Olympic Community of Health

Agenda

Board of Directors Meeting

March 11, 2 pm to 3 pm

Location: Red Cedar Hall, Jamestown Tribal Center, 1033 Old Blyn Hwy, Sequim, WA 98382

Web: https://global.gotomeeting.com/join/937538149

Phone: +1 (872) 240-3311

Access Code: 937-538-149

KEY OBJECTIVE:

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Pg #
1	2:00	Welcome Celeste! Board and Guest Introductions				
2	2:15	Approve Agenda	Action	Roy Walker	1. Board Agenda	1
3	2:20	Consent Agenda	Action	Roy Walker	2. DRAFT: Board Minutes: February 11, 2019 3. Director's Report	2-6
4	2:25	MTP Compliance Policy	Action	Margaret Moore	4. DRAFT: MTP Compliance Policy 5. SBAR: MTP Compliance	7-10
5	2:45	Reclassifying DSRIP Payments from the Financial Executor Portal	Discussion	Hilary Whittington Margaret Moore	6. SBAR: Revenue Recognition	11-12
6	3:00	Adjourn	Action	Roy Walker		

Acronyms
DSRIP: Delivery System Reform Incentive Payments
OCH: Olympic Community of Health
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health
Meeting Minutes
Board of Directors
February 11, 2019

Date: 2/11/2019	**Time:** 1:01 pm-2:12 pm	**Location:** Virtual due to snow

Chair: Roy Walker, *Olympic Area Agency on Aging*

Members Attended: Andrew Shogren, *Suquamish Tribe*; Dale Wilson, *Olympic Action Program*; David Schultz, *CHI Franciscan Harrison Medical Center*; Gary Kreidberg, *Harrison Health Partner*; Hillary Whittington, *Jefferson Healthcare*; Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Joe Roszak, *Kitsap Mental Health Services*; Katie Eilers, *Kitsap Public Health District*; Laura Johnson, *United Healthcare*; Libby Cope, *Makah Tribe*; Matthew Whitacre, *Lower Elwha Klallam Tribe;* Roy Walker, *Olympic Area Agency on Aging*; Stephanie Lewis, *Salish Behavioral Health Organization*; Tim Cournyer; *Forks Community Hospital;* Thomas Locke, *Jefferson County Public Health*; Vicki Kirkpatrick, *Jefferson County Public Health*

Non-Voting Members Attended: Matania Osbourne, *Amerigroup;* Caitlin Safford, *Amerigroup;* Marissa Ingalls, *Coordinated Care;* Jorge Rivera, *Molina;* Kat Latet; *Community Health Plan of Washington;* Jolene Kron, *Salish Behavioral Health Organization;* Mike Maxwell, *North Olympic Healthcare Network;* Susan Turner, *Kitsap Public Health District*

Guests and Consultants: County Commissioner Mark Ozias, *Clallam County;* Amy Etzel, *Department of Health;* Maria Klemesrud, *Qualis Health;* G'Nell Ashley, *Reflections Counseling;* Siri Kushner, *Kitsap Public Health Department*; Leslie, *Olympic Peninsula Healthy Communities Coalition*

Staff: Elya Prystowsky, Margaret Moore, JooRi Jun, Miranda Burger, Daniel Schafer, Debra Swanson

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Meeting called to order at 1:01 pm.	
Roy Walker	**Consent Agenda**	• Board approval of consent agenda and minutes from Dec 10, 2018 Board meeting. • SBAR: Mental Health Sector Seat Alternative • Abbreviated CCHE Survey Report • Executive Director Report	December 10, 2018 Meeting Minutes and Consent Agenda APPROVED unanimously.
Commissioner Mark Ozias	Plan to prepare for Integrated Managed Care	• SBAR: Support of IMC Transition, Project Manager to be a one-year position, vital to keeping us on track and all 3 counties have a vested interest in this. It is contingent upon securing funding.	APPROVED unanimously.

Elya Prystowsky	Proposed 2019 MTP Payment Model	• SBAR: 2019 CBOSS Payment • Staff put a lot of thought into the proposed model and reflected on the valid points made at previous Board Meeting and made necessary adjustments. • SBAR: 2019 MTP Payment • 2019 MTP Payment Part II –Modeled this as a Bonus Pool, unbudgeted funds that do not collect interest to be used towards improving access, community and clinical linkages, etc.	APPROVED CBOSS Payment One Abstention: Dale Wilson APPROVED 2019 MTP Payment unanimously. APPROVED 2019 MTP Payment Part II unanimously
Margaret Moore Stephanie Lewis	MTP Compliance Policy	• Draft: MTP Compliance Policy – need a policy that is reasonable, fair, and helps get the work done successfully. The main drivers for non-compliance were technical challenges. • Important to provide outreach to help partners be successful, policy should reflect this intent • Withholding funds is standard procedure, rather than taking away funds completely, some considered this a harsh penalty.	**Original Motion** tabled. **New Motion** to discuss the Draft Compliance Policy. **APPROVED** Staff will revise the Draft Compliance Policy based on input from the Board and bring back to a future Board meeting
Elya Prystowsky Rob Arnold	Olympic Digital HIT Commons	• OCH is using legal counsel to address Board concerns regarding data governance and confidentiality • As soon as this phase is complete, Commons is ready to go • Starting a learning collaborative, proposal maybe in March or later depending on the new ED	
Roy Walker Margaret Moore	Executive Director Search	• ED position received over 100 applicants, the first round of interviews over the phone, then in person. One finalist chosen. • Add to SBAR – Board has confidence in the Search and Transition Team to select, interview, hire, and negotiate a contract with new ED. Finalist determined, checking references.	**APPROVED** unanimously

		• Elya's last Board Meeting, she is excited about the future of OCH, has a sense of peace after meeting this finalist, and knows OCH family will be in good hands. • Board members express gratitude to Elya • Elya's final request is that the Board meetings continue to keep it spicy.	
Roy Walker	Adjourn	The meeting adjourned at 2:12 PM.	

Acronym Glossary

BHO: Behavioral Health Organization
CBO: Community-based Organizations
CBOSS: Community-based organizations and social services
IMC: Integrated Managed Care
LIN: Local Impact Network
MTP: Medicaid Transformation Project
OCH: Olympic Community of Health
PHBH: Physical Health, Behavioral Health

Upcoming OCH Meetings

- March 11, Tribal Sovereignty 101 and Indian Health Care Delivery System 201, 12-2pm, Blyn
- March 11, Board Meeting, 2-3pm, Blyn
- March 21, Finance Committee Meeting, 1-2pm, virtual
- March 26, Executive Committee Meeting, 12-2pm, virtual

** For meeting details visit: https://www.olympicch.org/calendar*

New OCH Executive Director

OCH has hired and began onboarding our new executive director, Celeste Schoenthaler. Celeste brings years of experience from her work in public health and the public sector in both King County and Colorado State. She has expertise in convening partners and consensus building across a multitude of sectors, populations, divisions, agencies, and others. While her first official day of work is March 11, Celeste was able to meet with Elya Prystowsky and members of the OCH team several times during the month of February to begin the onboarding process. Welcome, Celeste!

Implementation Partner Site Visits

Staff have completed 28 out of 33 site visits for Implementation Partners. The remaining five site visits will be completed by mid-March. Several needed to be rescheduled due to the inclement weather in February. Site visits have served as an opportunity to check in with partners regarding their implementation plans for the current reporting period (January-June 2019), requests for training and anticipated challenges. Staff also used the visits as an opportunity to inform Implementation Partners of expectations and a timeline of deliverables. Staff received both positive and constructive feedback on the MTP process, which will be incorporated in future planning.

Natural Community of Care (NCC) Convenings

OCH convened each of the three NCCs during the last week of February. The number of attendees for each NCC convening was: Jefferson (17), Clallam (29) and Kitsap (31). This set of convenings was focused on one of the four broad goals of the MTP set by the Board: effective clinical-community linkages. NCC participants engaged in an activity where they identified partnerships they wanted to strengthen. The activity was well-received, and several partners volunteered to be involved in a pilot project for assessing and improving clinical-community linkages.

UPDATE: Three County Coordinated Opioid Response Project (3CCORP)/3A

The 3CCORP Steering Committee and workgroups have scheduled meetings in early 2019. The steering committee was originally scheduled for February 4 and rescheduled to March 18 due to snowpocalypse! The Treatment Workgroup met February 22 and have prioritized developing regional standards of practice and quarterly convenings between MAT prescribers and SUD providers as the next steps.

Lisa Rey co-hosts bi-weekly calls with ACHs/Tribes who are also implementing opioid response plans. The purpose is to collaborate and align the opioid response statewide. The next call is March 20 and Kristopher Shera will present; Kris is the new Washington State Opioid Coordinator and is housed at the HCA.

We are still waiting to hear about our status regarding our application in response to the HRSA notice of funding opportunity for "*Rural Communities Opioid Response Program – Planning or RCORPP*". If successful, this would provide $200,000 for one year to focus on the next phase of 3CCORP planning and allow for the potential of two

additional 3CCORP workgroups – workforce and criminal justice. The grant year runs June 1, 2019 – May 31, 2020 and successful applicants will be notified "prior to June 1, 2019".

UPDATE: Community and Tribal Partnership

OCH is committed to engaging with and learning from our partners. Most exciting this month is the training we are hosting on March 11, *Tribal Sovereignty 101 and Indian Health Care Systems 201*. Jessie Dean and Lena Nachand from HCA and Vicki Lowe from the American Indian Health Commission of WA State are the trainers. Lisa Rey and the OCH team continue to do community outreach and partnership with existing committees, workgroups, and coalitions. This is recommended in the MTP Toolkit. Highlights of recent meetings from Lisa Rey's calendar since the last Board meeting include (less than usual due to snow and Lisa Rey's vacay in Hawaii!):

- February 21, American Indian Health Commission quarterly meeting, webinar/conference call
- February 22, 3CCORP Treatment Workgroup, Sequim PUD
- February 25, Clallam Natural Community of Care (NCC) convening, Jamestown
- February 26, OCH partnership strategies meeting, Suquamish
- February 26, Kitsap NCC convening, Suquamish
- February 27, monthly Opiate Treatment Network meeting, Port Orchard
- March 1, Tribal FQHC roundtable, webinar
- March 1, SBHO Advisory Board meeting, Sequim
- March 4, Sophie Trettevick Indian Health Care OCH MTP site visit, Neah Bay
- March 5, Tribal/Indian Health Care Providers HIT/HIE meeting, Olympia
- March 5, Jefferson County MH/SUD advisory committee, Port Townsend
- March 6, Monthly Tribal/IHCP/HCA call
- March 6, 6 Building Blocks orientation call with Forks/Bogachiel, webinar
- March 7, partnership meeting with Answers Counseling, Gig Harbor
- March 8, bi-weekly Tribal/IHCP liaisons call
- March 11, Tribal/IHCP partner meeting, Jamestown
- March 11, Tribal/IHCP training, Jamestown
- March 11, OCH Board meeting, Jamestown

Medicaid Transformation Compliance Policy
Policy M02

This Compliance Policy is a draft for review prior to the March 11 OCH Board meeting. The Contract Management and Compliance Committee will meet on March 8 to review this policy. Any changes suggested will be summarized at the Board meeting and included in a printout with marked changes.

Purpose

This Medicaid Transformation Compliance Policy clarifies mutual expectations between Implementation Partners and the Olympic Community of Health (OCH) in the event of non-compliance by Implementation Partners. This policy applies to qualitative reporting (Progress to Date), quantitative reporting (Intermediary Metrics) and site visit completion requirements, which must be complete for OCH to remit payment to partners. Other deliverables outlined under the MTP Payment Model are linked to points that are tied to the proportion of funds earnable by partners.

OCH Commitment

OCH will provide prompt outreach and communication to help partners understand MTP requirements. OCH is committed to helping partners feel supported throughout the MTP and to providing technical assistance to help partners successfully meet MTP requirements.

Background

The Implementation Partner Specific Agreements (IPSA) states that Medicaid Transformation Project Payments are, "contingent on PARTNER complying with the terms of this Agreement, including (i) timely submission of data to the OCH to meet the OCH's reporting obligations to the Health Care Authority." **Missed reporting deadlines may negatively impact the ability of the entire region to earn funding.** Reporting deadlines are set in a schedule provided to partners at a site visit with OCH staff, posted on the OCH website and in Olympic Reporting and Community Activities (ORCA), and are available to partners upon request.

Definitions

Deadline: Dates set by OCH for Implementation Partners to submit reports and complete site visits.

Compliance: Adherence to bi-annual qualitative and quantitative reporting deadlines and completion of site visits with OCH staff.

Medicaid Transformation Project (MTP): A five-year contract between OCH and Health Care Authority (HCA) to transform the Medicaid delivery system. The Medicaid delivery system is defined as clinical (e.g., physical, mental, dental and substance use disorder treatment) and non-clinical (e.g., housing and social services) providers for the Medicaid population. MTP is funded by the Centers for Medicare & Medicaid Services (CMS) through section 1115 of the Social Securities Act.

Medicaid Transformation Project Payments: Performance-based incentive payments earned through achievement of milestones and outcomes in the Change Plan.

Olympic Reporting and Community Activities (ORCA): the online tool for partners to report progress against the Change Plan.

Implementation Partners: Partners that serve Medicaid beneficiaries within the three-county region with a completed Change Plan and signed IPSA with OCH.

Contract Management and Compliance Committee: A committee authorized by the OCH Board of Directors (Board) to provide oversight and technical assistance to OCH staff and assist the Board in partner adherence to contracts, Change Plans, performance and MTP payment.

Procedures for Missed Quantitative and Qualitative ORCA Reporting Deadline(s)

Implementation Partners are required by the terms of their IPSAs to report progress against Change Plans. Implementation Partners are issued earned MTP payments upon completion of deliverables. The following procedures are established for Implementation Partners who miss required deadlines.

First instance an Implementing Partner is late in reporting

1. **Implementing Partner does not meet initial deadline:** Within one week of the missed deadline, OCH reaches out to Implementation Partner by phone and email to determine reason behind the missed submission and to set secondary deadline in consultation with the partner.* Partner is offered technical assistance and a site visit to successfully meet the second deadline. Barring unusual circumstances, if second deadline is not set within 1 week, partner is considered to have missed the second deadline.
2. **Implementing Partner does not meet second deadline:** The remainder of Partner's MTP Payment for the current reporting period is temporarily withheld pending consultation with the Contract Management and Compliance (CMAC) Committee for further discussion and recommended action, up to and including contract termination. Partner is invited to participate in the CMAC Committee meeting before action is recommended to Board. If partner successfully comes back into compliance at this time, a 5% late fee will be applied to the incomplete scope element (as outlined in the MTP Payment Model) for the current reporting period.** These funds will be allocated to all partners according to the MTP Payment Model.

Repeat instance an Implementing Partner is late in reporting in a subsequent reporting period.

3. **Partner does not meet initial deadline:** Within one week of the missed deadline, OCH reaches out to Implementation Partner by phone and email to determine reason behind the missed submission and to set secondary deadline in consultation with the partner.* Partner is offered technical assistance and a site visit to successfully meet the second deadline. Barring unusual circumstances, if second deadline is not set within 1 week, partner is considered to have missed the second deadline. The CMAC Committee is notified of Partner's reporting status.
4. **Partner does not meet second deadline:** The remainder of Partner's MTP Payment for the current reporting period is temporarily withheld pending consultation with the Contract Management and Compliance (CMAC) Committee for further discussion and recommended action, up to and including contract termination. Partner is invited to participate in the CMAC Committee meeting before action is recommended to Board. If partner successfully comes back into compliance at this time, a 5% late fee will be applied to the incomplete scope element (as

outlined in the MTP Payment Model) for the current reporting period.** These funds will be allocated to all partners according to the MTP Payment Model.

Procedures for Missed Site Visits

Biannually, Implementation Partners are given a two-month window to complete a site visit with OCH staff. OCH will work in good faith with partners to schedule site visits within this window. Should a site visit fail to be completed within this window, OCH will set a secondary date during the following month to complete a site visit with the partner. Barring unusual circumstances, if the OCH is unable to schedule or complete a site visit with a partner within this timeframe, the partner's MTP Payment for the current reporting period is temporarily withheld pending consultation with the Contract Management and Compliance (CMAC) Committee for further discussion and recommended action, up to and including contract termination. Partner is invited to participate in the CMAC Committee meeting before action is recommended to Board. If partner successfully comes back into compliance at this time, a 5% late fee will be applied to the incomplete scope element (as outlined in the MTP Payment Model) for the current reporting period. These funds will be allocated to all partners according to the MTP Payment Model.

*At which point a partner's inability to meet reporting deadlines impacts OCH's ability to meet MTP contract obligations with HCA, quick action will be taken by OCH to prevent penalties that would impact the entire region.

**Hypothetical example: a partner's total payment for the period is $20,000 and $5,000 is related to quantitative reporting. If the partner were late in submitting their intermediary metrics, the partner's late fee would be 5% of $5,000 ($250) for a total payment of $19,750 when the partner comes back into compliance.

Olympic Community of Health

S.B.A.R. 2019 MTP Compliance Policy
Presented to Contract Management and Compliance Committee (CMAC) March 8, 2019
Presented to the OCH Board of Directors March 11, 2019

Situation

This SBAR presents a proposed policy to bring Implementation Partners who submit late reports or who do not complete site visits with OCH staff for their MTP Change Plan deliverables into compliance.

Background

In 2018, two payments were made to Physical Health and Behavioral Health (PHBH) Implementation Partners and one payment was made to Community Based Organizations and Social Services (CBOSS) Implementation Partners. OCH released the MTP Deliverables Calendar to Implementation Partners during the first round of site visits (ongoing). OCH does not currently have a policy in place for how to fairly and consistently navigate through deliverable deadlines and compliance of Change Plan activities related to payment.

Action

OCH staff are committed to providing technical assistance to Change Plan partners to enable them to be successful, while also balancing OCH's due diligence to be good stewards of MTP incentive funds.

Table 1. 2019 Missed Deadlines Payment Model	
First Instance of Missed Reporting, Site Visits	
First deadline missed	• Partner will discuss reason for missed deadline with OCH staff • Considering circumstances, OCH staff and partner will set a secondary deadline
Second deadline missed	• Partner is referred to CMAC for additional discussion • Should partner come back into compliance, a 5% late fee will be assessed against the amount of payment tied to the late deliverable
Second Instance of Missed Reporting, Site Visit	
First deadline missed	• Partner will discuss reason for missed deadline with OCH staff • Considering circumstances, OCH staff and partner will set a secondary deadline • CMAC is notified of partner status
Second deadline missed	• Partner is referred to CMAC for additional discussion • Should partner come back into compliance, a 5% late fee will be assessed against the amount of payment tied to the late deliverable

Recommended Motion
The Board approves the 2019 MTP Compliance Policy as presented.

Olympic Community of Health

S.B.A.R. Revenue Recognition for DSRIP Funds in the FE Portal
Presented to the March 1, 2019 Finance Committee Meeting

Situation

OCH's method of recording revenue received in the FE Portal is not in alignment with other ACHs.

Background

Funds are allocated to the ACHs from HCA to the Financial Executor Portal (FE Portal), administered by Public Consulting Group (PCG). ACHs determine which partners to distribute funds to, and how much to distribute to each partner and the ACH itself. For example, this year, OCH drew down $529,000 for 2019 MTP-specific technical assistance and project management. In late 2017, when the FE Portal was first established, ACHs were instructed on a teleconference with PCG and the HCA that ACHs are "pass by," rather than "pass through" entities. Based on this information, OCH has not considered funds in the FE Portal as OCH funds, except those drawn down to our own entity.

Due to a conversation with PCG regarding 1099 forms that were sent out listing PCG as the payor of funds to partners, another ACH sent out the following communication February 18, 2019:

> There appears to be a fundamental misunderstanding by PCG about how the ACHs are legally set up and how we report our income and expenditures. HCA engaged with PCG at the outset of the Transformation Project, but our contracts with HCA and revenue recognition issues associated with the Transformation Project have been documented and reviewed since that point in time.
>
> ACHs are stand-alone, legal corporations (most are 501(c)(3) non-profit corps, but some are LLCs). We are not "pass-thru entities" which was reviewed when we discussed whether our incentive revenue is taxable for B&O purposes*. This is why ACHs received special legislative exemption for B&O from the legislature. We have performance-based contracts with the HCA to provide services (not medical services, however). Our partners are sub-contractors to us – their payments from us are, in my view, contract revenue to the partner, not grant revenue or federal funds that would be disclosed as such.
>
> With all of that said, we recognize our incentives earned as revenue on our form 990 and recognize payments to partners as expenses of the ACH. We also record the funds held in the portal as funds held in trust on our balance sheet. It therefore makes no sense that the 1099s would go out to our partners under another EIN# or for payments to a single provider made from multiple ACH funds to be lumped together on one form. And it certainly makes no sense for ACHs to receive a 1099 for funds that we are drawing down out of our own accounts.

**It had been OCH's understanding during this discussion that we were talking specifically about the funds drawn down from the Portal to the ACHs, not the funds held in the Portal.*

Additionally, during a call with PCG to discuss the 1099 situation, another ACH Financial Lead said that they were considering the funds in the Portal as funds held in trust on behalf of the ACHs. HCA verbally confirmed their agreement with this interpretation.

OCH has not been recording incentive funds received in the Portal as revenue to the OCH. However, if this revenue recognition methodology is appropriate, it may be to the benefit of the OCH to be in alignment with the other ACHs.

Action and Recommendation

OCH shared these new developments with the Board Treasurer February 20, 2019 and will share this new information with the Finance Committee, Executive Committee and Board of Directors in succession. OCH will initiate contact with our independent auditor, DZA, regarding this matter to determine their recommendation for whether it is appropriate to record all Portal funds as revenue to OCH. Should DZA find that OCH should recognize this revenue, OCH staff will amend our financial statements for 2018 to reflect these funds, both for our audited financial statements and on our form 990. 2018 was the first year that funding was dispersed to the FE Portal from the HCA.

To ensure this type of miscommunication is avoided in the future, OCH will ensure participation in all ACH Finance Lead meetings throughout the Medicaid Transformation Project and request determinations in writing from the HCA on financial matters.