11 a.m. Introductions of Roundtable Participants, Audience
Explanation of roundtable format for discussion

Statements of Concern by Roundtable Participants
(5 to 10 minutes each -- may be interrupted by people getting food for lunch*)

_The focus of these statements should be: how does the current economic
credentialing definition or regulation of specialty hospitals impact your ability to
earn a living/hire physicians or other medical personnel/ compete with other
medical providers/retain a safety net -- and why?_

Roundtable discussion of the following questions:

☐ how would you structure a system for now and 20 years into the future that best
serves a member of your family regardless of how the care is paid for?
   □ vertical integration of medical facilities and care providers?
   □ independent practitioners limited -- or not limited -- from referring to
      facilities in which they have ownership?
   □ mix of systems?
   □ no state regulatory interference?
   □ regulated competition?
   □ other?

☐ is there a need for regulating new players in the system or existing players on the
basis of preventing holes in the health care safety net?

☐ which of the following options do you think should be taken in relation to the
economic credentialing statute 50-5-117, MCA:
   □ allow the statute to expire June 30, 2009, as currently is in the law;
   □ draft a bill to remove the expiration date, retaining the statute as is;
   □ allow expiration and draft new approaches that (either):
      □ prohibit/limit conflict of interest referrals or
      □ prohibit/limit vertical integration of health care facilities;
   □ revise the definition of economic credentialing;
   □ address concerns that nonprofit community hospitals provide charity care
      while for-profit medical facilities do not by:
      □ considering ways to create an uncompensated care pool;
      □ require anyone receiving public funds to accept a certain
         percentage of uncompensated care;
      □ include in professional licensing requirements a provision
         requiring "pro bono" coverage of low-income, uninsured patients;
         or a contribution to an uncompensated care pool;
      □ require joint ventures in which one participant is a for-profit and
         the other a nonprofit to provide the same ratio of charity care;
      □ other?

*(agenda continued on next page)*
which of the following options do you think should be taken in relation to the specialty hospital statute, 50-5-245, and the definition in 50-5-101, MCA:

- retain the statute as is;
- revise, taking into account relevant issues raised for economic credentialing; or
- repeal.

what other issues do you see if compromise is requested?

Ideas from Elsewhere
Dr. Edward McEachern, Initiatives Healthcare, Inc., Idaho

Public Comment

~ 4 p.m. Set next meeting date (if any). Adjourn

Lunch will be provided to roundtable participants. Audience may bring a lunch or let staff know in advance and provide us with $5 per person to expand the offerings of cold cuts, meat, veggies, fruit, etc.

If you plan to attend the meeting and are in need of special services or accommodations, please contact Pat Murdo, by phone, 406-444-3594, or email at pmurdo@mt.gov before the meeting.

The following have indicated they will participate in the roundtable discussion:

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Paul Byorth</td>
<td>ENT physician</td>
<td>Billings</td>
</tr>
<tr>
<td>Jim Elliott</td>
<td>Billings Physician Alliance</td>
<td>Billings</td>
</tr>
<tr>
<td>Jeff Fee</td>
<td>St. Patrick Hospital CEO</td>
<td>Missoula</td>
</tr>
<tr>
<td>Tamim Khaliqi</td>
<td>anaesthesiologist, Great Falls Cent. Med. Surgery Cntr</td>
<td>Great Falls</td>
</tr>
<tr>
<td>James Kiser</td>
<td>St. James Hospital CEO</td>
<td>Butte</td>
</tr>
<tr>
<td>Kurt Kubicka</td>
<td>family practitioner, MMA legislative Liaison</td>
<td>Helena</td>
</tr>
<tr>
<td>Patti Jo Lane</td>
<td>physical therapist employed by Great Falls Clinic</td>
<td>Great Falls</td>
</tr>
<tr>
<td>Audrey Mendenhall</td>
<td>owner, free-standing imaging centers</td>
<td>Butte, Helena</td>
</tr>
<tr>
<td>Jim Paquette</td>
<td>St. Vincent Healthcare CEO</td>
<td>Billings</td>
</tr>
<tr>
<td>Lorena Pettet</td>
<td>physical therapist in independent practice</td>
<td>Manhattan</td>
</tr>
<tr>
<td>Keith Popovich</td>
<td>internist</td>
<td>Butte</td>
</tr>
<tr>
<td>Mark Rumans</td>
<td>Billings Clinic (employed physician/physician in chief)</td>
<td>Billings</td>
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<tr>
<td>John Solheim</td>
<td>St. Peter's Hospital CEO</td>
<td>Helena</td>
</tr>
<tr>
<td>Velinda Stevens</td>
<td>HealthCenter Northwest &amp; Kalispell Regional Med. Cntr</td>
<td>Kalispell</td>
</tr>
<tr>
<td>Robert Wynia</td>
<td>internist, former DPHHS director</td>
<td>Helena</td>
</tr>
</tbody>
</table>

Also available at the Roundtable:

Jeff Buska and Roy Kemp  DPHHS Hospital Licensing
Mary Dalton and Brett Williams  DPHHS Medicaid

The audience will include additional representatives from various health care facilities, including:

Mike Foster, St. Vincent Healthcare; Mark Wakai, St. Patrick Hospital; Kristianne Wilson, Billings Clinic.

*Agenda as of 1/22/2008