

HEALTH CARE ADVISORY BOARD

Meeting Summary

October 19, 2011

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Francine Jupiter
Dr. Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Dave West
Susan Conrad
Rosanne Rodillo

STAFF

Sherryn Craig

GUESTS

Jennifer Siciliano, Inova Health System
Dolly Diamond, Inova Health System
Ryan Morgan, Inova Health System
Anne Rieger, Inova Health System
Peyton Whiteley, Legal Services of Northern Virginia
Pat Harrison, Deputy County Executive, Human Services
Dr. Gloria Addo-Ayensu, Health Department
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department
Robin Mullet, Health Department
Dr. Jean Glossa, Molina Healthcare of Virginia

Call to Order

The meeting was called to order by Marlene Blum at approximately 7:44 p.m.

September 12 Meeting Summary

The minutes from the September 12, 2011 meeting were accepted as presented.

Inova Health System Charity Care Policy Update

Jennifer Siciliano, Vice President of Government Relations, along with Dolly Diamond, Director of Patient Financial Services, and Ryan Morgan, Staff Attorney, updated the HCAB on revisions to Inova's existing charity care program and financial assistance procedures.

Ms. Siciliano began her presentation by proposing the revival of an informal working group. This suggestion was originally made during the May 9 HCAB meeting. Chris Stevens recalled that the Inova Health System/Fairfax County Liaison Committee met quarterly to discuss ongoing and ad hoc issues with the goal of improving

communication between two large, complex systems with overlapping linkages, dependencies, and interface points. Membership varied by topic, according to Ms. Stevens. However, the Committee had broad representation from the county's safety net partners. Because communication had improved, participants found fewer reasons to meet and the Committee gradually disbanded.

Ms. Siciliano suggested that membership of the new group be comprised of three representatives from Inova (Jen Siciliano, Dolly Diamond, and Anne Rieger) and three representatives from the Health Department. The working group would meet quarterly, with the group's first meeting scheduled for November. Issues or problems raised by outside organizations would be channeled through one of the six representatives.

Rosalyn Foroobar asked if the inclusion of outside groups, such as other County agencies, could be reevaluated. Ms. Siciliano stated that she did not have authorization to make changes to the six member proposal. Ms. Foroobar underscored the need for continuity and issue expertise. She felt that the Health Department's ability to represent other agencies' concerns may be limited. She suggested inviting subject-level experts, such as Northern Virginia Legal Services, to the working group. Ms. Foroobar discussed the county's cross systems work and underscored the value in including other human services agencies (e.g. Housing, CSB, DFS, etc.).

Ms. Siciliano clarified that the working group would not function as a decision making body; voting will not occur.

Timothy Yarboro suggested that the working group establish an additional two seats but wait to fill them.

Mr. Whiteley and Ms. Blum characterized Inova's proposal as a promising development. They encouraged Inova and the Health Department to share their feedback with the HCAB and consider expanding or building upon the forum as needed.

Ms. Siciliano distributed a revised poster that would appear in Inova's hospitals. The signage explains the availability of charity care. The number listed for health care referral information will be changed to Coordinated Services Planning's (CSP) number.

Ms. Siciliano noted that Inova has accepted Peyton Whiteley's suggestion to change the term "financial aid" to "charity care." Mr. Whiteley explained that it has been his experience that some indigent patients are confused by the phrase "financial aid." This language will appear on Inova's billing statements, charity care policy brochure and posters. Ms. Siciliano acknowledged the term "charity care" may be offensive to some patients. Alternative suggestions were made, including "free health care," "discounted," and "negotiable."

References to the Department of Recreation and Virginia's Department of Medical Assistance Services (DMAS) State/Local Hospitalization (SLH) Program have been removed from Inova's website and the brochure, "Financial Help for Health Care Services."

Ms. Siciliano distributed a revised billing statement for the HCAB's review. It was suggested that the language be reordered to read: "Our records show that you do not currently have health insurance coverage. If you are uninsured, you may be eligible for free or discounted care if your household income is at or below 300% of the Federal Poverty Guidelines. If you need assistance, please call 571-423-5801 or check our website (www.inova.org)." No changes will be made to the MediCredit information which currently appears on the billing statement.

Ms. Siciliano said that Inova is adding an explanation to its charity care policy stating that financial assistance is evaluated in the year of treatment. However Ms. Siciliano and Ms. Diamond said that Inova can be flexible on a case by case basis. Mr. Whiteley reminded the HCAB that there are some circumstances (e.g., workers' compensation, ongoing litigation, Supplemental Security Income (SSI) determinations) that may prevent patients from complying with the one year timeframe. Inova emphasized the need for patients to communicate any changes in their financial status with its financial services representatives.

Ms. Diamond explained that Inova sends at least 9 monthly billing statements to patients who have not applied for or been determined eligible for charity care. The billing statements are supplemented with live phone calls to the patient to solicit the required charity care documentation and otherwise check on the patient's status. Unpaid accounts are then held for an additional 2-3 months while the account is reviewed and further follow-up efforts are made. After exhausting its efforts to contact and coordinate with the patient, any account that remains open after all of the preceding actions is sent for legal action.

Before any legal action is taken, a letter is sent to the patient explaining that legal action is forthcoming and requesting the patient to contact Inova to discuss the open accounts. Ms. Diamond emphasized that the one year time limit serves as a stopgap. She maintained that accountability needs to be shared. Extending the one year time limit would almost certainly increase Inova's financial case loads.

Inova is proactively prequalifying patients for charity care. Ms. Diamond highlighted Inova's streamlined eligibility process with the County: charity care applications are prepopulated in the system whenever the Health Department makes a referral. Anne Rieger said copies of the charity care policy and financial aid applications have been distributed to each safety net clinic. Staff are also identifying self-pay patients in the Pediatric Emergency Department and helping them complete applications for Medicaid or other charity care programs.

Mr. Whiteley stated that the contacts he works with at Inova have indicated they no longer have the latitude to be flexible. Mr. Whiteley will share that correspondence with Ms. Siciliano.

With respect to Inova's affiliated physicians billing patients who qualify for charity care, Inova cannot dictate what independent contractors charge. Ms. Siciliano stated that it is also the physician's responsibility to verify which patients qualify for Inova's charity care program. Mr. Whiteley referenced guidance from DMAS stating that the same rules for notifying physicians about Medicaid eligible clients also applies to charity care. Ms. Siciliano asked Mr. Whiteley to share this correspondence with her.

Inova's website has been edited to include a link to the charity care application along with instructions on how it should be completed and submitted to Inova. The billing statements will also be revised to more clearly inform the patient that charity care is available and describe the procedures for applying for charity care. The application and instructions are available in English and Spanish, but will be translated into other languages.

Dolly Diamond said that Inova would work to educate its physicians and their billing staff about Inova's charity care policies and procedures. Specifically, Inova is exploring the possibility of implementing a process whereby Inova notifies the treating physician of patients' eligibility for charity care. It is Inova's hope that upon receipt of such a notice, the treating physician will voluntarily refrain from aggressively pursuing payment.

According to Ms. Diamond, all Inova affiliated physicians have access to EScan, a technology that documents a patient's Medicaid or charity care status. Moreover, Inova is migrating its Information Technology (IT) to Epic Systems. This platform will streamline Inova's financial billing, resulting in one statement that is sent to patients.

A question was asked about Inova's hospitalists. Ms. Rieger said that the hospitalists are under contract with Inova and while they bill separately from the hospital, they still fall under the same charity care policy.

Another question was asked about the relationship between Inova's new primary care physicians and the charity care policy. Ms. Blum noted that not every service provided by Inova is covered under charity care (e.g., urgent care centers). Inova does not have an obligation and the lease requirement only pertains to hospital-based care. Ms. Siciliano will follow up on this issue and ask Richard Maggenheimer to discuss it at November's meeting when Inova presents its fiscal plan. Regardless of the practices' relationship with Inova, Mr. Whiteley asked Inova to advertise whether or not the physicians would accept Medicare and/or Medicaid. Ms. Siciliano replied that Mr. Maggenheimer would address the issue in November.

Ann Zuvekas also distinguished the difference between charity care and community services: charity care is one part of the services Inova provides. She also remarked that it has been her experience that there is no difference in how charity care and non-charity care patients are treated by Inova staff.

Dr. Yarboro suggested that Inova make its charity care policy a part of its physicians' re-credentialing process, which occurs every two years. Ms. Diamond and Ms. Siciliano agreed that better education was needed and would look into the possibility of implementing this recommendation.

Ann Zuvekas moved that the HCAB send a memo to the Board of Supervisors informing them of Inova's presentation and the revisions to its charity care policy and financial assistance procedures. Francine Jupiter seconded the motion. The motion passed 9-0.

Health Care Reform Update

Pat Harrison, Deputy County Executive of Human Services is chairing the Health Care Reform Task Force, which convened its first meeting in January 2011. Marlene Blum is representing the HCAB on the Task Force. Other human services Boards, Authorities and Commissions (BACs) have been invited to join, but participation has been limited.

The Task Force has been charged with evaluating what the potential impact of federal, state and local changes in health care will be on current policy and regulations in Fairfax County and the cities of Falls Church and Fairfax. It is estimated that the number of uninsured residents in Fairfax would decrease from 12% to 6%.

Meetings have provided members with an opportunity to educate themselves on the issues. The Task Force has received presentations from several county agencies and safety net providers regarding what programs they provide. Information on model reforms implemented among Fairfax's peer counties (e.g. Travis County, Texas; Jefferson County, Colorado; Cobb County, Georgia; and Montgomery County, Maryland) has been considered.

Reston and Dominion Hospitals, Inova Health Systems and Molina Healthcare have appeared before the Task Force as well as the three Federally Qualified Health Centers (FQHCs) in Alexandria, Prince William and Loudoun Counties. The Task Force is working with Prince William and Alexandria to find out the characteristics of Fairfax County clients that the FQHC currently serves, including income levels and travel proximity.

The Task Force plans to meet with two insurance providers, Anthem and Amerigroup, and hopes to gather information on the scope of the problem regarding Medicaid providers as well as future impacts on the health care workforce. The Task Force has

learned that most jurisdictions are looking at some form of integration using a private-public model to provide safety net care.

The Task Force is expected to develop recommendations by the end of the year along with best practices and a communications plan. Once the group presents to the BOS, the task force will gather additional feedback from the County's BACs.

Francine Jupiter shared her experience attending the District of Columbia (DC) Bar's continuing education forums. She underscored the complex nature of the health reform process.

Other Business

A study conducted by the Joint Commission on Health regarding the issue of uncompensated care in Virginia hospitals was distributed at the September HCAB meeting and e-mailed to those who could not attend. It had been suggested that the HCAB have a meeting to discuss the general topic of charity care. Ms. Blum requested that members read the study and provide suggestions on how to structure the meeting, including potential invitees.

There being no further business, the meeting adjourned at 9:20 pm.