Olympic Community of Health

Agenda

Board of Directors Meeting

February 12, 2018, 1 pm to 3 pm

New Location Kitsap Regional Library, 700 NE Lincoln Rd, Poulsbo, WA

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

Phone: +1 (872) 240-3311

Access Code: 937-538-149

KEY OBJECTIVES

- Move critical administrative and professional contracts forward
- Approve the State's IGT strategy
- Affirm the direction of funds flow and Natural Community of Care planning

AGENDA (Action items are in red)

Item		Topic	Lead	Attachment	Page(s)
1	1:00	Welcome and Approve Agenda	Roy		
2	1:05	Consent Agenda	Roy	1. DRAFT: Board Minutes 1.8.2018 2. Director's Report	2-4 5-6
3	1:10	Fill New Board Member Seats	Roy	3. S.B.A.R. Fill Board Seat	7
4	1:15	4th Quarter Financials: Balance Sheet, Profit & Loss Budget v Actual, Income Statement	Hilary	4. 2017 4th Quarter Financials	8-10
5	1:20	Executive Committee Recommendations to the Board: • Executive Director Succession Plan • OHSU Center for Evidence Based Policy 2018 Contract	Roy	5. DRAFT: Executive Director Succession Plan Policy 6. S.B.A.R. OHSU 2018 Contract	11-18 19
6	1:30	Shared ACH Reporting Tool	Elya	7. S.B.A.R. Reporting Tool	20-21
7	1:50	Intergovernmental Transfer (IGT) Strategy Recommendation	Elya Dan	8. S.B.A.R. IGT Strategy	23-24
8	2:10	Funds Flow Workgroup Update	Elya Dan		
9	2:25	Natural Community of Care Convenings: Update and Summary	Staff		
10	2:50	Executive Session	Roy		
11	3:00	Adjourn	Roy		

Acronym Glossary

ACH: Accountable Community of Health
HCA: Health Care Authority
IGT: Intergovernmental Transfer
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health
Meeting Minutes
Board of Directors
January 8, 2018

Date: 01/08/2018	**Time:** 1:00pm-3:00pm	**Location:** Kitsap Regional Library, Poulsbo Community Room

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

Members Attended: Allan Fisher, *United Health Care*; Anders Edgerton, *Salish BHO*; Caitlin Safford, *Amerigroup*; Chris Frank, *Clallam Public Health*; Bobby Beeman, *Olympic Medical Center*; Hilary Whittington, *Jefferson Healthcare*; Jennifer Kreidler-Moss, *Peninsula Community Health Services*; Joe Roszak, *Kitsap Mental Health Services*; Katie Eilers, *Kitsap Public Health District*; Meriah Gille, *Lower Elwha Klallam Tribe*; Andrew Shogren, *Suquamish Tribe*

Members Attended by Phone: Brent Simcosky, *Jamestown Family Health*; Gill Orr, *Cedar Grove Counseling*;

Non-Voting Members Attended: Kat Latet, *CHPW*; Laura Johnson, *United Health Care,* Jorge Rivera, *Molina,* Mike Maxwell, *North Olympic Health Care Network*

Guests: Amy Etzel, *Washington State Department of Health*; Craig Nolte, *San Francisco Federal Reserve,* Jim Jackson, *DSHS,* Doug Washburn, *Kitsap Human Services,* Rochelle Doan, *Kitsap Mental Health Services*

Contractors: Maria Klemesrud, *Qualis*; Dan Vizzini, *Oregon Health Sciences University*

Staff: Elya Moore, Lisa Rey Thomas, Margaret Hilliard, JooRi Jun

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
	January Objectives		
Roy Walker	**Welcome and Introductions**	Roy Walker called the meeting to order at 1:06 PM.	
Roy Walker	**Consent Agenda**	Board approval of consent agenda and minutes from December 11, 2017 Board meeting. Requested corrections: • additions of attendees • edit of "region commissioners" to "county commissioners."	December 11th Board Minutes APPROVED unanimously with changes.
Elya Moore	**Vacant Board Seats**	Existing policy for vacant board seats was out of date and needed corrections. OCH needed to add allowance for board members to resign. Suggested updates:	MOTION to approve the Vacant Board Seat policy with the requested changes.

		• "Mental Health" sector to "Mental Health Treatment" • "Substance Use Treatment" to "Substance Use Disorder Treatment" • "Federally Qualified Health Clinic" to "Federally Qualified Health Center." • Updates to footer.	Motion APPROVED unanimously.
Hilary Whittington	**Finance Committee Replacement**	In 2017, the Finance Committee consisted of Hilary Whittington, Caitlin Safford, and Eric Lewis. Eric Lewis' resignation from the Board has left a vacant seat in the Committee. The Finance Committee needs a replacement with a background in accounting or finance so that they are able to review financial statements.	Mike Maxwell to speak with new CFO who is a CPA, CTA, about becoming a member of the Finance Committee.
Elya Moore and Dan Vizzini	**Domain 1 Investments and MTP Funding**	OCH introduced Intergovernmental Transfer information from HCA. IGT increases MTP earning potential of OCH and partners from $297 million to $514 million. All ACHs must agree to finance MTP using IGT to realize funding. Potential IGT contributors include UW and Association of Rural Hospital Districts. BOD obligation would include releasing funds to IGT contributors; HCA to handle finding contributors and gathering funds.	Board must decide whether or not to participate in IGT at February Board meeting; commitment will be for all four years of the MTP.
Elya Moore	**Shared Change Plan Strategic Planning**	Natural Communities of Care will be agreeing to Shared Change Plans for the MTP. SCPs must be presented to the HCA in September. Board must agree on minimum set of requirements for NCCs. OCH to use comparable data to determine estimates for moving metrics required of the HCA. Concerns of Board: • data we could gather is imperfect, and we will not know the true metrics for approximately two years • counties will be scored unfairly unless OCH gathers baseline and improvement information • some suggested metrics measure poverty, not health access, and	MOTION that we accept SCP as written, with change of "Requirements of Participation" to "Expectations of Participation." APPROVED with abstention from MCO caucus. MOTION to proceed with 6 projects. APPROVED with abstention from MCO caucus.

		providers will not be able to change poverty in their areas • counties have differing needs, and it may be best to allow NCCs to determine their own metrics; alternatively, breaking into smaller groups offsets the potential power of the NCCs, which is to help us all grow as a region. Comment from Dan Vizzini: Don't stop the momentum by focusing too much on the metrics; focus on the integration. Don't waste time and energy trying to measure it all. Concentrate on P4R which satisfies state requirements. Final chance to back out of doing six projects.	
Roy Walker	Adjourn	The meeting adjourned at 3:21 PM.	

Acronym Glossary
HCA: Health Care Authority
IGT: Inter-governmental Transfer
MTP: Medicaid Transformation Project
NCC: Natural Community of Care
SCP: Shared Change Plan

Top 3 Things to Track (T3T) #KeepingMeUpAtNight

1.Putting the building blocks in place to operationalize the project plan is a heavy lift. We are looking at systems to assist with contract management and reporting. We still need to develop the partner contracts and finalize change plans.

2. We are again without an assistant. Fortunately, we are interviewing candidates this week.

3. The shifting landscape and uncertainty around statewide funding continues. This is manifesting in a reduction in the number of partners willing to enter into contract with OCH.

OCH Meetings

January 11 - Clallam Natural Community of Care (NCC) Convening #1
January 17 - Jefferson NCC Convening #1
January 18 - Kitsap NCC Convening #1
January 22 - 3 County Coordinated Opioid Response Project check-in
February 1 - Jefferson NCC Convening #2
February 5 - Kitsap NCC Convening #2
February 8 - Funds Flow Workgroup
February 9 - Clallam NCC Convening #2
February 12 - Board of Directors Meeting
February 15 - Funds Flow Workgroup
February 20 - Clallam NCC Convening #3
February 21 - Kitsap NCC Convening #3
February 23 - Jefferson NCC Convening #3
February 23 - Finance Committee Meeting
February 27 – Executive Committee Meeting
March 12 – Board of Directors Meeting

Natural Community of Care Convenings

The Natural Community of Care (NCC) Convenings are in full swing! We are still working on getting all partners to the table. Common themes from the 1st round of convenings are:

- The partners in the OCH region want to work together to promote health and wellness of the community: care coordination within NCCs and across NCCs; and desire for learning forums
- The care we want is: bi-directional; whole person; person-centered; specialized for people with co-occurring/co-morbid treatment needs; and data-informed
- We must address social determinants of health: housing is critical; want to provide trauma informed care; focus on prevention; strengthen referral networks
- There are shared workforce needs across systems
- Focus on avoiding unnecessary incarceration and emergency room visits
- Sustainability. Sustainability. Sustainability.

Board Sector Representation Follow-Up

At the last Board meeting, the Board asked staff to research the history of how sector seats were developed. Staff discovered documentation from the OCH Readiness Proposal, submitted in November 2015, that provided detail on each sector. This information is dated and should be revisited. Staff proposes a sector re-evaluation during the next Board retreat. This would be an ideal time because the Board would also be asked to think about the role of OCH beyond the MTP.

The housing sector Board representative, Kurt Weist, has signaled his intent to step down from his seat.

Welcome Beau Brown, newest member of the OCH Finance Committee
At the last Board meeting, Treasurer Hilary Whittington asked for a volunteer to fill a vacant seat on the Finance Committee. North Olympic Health Care Network CFO Beau Brown joined the committee.

Staffing
OCH is hiring an Assistant and Director of Administration and hopes to have both positions filled by the end of the month. The next hire depends on the scope of work and number of the partner Change Plans and the functionalities offered by an online reporting and contract management tool.

UPDATE: IT Care Coordination
We have moved into the next phase of the IT Care Coordination Pilot Project – the technical phase. Rob Arnold, OCH's IT general contractor, has negotiated a trial with Strata technologies and CMT, the parent agency to EDIE and PreManage. The pilot continues to move forward on time and under budget.

UPDATE: Three County Coordinated Opioid Response Project (3CCORP)
The 3CCORP Steering Committee and Workgroups are not meeting in person during January and February so that they can participate in the OCH NCC convenings. We held a conference call in January to share updates and 3CCORP work in the NCC convenings; a similar call will take place in February after the second round of convenings.

OCH met with the University of Washington and the Health Care Authority to discuss the administrative steps needed to move the contract forward for the Six Building Blocks for Safer Opioid Prescribing. The goal is to start this work by July 1st at the latest, hopefully sooner.

UPDATE: Community and Tribal Partnership
The OCH team recently attended the quarterly ACH convening. Most ACHs expressed concern and challenges regarding engaging and partnering with tribes and urban AIAN health centers. OCH agreed to facilitate assessing the challenges and successes of tribal/urban AIAN/ACH partnership and develop a summary inclusive of recommendations. Lisa Rey is lead on this and has a meeting scheduled with Jessie Dean (Tribal Affairs Administrator at HCA), Lena Nachand (Tribal Liaison at HCA), and Vicki Lowe (Executive Director at the American Indian Health Commission of WA State) to map out this process.

Community Engagement Activities:
January 9 - Salish BHO provider meeting
January 10 - Qualis assessment at Agape
January 11 - Peninsula Community College
January 12 - Criminal Justice Opioid Workgroup
January 23-24 - ACH convening
January 30 - WA Opioid Response Workgroup
January 30 - Jefferson County MH/SUD Advisory Committee meeting
February 1 - Clallam County Drug Court
February 2 - Salish BHO Advisory Board meeting
February 2 - Swinomish/HCA Tribal Consultation
February 7 - Monthly Tribal/Urban AIAN/HCA meeting
February 9 - Tribal/Urban AIAN/HCA/AIHC meeting
February 9 - meet and greet Lower Elwha Klallam
Weekly - ACH/Tribal opioid project call

Executive Director Vacation
I am taking two weeks to recharge the 2nd half of March. I will be taking the U.K. by storm! Plans are in place to make sure operations move smoothly in my absence.

Olympic Community of Health

S.B.A.R. Community Action & Social Service Agency Seat

Presented to the Board of Directors February 12, 2018

Situation

The Community Action/Social Service Agency Seat was previously filled by Larry Eyers, Executive Director of Kitsap Community Resources.

Background

After serving on the OCH Board of Directors for two years, Larry Eyers retired from his position as executive director of Kitsap Community Resources.

Action

Larry caucused with his sector and sent an email to Roy Walker, board president, and Elya Moore, executive director, with the following recommendation: The sector nominates Dale Wilson, executive director of OlyCAP to fill this seat and David Wunderlin, the new executive director of Kitsap Community Resources, to serve as the Alternate.

Proposed Recommendation

The Board approves the nomination of Dale Wilson to fill the Community Action/Social Service Agency seat on the OCH Board of Directors.

The Board approves the nomination of David Wunderlin to fill the Community Action/Social Service Agency Alternate seat on the OCH Board of Directors.

Olympic Community of Health
Statement of Financial Position
As of December 31, 2017

	Dec 31, 17
ASSETS	
Current Assets	
Checking/Savings	
First Federal Checking	5,953,951
First Federal Savings	1
Total Checking/Savings	5,953,952
Other Current Assets	
Prepaid Expenses	1,382
Total Other Current Assets	1,382
Total Current Assets	5,955,334
TOTAL ASSETS	5,955,334
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	33,354
Total Accounts Payable	33,354
Other Current Liabilities	
Deferred Grant Revenue	
SIM	
OCH SIM Funds	8,086
KPHD Carryover	97,854
Total SIM	105,940
Design Funds	5,782,807
Total Deferred Grant Revenue	5,888,747
Wages Payable	26,684
Payroll Taxes Payable	11,450
Total Other Current Liabilities	5,926,881
Total Current Liabilities	5,960,235
Total Liabilities	5,960,235
Equity	
Net Income	-4,901
Total Equity	-4,901
TOTAL LIABILITIES & EQUITY	5,955,334

Olympic Community of Health
Profit & Loss Budget vs. Actual
February through December 2017

	Feb - Dec 17	Budget	$ Over Budget
Ordinary Income/Expense			
Income			
Grant Income	580,910	343,477	237,433
Total Income	580,910	343,477	237,433
Expense			
Administrative Services			
CPA services	5,641	13,000	-7,359
Payroll & Bookkeeping expense	7,429	13,029	-5,600
Total Administrative Services	13,070	26,029	-12,959
Computer and Internet Expenses	478		
Continuing Education	150		
Emplolyee Benefits			
Health Insurance	17,162	22,400	-5,238
SEP Expense	7,927	9,857	-1,930
Total Emplolyee Benefits	25,089	32,257	-7,168
Events			
Food	3,037	5,500	-2,463
Rental (venue, A/V)	3,488	1,500	1,988
Total Events	6,525	7,000	-475
Insurance Expense	1,132	2,583	-1,451
Miscellaneous	3,885	1,500	2,385
Office Expense			
Supplies	6,038	3,973	2,065
Communcations	3,944	1,942	2,002
Office Space	14,751	1,122	13,629
Postage	92		
Information Technology	112	7,565	-7,453
Office Expense - Other	127		
Total Office Expense	25,064	14,602	10,462
Payroll Expenses			
Wages			
Executive Director	114,583	94,838	19,745
Staff Salaries	147,481	82,592	64,889
Total Wages	262,064	177,430	84,634
Payroll Taxes			
FICA	19,535	15,080	4,455
FUTA	180	647	-467
SUTA	2,125	5,832	-3,707
L&I	981	735	246
Total Payroll Taxes	22,821	22,294	527
Total Payroll Expenses	284,885	199,724	85,161
Professional Development	1,409	6,250	-4,841
Professional Services			
Legal	5,040	5,000	40
Contract Services	204,121	46,141	157,980
Total Professional Services	209,161	51,141	158,020
Rent Expense	1,390		
Telephone Expense	0		
Travel Expense	13,576	7,891	5,685
Total Expense	585,814	348,977	236,837
Net Ordinary Income	-4,904	-5,500	596
Net Income	-4,904	-5,500	596

Olympic Community of Health
Statement of Activities
October through December 2017

	Oct - Dec 17
Ordinary Income/Expense	
Income	
Grant Income	235,755
Total Income	235,755
Expense	
Administrative Services	
CPA services	1,500
Payroll & Bookkeeping expense	2,703
Total Administrative Services	4,203
Emplolyee Benefits	
Health Insurance	6,307
SEP Expense	2,753
Total Emplolyee Benefits	9,060
Events	
Food	1,091
Rental (venue, A/V)	2,490
Total Events	3,581
Insurance Expense	218
Miscellaneous	2,125
Office Expense	
Supplies	1,756
Communcations	991
Office Space	7,045
Total Office Expense	9,792
Payroll Expenses	
Wages	
Executive Director	31,250
Staff Salaries	58,235
Total Wages	89,485
Payroll Taxes	
FICA	6,701
FUTA	7
SUTA	623
L&I	343
Total Payroll Taxes	7,674
Total Payroll Expenses	97,159
Professional Development	58
Professional Services	
Legal	2,860
Contract Services	106,870
Total Professional Services	109,730
Travel Expense	1,935
Total Expense	237,861
Net Ordinary Income	-2,106
Net Income	**-2,106**

Executive Director Succession Plan Policy

Policy:

Continuity of leadership is essential to the success of OCH. This plan was developed for contingencies if, for any reasons, the Executive Director is unable to carry out the core duties of his or her role. If OCH is faced with the unlikely event of an untimely vacancy, this plan will facilitate the transition to both interim and longer-term leadership.

Purpose:

The purpose of this policy is to ensure that there is continuity in the coverage of the Executive Director's duties in the event of the disability, death, departure, or any other circumstance in which the OCH Board of Directors determines that the Executive Director is unable to carry out his or her core duties.

Procedures:

I. Succession Plan in Event of a Temporary, Unplanned Absence – Short-Term

A. Definition, Authorization and Identification of Succession Leadership

A temporary absence is one of less than three months in which it is expected that the Executive Director will return to his/her position once the events precipitating the absence are resolved. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation or a sabbatical. The Board of Directors authorizes the Executive Committee of OCH to implement the terms of this emergency plan in the event of the unplanned absence of the Executive Director.

In the event of an unplanned absence of the Executive Director, the Director of Administration (DA) is to immediately inform the Board President of the absence. As soon as it is feasible, the

President should convene a meeting of the Executive Committee to affirm the procedures prescribed in this plan or to make modifications as the Committee deems appropriate.

At the time that this plan was approved, the position of Acting Executive Director would be:

1. Director of Administration

Should the standing appointee to the position of Acting Executive Director be unable to serve, the first and second back-up appointees for the position of Acting Executive Director will be:

2. President of the Board of Directors
3. Treasurer of the Board of Directors

If this Acting Executive Director is new to his/her position and fairly inexperienced with this organization (less than 18 months), the Executive Committee may decide to appoint one of the back-up appointees to the acting executive position. The Executive Committee may also consider the option of splitting executive duties among the designated appointees.

B. Authority and Compensation of the Acting Executive Director

The person appointed as Acting Executive Director shall have the full authority for decision-making and independent action as the regular Executive Director. The Acting Executive Director may be offered a temporary salary increase to at least the entry-level salary of the Executive Director position.

C. Board Oversight

The Board Executive Committee shall be responsible for monitoring the work of the Acting Executive Director. The Board Executive Committee will be sensitive to the special support needs of the Acting Executive Director in this temporary leadership role.

D. Communications Plan

Immediately upon transferring the responsibilities to the Acting Executive Director, the Board President will enact the following communication plan.

1. Board President notifies the Director of Administration, who will become the Acting Executive Director.
   a. The Acting Executive Director notifies the Executive Leadership Team.
   b. The Acting Executive Director notifies OCH staff and the Washington State Health Care Authority.
   c. Staff may notify advocates and clients as appropriate.
   d. Acting Executive Director notifies banks, vendors, funders, and any other interested parties as appropriate.

2. If appropriate, the Board Secretary notifies political partners, including the Chair of the County Commissioners, County Administrator, State Senators, State Representatives and Congressional Representatives of the Olympic region.

E. Completion of Short-Term Emergency Succession Period

The decision about when the absent Executive Director returns to lead OCH should be determined by the Executive Director and the Board President. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board President, with the intention of working his/her way back up to a full-time commitment.

II. Succession Plan in Event of a Temporary, Unplanned Absence – Long-Term

A. Definition

A long-term absence is one that is expected to last more than three months. The procedures and conditions to be followed should be the same as for a short-term absence with one addition:

1. The Board Executive Committee will give immediate consideration, in consultation with the Acting Executive Director, to temporarily filling the management position left vacant by the Acting Executive Director. This is in recognition of the fact that for a term of more than three months, it may not be reasonable to expect the Acting Executive Director to carry the duties of both positions. The position description of a temporary manager would focus on covering the priority areas in which the Acting Executive Director needs assistance.

B. Completion of Long-Term Emergency Succession Period

The decision about when the absent Executive Director returns to lead OCH should be determined by the Executive Director and the Board President. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board President, with the intention of working up to a full-time commitment.

III. Succession Plan in Event of a Permanent Change in Executive Director

A. Definition and transition process

A permanent change is one in which it is firmly determined that the Executive Director will not be returning to the position. The procedures and conditions should be the same as for a long-term temporary absence with one addition:

1. The Board of Directors will appoint a Transition and Search Committee within 14 calendar days to plan and carry out a transition to a new permanent Executive Director. The Board will also consider the need for outside consulting assistance depending on the circumstances of the transition and the Board's capacity to plan and manage the transition and search. The Transition and Search Committee will also

determine the need for an Interim Executive Director, and plan for the recruitment and selection of an Interim Executive Director and/or permanent Executive Director.

Information and Contact Inventory for OCH

1. **Electronic Files**
    a. **Passwords:** Passwords are stored on a KeePass password manager. Most passwords for OCH accounts are accessible by the Director of Administration. The password to the Executive Directors personal KeePass account will be stored in a sealed envelope and locked cabinet in the office of the Director of Administration and with the President of the Board of Directors.
    b. **Electronic Files:** Most files of a sensitive nature are stored in electronic format accessible by the Director of Administration. <NOTE: OCH is comparing two file storage systems. Details about the selected system will go here.>
2. **Physical Files.** The following hard copies of OCH documents are stored in the office of the Director of Administration in a locked filing cabinet. Keys to the cabinet are held by the Executive Director and the Director of Administration.
    a. Nonprofit Status
        i. IRS Determination Letter
        ii. IRS Form 1023
        iii. Bylaws
        iv. Articles of Incorporation
    b. Financial Statements
    c. Human Resources Information
        i. Employee files
        ii. I-9 Employment Eligibility Verification
        iii. Employee Medical Benefits (including online portal information with Simon 365)
    d. Office Lease
    e. General Liability, Commercial, and Umbrella Insurance Policies
    f. Directors & Officers Liability
3. **Auditors**
    Name: Dingus, Zarecor & Associates
    Representative: Tom Dingus
    Phone: 509.242.0874
    Email: tdingus@dzacpa.com
4. **Banks**
    Name: First Federal
    Representative: Tabitha Miller
    Phone: 360.344.4915
    Fax: 360.385.6201
    Email: Tabitha.Miller@ourfirstfed.com

5. **Check Signers:** The following personnel are authorized check signers of the OCH.
    a. Roy Walker
    b. Hilary Whittington
    c. Jennifer Kreidler-Moss
    d. Margaret Hilliard
    e. JooRi Jun
6. **Contracted Financial Services:** OCH contracts with Gooding, O'Hara and Mackey CPA Services for payroll, and financial services. Blank checks are held at their offices in Port Townsend.
   Name: Nathanael O'Hara
   Phone: 360.385.1040
   Email: nathanael@pttaxcpa.com
7. **Legal Counsel**
   Name: Heather Erb
   Phone: 360.220.1519
   Fax: 360.205.2129
   Email: heather@erblawfirm.com

Date of Completion for Information and Contact Inventory:

Name of Person Completing Document: Margaret Hilliard

This Emergency Succession Plan and the supporting documents should be reviewed and updated annually.

Signatures of Approval

_____	_____
Board President	Date
_____	_____
Executive Director	Date
_____	_____
Director of Administration	Date
_____	_____
Board Treasurer	Date

Olympic Community of Health

S.B.A.R. OHSU Contract 2018

Recommended by the Executive Committee, January 23, 2018
Presented to the Board of Directors February 12, 2018

Situation

The contract between OCH and Oregon Health Sciences University Center for Evidence Based Policy (OHSU) for Dan Vizzini ended January 31, 2018. OHSU asked OCH to signal an intent to contract in 2018 as soon as possible due to the high demand on Dan's time.

Background

Dan supports funds flow modeling and development of shared change plans and change plans. He works with staff to align measures with incentive payments. He also advises the executive director on internal Medicaid Transformation Project (MTP) issues such as provider contracting and statewide funding mitigation planning. Dan has institutional knowledge of OCH and the MTP.

For OHSU to enter in a renewed contract with OCH, they require a longer-term contract, preferably through the end of 2018. The hourly rate will remain fixed at $250 per hour. Beyond Dan, they offer other consultants with expertise other areas.

Action

Five ACHs are working on a coordinated contracting agreement to share OHSU time for such things as funds flow modeling, shared strategy sessions and travel costs. ACHs are agreeing to coordinate to achieve economies of scale and spread resources across ACHs. We hope to have a shared contract language as soon as possible.

The 2018 OCH Budget includes a $75,000-line item for professional services to support MTP implementation and funds flow modeling.

Proposed Recommendation

The Board of Directors authorizes the executive director to enter into a contract with OHSU Center for Evidence Based Policy for up to $50,000 for 2018.

Olympic Community of Health

S.B.A.R. Reporting Tool

Presented to the Board of Directors February 12, 2018

Situation

OCH researched multiple online reporting and contract management tools to assist in the monitoring and administration of the Medicaid Transformation Project. We narrowed it to two options and hope to move forward in the next few weeks.

Background

Staff considers an online tool an essential investment, allowing staff to manage multiple contracts, collect and analyze reports, track performance and payment, and, most importantly, to ease the burden on providers. OCH explored multiple web-based platforms with the following functionality:

- **Online reporting templates and tools*- that are customizable by ACH and/or provider type with the ability to capture provider level data and roll-up the data for comparison purposes and identification of best practices. These must have the ability to capture information from the field and aggregate the information into a database. Our plan is to integrate the change plan into this platform.
    - Designed for physician/care team level of reporting on panel level data-not patient level.
    - Data aggregation tool that enables data from an EMR to be exported and uploaded into a data repository where it is aggregated and available for view.
    - One can report at a practice team level, clinic site, organization, state, region, national.
    - Transparency is recommended but can be limited based on permission rights.
- *Document management* - storing of tools, documents, resources to enable sharing of best practices.
- *Calendar*- A master calendar function and sub-calendars where important meetings, webcasts and events can be communicated and offering a single place to track down dial in information.
- *Social networking* tools such as listservs, forums, and discussion groups.
- *Announcements*- ability to push out content
- *Video archiving*- the ability to record and archive videos

** Considered a "must have"*

The 2018 OCH Budget includes a $75,000-line item for professional services to support MTP implementation (reduced to $25,000 pending OHSU contract), $40,000 to support health information exchange systems and programming, and $50,000 for other expenses. Depending on the functionality of the tool, OCH may draw from each line item.

Action

OCH began by researching tools used in the DSRIP program in New York - specifically, Spectramedix and Persistent Solutions. While these were exceptional platforms, they were cost prohibitive and offered more functionality than needed.

Staff identified two promising platforms: CSI Solutions Spread Innovation and the University of Washington Practice Transformation Hub Portal. The table below compares the two vendors.

CSI Spread Innovation	UW Practice Transformation Portal
Turn key ready to use	Requires significant software and end user development
Reasonable cost, transparent cost menu	Unclear what the final cost might be
Platform for national initiatives, including TCPI and QIO-LAN	New platform, designed mostly as a resource sharing portal (like Slack or Dropbox) Has had moderate uptake by providers
Experienced vendor for a wide range of practice transformation initiatives around the country	New platform, focused on behavioral health integration
Has all NQF, NCQA, and HEDIS measures already loaded	Does not have a reporting tool function yet built
Offers integration with EPIC	Does not integrate with EPIC
Can scale to our needs and quickly	Willing to work with ACHs, unclear how quickly products can be available
Based out of the east coast	Washington state-based
North Central and North Sound ACH are using this platform. Other ACHs are considering it. There are significant economies of scale by sharing across ACHs.	Several ACHs are exploring this option.

Proposed Recommendation

The Board authorizes the executive director to negotiate and sign a 12-month contract, up to $50,000, with CSI Spread Innovation to develop a customized reporting tool.

Olympic Community of Health

S.B.A.R. IGT Strategy

Presented to the Board of Directors February 12, 2018

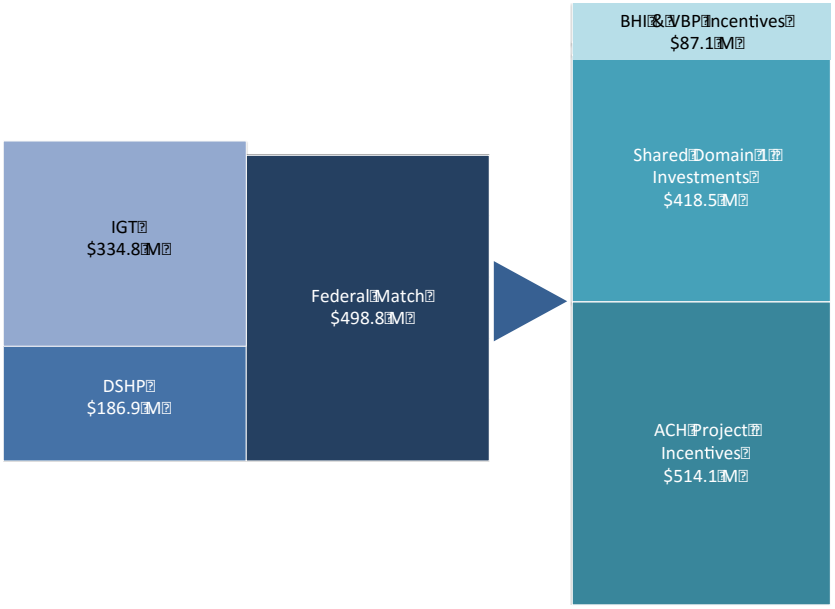
Situation

The Medicaid Transformation Project (MTP) is dependent on two sources of matching funds to leverage Delivery System Reform Incentive Program (DSRIP) funding. One of the sources - Intergovernmental Transfers (IGT) – accounts for more than 64% of the state match. To secure IGT matching funds, HCA requires board approval and active participation by ACHs.

Background

The IGT Strategy, if fully implemented, produces up to $20.6 million in earnable DSRIP revenue for OCH and its partners. Without the IGT Strategy, the maximum earnable DSRIP revenue falls to $11.9 million, a potential loss of $8.7 million. The amount of earnable DSRIP revenue produced by the IGT Strategy depends on how many ACHs agree to participate. The proportion of MTP funding tied to IGT significantly ramps up in years 2019, 2020 and 2021; therefore, ongoing funding for MTP is dependent on IGT.

Two Sources of Statewide DSRIP Funding: DSHP and IGT



If the Board agrees to participate, HCA will ask OCH to approve the transfer of up to $1,891, 000 to IGT Contributors. The IGT Strategy requires OCH participation in a series of administrative steps that begin on February 21, 2018 and conclude on March 23, 2018. The process will require Board approval of several HCA-required reports.

Before these steps are completed, OCH may participate in negotiations with IGT contributors to determine the investment of "Domain 1 Services", defined as Population Health Management, Workforce, and Value-Based Payment, in the region. These investments could be made as a condition of OCH approval payments to IGT Contributors. There are two IGT contributors: University of Washington Medicine and the Association of Washington Public Hospital Districts.

Medicaid Transformation Incentives	Full IGT Funding	No IGT Funding
OCH Project Incentives	**$20,563,000**	**$11,883,000**
Incentive Payment to IGT Contributors	$16,740,000	$0
Value-Based Payment Incentives	$2,200,000	$1,500,000
Behavioral Health Integration Incentives (IMC)	$0	$0
Total Medicaid Transformation Incentives	**$39,503,000**	**$13,383,000**

Action
This topic was discussed by the OCH Executive Committee. There was consensus that OCH should move forward with the State's IGT Strategy because the risk to OCH was small compared to the potential gain in DSRIP revenue. The Executive Committee identified one potential conflict: the public hospitals in the region may not have been given the opportunity to benefit from this strategy. Staff has since learned that all three public hospitals in our region will benefit financially from the IGT Strategy.

Risks and Administrative Burdens
OCH assumes some financial risks from two sources.

1. First, there is the potential loss or refunding of earned revenues due to a successful legal or regulatory challenge to the IGT Strategy. Such challenges would most likely come from potential IGT partners that were excluded from participating in the Strategy. It appears that this risk is reduced by the active participation of Olympics' public hospitals.

2. Second, there is a likely loss of earned revenues due to the imposing of B&O taxes by the Washington Department of Revenue. OCH will want to make sure that such taxes are deducted from any revenues earned by IGT Contributors.

In addition to these risks, the IGT Strategy, while not unusual, is made more complicated by DSRIP funds flow requirements imposed by CMS as a condition of Washington's Medicaid 1115 Waiver. These requirements place signification administrative burdens on OCH staff to determine performance and authorize incentive payments to IGT Contributors. OCH may want to impose administrative fees to recover the costs of processing earned revenue payments to IGT Contributors.

Questions for Board Discussion
Should this approval be contingent on any of the following three conditions?

1. Successful negotiation of IGT contributor services to the ACHs
2. Provision of a hold harmless or indemnification clause (associated with legal costs)
3. Not paying the B&O tax for IGT contributors should this be required

Proposed Recommendation

The OCH Board of Directors approves the funding mechanism for the Medicaid Transformation IGT strategy developed by the Washington State Health Care Authority in agreement with the Center for Medicaid and Medicare Services as part of the State's Medicaid 1115 Waiver and Transformation project.