



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** September 23, 2014

**AGENDA ITEM NO.** 18

**Consent Agenda** ☐

**Regular Agenda** ☒

**Public Hearing** ☐

 **County Administrator's Signature:**

**Subject:**

Approval of the Pinellas County Health Care Program Interlocal Agreement with the Florida Department of Health in Pinellas County.

**Department:**

Health and Community Services

**Staff Member Responsible:**

Lynda Leedy, Interim Executive Director

**Recommended Action:**

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE THE PINELLAS COUNTY HEALTH CARE PROGRAM INTERLOCAL AGREEMENT WITH THE FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY.

I FURTHER RECOMMEND AUTHORITY BE GRANTED FOR THE CHAIR TO SIGN AND THE CLERK TO ATTEST.

**Summary Explanation/Background:**

The Pinellas County Health Program (PCHP) was established in 2008 to provide primary and preventive health care to Pinellas County residents who are low income, uninsured, and who do not qualify for other health care coverage. PCHP is based on the Medical Home model where essential primary care services and other specialized services, such as dental and behavioral health, are contracted and coordinated to achieve optimal health outcomes.

The Florida Department of Health in Pinellas County (DOH Pinellas) has been a medical provider for PCHP since its inception in 2008. The FY 2014 Interlocal Agreement provided funding for DOH Pinellas to provide primary care and preventive services for all PCHP clients in five (5) Medical Home sites located throughout the County, as well as integrated behavioral health services, on-site relief of pain dental services, on-site preventive dental care for high-risk clients, specialty lab services, oversight of a compassionate prescription assistance program, and community-based dental care for high-risk clients at local free clinics. The FY 2014 Interlocal Agreement also included staff for the Medical Director's Office (which provides clinical oversight for the medical programs and medical advice to the Health and Community Services Department (HCS)), the Utilization Management Team (which monitors the use of specialty services through a network of contracted specialists) and staff for the Mobile Medical Unit, a full-service medical home for the homeless on wheels with clinical and support services.

Notable changes to the FY 2015 Interlocal Agreement include:

- Addition of a sixth medical home location at the Safe Harbor Homeless Shelter. As recommended by Dr. Claude Dharamraj, Director of DOH Pinellas, this new location will provide primary care services to homeless individuals in a small medical clinic on site at Safe Harbor. These services will be accomplished within the anticipated FY 2015 budget.



- Added funds for behavioral health services for clients of the Mobile Medical Unit (\$100,000) that was previously contracted directly through HCS.

DOH Pinellas is a unique contractual partner since it is a state government agency. It enjoys certain purchasing and insurance statuses through state-administered contracts. In addition, and as per state mandate, the DOH Pinellas is required to provide primary and preventive care to low-income and uninsured residents at the request of the County. DOH Pinellas operates ten (10) offices throughout the County, five (5) of which are health clinics in County-owned facilities. DOH Pinellas has a proven track record of providing quality, effective, and cost-efficient services to the residents of Pinellas County.

When medically necessary, DOH Pinellas refers clients to a network of specialty providers, to hospitals for inpatient and ambulatory care and to home health care/durable medical equipment.

If approved, the attached Interlocal Agreement will be in effect October 1, 2014 through September 30, 2015.

**Fiscal Impact/Cost/Revenue Summary:**

The total amount of funding the DOH Pinellas will receive for the term of this Interlocal Agreement is \$6,139,336.00. This amount provides funding for primary care services for the Pinellas County Health Program and the Mobile Medical Unit, as well as funding for the Utilization Management Team.

This agreement does not include funding for pharmacy, which is handled in a separate contract. It also does not include expanded dental services or the management of the Specialty Care Network. These programs are under discussion with DOH Pinellas and community stakeholders. Once the negotiations are completed, HCS will request the Board to authorize amendments to this Agreement.

Funding for this Agreement will be provided through the Fiscal Year 2015 appropriation for the Department of Health and Community Services.

**Exhibits/Attachments Attached:**

1. Contract Review Transmittal Slip
2. Pinellas County Health Program Interlocal Agreement
3. Attachment 1: Reporting Requirements
4. Attachment 2: FY2014-2015 Draft Budget
5. Resolution 14-63

**NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP**

<b>PROJECT: Pinellas County Health Care Program Interlocal Agreement between Pinellas County and the Florida Department of Health in Pinellas County</b>	
<b>CONTRACT NO.:</b> number	<b>ESTIMATED EXPENDITURE / REVENUE:</b> <del>\$6,139,336.00</del> <sup>125</sup> 6,139,336.00 (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

**OTHER SPECIFICS RELATING TO THE CONTRACT:** This Interlocal Agreement is for the provision of primary care medical home services for Pinellas County residents eligible for the Pinellas County Health Program in six locations, including a new location at the Pinellas Safe Harbor homeless shelter. Also includes dental, behavioral health, pharmacy, specialty laboratory services and administrative functions, including Medical Director and Utilization Management.

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
<b>Originator:</b> Lynda Leedy	7/2/14	TB		
<b>Risk Mgmt:</b> Virginia Holscher 9/3-14	9/4/14	GH	Public Entity to Public Entity	
<b>Finance:**</b> Cassandra Williams	9/4/14	CBW		
<b>OMB:**</b> Bill Berger	9/8/14	E	See attached.	
<b>Legal:</b> Carl Brody	9/8/14	CB		
<b>Assistant County Administrator:</b> Bruce Moeller	9/9/2014	BM		all revisions made as

Please return to Amy Petrila By ASAP.

All inquiries should be made to Amy Petrila or Tim Burns ext. 4-8497.

\*\* See Contract Review Process

## OMB Contract Review

<b>Contract Name</b>	Pinellas County Health Care Program Interlocal Agreement between Pinellas County and the Florida Department of Health in Pinellas County		
<b>CATS#</b>	45505	<b>Contract #</b>	N/A

**Mark all Applicable Boxes:**

Type of Contract									
CIP		Grant		Other	X	Revenue		Project	

**Contract information:**

<b>New Contract (Y/N)</b>	Y	<b>Original Contract Amount</b>	
<b>Fund(s)</b>	0001	<b>Amount of Change</b>	
<b>Cost Center(s)</b>	301210 & 301215	<b>Contract Amount</b>	\$6,139,336
<b>Program(s)</b>	1569	<b>Amount Available</b>	<b>Total: \$7,969,780</b>
<b>Account(s)</b>	5310024 & 5310026	<b>Included in Applicable Budget? (Y/N)</b>	Y
<b>Fiscal Year(s)</b>	FY15		

### Description & Comments

(What is it, any issues found, is there a financial impact to current/next FY, does this contract vary from previous FY, etc.)

An agreement with Pinellas County and the Department of Health (DOH) in Pinellas County to provide healthcare to County residents who are low income, uninsured, and who do not qualify for other health care coverage through the Pinellas County Health Program (PCHP). This agreement provides funding for 6 Medical Homes sites (+1 from FY14), 30,000 target encounters, access to dental care, and funds for behavioral health services for Mobile Medical Unit clients previously contracted directly through Health & Community Services. Funds for this are available in the FY15 Budget.

**Analyst: Paul Dean**

**Ok to Sign:** ☒

### Instructions/Checklist

1. Upon receipt of a contract and notification in County Admin Tracking System (CATS) review the Agenda and Contract for language and accuracy. Make sure there are available funds, the dept is not overextending itself, was it planned, etc.
2. Complete the form above using the contract document and the County accounting & budgeting systems.
3. Use the "Description & Comments" section to give a brief summary of the contract and include your thoughts and pertinent information.
4. Print the form, initial, and leave folder on the Director's desk.
5. Login to CATS and click in the cell next to your name. A date will appear and click on the date you completed your review. Choose save and close the CATS system.

**PINELLAS COUNTY HEALTH CARE PROGRAM  
INTERLOCAL AGREEMENT**

**THIS AGREEMENT** made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2014, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called “County”, and the **FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY**, herein after called “DOH Pinellas.”

**WITNESSETH:**

**WHEREAS**, County desires to continue to increase access to health care for the low-income uninsured residents of Pinellas County through the Pinellas County Health Program (PCHP) and the Mobile Medical Unit (MMU); and

**WHEREAS**, it is the goal of the Pinellas County Health Program to increase access to quality healthcare, improve the health outcomes of low-income/high risk individuals, and reduce health disparities in targeted communities; and

**WHEREAS**, DOH Pinellas desires to continue working with the County to provide health care services to adult (18-64 years) uninsured residents of Pinellas County living at or below 100% of the Federal Poverty Level; and

**WHEREAS**, DOH Pinellas will work with key stakeholders from multiple agencies in Pinellas County to provide these primary health care services;

**WHEREAS**, the County desires that DOH Pinellas provide for behavioral health and compassionate prescription assistance services within the medical clinic setting in order to promote overall integrated health services for the client population; and

**WHEREAS**, DOH Pinellas is a strategic partner with the County and must participate in the planning and implementation of effective cost containment measures within service delivery; and

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements hereinafter contained, it is agreed by and between the parties hereto as follows:

**Section 1. Authority.** This Agreement is entered into pursuant to the provision of Section 163.01, Florida Statutes, and other applicable provisions of law as they relate to the authority of public bodies to enter into cooperative agreements.

**Section 2. Term of Agreement.** This Agreement will be effective for a period of twelve (12) months effective October 1, 2014, and expiring on September 30, 2015.

**Section 3. Scope of Health Care Services.** DOH Pinellas shall provide:

(a) Health care services to low-income uninsured citizens of Pinellas County consistent with the Pinellas County Department of Health and Community Services (HCS) requirements. Provision of health care services under this Agreement is limited to individuals who meet Pinellas County Health Program (PCHP) or Mobile Medical Unit (MMU) eligibility criteria as to citizenship, residency, income, and insurance requirements. The County will waive this requirement for the initial visit of an individual claiming indigent status.

(b) Primary health care services in the following six (6) medical homes located at:

1. 205 Dr. Martin Luther King Street North St. Petersburg, FL 33701. Tel: (727) 824-6900
2. 6350 76<sup>th</sup> Avenue North Pinellas Park, FL 33781. Tel (727) 547-7780

3. 8751 Ulmerton Road Largo, FL 33771. Tel (727) 524-4410
4. 310 North Myrtle Avenue Clearwater, FL 33755. Tel (727) 469-5800
5. 301 South Disston Avenue Tarpon Springs, FL 34689. Tel (727) 942-5457
6. Safe Harbor Shelter, 14840 49<sup>th</sup> Street N., Clearwater, FL 33762. Tel TBD

Additional sites may be added as appropriate and necessary to meet the health care needs of residents living in the targeted impact zones.

(c) Core services provided through the Pinellas County Health Program shall include:

1. Provision of primary and preventive care services as outlined in Section 4 of this Agreement.
2. Referral to specialty laboratory services as outlined in Section 5 of this Agreement.
3. Provision of behavioral health care with primary care services as outlined in Section 6 of this Agreement.
4. Provision of prescription medications through contracted pharmacy services and a compassionate drug patient assistance program as outlined in Section 7 of this Agreement.
5. Provision of expanded dental services as outlined in Section 8 of this Agreement.
6. Provision of relief of pain dental services as outlined in Section 9 of this Agreement.
7. Provision of high-risk preventive dental services as outline in Section 10 of this Agreement.
8. Referral to specialty care services as outlined in Section 11 of this Agreement.
9. Referral to home health care services and durable medical equipment as outlined in Section 12 of this Agreement.

10. Provision of Community-Based Care as outlined in Section 13 of this Agreement.

(d) Primary health care services in accordance with the following patient-centered medical home tenets:

1. **Relationship**, including communication and understanding between the patient, the physician and physician-directed healthcare team (including contracted behavioral health specialists, hospitals and medical specialists).
2. **Continuity of care**, including the requirement that at least 70% of a client's medical visits are with a physician. All other visits may be provided by a physician or mid-level provider, as indicated. All consultations, referrals and appointments shall be documented in the clinical record.
3. **Comprehensiveness of care**, including preventive and wellness care, acute injury and illness care, and chronic illness management. Standards for the provision of appropriate patient education, self-management and community resources also are addressed.
4. **Accessibility**, including written policies that support patient access and routine assessment of patients' perceptions and satisfaction regarding access to the medical home.
5. **Quality**, including patient care that is physician directed, the use and periodic assessment of evidence based guidelines and performance measures in delivering clinical services, and ongoing quality improvement activities.

**Section 4. Primary Care and Preventive Services.** DOH Pinellas shall act as a medical home for the provision of primary care and preventive services at sites in accordance with Section 3(b) of this Agreement and subject to compensation listed in Section 18 of this Agreement. Primary care and preventive services include, but are not limited to:



- (a) **Clinical visits**, including, but not limited to: general medical examinations, taking client medical and social history, current medications and diagnoses, chief complaint, vitals, review of systems, and exams relevant for visit type. The medical provider shall exercise independent judgment in rendering a diagnosis, assessment, appropriate laboratory testing, ordering/prescribing prescriptions, referrals for additional covered services (as needed) and a treatment and/or prevention plan to the client.
- (b) **Basic Laboratory Services and Tests** to include Microscopy, Specimen Handling and Transport. The basic tests and services are: Clinical Laboratory Improvement Amendments (CLIA) waived tests, Complete Blood Count (CBC) with differential and platelets, Comprehensive Metabolic Profile, Lipid profile, Thyroid-stimulating hormone (TSH), Prostate-Specific Antigen (PSA), Hemoglobin A1C (HgbA1c), International Normalized Ratio (INR), Urinalysis, Cervical Cytology Screening, and Fecal Immunochemical Test (FIT) or High Sensitivity Hemocult. Other laboratory and pathology services are considered specialty laboratory services and are discussed in Section 5 of this Agreement.
- (c) **Adult Immunizations** as per the Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule for the United States 2014, including, but not limited to: influenza, hepatitis B, and pneumococcal vaccines.
- (d) **Electrocardiography (EKG) and/or Spirometry** as medically necessary.
- (e) **Wellness screening and prevention services** based on the United States Preventive Services Task Force's recommendations including, but not limited to: alcohol misuse screening and behavioral counseling intervention, aspirin for the prevention of cardiovascular disease, Chlamydial infection screening, colorectal cancer screening, depression screening, folic acid supplementation, gonorrhea screening, high blood pressure screening, HIV screening, lipid disorders screening, obesity screening, sexually transmitted infections counseling, syphilis infection screening, tobacco use and tobacco-caused disease counseling and intervention, and Type 2 Diabetes Mellitus screening. Breast cancer screening and cervical cancer screening services shall be based on the American Congress

of Obstetricians and Gynecologists and the Uniform Data System operated by the Health Resources and Services Administration, respectively. All services shall be provided to eligible patients, per service age and gender requirements.

- (f) **Healthy behaviors, education and nutrition services** including but not limited to, disease case management, diabetes education, tobacco cessation, chronic disease prevention, weight loss and management programs and other healthy lifestyles programs.

**Section 5. Specialty Lab Services.** DOH Pinellas shall provide basic laboratory services and tests as described in Section 4(b). All other laboratory and/or pathology services and tests, including those provided within the medical home, are defined as specialty labs. Specialty labs will be solely provided to PCHP clients through a DOH Pinellas contracted laboratory.

**Section 6. Behavioral Health Care Services.** DOH Pinellas shall provide integrated behavioral health services, including both mental health and substance abuse services, to PCHP medical home and MMU clients in order to improve clinical care outcomes. Core to the provision of primary health care services, DOH Pinellas shall provide for counseling and other appropriate support to reduce the impact that episodic life events (death of a loved one, loss of employment, etc) have on physical health.

**Section 7. Prescription Assistance.** DOH Pinellas shall provide a compassionate prescription assistance program for all eligible PCHP/MMU clients in order to reduce demands upon County contracted pharmacy services. Medications or equivalents covered by the County contracted pharmacy provider will be limited to those not available through the compassionate prescription assistance program, including medications at the time a prescription is executed and during the time when a client is transitioning to free medications through the compassionate prescription assistance program.

DOH Pinellas shall:

- (a) Administer a compassionate prescription assistance program to facilitate access to free and low cost prescription medications for eligible PCHP/MMU clients at no charge to the client.
- (b) Follow operating procedures for compassionate prescription assistance program to include steps for medication controls and notification to the PCHP pharmacy contractor.

**Section 8. Access to Expanded Dental Services.** Contingent upon additional funding, DOH Pinellas shall provide increased access to additional dental services to PCHP/ MMU clients at the closest medical homes that provide this service. Additional services include relief of pain (dental exam, X-rays, extractions or restorations, and prescriptions), preventative (dental exam, X-rays, cleanings, limited fluoride varnish, extractions or restorations, incisions and drainage, oral cancer screenings, oral health education, and prescriptions), and limited restorative services and extractions.

In addition, contingent upon funding, DOH Pinellas will provide support to community dental clinics to serve adult residents that are between 101% and 200% of Federal Poverty guidelines, utilizing dental volunteers and a small clinical team. Services will be provided within the scope of each clinic.

**Section 9. Relief of Pain Dental Services.** DOH Pinellas shall provide on-site Relief of Pain dental services to PCHP/ MMU clients at medical homes with dental operatories. Clients enrolled in DOH Pinellas medical homes that do not have dental operatories shall be referred to the closest DOH Pinellas medical home that can provide this service. Clients presenting to the medical home with oral pain or requesting a dental appointment for relief of pain services shall be given an appointment within two (2) business days of their request.

Relief of Pain dental services are restricted to the alleviation of dental pain and are limited to the following services in accordance with the program budget:

- (a) Dental exam

- (b) X-rays
- (c) Extractions or restorations
- (d) Prescriptions, if needed

**Section 10. High-Risk Dental Services** High-Risk Preventive dental services will be provided solely to PCHP/MMU clients who suffer from cardiovascular disease and/or diabetes and who have already experienced tooth loss. High-Risk preventive dental services include the following services in accordance with the program budget:

- (a) Dental exam
- (b) X-rays
- (c) Cleanings
- (d) Limited fluoride varnish
- (e) Extractions or restorations
- (f) Incisions and drainage
- (g) Oral cancer screenings
- (h) Oral health education
- (i) Prescriptions, if needed

**Section 11. Specialty Care Services.** Specialty care services will be solely provided to PCHP/MMU clients through a specialty care network approved by the County.

DOH Pinellas shall:

- (a) Identify a specialty care provider through the specialty care network.
- (b) Request specialty care services to be provided to PCHP/MMU clients using the electronic referral process in the Community Help and Electronic Data Application System (CHEDAS) community referral system, or other electronic method as determined by the County.
- (c) Contact clients regarding approved or denied specialty care referrals
- (d) Coordinate specialty care appointments
- (e) Provide appropriate laboratory and pathology requisition paperwork.
- (f) Provide necessary medical information to the specialist within two (2) business days prior to the client's appointment.

All specialty care referrals shall be consistent with the PCHP Covered and Non-Covered Services and include all necessary and supporting documentation, including verification that the client is currently enrolled in the PCHP/MMU and is not enrolled in Medicaid.

All specialty care referrals must be approved by the PCHP Utilization Management Team. DOH Pinellas primary care providers must request approval for these services through the CHEDAS community referral system, with appropriate documentation attached, when applicable.

**Section 12. Home Health Care Services and Durable Medical Equipment.**

Any referrals for home health care services and durable medical equipment will be provided to the PCHP/MMU clients solely through a County contracted provider as designated by the County.

**Section 13. Community-Based Care.** In accordance with the program budget, DOH Pinellas shall provide for community-based care for high-risk diabetic clients at free clinics located throughout the County. Services include preventive dental care and primary and preventive medical care

**Section 14. PCHP Operations.** As a medical home, DOH Pinellas shall:

- (a) Provide an appointment for PCHP/MMU clients with non-urgent care concerns as soon as possible after the client contacts the medical home to schedule an appointment. Clients who are determined to have urgent needs will be advised to come to the medical home as a walk-in and will be seen the same day.
- (b) Confirm the appointment with the client via telephone two (2) business days prior to the scheduled appointment.
- (c) Attempt to re-schedule all missed appointments within two (2) business days after such missed appointment.
- (d) Notify HCS once a client has missed two (2) scheduled appointments.

- (e) Notify the HCS within five (5) business days once and under what circumstances a client has been dismissed from the medical home.
- (f) Provide a daily minimum of 25% of all slots for walk-ins, medical emergencies, or same day service for PCHP clients at all medical home locations.
- (g) Provide an answering service with 24 hours/7 day, physician call and coverage for all medical home sites and the MMU.
- (h) Provide a current provider list with all physicians and mid-level providers for PCHP/MMU clients on a semi-annual basis to the County. Any changes in examiners must be notified to the County within 15 business days of the change.
- (i) Not charge a co-payment for PCHP clients.

Hours of operation may be adjusted according to need and demand. DOH Pinellas agrees to notify County of any scheduling changes as to hours of operation. Primary care services sites may be added or deleted to meet the goals of the PCHP. DOH Pinellas shall consult with HCS and receive approval prior to addition or deletion of primary care service sites.

Staffing at the medical homes shall be at the discretion of the DOH Pinellas. Should changes in staff affect the quality of the delivery of core services as described in Section 3, the County must be immediately notified in writing.

**Section 15. Eligibility.** Eligibility pre-screening and enrollment into the PCHP will be conducted by HCS staff at the following locations Monday through Friday between the hours of 8am and 5pm:

- a) Pinellas Department of Health and Community Services at Clearwater:  
2189 Cleveland Street, Suite 230 Clearwater, FL 33765. Tel (727) 464-8400
- b) Pinellas Department of Health and Community Services at St. Petersburg:  
647 1<sup>st</sup> Avenue North St. Petersburg, FL 33701. Tel (727) 582-7781

c) Pinellas Department of Health and Community Services at Mid-County:  
8751 Ulmerton Road Largo, FL 33771. Tel (727) 588-4040

d) Pinellas Department of Health and Community Services at Tarpon  
Springs: 301 Disston Avenue Tarpon Springs, FL. Tel (727) 942-5457

Should a new patient present to a medical home location with an urgent medical issue, DOH Pinellas staff shall authorize presumptive eligibility for the initial visit based on the patient's self-declaration of eligibility. These clients must be treated and must visit one of HCS's office locations to confirm eligibility for on-going services. DOH Pinellas will be reimbursed for one (1) billable encounter while eligibility is being determined.

**Section 16. Mobile Medical Unit.** DOH Pinellas shall, on an as needed and as available basis, provide qualified medical and nursing personnel to the County to act as medical staff for the County's Mobile Medical Unit (MMU) in accordance with the program budget.

- (a) The MMU team will consist of two (2) full time nurses, a full time licensed primary care physician, a full time case manager, and support staff, each serving a maximum of forty (40) hours per week.
- (b) DOH Pinellas shall provide a driver for the MMU as outlined within the approved budget.
- (c) In the event that the Physician is unable or fails to report to his/her assigned duties, the DOH Pinellas will provide alternate qualified staff to serve the MMU.
- (d) DOH Pinellas shall seek approval of the service delivery sites and hours of operation for the MMU and notify the County of schedule changes in a timely manner.

**Section 17. Utilization Management Services.** The DOH Pinellas shall provide Utilization Management (UM) staff who will be responsible for processing referrals and adjudication of claims. The UM staff shall consist of the following positions in accordance with the program budget:

1. One full-time manager. Three and one quarter (3.25) Referral Services Analysts, and three (3) Support Staff.
2. A part-time (.5 FTE) Volunteer Coordinator.

UM staff will provide the following services:

1. Ensuring clients are enrolled in PCHP/MMU upon receipt of a referral from a medical home or specialist, reviewing referrals for approval or denial, and alerting medical homes and specialists of referral status. Approved referrals shall be sent to the medical home/MMU and specialist.
2. Ensuring, for primary and secondary adjudications, that claims match an authorization for service and claims are consistent with PCHP/MMU covered and non-covered services. UM staff shall participate in secondary adjudications when claims are processed in the CHEDAS clearinghouse. Secondary adjudications will consist of resolving issues that cannot be resolved automatically through the computer system and through more complete review of claims utilizing cost criteria, diagnostic criteria, or random sampling.
3. Reviewing extraordinary claims including, but not limited to, large expenses, uncommon procedures, and hospitalizations, as determined by the County.
4. Reviewing retrospective hospital admissions and services provided by specialty care and ancillary services providers



5. Implementing processes for consultation, referrals, discharge follow-up and patient tracking in order to assure appropriate communication and continuity of care between the primary care medical home or the MMU and behavioral health specialists, other medical specialists or hospitals providing care to clients of the PCHP/ MMU.

The County shall make claims and service data available to UM staff. Data may be downloaded from a contracted clearinghouse or from CHEDAS, depending on the implementation of the clearinghouse and CHEDAS.

**Section 18. Contracted PCHP Staff.** The DOH Pinellas shall provide the following services and personnel to Pinellas Department of Health and Community Services (HCS) for the Pinellas County Health Program in accordance with the program budget:

1. One full-time Medical Director. The Medical Director shall:
  - a. Act as the clinical physician liaison for internal, and contractual programs, including, but limited to the PCHP, Pharmacy Program, and MMU.
  - b. Assure open and effective relationships with said programs, oversee medical quality assurance, participate and/or facilitate performance improvement mechanisms, and monitoring systems.
  - c. Provide medical consultation, oversight, and monitoring to the PCHP, Pharmacy Program, and MMU.
  - d. Supervise the MMU, Utilization Management, and support staff.
  - e. Meet with HCS and contractual providers to discuss issues relating to the provision of health care service delivery, including client care and quality assurance issues.
  - f. Provide on-site, telephone, or electronic consultation, as needed.
  - g. Attend MMU and other health care related meetings, as needed.
  - h. Participate in State and Federal site reviews.

- i. Facilitate medical chart reviews with the County Quality Assurance staff.
  - j. Assess MMU service delivery. Evaluate cost effective and efficient methods for health care delivery. Provide technical assistance and services in specialized areas as needed, which shall include, but are not limited to: review of medical records and compliance with laboratory controls, infection control, environmental and biohazards regulations, as well as local, state, and federal regulations relating to client confidentiality, privacy, security, and Health Insurance Portability and Accountability Act (HIPAA.)
  - k. Evaluate the physical plant and environmental conditions of the MMU for provision of quality medical care and safety.
  - l. Ensure that all necessary remedial actions are documented and taken whenever significant deviations from established performance specifications are identified on the MMU.
  - m. Assess and recommendations on MMU staff training and continuing medical education needs, provide guidance to medical staff on training opportunities for on-going medical education, continuing medical education, and continue education units needs.
  - n. Other related services as deemed necessary by the County. If these services result in additional staff and/or time, a contract amendment shall be initiated.
2. One full-time Quality Assurance Coordinator. The Quality Assurance Coordinator shall:
- a. Assist in the development and implementation of contractual Quality Assurance / Quality Improvement activities at the contracted medical providers.

3. The contracted PCHP staff in this Section shall exchange and utilize medical and other information necessary for client care in accordance with all state and federal laws governing its dissemination.

**Section 19. Compensation.** The total compensation provided for under this Agreement shall be in an amount not to exceed Six Million, One Hundred Thirty Nine Thousand, Three Hundred Thirty-Six Dollars (\$6,139,336.00) for the term of this Agreement (see Attachment 2).

- (a) In the event that funds provided for under this Agreement are expended prior to its expiration, DOH Pinellas shall continue to provide services to PCHP Clients as provided for within the Agreement until the expiration of its term as provided for in Section 1 of this Agreement.
- (b) MMU Compensation
  1. Continuation of this Agreement as it pertains to MMU staff is contingent upon receipt of funds from a third party Grantor.
  2. In the event that any MMU Staff outlined within this Agreement fail to report to his/her assigned duties as described in Section 15(a) of this Agreement and alternate staffing is not provided by the DOH Pinellas, compensation shall be reimbursed on a pro-rated basis.
- (c) Pinellas County Health Program Encounters:
  1. A primary care encounter is defined as a face-to-face visit between a client and the medical provider (MD, DO, PA, ARNP) of primary care services who exercises independent judgment in rendering a diagnosis, assessment, appropriate laboratory testing, ordering/prescribing prescriptions, referrals for additional covered services (as needed) and a treatment and/or prevention plan to the client. Visits with more than one health professional, or multiple visits with the same health professional that take place on the same

day and at a single location constitute a single encounter. The provision of these services shall be entered into the client's medical record.

2. The following services do not constitute an encounter and do not qualify for payment when conducted outside of an office visit:
    - a) Immunizations, Nutritional Assessments, Education and Counseling, and other non-medical services.
    - b) Clinical standing orders and/or protocols, unless contractually included or approved by the Pinellas County Health Program Medical Director.
    - c) Office visits with pain management or chronic pain as the primary reason
  3. Paid primary care encounters shall be limited to one encounter per client per day and one encounter per client per month. Clients requiring more than one encounter per month must be included on the monthly invoice with supporting documentation. These additional encounters must be reviewed and approved by the PCHP Medical Director before payment is made.
  4. The target number of encounters during the Agreement term of twelve (12) months shall not exceed 27,383 encounters, with an overall program average of no more than four (4) encounters per client per year. Individual clients will have no more than one (1) encounter per month.
- (d) In the event sufficient budgeted funds are not available for any staff included in this Agreement for a new fiscal period, the County shall notify DOH Pinellas of such occurrence and the Agreement shall terminate on the last day of the current fiscal period without penalty or expense to the County.
- (e) The County shall reimburse DOH Pinellas in accordance with the Florida Prompt Payment Act upon receipt of documentation required in this Section of this Agreement. When the required documentation is

incomplete or untimely, the County may withhold payment until such time the County accepts the remediating documentations.

(f) Invoices

1. DOH Pinellas shall remit an invoice, receipts, and payroll summary information for the costs of providing medical staff on a monthly basis prior to the receipt of funding pursuant to this Agreement.
2. All invoices provided pursuant to this section of this Agreement shall be accompanied by client-specific data as outlined in Attachment 1 and by documentation which verifies the expenditures for health care services provided pursuant to this Agreement.
3. The County reserves the right to audit DOH Pinellas invoices submitted pursuant for payment to this Agreement. Invoiced line items clearly identified as encounters or otherwise eligible for payment shall be processed for payment promptly. DOH Pinellas shall be responsible to provide documentation/justification for reconsideration of payment of any denied line items. The County will promptly process any newly approved line items for payment.

**Section 20. Electronic Data Requirements and Electronic Format Exchanges.**

The County has implemented the Community Help and Electronic Data Application System (CHEDAS), a HIPAA and HITECH compliant computer system during the term of this Agreement. DOH Pinellas shall:

- (a) Submit all referral requests through the CHEDAS community referral system, a web portal.
- (b) Receive approved or denied authorizations for referred services through the CHEDAS Community Referral System.
- (c) Submit primary care invoices through an electronic file transfer protocol (FTP).
- (d) Submit pharmacy, Dental, Relief of Pain-Dental, and High-Risk dental services invoices through an electronic format approved by the County.
- (e) Submit any contract-required reporting and assessments as outlined in Section 24.

DOH Pinellas shall provide free access to the Electronic Medical Records (EMR) of PCHP/MMU medical home clients in real time, on an ongoing basis. Access will be strictly limited to parties designated by HCS.

**Section 21. Licensing.** DOH Pinellas warrants that all of its health care providers, including but not limited to physicians, physician assistants, advanced registered nurse practitioners, and nurses, meet state statutory requirements and are in good standing with the appropriate state licensing authority.

**Section 22. Fiscal Non-Funding.** In the event sufficient budgeted funds are not available for a new fiscal period, the County shall notify DOH Pinellas of such occurrence and the Agreement shall terminate on the last day of the current fiscal period without penalty or expense to the County.

**Section 23. Record Retention and Audit.** DOH Pinellas shall retain all records and supporting documentation relating to this Agreement for three (3) years after final payment is made. All records shall be subject to audit by the County pursuant to Pinellas County Ordinance 94-51. In the event any question arises concerning this Agreement, the County and its authorized agents shall have the right to review, inspect and copy all such records and documentation during the term of this Agreement and record retention period stated above provided, however, such activity shall be conducted only during normal business hours and shall be at County expense.

DOH Pinellas shall:

- (a) Comply with the Performance Measurements as outlined within this Agreement.
- (b) Not charge the county for Electronic Health Records or data requests, paper or electronic.
- (c) Work with the County to develop additional chronic disease and data templates.
- (d) Meet regularly and at least quarterly with the County to evaluate usage levels and address any medical home or contract related issues.

- (e) Comply fully with any County-initiated consultation review.
- (f) Permit the County to conduct routine audits to monitor compliance with PCHP policies, procedures and standards of care. DOH Pinellas shall also allow County to conduct non-routine audits when deemed appropriate to investigate potential or identified quality issues. Such audits by County shall take place during regular business hours, at a time mutually acceptable to both parties. A statistically significant number of files for PCHP as a whole will be reviewed for routine audits.
- (g) Cooperate with the direct review of DOH Pinellas medical records by making records and necessary information available no later than 15 business days following the County's request.
  - 1. The reviewer shall provide audit results to County no later than 10 business days following audit completion. County shall provide audit results to DOH Pinellas no later than 10 business days following receipt of results. In the event that an Urgent and extraordinary situation warrants an unexpected and urgent chart review, DOH Pinellas shall make records and necessary information available no later than two (2) business days following County's request.
  - 2. DOH Pinellas and the County agree that any information that is released pursuant to such audit is privileged and confidential and shall be used solely for the purpose set forth here.

The County shall:

- (a) Implement a quality assurance / improvement team to conduct ongoing audits focusing on case management.
- (b) Develop auditing tools in alignment with the current standards of care, evidenced-based guidelines and fiscal accountability.
- (c) Review any or all aspects of the non-medical operations of the medical homes and may provide recommendations in assuring maximum benefit in effectiveness of the operations;

- (d) Share the results from this Section with DOH Pinellas, including any corrective actions.

**Section 24. Reporting Requirements and Performance Measures.** DOH

Pinellas shall submit monthly and quarterly reports utilizing the format established jointly by DOH Pinellas and the County including, but not limited to, client-specific data elements as described in Attachment 1. Quarterly performance reports on selected HEDIS measures are due within 45 days following the end of a quarter.

If any mistake or omission is discovered in a report, an accurate and complete updated report shall be sent within 15 days of notification of the error. The County reserves the right to modify report formats with the aim to collect the most meaningful and significant data.

**Section 25. Termination.**

- (a) The County reserves the right to cancel this Agreement without cause by giving ninety (90) days written notice to DOH Pinellas.
- (b) The County may terminate this Agreement with cause if at any time DOH Pinellas fails to fulfill or abide by any of the terms or conditions specified in the Agreement. Failure of DOH Pinellas to comply with any of the provisions of this Agreement shall be considered a material breach of the Agreement and shall be cause for immediate termination of the Agreement at the discretion of the County.
- (c) In the event of termination without cause, the County shall notify DOH Pinellas and the Agreement shall terminate on the last day of the current fiscal period without penalty or expense to the County.
- (d) If DOH Pinellas shall use any funds provided by this Agreement for any purposes or program other than authorized under this Agreement, DOH Pinellas shall, at the option of the County, repay such amount and be deemed to have waived the privileges of receiving funds under this Agreement.



- (e) DOH Pinellas may terminate this Agreement without cause by providing ninety (90) days prior written notice to the County.

**Section 26. Performance.**

- (a) Failure of DOH Pinellas to comply with any of the provisions of this Agreement shall be considered a material breach of contract and may be cause for immediate termination of this Agreement at the discretion of the County.
- (b) The County and DOH Pinellas shall adopt and maintain Standard Operating Procedures (SOPs) for Pinellas County Health Program services including, but not limited to, communication, notification procedures, invoice procedures, information reporting and formats, and service delivery and standards.
  - 1. SOPs shall be maintained by the Department of Health and Community Services.
  - 2. Revision to SOPs pertaining to the Agreement shall be developed in coordination between the County and DOH Pinellas.

**Section 27. Modification of Agreement.** There shall be no modification of this Agreement or of any covenant, condition or limitation herein contained, unless mutually agreed upon by the County and DOH Pinellas and incorporated as a written amendment to this Agreement.

**Section 28. Independent Contractor.** It is hereby mutually agreed that DOH Pinellas is an independent contractor and not employees or agents of the County.

**Section 29. Renewal Option.** This Agreement may be extended upon mutual assent of the parties upon subsequent execution of an annual renewal agreement.

**Section 30. Indemnification.** As the parties are public bodies of the State of Florida, the parties agree to be fully responsible for their own acts of negligence and for

their respective agents/employees' acts of negligence when acting in the scope of their employment, and agree to be liable for any damages proximately caused thereby; provided however, that the parties' liability is subject to the limitations imposed by 768.28, Fla. Stat. Nothing herein is intended to act as a waiver of sovereign immunity by the parties, nor shall anything herein be construed as consent by the parties to be sued by any third party for any cause or matter arising out of or related to this agreement.

**Section 31. Conformity to the Law.** DOH Pinellas shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.

**Section 32. Non-Assignability.** DOH Pinellas shall neither assign the responsibility of this Agreement to another party nor subcontract for any of the work not previously referenced as part of this Agreement without prior written approval of the County.

**Section 33. Publicity.** DOH Pinellas shall obtain prior approval from County before issuing any press release, white paper or other written document for public consumption regarding PCHP. DOH Pinellas will not appropriate or make use of County name or any County trademark without prior written consent of County.

**Section 34. Waiver of Breach.** The waiver of either party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach hereof.

**Section 35. Severability.** If any provision or any portion thereof contained in this Agreement is held unconstitutional, invalid or unenforceable, the remainder of this Agreement or portion thereof shall be deemed severable, shall not be affected and shall remain in full force and effect.

**Section 36. Agreement Covered by Florida Law.** The Laws of the State of Florida shall govern this Agreement

**Section 37. HIPAA / ACCESS TO EHR.** Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, DOH Pinellas is expected to adhere to the same standards as the County or other covered entities regarding the protection and non-authorized disclosure of Protected Health Information (PHI). Failure to comply is good cause for termination of this Agreement.

DOH Pinellas shall provide free access to electronic health records as defined in HIPAA and the HITECH Act, in a real time and ongoing basis. Access shall be provided to Medical Director and the Quality Assurance Coordinator consistent with the exception allowing such access for treatment, payment or operations of a covered entity.

**Section 38. Agreement Management:** The parties designate the following persons as liaisons:

Tim Burns  
Department of Health and Community Services  
2189 Cleveland Street, Suite 266  
Clearwater, FL 33765  
Tel: (727) 464-8400

Pervinder Birk  
Florida Department of Health in Pinellas County  
205 Dr. Martin Luther King Street North  
St. Petersburg, FL 33701  
727-820-4203

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Parties hereto have caused this instrument to be executed the day and year first above written.

ATTEST:  
**Ken Burke**  
Clerk of Circuit Court

**PINELLAS COUNTY, FLORIDA,**  
acting by and through its Board  
of County Commissioners

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Chairman

DATE: \_\_\_\_\_

**THE FLORIDA DEPARTMENT  
OF HEALTH IN PINELLAS  
COUNTY**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY**

By:   
Assistant County Attorney

**Attachment 1 - FY 15 Reporting Requirements**

Monthly Client Detailed report			
Field Num	Field	Description	
General Client	1 DOS	Date of Service	
	2 DOB	Date of Birth	
	3 Age	Age at Visit. Calculation based on date of service & date of birth	
	4 Gender	Male, Female	
	5 First_Name	Patient First Name	
	6 Last_Name	Patient Last Name	
	7 SSN	Patient SSN	
	8 Zip	Zip Code for client's residential address.	
	9 Homeless	Y/N	
	10 Race	Code description	
	11 Ethnicity	Code description	
Basic Laboratory Client	12 CPT/Lab 1	CPT Code associated with ordered labs for that date of service.	
	13 CPT/Lab 2	CPT Code associated with ordered labs for that date of service	
	14 CPT/Lab 3	CPT Code associated with ordered labs for that date of service	
	15 CPT/Lab 4	CPT Code associated with ordered labs for that date of service	
	16 CPT/Lab 5	CPT Code associated with ordered labs for that date of service	
	17 CPT/Lab 6	CPT Code associated with ordered labs for that date of service	
	18 CPT/Lab 7	CPT Code associated with ordered labs for that date of service.	
	19 CPT/Lab 8	CPT Code associated with ordered labs for that date of service	
	20 CPT/Lab 9	CPT Code associated with ordered labs for that date of service	
	21 CPT/Lab 10	CPT Code associated with ordered labs for that date of service	
	22 Associated Diagnosis	There are multiple ICD-9 codes associated with each of the CPT codes and all will be provided.	
Detailed Medical Client	23 Medical_Location	Medical Service Site	
	24 Initial_Visit	Yes/No. This will be based on the County Contract Year (10/1 - 9/30).	
	25 # of Visits this month	Calculate the number of encounters as of this date of service for the month. (Example - 2 visits in the month, on the first record the value will be 1 and on the second record it will be 2.)	
	26 # of Visits in contract year	Agreed on 4/4/14 - "year" = "County Contract Year" (10/1 - 9/30). Calculate the number of encounters as of this date of service for the year. (Example - 2 visits in the contract year, on the first record the value will be 1 and on the second record it will be 2.)	
	27 Appt. Type	Pull from Appointment Schedule (Scheduled or Walk-in)	
	28 Reason for visit	Urgent, follow-up from ER, specialist referral,	
	29 BMI	Body Mass Index	
	30 Number of Missed Appointments	Procedure change in Admitting required to not delete missed appointments. Admitting checks off "No Show" and missed appointments can be calculated. Report at number of missed appointments for the month.	
	31 Performing Provider Last Name	Service Provider Last Name	
	32 Performing Provider First Name	Service Provider First Name	
	33 Provider Title	Limited to MD, DO, ARNP, PA	
	34 ICD-9 Codes	Diagnosis Codes	
	35 ICD-9 Codes	Diagnosis Codes	
	36 ICD-9 Codes	Diagnosis Codes	
	37 ICD-9 Codes	Diagnosis Codes	
	38 ICD-9 Codes	Diagnosis Codes	
	39 ICD-9 Codes	Diagnosis Codes	
	40 ICD-9 Codes	Diagnosis Codes	
	41 CPT Code	Procedure Code associated with this date of service.	
	42 CPT Code	Procedure Code associated with this date of service.	
	43 CPT Code	Procedure Code associated with this date of service.	
	44 CPT Code	Procedure Code associated with this date of service.	
	45 CPT Code	Procedure Code associated with this date of service.	
	46 CPT Code	Procedure Code associated with this date of service.	
	47 CPT Code	Procedure Code associated with this date of service.	
	48 CPT Modifier	Modifier(s) associated with the CPT Code.	
	49 CPT Modifier	Modifier(s) associated with the CPT Code.	
	50 CPT Modifier	Modifier(s) associated with the CPT Code.	
	51 CPT Modifier	Modifier(s) associated with the CPT Code.	
	52 CPT Modifier	Modifier(s) associated with the CPT Code.	
	53 CPT Modifier	Modifier(s) associated with the CPT Code.	
	54 CPT Modifier	Modifier(s) associated with the CPT Code.	
	55 Billed Amount - Medical	Billed Encounter Rate for this Medical office visit	



**Attachment 1 - FY 15 Reporting Requirements**

	Field Num	Field	Description
Dental Client	56	Dental Program	Free Clinic (Volunteer), Healthy Teeth, High Risk, Relief of Pain (when available)
	57	Client Program Status	PCHP, MMU, None
	58	CDT Code 1	CDT Code associated with dental service for this date of service
	59	CDT Code 2	CDT Code associated with dental service for this date of service
	60	CDT Code 3	CDT Code associated with dental service for this date of service
	61	# Visits Contract Year	Agreed on 4/4/14 - "year" = "County Contract Year" (10/1 - 9/30). Calculate the number of only dental encounters as of this date of service for the year. (Example - 2 visits in the contract year, on the first record the value will be 1 and on the second record it will be 2.)
	62	Performing Provider Last Name	Service Provider Last Name
	63	Performing Provider First Name	Service Provider First Name
	64	Provider Title	Limited to DDS, DMD, DN, DH (Dental Hygienist)
	65	Dental Location	Dental Service Site
Behavioral Client	66	Tooth Number	Tooth Number of Extracted Tooth
	67	Billed Amount - Dental	Billed Encounter Rate for this dental service
	68	Date of Initial or Last Screening	Change local process - create a new service code for BEHAVIORAL SCREENING and must be entered by Primary Care staff.
	69	Patient Health Questionnaire (PHQ-9)	Raw Score
	70	General Anxiety Questionnaire (GAD-7)	Raw Score
	71	Mood Questionnaire (MDQ)	Raw Score
	72	Substance Use Questionnaire	Raw Score
	73	Referral to Behavioral Health Provider? Y/N	Calculated based on if a PC BEHAVIORAL HEALTH REFERRAL service code is entered. Yes, No, Refused
		<b>Last Updated</b>	
		9/2/2014	

Attachment 1 - FY 15 Reporting Requirements

Behavioral Health (Monthly)			
Behavioral Health	74	Date of Last Treatment Plan	X
	75	Provider Name	X
	76	Provider Title	X
	77	Facility	X
	78	Diagnosis (Axis 1-5)	X
	79	Procedure Codes	X
	80	Procedure Codes	
	81	Procedure Codes	
	82	Procedure Codes	
	83	Procedure Codes	
	84	Procedure Codes	
	85	Procedure Codes	

**Last Updated**  
9/2/2014

Free Clinic (Dental) (Monthly)	
Field	Description
DOB	Client Date of Birth
Name	Client name
Date Of Service	Date of Service
Tooth #	Tooth number extracted
CDT Code	CDT code
CDT Code	CDT code
CDT Code	CDT code

**Last Updated**

9/2/2014



Mednet CPAP (Monthly)		
	Field	Description
Prescription Services	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.
	NDC Number	Report for CPAP medications.

**Last Updated**  
9/2/2014

## Attachment 1 - FY 15 reporting Requirements

HEDIS Measures (Quarterly)		
	HEDIS Measure	Standard
1	Persistent Asthma in adults	Appropriate controller medications prescribed.
2	Breast Cancer Screening for women 40-69 years of age	≥ 1 mammograms in the past 2 years.
3	Cervical Cancer Screening for women 21-64 years of age	≥ 1 Pap tests in the past 3 years.
4	Colorectal Cancer (CA) Screening for adults 50-75 years of age	Screening with any of the following: fecal occult blood test during the measurement year; flexible sigmoidoscopy during the measurement year or 4 years prior to the measurement year; or colonoscopy during the measurement year or in any of the nine years prior to the measurement year.
5	Flu Shots for adults	Seasonal Flu Shot during measurement year (Fall 2013 through June 30, 2014)
6	Comprehensive Diabetes Care-for adults. A range of measures are included to allow for exclusions that may apply to select patients.	HgA1c testing during measurement year HgA1C control <7 during measurement year HgA1c control <8 during measurement year HgA1c poor control >9 during measurement year LDL-Cholesterol testing during measurement year Retinal Eye exam performed during measurement year Foot Exam (Monofilament) performed during measurement year Blood Pressure Control <140/80, start 10/1/13 Blood Pressure Control <140/90, start 10/1/13 Blood Pressure Control <130/<80, audited since 2008
7	Hypertension for adults	Blood Pressure Control (<140/90), start 10/1/13 Blood Pressure Control (<140/<90), audited since 2008
8	Behavioral Health (BH) Assessment for adults, and Referral if needed.	One or more Behavioral Health (BH) Assessments completed, and BH referral if indicated, and Referral consult notes returned to the medical home; Scanned into the patient's record.
9	Tobacco Use Assessment and Cessation for adults	≥ 1 Tobacco Use Assessment during measurement year ≥1 Tobacco cessation counseling during measurement year, and ≥1 Tobacco cessation methods or strategies discussed 1 during measurement year
10	Chronic Obstructive Pulmonary Disease (COPD) for adults ≥40 years of age * start 10/1/13-	Newly diagnosed/newly active receive spirometry testing to confirm diagnoses Appropriate medications prescribed: Systemic Corticosteroids, and Bronchodilators.
New Measures		
11	Adult BMI Assessment	The percentage of adults who had an outpatient visit where their BMI was documented in the past two years.
12	Low Back Pain: Use of Imaging Studies	The percentage of adults with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis.
12	Tobacco Use Assessment and Cessation for adults	The percentage of adults 18 years of age and older who are current smokers or tobacco users who discussed or were recommended <b>cessation medications</b> during the measurement year.
13	Cholesterol Management for Patients with Cardiovascular Conditions	The percentage of adults 18–75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and had each of the following during the measurement year: LDL-C screening, and LDL-C Control (<100 mg/dL).
14	Comprehensive Diabetes Care-for adults.	LDL-C Control (<100 mg/dL) Medical attention for nephropathy (urine microalbumin test).
15	Annual Monitoring for Patients on Persistent Medications	The percentage of adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for the following therapeutic agents during the measurement year, and received at least one therapeutic monitoring event for the therapeutic agent in the measurement year: Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) by monitoring renal function (serum creatinine) Digoxin by monitoring renal function (serum creatinine) or serum digoxin Diuretics by monitoring renal function (serum creatinine)

Last Updated  
9/2/2014



## Attachment 2

## FL Department of Health in Pinellas County

Preliminary Budget 2014 - 2015

Description		FTE	Enc	incl UM/QA & Safe Harbor
<b>Pinellas County Health Plan (PCHP):</b>				
<b>Encounters</b>				<b>27,383</b>
<b>Encounters @ \$124.00-</b>		<b>20629</b>		2,558,023
<b>Encounters @ \$105.40-</b>		<b>6754</b>		711,843
<b>Total PCHP Encounters</b>				<b>3,269,866</b>
County Medical Director		1.00		181,823
Support Staff		1.00		60,350
5% Administrative Cost				12,109
<b>Total County Medical Director Office</b>		<b>2.00</b>		<b>254,282</b>
<b>MOBILE MEDICAL UNIT</b>				
Medical Director- Ravindra				
Registered Nurse- Streicher		1.00		64,226
Senior Physician- Mungara		1.00		156,961
Supervisor/Case Mgr/- Wagner		1.00		57,507
Nurse-LPN - Hernandez, O.		1.00		52,863
Patient Support Staff- Howland		1.00		30,600
Patient Support Staff- TBD		1.00		29,040
Driver-OPS@ \$11.29 per hr - Martinez				
UDS Report Staff				
Lab Services- MMU clients				31,226
Expenses include medical supplies, travel, etc.				14,500
5% Administrative Cost				19,560
<b>Total Mobile Medical Unit</b>		<b>6.00</b>		<b>456,483</b>
<b>Safe Harbor Shelter Clinic</b>				
Senior Physician- E. Yacobi		0.8		124,276
Team Supervisor				4,312
Case Mgr- F. Guillet		1.0		57,251
MA & Nurse-M. Gray & L. Werner		1.8		87,430
Support Staff-TBD		1.0		29,813
Lab Services-MMU Safe Harbor Shelter Clinic Clients				10,000
Expense-including equipment for set up, medical supplies, travel, etc.				10,000
5% Administrative Cost				15,154
<b>Total Safe Harbor Shelter Clinic</b>		<b>4.6</b>		<b>338,236</b>
<b>UTILIZATION MANAGEMENT &amp; QUALITY ASSURANCE</b>				
Quality Assurance Coordinator		1.00		94,892
Volunteer Coordinator		0.50		19,577
Existing Analyst (three month transition)		0.25		12,020
Manager- Ramos		1.00		56,886
Referral Services Analysts		3.00		132,900
Support Staff		3.00		113,800
5% Administrative Cost				21,504
<b>Total Utilization Management</b>		<b>8.75</b>		<b>451,579</b>



Attachment 2 FL Department of Health in Pinellas County			
Preliminary Budget 2014 - 2015			
	Description	FTE Enc	incl UM/QA & Safe Harbor
	<b>OTHER SERVICES PROVIDED</b>		
	Behavioral Health Services		400,000
	Behavioral Health Service for MMU & Safe Harbor		100,000
	Lab Services- Specialty Care		220,000
	Drug Assistance Program - MedNet		155,000
	Commun Based Diabetic Supplies-St Pete FC		20,000
	Commun Based Diabetic Hlth Educ @ \$15	3333	50,000
	<b>Total Other Services Expenses</b>		<b>945,000</b>
	<b>DENTAL SERVICES</b>		
	Dental Encounter @ \$109 Dentist	2202	240,000
	Dental Encounter @ \$70 Hygienist	1371	96,000
	Dental- Volunteer Clinics N. County @ \$35		
	Commun Based Dental- Free Clinic @ \$70		
		3573	
	<b>Dental Team for Uninsured / Homeless</b>		
	Hygienist for volunteer community based	1.00	77,172
	5% Administrative Cost		3,859
	Other expenses		6,860
	<b>Total Dental Services Expenses</b>		<b>423,891</b>
	<b>BUDGETED / TOTAL</b>		<b>6,139,336</b>
	<b>COMMENTS</b>		
1	Encounters based on a MD encounter 75% Mid level 25%		
2	As of 10/1/14 Safe Harbor Shelter Clinic will serve as medical home		
3	All personnel cost include Salary & Fringe: Staff received a legislative increase on 10/2013 of \$1,400 or \$1,000 each; there is also been an increase of health insurance resulting in a minor increase in personnel cost.		
4	Administrative costs are computed as a percentage of direct salaries and wages including fringe benefits. The Department of Health's approved federal rate agreement provides for a maximum Health Services rate of 23.9%. DOH Pinellas has elected to seek recovery of administrative costs at 5% to cover indirect costs.		
5	\$100,000 added Behavioral Health Services for MMU & Safe Harbor		
6	Comprehensive dental services will be provided at \$109/encounter for Dentist & \$70 for Hygienist; merged Volunteer dental clinics and commun. based dental to fund hygienist		



# FL Department of Health in Pinellas County

Draft Budget 2014 - 2015

9/4/2014

Description	FTE	Enc	Incl UM/QA & Safe Harbor
<b>Pinellas County Health Plan (PCHP):</b>			
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Lab Services-MMU Safe Harbor Shelter Clinic Clients			10,000
Expense-including equipment for set up, medical supplies, travel, etc.			10,000
5% Administrative Cost			15,154
<b>Total Safe Harbor Shelter Clinic</b>	<b>4.6</b>		<b>338,236</b>
<b>UTILIZATION MANAGEMENT &amp; QUALITY ASSURANCE</b>			
Quality Assurance Coordinator	1.00		94,892
Volunteer Coordinator	0.50		19,577
Existing Analyst (three month transition)	0.25		12,020
Manager- Ramos	1.00		56,886
Referral Services Analysts	3.00		132,900
Support Staff	3.00		113,800
5% Administrative Cost			21,504
<b>Total Utilization Management</b>	<b>8.75</b>		<b>451,579</b>



FL Department of Health in Pinellas County		
Draft Budget 2014 - 2015		9/4/2014
Description	FTE Enc	Incl UM/QA & Safe Harbor
<b>OTHER SERVICES PROVIDED</b>		
Behavioral Health Services		400,000
Behavioral Health Service for MMU & Safe Harbor		100,000
Lab Services- Specialty Care		220,000
Drug Assistance Program - MedNet		155,000
Commun Based Diabetic Supplies-St Pete FC		20,000
Commun Based Diabetic Hlth Educ @ \$15	3333	50,000
<b>Total Other Services Expenses</b>		<b>945,000</b>
<b>DENTAL SERVICES</b>		
Dental Encounter @ \$109 Dentist	2202	240,000
Dental Encounter @ \$70 Hygienist	1371	96,000
Dental- Volunteer Clinics N. County @ \$35		
Commun Based Dental- Free Clinic @ \$70		
	3573	
<b>Dental Team for Uninsured / Homeless</b>		
Hygienist for volunteer community based	1.00	77,172
5% Administrative Cost		3,859
Other expenses		6,860
<b>Total Dental Services Expenses</b>		<b>423,891</b>
<b>BUDGETED / TOTAL</b>		<b>6,139,336</b>
<b>COMMENTS</b>		
1 Encounters based on a MD encounter 75% Mid level 25%		
2 As of 10/1/14 Safe Harbor Shelter Clinic will serve as medical home		
3 All personel cost include Salary & Fringe: Staff received a legislative increase on 10/2013 of \$1,400 or \$1,000 each; there is also been an increase of health insurance resulting in a minor increase in personel cost.		
4 Administrative costs are computed as a percentage of direct salaries and wages including fringe benefits. The Department of Health's approved federal rate agreement provides for a maximum Health Services rate of 23.9%. DOH Pinellas has elected to seek recovery of administrative costs at 5% to cover indirect costs.		
5 \$100,000 added Behavioral Health Services for MMU & Safe Harbor		
6 Comprehensive dental services will be provided at \$109/encounter for Dentist & \$70 for Hygienist; merged Volunteer dental clinics and commun. based dental to fund hygienist		

Attachment 2

No. 13  
BCC 08-19-14  
2:05 P.M. Masinovsky/Amorosa/SCHMIDT/Futch

- #13 Resolution No. 14-63 adopted waiving the provisions of the Pinellas County Purchasing Code to allow the Department of Health and Community Services authority to negotiate terms for contracts to build a Specialty Care Network for provision of health care services; total amount for Pinellas County Health Program health care services related to the waiver is approximately \$5,050,000.00 (Companion to Agenda Items Nos. 14a and 14b).

Mr. Woodard related that Agenda Items Nos. 13, 14a, and 14b are related to the indigent health care program; that his office is presently negotiating an agreement where the management of specialty care contracts will be under the auspices of the Health Department; and that Pinellas County staff will continue to manage the various specialty and ancillary care efforts until the agreement is finalized.

Motion	-	Commissioner Welch
Second	-	Commissioner Latvala
Vote	-	7 – 0

## **RESOLUTION NO. 14 -63**

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY, FLORIDA, WAIVING THE PROVISIONS OF THE PINELLAS COUNTY PURCHASING CODE TO ALLOW THE DEPARTMENT OF HEALTH & COMMUNITY SERVICES AUTHORITY TO NEGOTIATE TERMS FOR CONTRACTS TO BUILD A SPECIALTY CARE NETWORK FOR PROVISION OF HEALTH CARE SERVICES, PROVIDING AN EFFECTIVE DATE.

**WHEREAS**, pursuant to Section 2.04(e) of the Pinellas County Charter, and in order to advance the public safety, health and welfare of citizens of Pinellas County, the County provides public health care services to eligible Pinellas County residents through its Department of Health & Community Services; and

**WHEREAS**, in order to provide necessary services to its target population, the County must contract with local Hospitals and other medical providers for provision of health care services; and

**WHEREAS**, the County has previously initiated bid processes in order to obtain the most cost-effective provision of health care services for participants in the County health care services plan but the County received limited responses; and

**WHEREAS**, in response, the Board of County Commissioners, in Resolution No. 11-61, waived the requirements of the Purchasing code, providing that the continuing need for the waiver would be reviewed in October 2014; and

**WHEREAS**, upon review, the Board of County Commissioners has determined that a continuing need exists and the waiver should be extended; and

**WHEREAS**, pursuant to this waiver, the Department of Health & Community Services will negotiate Agreements for provision of health care services in a manner that will achieve the goals of the Board of County Commissioners in a cost-efficient manner;

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY, FLORIDA, IN REGULAR SESSION, DULY ASSEMBLED, THIS 19th DAY OF August, 2014, AS FOLLOWS:**

Section 1. Pursuant to Section 2-160, Pinellas County Code, the Board of County Commissioners of Pinellas County, Florida, hereby waives the requirements of the Pinellas County Purchasing Code, Sections 1-156 et. seq., Pinellas County Code, to authorize the negotiation of agreements for the provision of health care services from medical providers, such as specialty care physicians, for County programs benefitting the uninsured or underinsured. The continuing need for this waiver will be reviewed by October 1, 2015, and will expire on that date unless continued by a subsequent resolution.

Section 2. This Resolution shall take effect immediately.



Commissioner Welch offered the foregoing Resolution and moved its adoption, which was seconded by Commissioner Latvala and upon roll call the vote was:

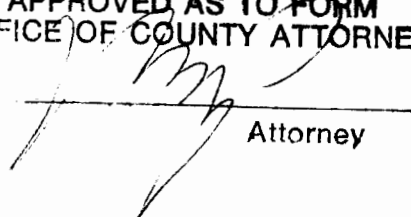
**AYES: Seel, Latvala, Roche, Justice, Long, Morroni and Welch.**

**NAYS: None.**

**ABSENT AND NOT VOTING: None.**

**APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY**

BY

  
\_\_\_\_\_  
Attorney