (without terminating this Agreement and reserving cumulatively all other remedies and rights under this Agreement and at law) suspend further Services and licenses to access the Services under this Addendum or the Agreement without further notice to Customer.

3. **HIPAA.** The Parties have previously entered into all necessary agreements related to the use and disclosure of protected health information. Notwithstanding the foregoing, ZirMed shall be entitled to use and disclose information received from Customer or Customers' clients for the purpose of providing the Services, for the proper management and administration of ZirMed's business, or pursuant to a valid order issued by a duly authorized court or government authority. Customer authorizes ZirMed to release or use de-identified data regarding Customer or Customers' clients derived from the use of Services under this Agreement, for consideration or otherwise.

4. **Custom Development and Consulting:** Any custom development and consulting services (Special Services) will be provided on an "as requested" or "as required" basis to Customer. Any and all Special Services will be clearly communicated to Customer and approved in writing by both parties prior to undertaking. Fees for

Special Services provided to Customer shall be billed to Customer upon the delivery thereof or as scheduled and as may be further identified. Other fees payable by Customer shall include the reasonable costs of travel and related expenses to and from Customer site as required by such Special Services.

5. Term and Termination. Nothing herein shall act to extent or modify the term of the Agreement beyond that previously agreed to between the Parties. The term and termination provision of the Agreement shall be incorporated by reference herein and Customer access to the Services described above shall be covered by the Agreement.

6. Entire Agreement. This Addendum and the Agreement previously entered into between the Parties sets forth all the representations, promises and understandings between the Parties on the matters. If any part or parts of this Addendum or the underlying Agreement are held to be invalid, illegal or unenforceable, such part will be treated as severable, and the remaining parts shall continue to be valid and enforceable as to the Parties hereto.

7. Counterparts. This Addendum may be executed in counterparts and delivered by facsimile or other electronic means, each of which will be deemed an original but all together will constitute only one agreement.

IN WITNESS WHEREOF, the Parties to this Agreement, in recognition of their undertakings set forth above, and for due and valid consideration, execute this Agreement.

Customer

By: _____

Printed Name: _____

Title: _____

Date: _____

ZirMed, Inc.

By: _____

Printed Name: _____

Title: _____

Date: _____

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

SIGNED: *Patricia*

DATE: 10/26/12

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4189.110	Bioterrorism-Full Time Salaries	A.4018.0040.110	Health Education -Full Time Salaries	\$3,728.00
	A.4189.810	Bioterrorism-Retirement Expense	A.4018.0040.810	Health Education-Retirement Expense	\$686.00
	A.4189.830	Bioterrorism-Social Security Expense	A.4018.0040.830	Health Education-Social Security Expense	\$232.00
	A.4189.831	Bioterrorism-Medicare Expense	A.4018.0040.831	Health Education-Medicare Expense	\$55.00
2.	A.4013.469	WIC-Other payments	A.4013.860	WIC-Health Insurance	\$4,800.00
	A.4013.469	WIC-Other payments	A.4013.865	WIC-Dental Insurance	\$12.00
3.	A.4054.0060.444	Early Intervention-Education	A.4054.0060.860	Early Intervention-Health Insurance	\$485.00
4.	A.4054.444	Preschool-Education	A.4054.260	Preschool -Other equipment	\$1,500.00
5.	A.4010.470	Health Services-Contract Expense	A.4010.230	Health Services-Automotive Equipment	\$15,000.00

Total Transfers

\$26,498.00

Please state reason for transfers requested:

- To transfer Health Educator payroll and benefits from 9/1-10/7/12 back to Health Ed from BT dept. Began 10/8/12 not 9/1/12.
- To transfer funds to cover additional Health and Dental benefits for WIC program needed .
- To Transfer funds to cover additional health insurance for coordinator for 2012.
- To transfer funds for equipment mandated to purchase for child In Preschool Program to assist In listening. Reimburseable by 59.5% from State.
- To transfer funds to purchase a vehicle for 2012. A fleet car was recently totaled in an accident and replacement is needed for aging fleet. Waiting for insurance information, if any will be booked to revenue.

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

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-Health Education Program

DATE: October 26, 2012

(a) **Purpose of Amendment:** To amend the 2012 budget to adjust the Health Education Program to reflect the addition of revenues/costs related to CPR course training to be done at the end of November 2012 for Westmount Nursing Facility.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4018.0040.410 Health Education –Supplies Expense \$175.00

Revenue Code (with title), and Amount:
A.4018.0040.1617 Health Education Revenue \$175.00

Attachment #4