

Minutes

ATTENDANCE	
Participants:	<p>Committee member(s) who attended in Person: Carrie Green, Darlene Darnell [C], Ryan Lantz Committee member(s) who attended via Go-to-Meeting: Kat Latet, Melissa Hess, Suzy Diaz Committee Member(s) absent: Caitlin Safford, LoAnn Ayers, Miguel Messina, Steve Febus</p> <p>Guests: N/A</p>
GCACH:	Carol Moser, Executive Director; Kylee Spence, Director of Finance & Contracts; Wes Luckey, Director of Clinical Transformation; Sam Werdel, Program Manager; Ruben Peralta, Community Engagement Specialist
MINUTES & REPORTS	
Welcome & Introductions:	<ul style="list-style-type: none"> Roll-call performed by Darlene Darnell, Meeting started at 9:37am
ACTION ITEMS & UPDATES	
Budget & Funds Flow Charter	<ul style="list-style-type: none"> Guiding Principles were reviewed and concurred (Accountability, Transparency, Collaboration, Value-Driven, & Flexibility)
Project Incentive Budget	<ul style="list-style-type: none"> DSRIP/IGT Funds were provided and explained after receiving finalized reporting categories and corresponding dollar values for DY 1. <ul style="list-style-type: none"> Project Costs: \$8,187,140.00 (Dispersed over the five year) Shared Domain 1 Investments: \$5,734,526.00 Health Systems & Community Capacity Building: \$3,420,850.00 BHI Incentives: \$4,073,566.00 Social Determinant of Health Fund: \$1,850,350.00 Project Management & Administration: \$966,000.00 GRAND TOTAL: \$24,232,432



<p>Allocation of Project Funds by Organization Type</p>	<ul style="list-style-type: none"> • Prior allocation of DSRIP funds were provided <ul style="list-style-type: none"> ○ GCACH 16.1%, Medicaid Providers 50.3%, Non-Medicaid Providers 33.5%, Tribes/ITU 0.8% • After reviewing the current list of providers that have submitted a letter of interest, a motion was moved to change the Medicaid/Non-Medicaid Providers percentages to 70%/30% • Question on if we should include Networks within this engagement budget arose, to provide funding to those networks who may facilitate/bring a lot to the table that other organizations may not be able to do. Conclusion was undecided 	<p>Approved Motion to Finance Committee: Allocation of engagement dollars Medicaid 70% & Non-Medicaid 13%</p>
<p>Top 30 Providers List</p>	<ul style="list-style-type: none"> • The top 30 professional Medicaid services providers were explained and reviewed • The listing provided oversight of which providers we have obtained a letter of interest from and which we have not • All top 30 providers have been contacted multiple times if an LOI was not received 	
<p>OFM Population Table</p>	<ul style="list-style-type: none"> • Medicaid enrollees by county excel table was provided and explained. • Population table provided Medicaid enrollees by county percentage of ACH total and Medicaid percentage of total population for easy viewing of different Medicaid populations per county • A summary of initial GCACH project approaches were provided. This included projects within 2A, 2C, 3A, and 3D. Additional projects areas to be undertaken that are not included within the four chosen projects were also provided 	
<p>Provider's List/Gap Analysis</p>	<ul style="list-style-type: none"> • Gap analysis list was provided and reviewed • Some items of note were discussed; <ul style="list-style-type: none"> ○ Some providers sent in multiple LOI's for each program while others sent one for the organization, how do we handle that? <i>-Splits will be authorized if providers have separate EIN's and their own governing board.</i> ○ Do we include networks on the engagement funding formula? – <i>To be discussed later. Consideration was given to add them as a Non-Medicaid provider or fund them out of the Social Determinants of Health fund.</i> 	



	<ul style="list-style-type: none"> ○ Should we reward those groups that have 0 interest checked of the 4 project areas chosen? <i>-Projects will need to be determined and checked against metrics and social determinants.</i> ○ Do we want to factor in number of counties services are provided in as a factor? <i>-Can't take face value on the LOI due to inaccuracy, factoring in counties served was not taken into consideration at this time.</i> ○ Should we separate funds further by "Sector"? <i>-At this time funding will remain purely separated by Medicaid/Non-Medicaid.</i> ○ Do we want to allow LOI's to be submitted throughout the year? <i>-No, a cutoff must be established so that we can budget funds appropriately. Annual submission may be allowed if we would like at the start of a new demonstration year.</i> ○ Total clients and Medicaid clients served are on a different basis for each provider. Some reported nationally, regional, local, etc. Too much erroneous information to take at face value. How do we determine who is serving the most Medicaid, do we want to attach a monetary value to that and where do we obtain that information? <i>-Consideration was given to using Medicaid dollars billed but a lot of unknown on how to obtain numbers for all LOI providers.</i> 	
<p>Provider Engagement Incentive Funding Formula</p>	<ul style="list-style-type: none"> ● The provider incentive engagement funding formula was walked through by each column and explained ● Two different tabs have been developed with correlating providers per tab, Medicaid & non-Medicaid ● Flat Stipends were proposed for work to date and projected future work <ul style="list-style-type: none"> ○ Project Participation – This includes the participation projects checked on the LOI that each provider would like to participate in. Tied to this funding will be a required quarterly report on progress for these projects ○ LOI Submission – A stipend provided for encouragement to fill out the LOI and for taking the time to fill it out correctly with all information provided 	<p>Approved Motion to Finance Committee: All Flat stipend categories and amounts per funding formula spreadsheet</p>



	<ul style="list-style-type: none"> ○ Project facilitators – Paid to the providers that individuals belong to who participated actively as a project facilitator ○ Board Participation – Paid to the providers that board members belong to who participated actively as a Board Member of GCACH ○ MOU/Financial Executor – Time spent negotiating and signing the MOU and signing up for the Financial Executor Portal ○ MeHAF – Paid upon completion, proof of completion, and approval by GCACH for completing the MeHAF assessment ○ PCMH - Paid upon completion, proof of completion, and approval by GCACH for completing the PCMH assessment ○ Domain I Assessment - Paid upon completion, proof of completion, and approval by GCACH for completing the Domain I assessment ○ Strategic Work Group – Paid to the providers that strategic work group members belong to who actively participate within this work group ○ Community Engagement Specialist – Negotiated within the MOU per specified providers. Payment for a local “boots on the ground” individual who currently works at said provider and can provide hours toward community engagement within their residing county. Will work hand in hand with GCACH Community Engagement Specialist, Ruben Peralta. 	
Timeline for roll-out of incentive payment funds	<ul style="list-style-type: none"> ● First payment of Provider engagement dollars projected to be paid out on April 15, 2018 to those providers with a signed MOU and those that are registered within the Financial Executor Portal 	
ADJOURNMENT		
	<ul style="list-style-type: none"> ● Committee meeting adjourned at 11:34am. 	
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 April 3, 2018 from 9:30am-10:30am. This meeting will be held in person 	



Greater Columbia

**Accountable
Community *of*
Health**

Budget and Funds Flow Committee

Tuesday, March 6, 2018
9:30am to 11:30am
Regular meeting
GCACH / Go-to-Meeting

	<p>at the CAC board room and provided with a conference call in for those who can not make it in person.</p> <ul style="list-style-type: none">• GOAL: At the April 3rd meeting, we will attempt to continue to finalize FY18 funds flow methodology so that we can then get approval from the finance committee and board for timely payment of incentive funds to our partnering providers	
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