Olympic COMMUNITY of HEALTH

Board of Directors

February 11, 2019

1:00 pm to 3:00 pm

Clallam • Jefferson • Kitsap

1. Approve Agenda

2. Consent Agenda

#	Item	Page #
2	Board Minutes December 10, 2018	2-4
3	SBAR: Mental Health Sector Seat and Alternate	5
4	Abbreviated CCHE Report	6-18
5	Executive Director's Report	19-22

3. Plan to prepare for Integrated Managed Care

#	Item	Page #
6	SBAR: Support of IMC Transition	23

Recommended Motion to the Board from the Executive Committee

The Board authorizes the executive director to negotiate a reasonable and binding agreement that defines a scope of work to assist involved parties in the transition to IMC and associated compensation. Agreement is contingent on secured funding from external sources to cover OCH costs.

4. Proposed 2019 MTP Payment Model

#	Item	Page #
7	SBAR: 2019 CBOSS Funds Model	24-25
8	SBAR: 2019 MTP Payment	26-27

Recommended Motions to the Board from the Executive Committee

2019 CBOSS Funds Model

1. The Board approves the 2019 MTP funds model for CBOSS Implementation Partners.

2019 MTP Payment

1. The Board approves the 2019 MTP payment model tying payments to Implementation Partners SCOPE and SCALE.
2. The Board approves the MTP Bonus Pool model.

2018-2023: total funds available for CBOSS partners to earn is $1,425,710.

2019: total funds available for CBOSS partners to earn is $300,118.

Olympic COMMUNITY of HEALTH
Clallam ● Jefferson ● Kitsap

CBOSS Funds Model

- The CBOSS Funds Model is the high-level plan to establish total earnable funds for each partner.
- The breadth and scope of CBOSS Implementation Partner services range dramatically and are highly specialized.
- CBOSS Funds Model aligns with PHBH strategy while accounting for the diversity and specification of services of CBOSS partners.

CBOSS: Community-based organization and social services
PHBH: Physical health and behavioral health
MTP: Medicaid Transformation Project

SBAR: CBOSS Funds Model

Element	Board approved CBOSS funding approach October 2018	Revised approach for Board approval February 2019
Partnerships	YES	YES
Performance	YES	NO*
Core measure alignment	NO	YES
Medicaid lives	NO	NO
Encounters	NO	NO

*CBOSS Payment model will be based on performance (see Payments SBAR)

CBOSS Funds Model: Two Drivers

The amount of the MTP funds available to a CBOSS partner will depend on two drivers:

- **Impact on Core Measures (Scale)**: the Outcomes signed up for in the Change Plan and the ability of those Outcomes to impact the 14 selected OCH Core Measures
- **Community Clinical Linkages (Scope)**: the number of new and expanded partnerships with PHBH Change Plan Implementation Partners that are required to achieve Outcomes in the CBOSS Change Plan

CBOSS Funds Model: Other Factors

- Funds available by region, not by NCC
- A partner's impact on the 14 OCH Core Measures is based on submitted Change Plans

Organization	MH Treatment Penetration	SUD Treatment Penetration	All Cause ED Visits per 1000 MM	Combo 10 Childhood Immunization Status	Child/ Adolsecent Access to Primary Care
First Step	1	1	1	1	1
OlyCAP	1	1	1	1	1
O3A	0	0	1	0	0
OPHCC	0	0	0	0	0
KPHD	1	1	1	1	1
Aging	0	0	1	0	0
YMCA	0	0	1	1	1
Answers	0	0	0	1	1
Total	**3**	**3**	**6**	**5**	**5**

SCALE: Core Measure Impact Component (14 equal parts)

SCOPE: Community Clinical Linkages Component (6 equal parts)

Annual CBOSS Funds Model

First Step | OlyCAP | O3A | OPHCC | KPHD | Kit. Aging | YMCA | Answers

Regional Money Pool
$1,425,710

	2018	2019	2020	2021	2022	2023
	Flat Payment $25,000	10% / 90%	20% / 80%	30% / 70%	40% / 60%	50% / 50%
Total	**$200,118.35**	**$300,118.33**	**$300,118.33**	**$300,118.33**	**$200,118.33**	**$125,118.33**

SBAR: 2019 CBOSS Funds Model

Recommended Motion to the Board from the Executive Committee

The Board approves the 2019 MTP funds model for CBOSS Implementation Partners.

2019 MTP Payment Part 1:Scale and Scope

2019 Payment

Fund allocation strategy sets the Scale and Scope amounts available for each partner to earn, for 2019, based 60% on scale and 40% on scope.

The amount of scope earned by each partner will depend on the elements in the Table.

Points assigned to each element that make up 2019 SCOPE payment		
Scope Elements	**PHBH**	**CBOSS**
Voluntary outcomes in Change Plan	20	0
Qualitative reporting completion	20	20
Quantitative reporting completion	20	20
Site visit completion	10	10
NCC convening participation	10	10
QI team formation	10	10
Community-Clinical linkage work	10	30
Total	100	100

2019 MTP Payment Part 2: Bonus Pool

Proposed MTP Bonus Pool from

1. Unearned PHBH and CBOSS funds
2. Unbudgeted DSRIP revenue

The Bonus Pool will have two parts

1. Performance (80%)
2. Technical Assistance/Reserves (20%)

Elements and points available for each that make up the Bonus Pool		
	PHBH	CBOSS
Performance (improvement over self)	80%	
Qualitative report: 'fully implemented' or 'scale and sustain'		
Quantitative, intermediary metrics		
Unduplicated Medicaid beneficiaries served		
New or improved* community-clinical linkages		
Technical Assistance and Reserves	20%	

SBAR: 2019 MTP Payment

Recommended Motion to the Board from the Executive Committee

1. The Board approves the 2019 MTP payment model tying payments to Implementation Partners SCOPE and SCALE.

2. The Board approves the MTP Bonus Pool model.

5. MTP Compliance Policy

#	Item	Page #
9	DRAFT: MTP Compliance Policy	28-29
10	SBAR: 2019 MTP Compliance	30

Recommended Motion to the Board from the Contract Management and Compliance Committee

The Board approves a motion to discuss the Compliance Policy.

~~The Board approves the MTP Compliance Policy as presented.~~

Schedules

Schedule 1

First Deadline Missed

- 5% payment withheld
- Second deadline set

Second Deadline Missed

- 25% (of less 5% total) payment withheld
- OCH staff site visit scheduled for technical assistance
- Third deadline set

Third Deadline Missed

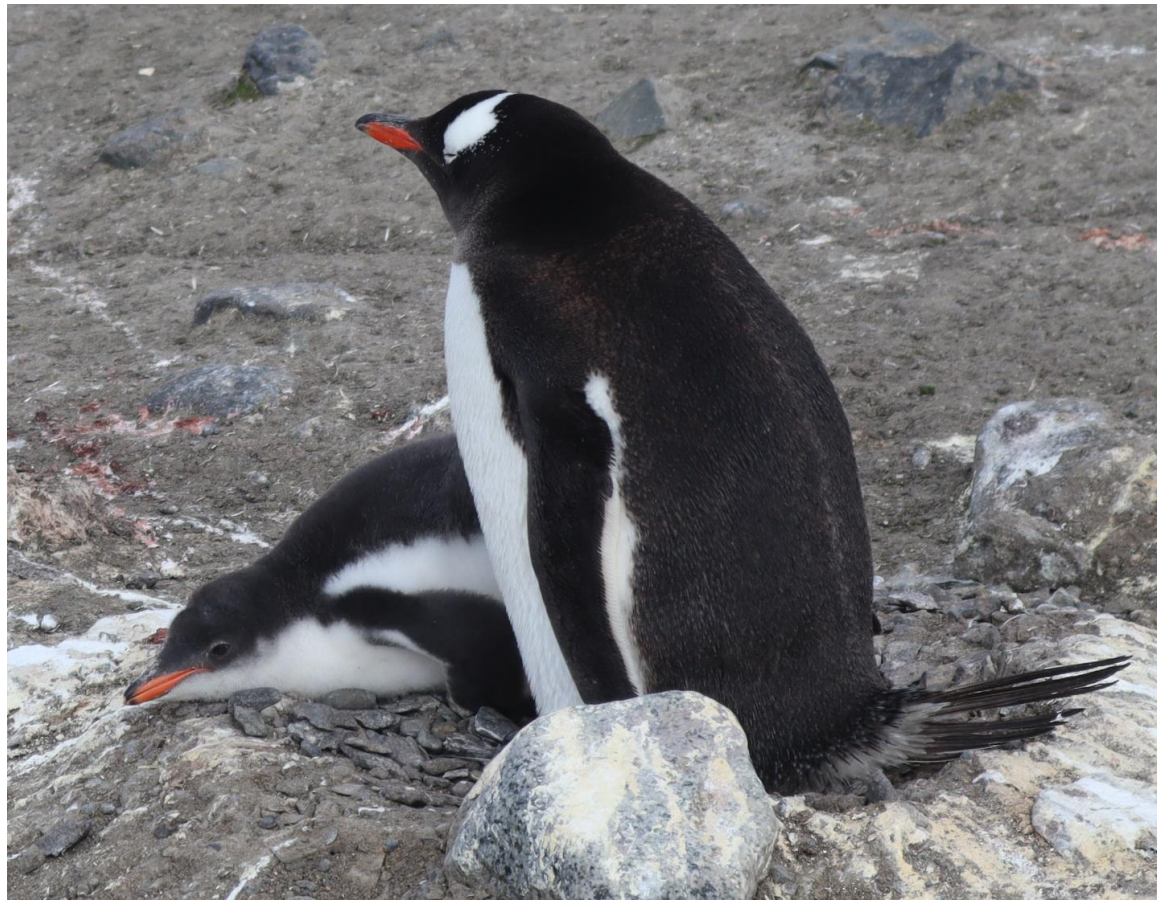
- Goes to CMAC committee for further discussion and action, up to and including contract termination

Schedule 2

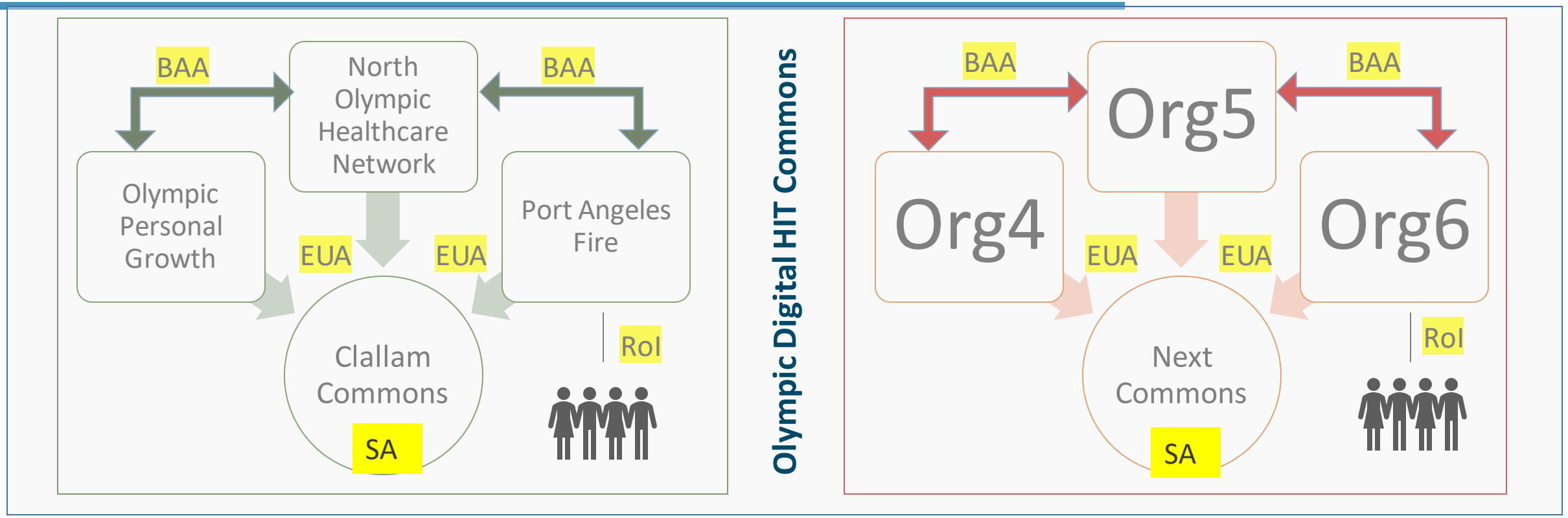
First Deadline Missed

- 5% payment withheld
- Site visit scheduled for technical assistance

6. Olympic Digital HIT Commons



Olympic Commons Set Up-Option 1 (Peer to Peer Care Coordination)



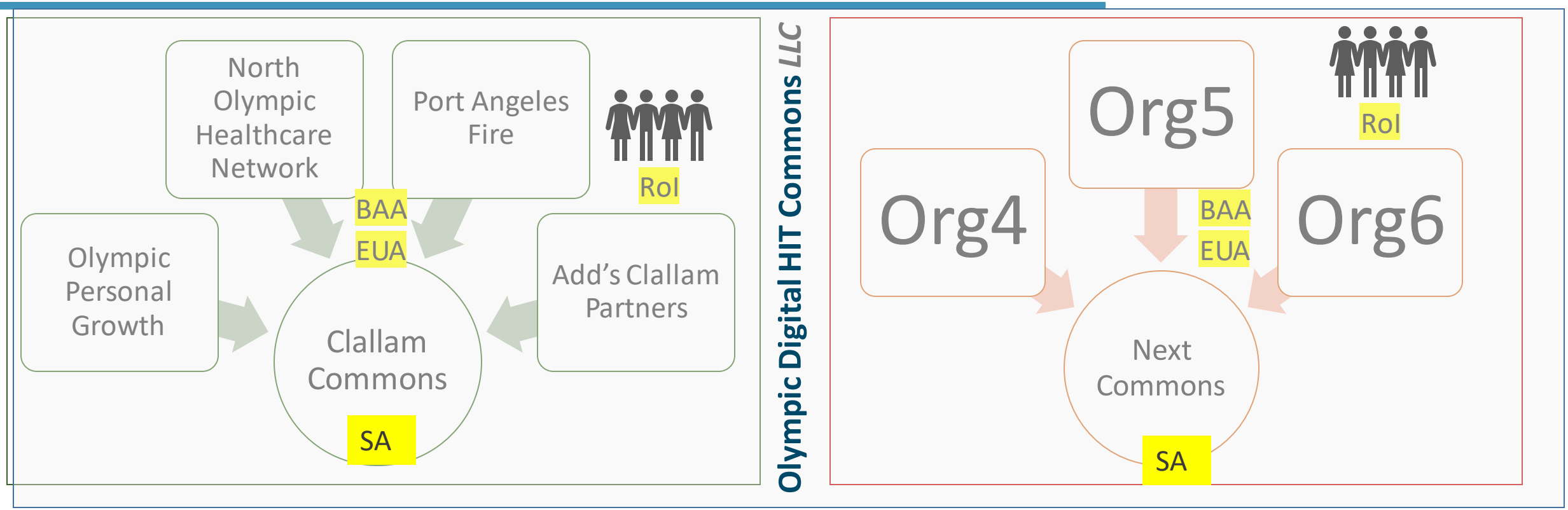
Release of Information (RoI) (1) signed by Patient allowing their personal information to be shared with all care partners on the Clallam Commons Network

All Clallam organizations sign **Business Associates Agreement (BAA)** (2) with Commons Network operator (Quad Aim Partners) agreeing to follow Federal and State rules for patient information sharing and protection of PHI

End User Agreement (EUA) (3) is the "click through" software license that allows Commons Network operator to issue login credentials to Clallam provider

Sponsorship Agreement (SA) (4) OCH contracts with Commons Network Operator (Quad Aim Partners) to connect all participating Organizations to the Commons Network, manage the Network and produce care coordination reports for OCH

Olympic Commons Set Up-Option 2 (Centralized Care Planning and Coordination)



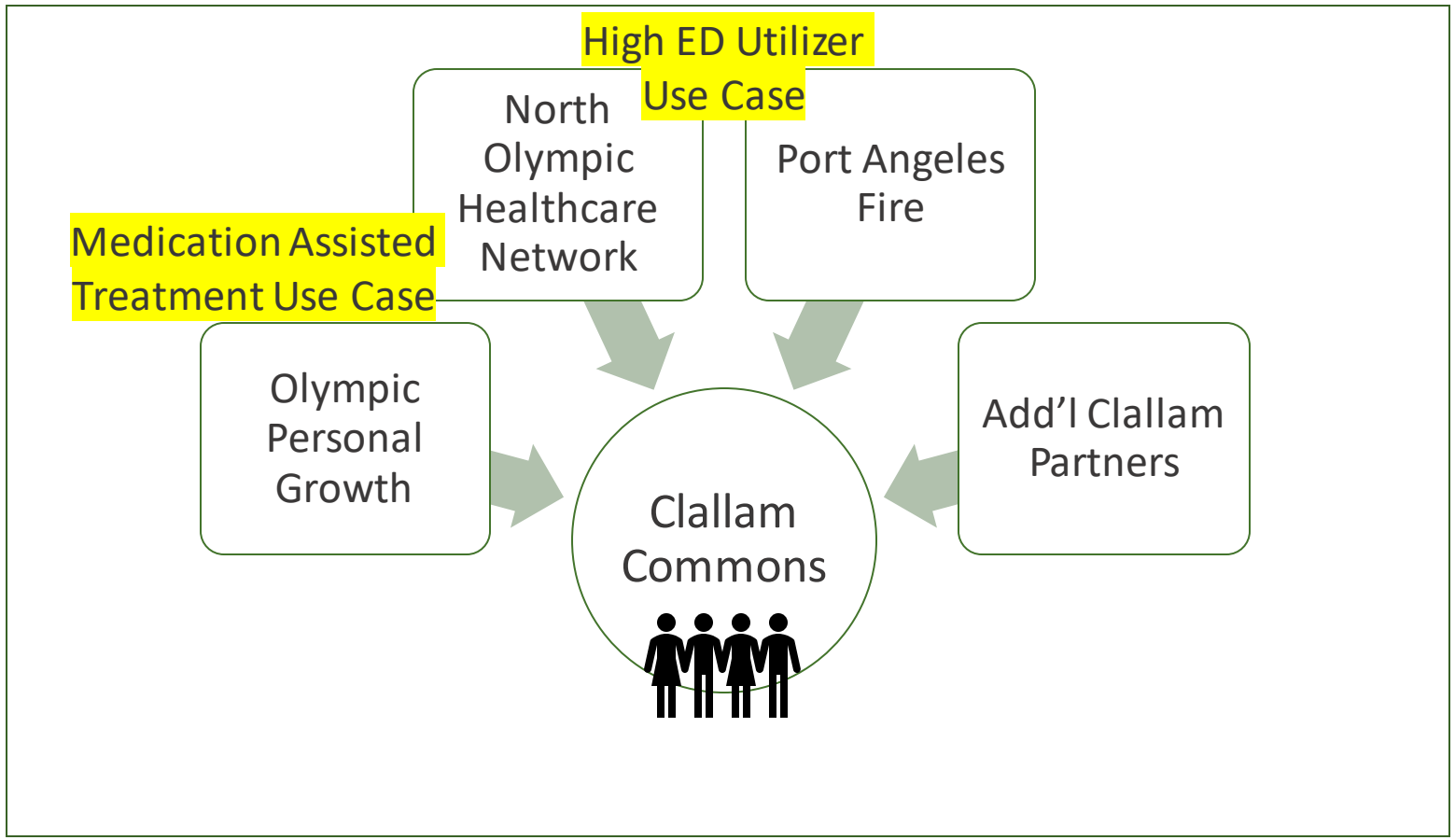
Release of Information (RoI) (1) signed by Patient allowing their personal information to be shared with all care partners on the Clallam Commons Network

All Clallam organizations sign **Business Associates Agreement (BAA)** (2) with Clallam Commons Care Hub agreeing to follow all Federal and State rules for patient information sharing and PHI protection. Clallam Commons Care then signs BAA with Commons IT Network Operator (Quad Aim Partners)

End User Agreement (EUA) (3) is the "click through" software license that allows Commons IT Network Operator to issue login credentials to Clallam providers

Sponsorship Agreement (SA) (4) OCH contracts with Commons Network IT Operator to connect all participating Clallam Organizations to the Commons Network, manage the Network and produce care coordination reports for OCH

Olympic Digital HIT Commons Deeper Dive



Olympic COMMUNITY of HEALTH
Clallam ● Jefferson ● Kitsap

7. Executive Director Search

#	Item	Page #
11	SBAR: Board Authorization of Search and Transition Committee	Handed out separately

Recommended Motion

The Board authorizes the Search and Transition Committee to continue its search and offer the executive director position to the most suitable candidate and to negotiate their contract.

Adjourn

Previous: Estimated Available Incentive Pool by NCC, Incentive Category and MTP Year

NCCs and Allocation Categories	Allocations by MTP Year 2018 25%	2019 20%	2020 20%	2021 15%	2022 10%	2023 10%	Total 100%
Partnership Allocation Rate	100%	70%	60%	50%	40%	30%	
Performance Allocation Rate	0%	30%	40%	50%	60%	70%	
Clallam - partnership	$101,230	$56,690	$48,590	$30,370	$16,200	$12,150	$265,230
Clallam - performance	$0	$24,290	$32,390	$30,370	$24,290	$28,340	$139,680
Clallam - total	$101,230	$80,980	$80,980	$60,740	$40,490	$40,490	$404,900
Jefferson - partnership	$58,450	$32,730	$28,060	$17,540	$9,350	$7,010	$153,140
Jefferson - performance	$0	$14,030	$18,700	$17,540	$14,030	$16,370	$80,670
Jefferson - total	$58,450	$46,760	$46,760	$35,070	$23,380	$23,380	$233,800
Kitsap - partnership	$196,750	$110,180	$94,440	$59,030	$31,480	$23,610	$515,490
Kitsap - performance	$0	$47,220	$62,960	$59,030	$47,220	$55,090	$271,520
Kitsap -total	$196,750	$157,400	$157,400	$118,050	$78,700	$78,700	$787,000
Total CBOSS Incentives	$356,430	$285,140	$285,140	$213,860	$142,570	$142,570	$1,425,710

Revised: ***Estimated*** Available Regional Incentive Pool, Incentive Category and MTP Year (built for the purposes of modeling only)

THESE DOLLAR AMOUNTS ASSUME EVERY PARTNER EARNS FULL CREDIT ON PARTNERSHIPS.

	Allocations by MTP Year						
	2018	2019	2020	2021	2022	2023	Total
% of Total Allocation	14%	21%	21%	21%	14%	9%	100%
Scale Allocation Rate	N/A	90%	80%	70%	60%	50%	
Scope Allocation Rate	N/A	10%	20%	30%	40%	50%	
First Step	$ 25,014.79	$ 47,666.75	$ 46,538.76	$ 45,410.76	$ 29,527.66	$ 17,991.08	$ 212,149.81
OlyCAP	$ 25,014.79	$ 73,712.74	$ 69,690.74	$ 65,668.75	$ 41,105.94	$ 24,023.57	$ 299,216.53
O3A	$ 25,014.79	$ 21,299.21	$ 23,100.94	$ 24,902.68	$ 17,806.45	$ 11,884.11	$ 124,008.19
OPHCC	$ 25,014.79	$ 15,327.47	$ 17,792.73	$ 20,257.99	$ 15,151.82	$ 10,501.00	$ 104,045.80
KPHD	$ 25,014.79	$ 47,666.75	$ 46,538.76	$ 45,410.76	$ 29,527.66	$ 17,991.08	$ 212,149.81
Aging	$ 25,014.79	$ 21,299.21	$ 23,100.94	$ 24,902.68	$ 17,806.45	$ 11,884.11	$ 124,008.19
YMCA	$ 25,014.79	$ 41,557.20	$ 41,108.04	$ 40,658.89	$ 26,811.77	$ 16,576.05	$ 191,726.75
Answers	$ 25,014.79	$ 31,588.99	$ 32,247.41	$ 32,905.83	$ 22,380.58	$ 14,267.32	$ 158,404.92
Total CBOSS Incentives	$200,118.35	$300,118.33	$300,118.33	$300,118.33	$200,118.33	$125,118.33	$ 1,425,710.00

SBAR: CBOSS Fund Allocation Strategy

- **Scope:** Community-Clinical Linkages are assessed at baseline and regular intervals by both parties using OCH-created assessment tool

	1	2	3	4	5	6	7	8	9	10
Assess the status of your organization making referrals to partner listed above										
Make referral to needed service provided by partner	does not occur	limited to a list or pamphlet of contact information for relevant resources		occurs informally, differs for each staff person - some staff know the right person to call and rely		occurs through a referral process - staff discuss needs, barriers and appropriate resources before making referral (paper, email, or phone)			occurs through a shared online system for coordinated referrals	
Follow up on closed loop	does not occur	client/patient is initiates follow up steps		documentation of follow up and closed loop occurs informally		documentation occurs through a formal process			occurs through a shared online system for coordinated	
Ongoing bi-directional **communication of relevant information**	does not occur	client/patient is responsible for transmitting information		occurs informally, some staff know the right person and rely on personal		ongoing bi-directional communication occurs on paper, email or phone call			occurs through a shared online system for coordinated referrals and	
Assess the status of referrals your organization receives from partner listed above										
Receive referral for needed service from partner	does not occur	client/patient is responsible for following through on referral		occurs informally, differs for each staff person - some staff know the right person		protocol in place for steps to process referral received by paper, email, or phone call			occurs through shared online system for coordinated referrals	
Close the loop on referrals received from partner	does not occur	client/patient is responsible for reporting back status of referral		occurs informally, some staff know the right person and rely on personal		close the loop occurs on paper, email or phone call			occurs through a shared online system for coordinated referrals	
Ongoing bi-directional **communication of relevant information**	does not occur	client/patient is responsible for transmitting information		occurs informally, some staff know the right person and rely on personal		ongoing bi-directional communication occurs on paper, email or phone call			occurs through a shared online system for coordinated referrals and	