



**BOARD OF DIRECTORS  
MEETING  
April 30, 2013**

**Health District Office Building  
120 Bristlecone Drive, Fort Collins**

**MINUTES**

**BOARD MEMBERS PRESENT:** Celeste Holder Kling, President  
Bernard J. Birnbaum, MD, Vice President  
Timothy S. O'Neill, Secretary  
Steven J. Thorson, MD, Treasurer  
Joe D. Hendrickson, Liaison to PVHS Board

**STAFF PRESENT:** Carol Plock, Executive Director  
Bruce Cooper, M.D., Medical Director  
Richard Cox, Communications Director  
Lorraine Haywood, Finance Director  
Laura Mai, Accountant  
John Newman, Medical Services Director  
Dan Sapienza, Policy Coordinator  
Chris Sheafor, Support Services Director  
Karen Spink, Special Projects Director  
Nancy Stirling, Assistant to Executive Director  
Cherrilyn Wallace, Human Resources Coordinator

**CALL TO ORDER: APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 6:00 p.m. It was noted that Dr. Birnbaum may need to leave the meeting early and, therefore, a couple of agenda items will be moved up in order that he may be present for any related discussions.

**MOTION:** To approve the agenda as amended.  
*Motion/Seconded/Carried Unanimously*

**PUBLIC COMMENTS**

None.

**PRESENTATIONS**

**Prescription Assistance Program**

Mr. John Newman, Clinical Services Director, provided information concerning possible impacts the Affordable Care Act may have upon the Health District's Prescription Assistance program. (See powerpoint slides for full details). Staff acknowledges that the ACA will have some effect on almost every Health District program in one way or another, and particularly upon the

Prescription Assistance (PA) program. There are several provisions in the ACA that could impact both how many people we serve and the services we provide in PA. For example, one provision would expand Medicaid to 133% (138%) of the Federal Poverty Level (FPL) for all adults (including those with no children). Currently, 85% of PA clients fall within this income category and would likely be eligible for Medicaid coverage. Some of our current PA clients may also be eligible for other ACA provisions (employer coverage, health insurance exchanges, tax credits) which would effect the number of clients we serve in the future.

On the other hand, it is still unknown at this time what levels of prescription coverage the various ACA health insurance plans will include. There is a real concern that although people with incomes slightly above Medicaid may have prescription coverage, they may still have considerable affordability barriers. The Health District will need to monitor information about the plans and its impact on our clients as it comes out, and also address other policy issues in the future, such as whether to provide assistance to individuals who opt out of purchasing insurance.

Another unknown is how pharmaceutical manufacturers' assistance programs will respond to the changes. Though some have said that they "will remain active during the period implementation and beyond," other programs have already been decreased or will be terminated in the near future (for a variety of reasons – such as many drugs going off patent and moving to generics-, not all related to the upcoming changes). There may be some new complications that emerge for them legally for those who are eligible for the tax credits or shared costs, and they are working to sort those out.

The final impact of the changes are unknown at this point, but there may be a continuing important role for PA in providing vouchers as needed as a source of last resort; processing remaining manufacturers prescription assistance program (MPAP) applications, or applications for assistance from other organizations that offer significantly discounted prices but have co-pays; and/or, if acceptable legally, providing co-pay assistance or assistance with high deductibles for those in certain difficult situations.

### **Connect for Health Assistance Network Application**

The Colorado Health Benefit Exchange (COHBE) is changing its name to "Connect for Colorado Health" and will be called a "marketplace" instead of an "exchange." Staff, in partnership with the Larimer County Departments of Health & Environment and Human Services, submitted an application on April 19 for an Assistance Site grant. The process of developing the grant proposal was complicated, since it required creating a brand new model to estimate how many people in the county might be newly eligible for either Medicaid or discounts in cost, and how many might use the new Marketplace, as well as how many might actually utilize in-person assistance services, in order to figure out staffing and funding needs for the Assistance Sites. (See handouts "Projected Volume for Assistance Sites in Larimer County" and "Larimer County Estimates of Health Coverage: Changes Starting in 2014" for details.)

At a recent COHBE meeting, it was learned that only around 70 applications were submitted, less than we might have anticipated. It also appears that COHBE has decided to lower its federal request for Assistance Site funding from an anticipated \$17 million to \$10 million, which means that should our grant request be approved, it is most likely that we would receive much less than what we requested.

Ms. Karen Spink, Special Projects Director, reviewed with the board the vision for how our community will serve individuals needing assistance with the new health insurance marketplace (see powerpoint presentation for detail). It is anticipated that there will be a variety of people needing assistance. Some will lack experience with health insurance – perhaps either they have not had health insurance before or had little choice in health insurance and so are unfamiliar with terminology, options and their implications, eligibility, etc. Others will need help sorting out their particular options, or in applying for either Medicaid or discounts in the cost of care.

The approach named in our partnership grant for Larimer County is to serve our community in the best way possible by providing five fixed assistance sites, capable of not only helping people with the Marketplace, but also with Medicaid if that is what they qualify for. Though the COHBE grant would fund primarily the Marketplace assistance, we have carefully structured the project to provide local or other grant resources to include the Medicaid assistance. In the grant, the Health District is named as the lead agency, and plans to expand its current CHP+/Medicaid Outreach program with an additional Medicaid “guide”. In addition to fixed sites, the project would also provide mobile outreach to outlying areas of the county. The fixed sites include: a new “storefront” site in Fort Collins; Department of Human Services, Fort Collins; the county building in Loveland (with regular outreach to Estes Park); the Family Medicine Center; and Salud Fort Collins.

The grant proposal to the State for the 18 month project totals just over \$1.1 million dollars, and the total budget for the project, including the Medicaid assistance, is nearly \$1.7 million. The Health District’s match was calculated at \$490,000, with about half of it being for personnel, and the other half going towards start-up and operating costs. For 2013, there are adequate funds already in the Health District budget to cover the cost of our match, partly due to re-directing funds previously earmarked for a yet-to-be-developed care coordination project.

The Board acknowledged the efforts of staff and an appreciation for the challenging complicated system that Health Coverage Guides will need to learn and understand very quickly. Health Coverage Guides will need to have an understanding of the populations they will be serving, knowledge of the business environment, the ability to learn the system and maneuver through it, etc. They will be required to attend 43 hours of training to be certified as Guides. The Board noted that this is a wonderful opportunity to provide a critically important service to our community, helping them to determine what health insurance options can work for them.

### **Recognition for Various Wellness Activities**

The Health District strives to encourage wellness among its employees and has received recognition for its wellness program. Three years ago, staff ramped up the wellness program by signing on to the Well City Initiative, an initiative that awards cities with a certain number of participating organizations for wellness efforts. The Staff Wellness Activity and Training (SWAT) Team oversees the wellness program and activities. Wellness topics and activities are developed based on results from a health risk assessment and the Wellness Interest Survey which most employees complete annually. Examples of activities provided by the program: Munch-and-Learns (early morning or lunch-time sessions on a specific health-related topic); health challenges (Farmers Market challenge, hydration challenge); physical activities (“Walk-tober” walking program, National Bike Challenge – in which our bike riders logged 13,840 miles); healthy snacks at meetings and in breakrooms; the annual wellness fair (includes samplings, cooking contests, education and information).

Last winter, 10 employees participated in the City of Fort Collins' "Winter Bike to Work" challenge and won for our division. The prize is a bicycle that will be available for employees use.

The program strives to build a culture of wellness in the organization. From the 2012 Wellness Survey, it was found that supervisor support of wellness, work breaks, health district culture, and encouragement had all increased.

The Health District has been awarded the Silver Award from WELCOA and staff are working towards achieving the Gold Award!

## **DISCUSSION AND POSSIBLE ACTIONS**

### **Policy**

Mr. Dan Sapienza, Policy Coordinator, provided an overview of several bills and their standing. Since the last update, 17 new bills have been introduced and several have been signed into law.

### **Key Bills - Updates:**

Bills previously strongly supported by our Board:

- HB13-1271 – Child abuse Reporting Hotline – At the previous board meeting, the Board took a position to strongly support the concept of a child abuse reporting hotline. Passed out of House and is expected in the Senate Health Committee tomorrow.
- SB13-111 – Elder Abuse Reporting – Passed the Senate in third reading, moved on to the Committee of the Whole (COW) in the House.
- SB13-200 – Medicaid Expansion – Passed the Senate in third reading, and passed the House in third reading with amendments. Returned to the Senate to consider the amendments.
- SB13-242 – Adult Dental Benefit Medicaid – Passed the Senate and was referred to Appropriations by the House Public Health Care and Human Services Committee. It is scheduled to be heard in Appropriations on May 1.

Other relevant bills:

- SB1-222 – Childhood Immunizations – Passed the Senate third reading and the House Health Insurance and Environment Committee referred it to Appropriations which then referred to the Committee of the Whole.
- SB13-266 – Coordinated Behavioral Health Crisis Response – Passed the Senate and was referred to Appropriations to be heard on May 1.

Seventeen new bills were recently introduced. Topics covered by these new bills include: civil commitments task force, mental health task force, oral health community programs, Amendment 64 implementation legislation, and retail marijuana taxes.

Several bills have been signed into law or are almost signed, including: the Long Appropriations bill, K-12 Breakfast After the Bell Nutrition Program, K-12 Human Sexuality Education, Immunity for Administration of Emergency Drugs to Overdose Victims, Support guns No On-line Training for Concealed Handgun Permits, Support Guns No Firearms for Domestic Violence Offenders, Child Abuse Reporting, etc. Mr. Sapienza also reviewed the "Big Movers". (See powerpoint slides for details.)

### **Executive Director Review Timeline**

The timeframe of the Executive Director Review will be moved to July, for discussion during the July 23 Board meeting. Dr. Birnbaum has offered to receive and compile the responses. The review instrument was approved; no additional review questions were suggested by the board.

## **UPDATES & REPORTS**

### **Connect for Health Assistance Network Application**

As discussed earlier, COHBE decided to change the amount of requested federal grant funds from \$17 million to \$10 million. Many organizations are quite concerned that this will not be adequate funding for the whole state for Assistance Sites, and grants were written with an anticipation of available funding in the \$17 million range. The Colorado Center for Law and Policy has drafted a letter expressing concerns with this change; concerned organizations can sign on to this letter or draft their own response. Staff asked the board to consider whether to offer Health District input, either by signing on to the letter or by drafting our own response, as long as we have assurance that it would not jeopardize the community's grant chances. Board noted that the success of the exchange (marketplace) ultimately depends on the number of enrollees, and that our community has 40,000 people without health insurance - therefore assistance to people in understanding and enrolling is of critical importance.

**MOTION:** **Approval for staff to work with the Health District Board President to first determine whether it is appropriate (will not hurt the community chance for receiving an Assistance Site grant) to send a letter, and if so, to draft our own letter to be sent to the COHBE Board to ask them to request more federal funding in order to assure the successful implementation of the health exchange assistance program, and the best chance for the most uninsured people to obtain health coverage.**  
*Motion/Seconded/Carried Unanimously*

Some concern has also been expressed in regard to federal regulations being developed regarding the training and conflict of interest limitations for a category of helpers (people who would help others sign up for the Marketplace) in federal regs called "Certified Application Counselors". CMS has called for public comment on the regulations. The first concern voiced in our state is that the term "Certified" implies expert or highly knowledgeable, however to achieve this standing, currently proposed federal regs state that a CAC needs only 12 hours of training, whereas a Navigator (in Colorado) will required to take 43 hours of intense training. The second concern is that as currently proposed, Certified Application Counselors would not be held to the same conflict of interest standards as Navigators (who are not allowed to be brokers, to accept money from a particular health plan in exchange for signing a person up, or to influence decisions toward any particular health plan or provider). This appears to create a potential for significant confusion on the part of the consumer, as well as those with substantial conflicts of interest stepping forward to influence consumer's decisions.

**MOTION:** **To submit a public comment to CMS indicating our opinion that Certified Application Counselors should have the same conflict of interest standards and the same or similar training as required by navigators.**  
*Motion/Seconded/Carried Unanimously*

### **Tax Increment Financing**

On April 8, Ms. Plock received an email from Mr. Eric Sutherland (a candidate for mayor in the last city election) who inquired if the Health District was aware that it was losing money to tax increment financing (TIF). He indicated that in 2012, the Health District may be losing nearly \$140,000 to tax increments. Mr. Sutherland is concerned about the use of TIF in our community, both past and future, as well as the methodology being used to calculate TIF payments, and also sent a copy of an email he had sent to the Fort Collins Urban Renewal Authority (URA) Board. In regard to the future, the City has been working on the redevelopment of the Foothills Mall. The City believes it to be the most important economic project in a decade, and anticipate that it will increase property values significantly over time. The County, who receives much of it revenue from property tax (as does the Health District), is concerned that it could amount to millions of dollars of loss for the county over several years. The decision to impose TIF is solely the City's, but it does have an impact on all organizations that receive property tax. It appears that the County understands the importance of completing the deal with the mall, and the County and City appear to be working out a way to mitigate the impact on the County's revenues.

Although the mall development TIF approach appears to be a given, all parties have said that they are interested in negotiating a better process and guidelines regarding how the City will approach TIF in the future, with an aim of reducing negative impact on entities that really largely on property tax revenues. At this point, it seems that the most important thing that the Health District can do is to learn more about the issue, and participate in discussions about guidelines or law changes in the future. We may want to invite representatives from both the County and the City to present information to the Board in the future. The Board determined that we need to learn more about this issue, and that no decisions would be made at this time.

In a somewhat related vein, the City of Fort Collins informed us recently that they had made an error in calculating TIF financing [note: later, this was corrected: it is actually FC GID #1 financing, not TIF financing] which would result in an unexpected \$86,652 being directed to the Health District this year.

### **Investment Report for 2012**

Included in the meeting packet for the Board's review is the "Annual Investment Report" for 2012. It was noted that in comparison to last year's report, net investment earnings increased by about \$6,200. The report reviews the Health District's investment strategies, including the various types of investments made by the Health District and their yield rates. CD's remained fairly constant, and limitations on yields and investment options mean that we are not seeing great returns anywhere. Efforts were made to purchase more CDs or renew ones that were allowed to be renewed, however it is getting more and more difficult to find qualified banks who will take our funds. (See report for full details.) The Health District did receive another payment the Lehman Brothers fallout, this time in the amount of \$6,000.

Ms. Plock thanked Ms. Haywood for her efforts in overseeing the Health District's investment funds and commented that Ms. Haywood was recently appointed to the Special District Association's (SDA) Board, as well as serving as Treasurer of CEBT, the governmental pool of health insurance which the Health District belongs to.

### **PVHS Liaison Report**

Mr. Hendrickson noted that the PVHS Board is scheduled for an all-day retreat on May 22. He will have more information for the board in the coming weeks.

Ms. Kling announced that she received a request from the new PVHS lawyer to sign an easement agreement to move the new Cancer Center forward. Both Ms. Plock and Ms. Kendra Carberry, the Health District's counsel, reviewed the agreement prior to Ms. Kling signing it.

**CONSENT AGENDA**

By Board request, the February 26 and March 28 meeting minutes were removed from the consent agenda.

- Approval of March Financial Statements
- Approval of the February 13 and March 11, 2013 Board Meeting Minutes

**MOTION: To approve the consent agenda as amended.**  
*Motion/Seconded/Carried Unanimously*

Ms. Kling asked that the February 26 minutes be corrected to show that she was in attendance at this meeting.

Dr. Thorson noted an error in the March 28 minutes in the second paragraph of Page 2...which should read "1) 50% of all lifetime cases of mental illness begin by age 14, and 75% by age 24 (instead of 14)".

**MOTION: To approve the February 26 and March 28, 2013 meeting minutes as amended.**  
*Motion/Seconded/Carried Unanimously*

**ANNOUNCEMENTS**

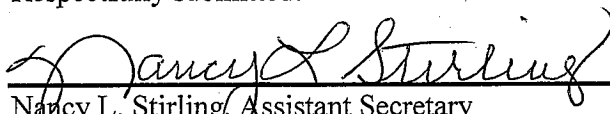
- May 7, 8:30 am – 5:00 pm – Annual Board Retreat at the Tapestry House in LaPorte
- May 28, 5:30 pm – Board of Directors Regular Meeting

**ADJOURN**

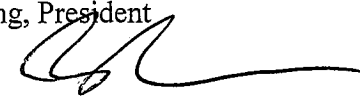
**MOTION: To adjourn the meeting.**  
*Moved/Seconded/Carried Unanimously*

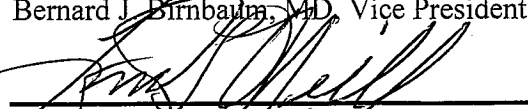
The meeting was adjourned at 8:50 p.m.

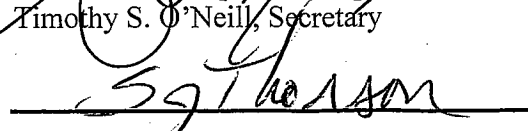
Respectfully submitted:

  
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Nancy L. Stirling, Assistant Secretary

(Absent from 5/28/13 Meeting)  
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Celeste Holder Kling, President

  
\_\_\_\_\_  
Bernard J. Birnbaum, MD, Vice President

  
\_\_\_\_\_  
Timothy S. O'Neill, Secretary

  
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Dr. Thorson

Steven J. Thorson, MD, Treasurer



Joe D. Hendrickson, PVHS Board Liaison

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