# SWACH Board of Trustees Meeting

**Thursday, February 15, 2018**

**9:00 am – 12:00 pm**

**MEETING MINUTES**

Members Present: Jon Hersen (Chair), Sharon Crowell (Vice Chair), Les Burger, Dave Edwards, Dave Kelly, Craig Pridemore, Kirby Richards, Karen Stral, Kevin Witte, Roxanne Wolfe, Dawn Bonder (Ex Officio), Janice Finley (Staff), Brette Greenwood-Wing (Staff)

Non-Members Present: Connie Mom-Chhing (CHPW)(via phone)

Members Absent: Steve Kutz, Laurel Lee

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome and Attendance</td>
</tr>
</tbody>
</table>
| 2a | **Approve December January 18, 2018 Minutes**  
Karen Stral moved, Kirby Richards seconded to approve January 18th minutes; motion passed unanimously |
| 2b | **Board Approval of Financial Statements**  
Good portion of our funds in Money Market, which allows for conservative state but better return. The Finance Committee (Janice, Les, and Kevin) have a meeting with Riverview Trust to discuss what other options are out there. We have completed transition with Healthy Gen. Early adopter funds have not been received yet. CIO position is no longer shared with Pierce ACH, we have taken him on full time.  We are in discussion with PeaceHealth to determine a good fit for the Board or possibly the Finance Committee. |
| 2c | **Audit Committee**  
We do not have a legal requirement to do so, but as part of best practices, especially since we have a very complicated financial system, and have been through several transitions, we are looking to do a full audit of our 2017 finances. There will be an RFP process, then a time commitment to review those proposals and pick a firm to do the audit. Sharon Crowell moved that the full board serve as the Audit Committee, Karen Strahl 2nd, motion approved unanimously. |
| 2d | **IGT Strategy- Year 1 Funding**  
DSRIP funds must run through the ACHs. We are proposing strategies to accomplish this: an IGT payment distribution strategy developed by HCA as part of the State’s Medicaid Waiver and Transformation project. Not participating in the IGT plan will not only directly impact funds available to us, but the other 8 ACHs. We will be a passthrough for about $2.7MM in year 1. Sharon Crowell moved to approve the strategy and funding mechanism for IGT developed by HCA, Kevin Witte 2nd, motion passed with 1 member (Les Burger) opposed. |
| 2e | **Proposed Legislation Excluding ACHs from B&O Tax** |
Currently ACHs must pay Business & Occupation tax on dollars earned through the MTP. All 9 ACHs are in agreement that this is a disservice to the project and our communities so have been asking the state to make this change. Legislation has been brought forth to help solve this issue and are requesting support from the Board in allowing us to pursue talking to our local legislators to approve the bill. Craig Pridemore move, Sharon Crowell 2nd, motion to pursue legislative avenue to remove tax burden on ACHs. Motion passed unanimously.

HB 2489
This bill focuses on opioid use disorder treatment, prevention, and related services. Overall the bill has many merits, however there is one part of the bill which would mandate that providers connect to the Prescription Management Program (PMP) through the Washington State Health Information Exchange. There are multiple ways to connect to the PMP, some of which are free, but requiring providers to connect only through the State’s system would cost about $30K. This would prevent Oregon providers from participating, and therefore impact our region in effectively addressing the opioid epidemic. As this issue encompasses more people than just those on Medicaid, this gives us an opportunity to start plotting a course as an ACH beyond the MTP to advocate for our partners when what’s being asked does not improve care, outcomes or cost. Sharon Crowell moved to support advocacy in changing HB 2489 to create flexibility with reporting to PMP, Craig Pridemore 2nd. Motion passed, with Jon Hersen, Kirby Richards, and Roxanne Wolfe abstaining, and no opposed.

Conflict of Interest Acknowledgement
Attestation of Conflict of Interest needs to be reviewed and signed annually. Board agreed the policy still meets the needs of the organization, however suggested including immediate family members (spouse/partner and children) in the definition of interested person. Jon Hersen moved to approve policy with changes, Craig Pridemore 2nd, motion passed unanimously.

Q &A
No Discussion

Background and Formation of Incentives and Investment Committee
Charge to the RHIP Council is to Maximize available earning to the region, and to think about how this work extends beyond Medicaid; all work should be sustainable beyond the MTP. Avenues to earn incentives/funding: Year 1 is via the project Plan submission, year 2 is reporting, year 3 begins split between Pay for Performance and Pay for Reporting; 25% will be based on hitting outcome measures for clinical integration, addressing opioid crisis, community care coordination, chronic disease prevention, and increasing volume of value- based contracts. Year 4 split is 50/50, and year 5 is 75/25. Should receive baseline data this coming fall on performance measures. Reporting requirements for ACH are still not finalized, but currently there are no targets for the reporting requirements; first report due June of 2019 for Jan-June of 2019. By 2021 90% of Medicaid $ must flow through Value Based Contract. Early Adopter funds and year 1 funds total about $11MM once they are received.

60% of Year 1 funding will be going into Systems and Capacity Building Fund. We need to decide who will be the arbiter for providing dollars to community providers. Committee Composition – need to have a provider representation on the subcommittee – someone who understands how the details will play out in real life. Suggestion to have a board member who does not have any conflicts of interest chair the committee and work with staff to develop a charter. Committee
could include Outside stake holders such as a RHIP Council Member or someone from the workgroups who is already connected and understands the work. Charter should be approved by full board. Karen volunteered to be on Sub Committee (and be chair?), along with Les and Kevin. Still need to determine how we want to seek members for the subcommittee: do we want to invite specific people; do we want to open wide for anyone to apply? Target March meeting to have draft of charter.

| 5 | **Next Steps**  
|   | Kick Off Event – encouraging as many board members as possible to attend. |
| 6 | **Public Comment/For the Good of the Order**  
|   | No Discussion/announcements |

*Items in Red Indicate Action Items*