Olympic Community of Health

Meeting Minutes

Board of Directors

September 7, 2016

Date: 09-07-2016	**Time: 8:30 am- 11:00 am**	**Location:** Red Cedar Hall, Jamestown S'Klallam Tribal Center

Chair: *Hilary Whittington, Jefferson Healthcare.*
Members Attended: Keri Ellis, *Lower Elwha Klallam Tribe;* Larry Eyer, *Kitsap Community Resources*; Chris Frank, *Clallam County Public Health;* Kat Latet, *Community Health Plan of Washington;* Eric Lewis, *Olympic Medical Center;* Kelly Sullivan, *Port Gamble S'Klallam Tribe;* Doug Washburn, *Kitsap County Human Services.*
Members Attended via Dial In:
Katie Eilers, *Kitsap Public Health District;* Leonard Forsman, *Suquamish Tribe;* Jennifer Kreidler-Moss, *Peninsula Community Health Services;* David Schultz, *CHI Franciscan/Harrison Medical Center;* Andrew Shogren, *Quileute Tribe;* Kurt Wiest, *Bremerton Housing Authority.*
Other Attended:
Kayla Down, *Coordinated Care;* Keith Grellner, *Kitsap Public Health District;* Vicki Kirkpatrick, *Jefferson County Public Health;* Siri Kushner, *Olympic Community of Health/Kitsap Public Health District;* Angie Larrabee, *Olympic Community of Health/Kitsap Public Health District;* Vicki Lowe, *American Indian Health Commission;* Elya Moore, *Olympic Community of Health;* Chase Napier, *Health Care Authority;* Jorge Rivera, *Molina Healthcare;* Caitlin Safford, *Amerigroup;* Lisa Rey Thomas, *UW Alcohol and Drug Abuse Institute.*
Other Attended via Dial In:
Allan Fisher, *United Healthcare;* Jim Jackson, *Department of Social & Health Services;* Kerstin Powell, *Port Gamble S'Klallam Tribe.*

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	Objectives:	1. Approve Bylaws 2. Agree on process to form Finance Committee 3. Understand steps for OCH transition and agree on process	
Hilary Whittington	**Welcome and Introductions**	Hilary called meeting to order at 8:42am.	
Elya Moore	**August Board Minutes**	Approval of August Minutes. Elya also mentioned she received the fully executed contract from HCA on September 6.	August Minutes **approved** unanimously
Hilary Whittington	**Bylaws**	The bylaws have been reviewed several times since July 22, 2016 by the Board, Executive Committee, and Tribal Counsel. Summary of revisions: • Clarified geographical region • Defined Term "Material" • Minor edit to usage of "administrative service organization" • Minor edits to the usage of "shall" versus "may"	Motion to approve Bylaws was **passed** unanimously.

		• Strike a sentence from Quorum • Strike a sentence from removal from office Eric Lewis, who motioned to pass the bylaws, commented that he supports these bylaws. Question around compensation for consumers. Something to look at down the road.	
Vicki Lowe	**Presentation:** **Brief Overview of Tribal Health Care Financing** "Making it work with few resources and many rules"	**Key Points:** Tribes are sovereign governments, not stakeholders, they have a legal status as a government. Treaty is supposed to fund tribal programs, but it only funds 50% of need, and the federal government spends less than 50% on average, per person, than it spends on other civilian programs, including prisons. Less than $1,700 per year, per person. I/T/Us: Indian Health Services (I) Tribal Program (T) Urban Indian Health Care Providers (U) IHS is PRC as Payor of Last Resort: -if any person has another resource, they must use that resource before using tribal resources. Indian Health Care Improvement Act: Ex: If clinic is not contracted with Premera and a patient comes in fully insured, Premera has to pay claim as though they are contracted and has to pay highest amount No law of any state can make it so insurance doesn't have to pay tribal clinic. If a person is a member of a federally recognized tribe, they can join one of 4 low pay or no pay plans (no deductible, etc…) Affordable Care Act has helped to fund tribal health. FMAP, clinic bills state and pays FMAP rate. Savings for the state, lots of funding for tribes. (half rate for non-tribal members). Rate is $368 per visit. Larry Eyer: Tribe doesn't get a set amount, but gets a reimbursement for what is eligible. Do some of area tribes have partnerships for providing their tribal health? IHS works with all 29 tribes plus 2 urban groups to find ways to work together and also when the tribes should work separately. 100% FMAP rate is high because it's all inclusive – encounter rate, lab and x-ray included. Pharm not included. New Healthier Washington initiative will impact tribal health.	

		"the carve out": State is working toward managed care for Medicaid patients. Section 1932 Social Security Act says Tribal people are not required to enroll in managed care. Tribal people don't have to enroll in a managed care plan, but they have to enroll in Medicaid for tribal program and then IHS is payor of last resort. Effective April 1, integration. Since tribes historically had poor relationships with RSNs, state overall, tribes had requested to work with the state on a Tribal Centric Behavioral Health Plan. DSHS unable to implement one before April 1. Tribes went to state, but state didn't help. Tribes went to CMS and asked for carve out. 1915(b) waiver and American Indians/Alaska natives will receive services from tribe, occasionally BHO. Fee for services for SUD, Mental Health Services Tribes are a little bit ahead of integrated behavioral health services/SUD. Tribes working with state to keep fee-for-service network going, and work with state to protect and improve health services. The carve out is only in Washington state.	
Hilary Whittington	**OCH Transition** **Transition Taskforce Charter**	Reviewed the steps OCH has taken so far to form a nonprofit. Next steps: after receipt of certificate from WA state, can apply for FEIN. Annual meeting will focus on choosing mission and values. Transition Taskforce Charter will help smoothly transition OCH from project to non-profit organization. Motion – discussion: Transition from backbone of KPHD or opting to continue partnership with KPHD, etc. Three potential options: 1. KPHD as backbone (fully) 2. KPHD as backbone, with contracting out services. 3. OCH stands alone and contracts out with vendors and contractors. Reviewed options for administrative organization. KPHD is in the midst of 2017 budget planning and needs to be aware of anything that would affect their budget ahead of time. HCA may be willing to partner on contract, but encourages ACH's to move quickly. HCA is in	Forming Transition Taskforce Charter **approved** unanimously.

		sync with plan to transition OCH into a formal organization. The transition plan could set OCH up well to be ready for funding sooner. HCA says options 2 or 3 are ideal state for an ACH, with single point of accountability. Transition planning should include Board Members with experience starting an organization.	
Hilary Whittington	**Administrative Service Organization (ASO)**	Board to authorized Executive Committee to move forward with putting a mutually agreed upon ASO agreement in place between KPHD and the OCH to be operational upon or before becoming our own legal entity. The ASO would be in effect now until we make a long-term decision and would potentially be a model for a longer term agreement with a future administrative organization. It could also end after January 31, 2017. Original plan was for KPHD and OCH to part ways when OCH became an entity. KPHD indirect rate is 30%. KPHD is currently in a deficit and using reserves to help fund OCH. There are politics in having a public entity backbone. There was unanimous agreement with this statement. There were no further comments and discussion was tabled due to lack of quorum after several Board members needed to leave early.	Tabled, no longer have quorum.
Hilary Whittington	**Finance Committee**	Reviewed purpose of forming a Finance Committee. Goal is to have finance issues hashed out with a few perspectives before the board meetings, so the full board isn't acting as a finance committing working through all the issues. MCO sector volunteered to have one MCO representative on the finance Committee. Discussion about process: • Potential scenario: Finance Committee makes recommendations to the Exec Committee, who makes recommendations to the board. • Concern about decisions that need to be made quickly	Elya will move forward finding the facilitator for the board meeting

		• Clause in the Bylaws about special meetings having 3 days' notice. There was no further discussion.	
Hilary Whittington	**November Annual Meeting**	Annual Meeting serves many purposes, e.g.,: • Need to establish mission and values • 2017 Budget • Transition plan • Conflict of interest policy and other policies • Expansion of Board to include new sector and member representation. Board should consider having a facilitator Annual Meeting should be a Board process, and that the public can attend but maybe not participate. Other partners can participate in an online survey. Come to the meeting with a defined mission and purpose statement on paper. There is Technical Assistance money for hiring a consultant. A Board member noted that the bylaws just passed by the Board said the Board can make a decision up to $5000, without full approval.	
Elya Moore	**Logistics**	Oct 5 meeting canceled. Options for Annual board meeting discussed.	
Hilary Whittington	**Adjourn**	The meeting adjourned at 10:48 am.	