



Employees Advisory Council



to continually improve the Pinellas County classified employees' quality of work life

Approved by the EAC

Employee Advisory Council – Delegate Meeting

Thursday, November 29th, 2012 - 8:00 a.m. – 10:00 a.m.

1. Call to order and pledge – EAC Chair – Charles Toney 8:05 a.m.
2. Guest introductions – Keith Dekle – EAC Appointee to the Personnel Board
3. Comments from EAC Chair – Charles Toney
 - Personnel Board updates – nothing major at this time, light agenda for December – may postpone to January. George Tragos will be stepping down after several years as one of two EAC Appointees to the Personnel Board, EAC is currently seeking candidates to fill this position.
 - Met with Communications Department – established liaison to forward “positive news” about Pinellas County employees and our work. Example was the Palm Harbor pipe project where more than a dozen gopher tortoises were safely relocated and the County saved over \$40,000.00 by doing the work with in-house staff instead of using a private contractor. This was set up in response to conversation with the recent joint EAC / Appointee Authorities meeting. Our contact person is Irena Milasinovic. They would also like to do several short interviews of Pinellas County employees at work.
4. Comments from Director of Human Resources – Peggy Rowe
 - Peggy introduced Mr. David Lewis, CEO of United Healthcare – Mr. Lewis & his UHC entourage of seven people, representing accounting, physicians, Medicare, transitions, etc. are building a support system to help their on-site rep, Cathy Baker, with employee concerns and to find network alternatives. Most vulnerable are routine treatments and services.
 - Specialist requires labs & x-rays. Normal routine is to go to a facility, but that facility may no longer be a participating facility
 - Continuation of Care form – goes to UHC for review.
 - UHC staff confirmed that general practice/primary care physicians can also complete the Continuation of Care form.
 - Maternity – not limited to 3rd trimester (survives the termination of contract)
 - Continuity or transition of care for ongoing disease (kidney, chemo)
 - Pain Management – will be looked at on a case by case basis
 - What if the primary is also the specialist? Continuing only for the disease or medical condition
 - Time limit for transition is case specific
 - Continuity of Care should not be inappropriately interrupted. Decision making process is taking up to 48 hours
 - UHC does not need patient medical information, but do need the Dr's information
 - Affects 30% of population – 450,000 patients in Tampa Bay area

Negatives of ongoing situation. Pinellas has a higher population in winter months. Without use Baycare facilities, the other facilities could become overcrowded.

Pinellas County employees, retirees, and dependents – about 8,000. UHC pays Baycare about \$350,000,000 per year for Pinellas County employee and retirees.

Other area employers affected: City of Tampa, St Petersburg, Largo, Pinellas County Sheriff's Office, and Wellcare Network website needs to be updated.

In Network deductible is separate from the Out-of-Network deductible.

Medical Facilities- Participating level benefits – UHC is reaching out to doctors who are not participating in non-Baycare hospitals and asking them to consider participation in the non-Baycare hospitals.

Hospitalist: Doctor on hospital staff who does only rounds within the hospital. Can work with outside physicians to keep them up-to-date on their patient status. (Frees up doctor and patient may be seen more often in hospital)

Contract with BayCare was terminated on November 26, 2012 due to unsuccessful negotiations concerning BayCare's requested 22% increase. Negotiations will continue, however, a deal may never be reached. Therefore, all previously in-network BayCare providers are no longer part of the network and out-of-network charges will apply if care is continued through such providers.

Q & A with United Healthcare CEO and representatives:

*Note: An "out-of-network doctor/specialist" in this section refers to a formerly "in-network" doctor/specialist who falls under BayCare services and is now considered "out-of-network" due to the contract termination.

Q: If an out-of-network doctor or specialist orders routine diagnostics (blood work, x-rays, etc), is it an out-of-network cost?

A: Not necessarily. If the Diagnostic/Lab facility used is in-network, it will be in-network costs even if the doctor is out-of-network. But if the Diagnostic/Lab facility is out-of-network, then it will be out-of-network costs.

Q: How does the Continuation of Care (a.k.a. Transition of Care) process work?

A: The out-of-network doctor/specialist will need to fill out some forms to submit to United and United will determine if the care that is being received qualifies for continuing care at in-network costs by the out-of-network doctor until a new in-network doctor is found. It is not intended to allow for permanent care by an out-of-network doctor at the in-network costs. For example: pregnancy. A pregnant woman can continue to see her doctor who is now considered out-of-network at in-network costs until birth and subsequent *necessary* post-birth follow-ups.

Q: How long before a decision is made concerning "Continuation of Care" once the forms are submitted to United?

A: A decision will be made within 48 hours.

Q: Which "Walk-In" or "Urgent Care" clinics are covered, the one I use is under BayCare?

A: A list is available. (You can also personalize your list based on your address if you log-in to www.myuhc.com.)

Q: What about Emergency services? If the ambulance takes me to an out-of-network hospital because it's the closest, will it be the higher, out-of-network costs?

A: No. Emergency services are covered at lower costs. However, non-emergency, elective care and procedures at an out-of-network hospital or facility will be at the out-of-network costs.

5. Comments from Dave Blasewitz

HR will have a series examples and other information on their website

HR & UHC will visit departments upon request

Not all walk-in clinics are BayCare owned, and if not they remain in-network.

Reminders for Annual enrollment & Leave Exchange – decision to be made by 11-30-12

Discussed FMLA 6-month recertification requirements, a notification that you **may** need to take time off as FMLA pending and then get recertification as needed, without having to state what the illness is.

6. Jim Valliere's presentation will be moved to the January meeting

7. Committee Reports

- Legislative – Charles Toney - FRS - nothing new at this time
- Advocates – EAC needs more Advocates
- Personnel Rules Review - Bonnie Desmond: working on Discipline Rules, group also reviewing funeral leave
- EAC Elections – Clare McGrane – Elections in process, last Delegate meeting for: Tori Tipton, Christina Mallon, Mercedes Pearson, and Pam Traas; also Sam Rastom has relocated to Clerk South – Thank You for serving as EAC Representatives

8. Open Discussion –

- When you get the chance please welcome new County Commissioners: Janet Long and Charlie Justice – EAC will extend an invitation to attend any of our regular meetings as we have with the other Commissioners.
- All of the 2013 EAC Delegate Meetings will be held at the Extension Services building.
- Upcoming Meetings – EAC Representative meeting 12-19-12

Meeting Adjourned at 10:15 a.m.