

## SPECIAL MEETING MINUTES

### ASPETUCK BOARD OF DIRECTORS

November 13, 2023

**Subject to change until approved by the Board of Directors.**

**The Special Meeting was called to order by Chairman Shaum at 7:05 pm.**

**The following voting Board Members were present in the room:** Chairman Paul Shaum, Director Vice Chairwoman Catherine Revzon, Director Fonteyne and Director Edward P. Mally.

**Present via Zoom** was Director Collins.

**Also, present in the room was** Mark A.R. Cooper, Director of Health; Vanessa Hurta, Director of Clinical Services; Pamela Scott, Director Finances and Human Services; Marty Burger, CPCU, ARM, Risk Management Consultant.

#### **Approval of Minutes**

Chairman Shaum asked if there were any comments on the October 16, 2023, Regular Meeting minutes.

Hearing no comments on a motion made by Director Fonteyne and seconded by Director Mally, the Board voted to approve the Regular Meeting minutes for October 16, 2023. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Fonteyne voted yes, Director Mally voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

#### **Communications**

Mr. Cooper indicated the communication dated Oct. 16, 2023, from Connecticare summarizes their creation of a new commercial network called "Value". There is a price quote from CVM for a new File Maker database server for \$2,121, and an approved Contract summary from CT-DPH for a Public Health Infrastructure grant in the amount of \$107,482.

#### **Insurance Discussion.**

Mr. Cooper noted that there continues to be questions regarding accepting insurance payments for Community Health Services rendered. To aid in the discussion Marty Burger, CPCU, ARM, Risk Management Consultant, from the MarshMcLennan Agency was invited to the meeting.

Director Fonteyne indicated that payments should be an outsourced solution, or he thought it best the Health District only accept credit card, checks, and/or cash with the beneficiary seeking reimbursement, otherwise collecting payment gets beyond the resources of the Health District.

Mr. Burger summarized discussions he has had with Mr. Cooper and Ms. Hurta earlier this year. The Health District currently accepts Medicare B, Aetna, Signa, and Connecticare for flu and pneumonia only. The has caused some issues with collecting insurance payments with some of the vaccinations or services offered. A couple of the insurance contracts, going back to 2011 and 2013, were reviewed earlier in the year. The old contracts have the Health District's name as the Westport Weston Health District.

At an earlier meeting there was discussion on what the Health District's past billing practices have been, have they worked, have there been any big issues, what have been customer expectations, and has it worked well in the past. The Health District currently uses Transact to submit billing for services rendered to insurance companies. There has only been one issue in the past, involving one individual, so if the current practices are working the first question is does the Board really want to change that, number two, the Health District has older contracts with a few of the better known insurers, there are more companies in Connecticut offering service. The other thing happening is that people seem to be dealing with their own programs with large deductibles and co-pays. There is not a lot of first dollar coverage anymore except for preventive care. The question then becomes what is preventive care; what some carriers call preventive, others may not. Does the Health District want to be in the middle of deciding what is covered and what is not covered. Additionally, for Medicare coverage there are many different part D coverage options, some with premiums, some without, it is very difficult to know what coverage someone may have. Many businesses are starting to tell clients that they will run a claim through the billing process but if the services are determined to not be covered, they will balance bill the remaining fee due. People also have flexible spending accounts or health savings accounts.

Although there have only been one or two issues with insurance payments, Ms. Hurta expressed concern about what the insurance carriers call hand picking – only submitting billings for flu and pneumonia when the insurance carriers want the Health District to accept their fee schedule for other services.

There was general discussion on one situation when billing was questioned, and the variety of difficulties experienced with insurance billing.

Director Mally asked three questions: why does the Health District have the contracts, why are they only with certain insurance carriers, and does the Health District need the contracts. Mr. Cooper responded that several years ago the thought was that if the Health District accepted insurance payments the scope of services provided, and customer base could be expanded. Contracts with insurance carriers were actively sought with more than the carriers the Health District currently has. Over some time, it was found that getting payments from certain carriers was difficult and time consuming, even for just flu and pneumonia. It became so difficult with one carrier who also began to insist that the Health District had to accept a lower fee for other services that a decision was made to cancel the contract.

Director Fonteyne asked how many transactions a month actually get submitted. Ms. Scott nor Ms. Hurta knew that number but can get the information from the bookkeeper.

Mr. Burger stated that with the supplemental Medicare plans there are a large number of plans that can be chosen from no co-payments to high co-payments. It is difficult to know what the supplemental coverage is going to pay. One option is that when a service is provided, a claim form with a CPT code, the client takes the claim form and submits it to their insurance provided directly for reimbursement. The insurance provider determines whether the service was provided in-network/out of network, part of the deductible, co-payment or not.

Ms. Hurta brought up the question of just accepting Medicare which would allow the Health District to provide a service to many homebound residents, which is something the nursing staff would like to continue.

Director Fonteyne indicated that standard Medicare would consider that fee for service, but not the managed care. He asked how many of clinic's clients are in standard Medicare. Ms. Hurta indicated she was not sure of the percentage, but that the clinic has a lot of Medicare clients, even with the travel clinic there are a lot of clients who are over the age of 65 and have Medicare. She would like to know whether the Health District should be submitting billing through Medicare for typhoid or yellow fever vaccine and submitting everything properly.

Director Fonteyne wondered whether Medicare would cover travel vaccines. Ms. Hurta replied that it is difficult to know beforehand because of the way preventive services are described.

There was general discussion on the use of the travel clinic, the cost of travel vaccines, and the annual changes that insurance carriers make to what vaccines are covered and at what cost.

Mr. Burger indicated that many physician offices in Fairfield county no longer accept Medicare. Some providers now require a photocopy of a client's credit card and balance bill up to two hundred and fifty dollars for what the insurance carrier does not cover after the bill goes through the insurance payment process.

Mr. Cooper indicated that it was his expectation that the number of standard Medicare clients will increase over time as our member towns increase affordable housing options being required by the state.

In checking with other health jurisdictions, Ms. Hurta stated that many may have contracts with most of the insurance carriers, but the contracts are only for flu and pneumonia, because they do not provide the same variety of services that Aspetuck does.

Director Fonteyne asked what staff are looking for from the Board. Mr. Cooper indicated a decision on what direction the Health District should be going. Only accept credit card, checks, and/or cash for services provided, or providing the client with a claim form with the proper CPT code(s) for services provided and have the client seek reimbursement from their insurance carrier.

Chairman Shaum asked what percentage of the overall flow of business is involved in the area of concern and if Medicare insurance was stopped, what would that do to the customer base.

Director Fonteyne summarized the question for the Board, is it all or nothing, something or nothing, does the District provide flu and pneumonia and/or some other common vaccines. He suggested an analysis of what business the clinic does, particularly the travel, clinic would be very helpful.

Director Mally added that knowing why clients choose to come to the Health District for vaccinations versus the local pharmacy would be very helpful. Is the expectation that Health District provides the vaccines for free?

Ms. Hurta indicated that just looking at flu vaccinations, the clinic does not do a lot of pneumonia, which is the potential loss, and the nursing staff would like to continue doing the homebound.

Director Fonteyne asked what the cost of flu vaccine. Mr. Hurta indicated the standard dose costs about \$18.00, and the high dose is closer to \$50.00, the District then adds an administration fee. Director Fonteyne noted that the Health District could not sustainably write that off.

Mr. Cooper noted that the COVID vaccine used to be free, it now costs about \$115 per dose. He also indicated that the Health District sells convenience and that other area travel clinics' prices for vaccines are higher. People come to the travel clinic for vaccinations, not just for vacations, but also for business. He added that many local health jurisdictions are getting out of the flu and pneumonia business because they are now available at just about every local pharmacy.

Director Collins suggested going back to the idea of charging for services up front, providing the client with a claim form with the proper CPT code that the client can submit to their insurance provider directly for reimbursement. Ms. Scott indicated a problem with that is the insurance provider may not approve of the client getting service at the Health District.

Ms. Hurta asked Director Collins if she was in favor of terminating the existing insurance provider contracts. Director Collins agreed, stating that doing so would allow the Health District to continue offering various services at cost in a sustainable way with a level playing field for everyone, and if the client is supposed to be reimbursed by their insurance, they will be.

There was general discussion on the impacts of this approach on services to the home bound. Information needed to fully understand the impact of this approach included the number of home bound served, most of which are on Medicare. A small portion of the home bound services get written off as a public service. Ms. Scott added that everyone is now supposed to have some kind of insurance coverage and asked why those who indicate they cannot pay are referred to the town's Social Services Department. Ms. Hurta responded that in her discussions with the town's Social Services Department, those claiming hardship should be verified by them.

Mr. Burger noted that providing a Medicare client with a claim form with the proper CPT code for reimbursement should be checked with Medicare because they may not have a way or method to process such claims since they provide Medicare recipients with Medicare card for payment purposes. He also asked if COVID vaccinations are considered preventive or not. Ms. Hurta responded that it depends, but according to Transact, it is considered a mass vaccination and can be submitted to insurance carriers without a contract with Medicare. She added that 10 doses have been

administered and submitted to Medicare for payment to see what happens. The Health District is still waiting for payment.

Director Fonteyne reiterated his position that the Health District is not equipped to handle all of the intricacies of dealing with insurance carriers for payment and would cost less to take the occasional write off.

Ms. Hurta indicated she still had concerns with billing for Medicare clients, especially for Travel Clinic services. Mr. Burger indicated that if she would send him a list of all the vaccines that could possibly be covered by Medicare, he will try to contact Medicare to determine which ones are approved and are they considered preventive or not. He added that it appears many physicians are opting out of Medicare because of reimbursement issues.

There was general discussion when the Health District might be thinking about changing the billing process and only accepting Medicare, the general consensus being that the beginning of the new fiscal year might make the most sense. Director Mally asked how much vaccine and/or service is written off in a year. This data and the number of billing submittals to the various insurance carriers was requested. Mr. Mally noted that Westport has a web page to make donations for various public community needs, he suggested looking into whether one of the categories could be for vaccines and/or public health services for those unable to pay. It was also suggested all of the Health District's prices for vaccines and services be posted on the web page, noting that vaccine prices change with almost every order.

Mr. Cooper said to summarize, he hears a general consensus to terminate all insurance contracts at the end of the current fiscal year, except with Medicare, and continue evaluating the Health District's billing options. He noted that insurance payments issues are not unique to Aspetuck, it is an issue for local health jurisdictions across the state that provide community health services. There is a committee of local directors of Health working with the State Commissioner of Public Health on this issue.

Ms. Hurta questioned whether it was ok to balance bill, the suggestion was to find out if other local health jurisdictions are doing it.

### **Director of Health Report**

Mr. Cooper summarized the Operational and Permit activity reports for September and October. He noted that the permit activity level continues to appear to be in it's seasonal decline although the Sanitarians continue to be very busy because of the complexity of the activity or the properties involved.

Director Mally noted the large increase in town assessment from the September to October report. Mr. Cooper replied that it was because quarterly payments had been received.

Mr. Cooper noted that an outside bookkeeper, with a very good resume, has been hired to check the financial books as recommended by the Health District's auditor. She started a few weeks ago and will be working on updating the budget format.

### **Election of Officers**

Mr. Cooper noted that State Statute requires an annual election of Board officers. After some discussion a motion was made by Director Collins and seconded by Director Fonteyne, the Board voted to re-elect Paul Shaum as Chairman and re-elect Catherine Revzon as Vice Chairwoman. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Fonteyne voted yes, Director Mally voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

### **Executive Session**

On a motion made by Director Fonteyne and seconded by Director Mally, the Board voted to go into Executive Session to discuss the Director of Health's work contract and employee benefit requests. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Fonteyne voted yes, Director Mally voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

Chairman Shaum declared the executive session over at 8:30pm.

On a motion made by Chairman Shaum, and seconded by Director Fonteyne, the Board voted to approve a contract extension dated November 3, 2023, ending March 31, 2025. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Fonteyne voted yes, Director Mally voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

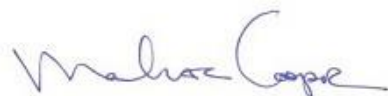
Mr. Cooper Thanked the Board and noted that there was general consensus of approval for the two employee benefits discussed.

### **Adjournment**

Chairman Shaum asked if there was any other business to come before the Board. Hearing none, on a motion made by Director Mally, and seconded by Director Fonteyne, the Board voted to adjourn at 8:45 pm. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Fonteyne voted yes, Director Mally voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

Respectfully submitted.



Mark A.R. Cooper Director of Health  
Aspetuck Health District