



Minutes

ATTENDANCE		
Participants:	<p>Committee member(s) who attended in Person: Tim Cooper</p> <p>Committee member(s) who attended via Go-to-Meeting: Carrie Green, Darlene Darnell [C], Martha Lanman, Melissa Hess, Shannon Jones, Suzy Diaz</p> <p>Committee Member(s) absent: Caitlin Safford, Kat Latet, LoAnn Ayers, Meghan DeBolt, Ryan Lantz</p> <p>Guests: N/A</p>	
GCACH:	Carol Moser, Executive Director; Wes Luckey, Deputy Director; Becky Kolln, Director of Finance & Contracts; Ruben Peralta, Community Engagement Specialist; Diane Halo, Project Manager for GCACH Integrated Managed Care	
MINUTES & REPORTS		
Welcome & Introductions:	<ul style="list-style-type: none"> Roll-call performed by Becky Kolln, Meeting started at 10:01am 	
ACTION ITEMS & UPDATES		
Approval of Minutes	<ul style="list-style-type: none"> Darlene called the meeting to order at 10:03am and requested review and approval of September meeting minutes. 	<p>Shannon Jones Motioned to approve: September 2018 Meeting Minutes. Suzy Diaz 2nd motion.</p>



<p>Draft 3rd Party Administrator Agreement</p>	<ul style="list-style-type: none"> • Becky and Ruben presented the draft agreement for hiring the third-party administrator to handle the community health fund funding. <ul style="list-style-type: none"> ○ Content in the Agreements are coming from recommendation of each LHIN. <ul style="list-style-type: none"> ▪ LHINS decide which social determinants they will address in their corresponding area. ○ Tried to keep with standard language GCACH has utilized thus far in their contracts combined with recommendation from the 3rd party administrators' processes. • Community Health Fund is \$697K for FY18. • Number of providers reached is unknown since funding is allocated per LHIN county coverage areas instead of direct providers – will be done through application process. • Mid-Year funding has been received and GCACH has the capability to combine two years' worth of funding at this time rather than the original one. • GCACH requests guidance from Budget and Funds Flow Committee on the following sections; <ul style="list-style-type: none"> ○ Section 5 (Distribution from the Fund): Should there be a ceiling/floor for the funding and a max amount of funding to a single provider? <ul style="list-style-type: none"> ▪ Everything will go through the 3rd party administrator for selection. ▪ Recommendation from committee member to not limit to just a single social determinant. – <i>LHINS will decide on the number of social determinants to address.</i> ▪ Recommendation from multiple committee member to fund two years' worth to allow for more funding and meet objectives. ▪ Recommendation from committee member for distribution in lump sum. Reporting schedule should be aligned so that the projects are on course. ▪ Concern was raised with lump sum distribution as accountability may not be there. -<i>Termination language is in contract. Reporting schedule should keep providers on their performance schedule.</i> 	
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	<ul style="list-style-type: none"> ○ Section 6 (Reporting Requirements): Accurate and concise reporting requirement needs to be within the contract. This funding is GCACH earned money and is not considered State of Federal monies. <ul style="list-style-type: none"> ▪ Add repayment contract language and address unspent funds. Is rollover an option or is the funding returned? Is there an expectation on when funds would be returned and how? ● Agreement will be brought back at a later meeting with recommendations considered/included. 	
<p>Revenue Sharing Model</p>	<ul style="list-style-type: none"> ● Top of the spreadsheet consists of the different components for transformation. <ul style="list-style-type: none"> ○ Weighting is based on a calculation of point system (1-3) ● Bottom of spreadsheet are the partnering organizations <ul style="list-style-type: none"> ○ Partner size column represents clinics ○ Remainder of columns are deliverables for this year. ○ Each time a deliverable is met, the net funding is received for that particular deliverable. ○ Working with hospitals and clinics differently due to their operations. ○ Capacity needs to be reviewed to ensure GCACH can complete the work. ● Organizations were chosen through the Practice Transformation Work Group. If an organization was a hospital they received 2 clinics. ● Questions on the Revenue Sharing Model (Motion Required): <ul style="list-style-type: none"> ○ What is the timeframe for distribution and approval? – <i>Will go in front of Board October/November time frame to get the contracts going.</i> ● As more information is obtained for this spreadsheet, it will be sent out to committee members for review. 	<p>Suzy Diaz motioned to approve to Finance Committee: The revenue sharing model methodology and categories. Carrie Green 2nd motion.</p> <p>Shannon Jones Abstained</p>
<p>Dashboard from Executive Portal</p>	<ul style="list-style-type: none"> ● Reviewed GCACH WAFE Portal dashboard payments (Informational Only). <ul style="list-style-type: none"> ○ Total payments distributed thus far: \$7,141,526.00 ○ Funding has not been distributed by project. A lot of funding went toward provider engagement. ○ Operating on two budgets: DSRIP & Design Funding 	



Budget VS. Actuals To Date	<ul style="list-style-type: none">Becky presented the budget vs actuals on Design funding from Jan 2018-To Date.	
ADJOURNMENT		
	<ul style="list-style-type: none">Committee meeting adjourned at 10:43am.	
Next Meeting & Goals	<p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p> <ul style="list-style-type: none">The next regularly scheduled Budget and Funds Flow Committee Meeting will be held on November 5, 2018 from 10:00am-12:00pm. This meeting will be held in person at the CAC board room and provided with a conference call in for those who cannot make it in person.	