



Minutes

ATTENDANCE		
Participants:	Committee member(s) who attended in Person: Tim Cooper	
	Committee member(s) who attended via Go-to-Meeting: Carrie Green, Darlene Darnell [C], LoAnn Ayers, Martha Lanman, Shannon Jones, Shavonn Brown (On behalf of Kat Latet), Suzy Diaz	
	Committee Member(s) absent: Caitlin Safford, Meghan DeBolt, Melissa Hess, Ryan Lantz	
	Guests: N/A	
GCACH:	Carol Moser, Executive Director; Wes Luckey, Deputy Director; Ruben Peralta, Community Engagement Specialist; Lauren Johnson, Communications & Administrative Coordinator	
MINUTES & REPORTS		
Welcome & Introductions:	<ul style="list-style-type: none"> Roll-call performed by Carol Moser, Meeting started at 10:01am 	
ACTION ITEMS & UPDATES		
Approval of Minutes	<ul style="list-style-type: none"> August 6th, 2018 Meeting Minutes were reviewed and requested for approval. 	Carrie Green Motioned to approve: Meeting minutes are approved. LoAnn Ayers 2 nd motion.
Final Budget & Funds Flow Charter	<ul style="list-style-type: none"> Final B&FF Charter with all edits was reviewed and requested for approval. Questions: 	LoAnn Ayers motioned to approve to Finance Committee: Charter be moved to Board with



	<ul style="list-style-type: none"> ○ What is the true meaning of meeting once a month? Will that mean no months will be missed or the attempt is to meet 12 times a year? –<i>Edit to charter shall change to “typically meet one time a month”</i> ○ Who is on the phone and what makes our quorum? – <i>All attendees were reviewed to ensure quorum.</i> 	<p>amendment. Suzy Diaz 2nd motion.</p>
<p>Review Duplicate Funding Policy</p>	<ul style="list-style-type: none"> ● Background of policy was briefly reviewed. GCACH received multiple different funding, specifically related to this policy, GCACH received DSRIP funding and FIMC (BHO) funds. FIMC funding is delegated toward use for BHO providers for infrastructure. Also within GCACH DSRIP funding is a sub category for infrastructure assistance. Some Behavioral Health providers fall into both the FIMC funding and DSRIP funding. This policy will state that those providers cannot “double dip” for the same use areas. ● There are possibilities to use both funding, however, it must be used for different items and may not be used for the same purpose. ● Questions: <ul style="list-style-type: none"> ○ How we are checking on our end, what is the control mechanism? – <i>Internally we have vendor policies internally to check duplicate expenses. GCACH also has the contract with each entity to have the capability to audit all expenses if we need to check. Providers also must submit plans on how funding will be utilized.</i> 	<p>Suzy Diaz motioned to approve to Finance Committee: The duplicate funding policy move forward as is. Shannon Jones 2nd motion.</p>
<p>PCMH Tracker</p>	<ul style="list-style-type: none"> ● PCMH tracker is an attempt to categorize all the different activities that has to happen between now and the end of the year for our providers. ● Development by extracting from the implementation plan/guide – includes all 23 contracting providers with GCACH. ● Reviewed all 24 categories and gave some background on what each entails. ● Questions: <ul style="list-style-type: none"> ○ Is there any significance the committee should know about those providers listed in red? –<i>Those are out exemplar organizations. Exemplar organizations are those organizations that have achieved a high PCMH recognition. Those providers have a lot to offer to showcase and pave</i> 	



	<p><i>ways for others providers. This may result in reward later on down the road for assisting other organization.</i></p> <ul style="list-style-type: none"> ○ What are the yellow highlights? - <i>Those organizations that want to get through the QI team development by end of October.</i> ○ What are the blue highlights? - <i>Those organizations that want to get through the QI team development by the end of December.</i> ○ Is there a certain amount that needs to be accomplished before the first payment? –<i>When contracts are setup with provider organizations. As some of the items are completed it triggers funding. Performance based contract. Very similar to Behavioral Health contracts. This will allow them to be funded and incentivize them to complete the reporting requirements.</i> 	
<p>Engagement & Implementation Funding</p>	<ul style="list-style-type: none"> ● Reviewed the funding categories planned for FY18 payouts. ● Items that have already started to be paid out: LOI Submission, Project Facilitator Total, Board member, CSA submission, Registration in WAFE Portal ● Requesting approval for new categories (payment is based on “per provider”): PTW (\$15K), Quality Improvement Team (\$15K), MeHAF (\$10K), PCMH-A(\$10K), Base Population Health Funds (\$15K), Base Practice Transformation Funding (\$100K) ● Questions: <ul style="list-style-type: none"> ○ What does the column “earned” represent? –<i>Total liability for that specific expense category. Projected budget on max liability.</i> ○ What is the total allocated column? – <i>Funds paid out to date.</i> ○ Request to edit titles so they are easily understood. –<i>Document will be edited per B&FF Committee request.</i> ○ Are the new categories for approval one time payments and not reoccurring? – <i>Yes.</i> ○ Is the total remaining actually mean more funding is available? –<i>Yes, there is funding remaining that does not have a planned allocation at this time. This specific group in later meetings will focus on what we can do on the Non-Medicaid providers.</i> 	<p>Tim Cooper motioned to approve to Finance Committee: GCACH can move forward with the contracting with providers based on these categorical areas and based upon the fact they have agreed to or completed these instruments that will trigger funding payments. Categories and associated funding is approved. Suzy Diaz 2nd motion.</p>



	<ul style="list-style-type: none"> ○ Just want to clarify that MCO's cannot receive any payment and what is the expectation of the PTW members, are there written expectations for this team? –<i>Yes, we did not count MCO's for payments. A charter guides the Practice Transformation Work Group. It is very prescriptive in being a leader and assisting in making selections, analysis, development of assessments, etc.</i> 	
Resignation from the B&FF Committee	<ul style="list-style-type: none"> ● Two resignations from the Budget & Funds Flow Committee: Steve Febus (Pullman Regional) & Miguel Messina(Comprehensive) ● Questions: <ul style="list-style-type: none"> ○ Should other individuals be added to the Budget & Funds Flow Committee? – <i>With a total count of 11 members currently and judging representation on the spot is hard. We will reconvene on this topic next meeting and allow others to think about this process. We also need a comprehensive route on how new members are added to this committee.</i> ○ Are all sectors represented? –<i>FQHC is lacking in representation, CBO is a little light and could stand for more representation.</i> 	LoAnn Ayers motioned to accept: Resignation of Steven Febus and Miguel Messina from B&FF Committee. Martha Lanman 2 nd motion.
ADJOURNMENT		
	<ul style="list-style-type: none"> ● Committee meeting adjourned at 10:57am. 	
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 October 8, 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. 	