

INDIGENT SURTAX QUESTIONS

A. Clinics/Needs Questions

1. Which existing clinics will be utilized? Will this use the four Broward County community family and health centers?
2. Are new clinics needed? Who determines?
3. If current populations are not accessing existing available primary care (for various reasons – distrust, healthcare literacy, transportation limitations, childcare limitations, etc.) – how will this be different?
4. What parameters are required to participate? Any exclusions? Available to all? E.g., homeless population? Jail/prison population?
5. Who would use the program and how do we reach them?
6. Would this overwhelm the system? How does this tax the current available funding/capital infrastructure and does this require a build out to meet demand that the County will have to invest in?
7. How will people be qualified? Who does the income screening/etc.?
8. What is the demonstrated need for the cardiac services provided under this plan?
9. Is there substantial evidence that diagnostic testing has a greater health impact than addressing basic health needs and primary care? Could primary needs like housing and food be addressed using this surtax?
10. Is there enough capacity in terms of diagnostic specialists?

B. Insurance Questions

1. Is the screening proposed (CAC or CCTA) currently covered by public or private insurance? Different for PPO v. HMO?
2. What coverage is currently available and when (e.g., if high risk)?
3. If coverage/reimbursement for these services is provided under this plan, what effect does that have on coverage for these services under public or private health insurance? How do we ensure this Plan is payor of last resort?

C. Screening/Equipment Questions

1. What imaging technology is currently available? How many are available in Broward County currently?
2. Do NBHD and SBHD already have this equipment? If they already have the equipment, would this plan just fund the costs of using it and reading the results, or what?
3. One of the doctors said Broward has more of these devices than all of Canada – so do we need more?
4. What is the level of current utilization – are they fully utilized or sitting idle? Is there a backlog?
5. If more equipment is needed, is County buying the equipment? Or just reimbursing the cost of the scans?
6. What are the projected needs – how many scans will we need? How often do people need to be scanned (or how often will this program cover scans)?
7. Logistically, how many people would be processed in a month?
8. The program requires more than just the machine – nurses, radiologists, follow up, etc. How many more people need to be hired, how many machines do we need, how quickly will this happen, how long will this take to stand up the project?
9. Will this equipment % allocation include cancer screening too? At the imaging facilities? Are those different devices than the heart screening devices?
10. Does the % allocation for imaging include the costs of reading the test results?

D. Financial/Funding Questions

1. If County currently funds hospital care for anyone (jail?), address if this will replace that funding; how will this be contracted/paid – reimbursement? Funding for use as needed?
2. Discuss how the plan will be administered to ensure equal fair access; can 20 patients utilize 20% of the FY funding? How will funds be equally distributed?
3. How is the funding allocated between the clinics and imaging centers so we can ensure it is equitably divided?

4. Does the surtax funding become a collateral source that offsets what is otherwise covered under Medicare? Does it affect the County's or hospitals' receipt of Medicare funding? If uncompensated care is reimbursed by state or federal sources, does this detract from that funding source?
5. How does this affect Medicare reimbursements, similar to the transportation tax, when we were told by the professional staff that by having a "pot of money" we would be able to match and draw down grant funds. Is there a chance of losing any State or Federal funding because of this potential money we would have? (Like the lottery money, all for schools, yet they cut school funding in other spots?)
6. Are there implications to the indigent funding that Broward residents already fund through their millage on tax bills? Would these dollars replace or supplement those dollars? The \$13 million we fund currently for the hospital districts – if that was deducted from primary/preventive/clinic % allocation, what would happen with the rest of that allocation? Can that be used as an offset to millage for the hospital districts?
7. Are we double funding indigent care? What are the current unfunded costs of indigent care?
8. What other uses for the indigent surtax are there? What else could this money theoretically be used for?
9. What other examples of the use of the Indigent surtax are there throughout the state?
10. How much of these services are covered by a traditional insurance plan or Medicaid? Is there a waiver for Medicaid?
11. Could the money be used for other public health needs, such as addressing the opioid crisis, HIV crisis, or mental health crisis?
12. Is there any national precedent for funding health services this way? If so, what was the result?

E. Process/Operational

1. Would a referral be required? Are walks in permitted? If there is an appointment process, who organizes that? Would it depend on what kind of insurance the person has?
2. Under the program, is there a requirement for a doctor, as a condition to the testing, to recommend specific tests based on the patient's current medical condition (for some, the radiation might present more risk)?

3. After the screening, where do the results go and who reads them? Is a follow up appointment included and if so, with whom? Are those costs covered by the program (and in which bucket)?
4. If additional treatment is needed, who provides? Back to clinics? What care will be provided after imaging? By whom? Are those costs covered by the program (and in which bucket)? That fund, or insurance, or indigent care? What is further obligation of County – the half penny fund or what?
5. Is medication covered by the program? Statins, etc.?
6. Address collaborative development of operational details – e.g., in tandem with local hospitals, community groups, etc. How will the operational details be decided?
7. How will the minority communities be included in the development of this Plan and the operational details of it?
8. By doing these scans, are we going to be on the hook for anything that comes from that? Covering statins? Covering heart surgery? Is a half penny sufficient to cover all those costs?
9. If the fund runs out, what happens – does the County General Revenue take the hit?

F. Administration/Oversight Questions

1. How plan will be administered – e.g., one administrator and one doctor, etc.?
2. What are the admin costs for monitoring/running the program? What is the overhead split comparatively between what is being put back into the community – e.g., like what are the admin costs for charity versus what actually goes to the people in need?
3. Are we creating a Department? Are the costs of that paid for from the surtax or by County?
4. What is the oversight mechanism for distribution? Will there be an Oversight Board like penny surtax?
5. How will the core team run the program? What analysis of data, adjustments, etc. will be done?
6. Would an annual audit be required?

7. This will lead to a substantial increase in the number of referrals for cardiovascular doctors. How do we prevent conflict of interest and fraud?
8. Would a group of experts continually update the County health plan based on need and results? Who would these experts be? Would they be appointed by Commissioners?

G. Legal Questions

1. Are there legal restrictions/prohibitions on cardiologists, for example, having a financial interest in MRI or scanning centers?
2. Is this 0.5% surtax the last discretionary surtax we can do under state law?
3. Are there any legal implications with having a funding mechanism that could affect Medicare reimbursements or other state or federal grant funding?
4. If there is no “medical need” requirement to obtain a test, does this open us up to liability? Can potential litigation and liability concerns be structured around through written waivers, releases, etc.?
5. Would the plan subject the County to additional or even uncapped liability (e.g., outside tort liability limitation)? Is this a planning-level decision, or is this an operational-level decision that might be outside sovereign immunity?
6. What would Broward County need to do to be able to administer this surtax through our hospital districts as allowed in Miami-Dade County?
7. Does the screening aspect of the proposed program meet the criteria for “innovative programs” required to levy this surtax?

H. Other Questions

1. Trauma Center funding (\$6.5M): how will this be funded? How is it determined and who determines what gets funded from this bucket or the Hospital Services bucket generally?
2. Is this a new healthcare plan (supplemental or primary) or will this utilize existing healthcare plans?
3. Comment/suggestion that there be a Board workshop with the key stakeholders (e.g., hospitals, Florida Dept of Health, insurance consultants, etc.)

4. Is it possible for you to submit Additional Material/Exhibit 4 from the October 19 meeting (the 55 page expert report) to Shane Strum (sstrum@browardhealth.org) and Aurelio Fernandez (afernandez@mhs.net). I would like to see their comments and insight from the report and give them the opportunity to opine on the state of indigent care and discussion of the program being discussed. Also their thoughts on what type of impact would this have on hospital space, capital issues, etc.
5. Has this been reviewed by David Kahn or insurance benefits team or insurance expert re: effects on insurance to County and how this will affect insurance in Broward County overall? Any discussion/investigation into this?
6. Why not do this as a pilot project (e.g., for County employees)?
7. Does the Hospital District approve of this proposal? Why is a County surtax preferable to a tax with the Hospital District?