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**Notes from the Board of Directors Meeting of August 1, 2018**

Call to Order

The meeting was called to order by President Robin Andrews at 2:32 pm

Roll Call

The following members were present at Roll Call: Robin Andrews, James Campion, Michael Cole, Robert Gibson, PJ Keeler, Theresa Lux, Art Proper, Beth Schuster, Laurie Scott, Ken Stall, Sarah Sterling, Scott Thomas, John Thompson, Linda Tripp, Nancy Watrous.

The following members were absent at Roll Call: Chelly Hegan, Jack Mabb, Kevin McDonald, Jeff Rovitz, Tina Sharpe.

Staff members Claire Parde, Lisa Thomas, John Ray, and Ashling Kelly were also present, as well as guest speaker Kathy Preston.

*Board member Chelly Hegan entered the meeting at 2:36 p.m.; Board member Jeff Rovitz entered the meeting at 2:40 p.m.*

Presentation

Claire introduced Kathy Preston, Executive VP of the NY Health Plan Association. During a lively and interactive presentation (see attached) Kathy explained NY HPA’s philosophy; presented an overview of health care reform initiatives; and, addressed uncertainties and challenges. Kathy and Board members discussed managed care for both children and the developmentally disabled; the probability of a NY state health insurance mandate to replace the recently repealed Federal mandate; and, health homes versus plan provider care. Kathy also addressed the opioid crisis and the “push-pull” between what health plans see as necessary versus the view of providers and families of those directly impacted by opioids.

Communications/Board Discussion

Ken Stall delivered the Impact Moment, reflecting on his involvement with the Consortium since its inception, and offering the following:

1. The Consortium’s information sharing and education has benefitted him both personally and professionally.
2. COARC consumers and their families have made frequent use of Transportation services.
3. COARC regularly refers people to the Consortium for assistance with Facilitated Enrollment/Healthcare Navigation.

Consent Agenda

The Board considered the Board Meeting minutes of June 6, 2018 as well as the minutes for the Budget and Finance Committee Meeting of June 5, 2018, Governance Committee Meeting of June 27, 2018, Executive Committee Meeting of July 11, 2018, and the Budget and Finance Committee Meeting of July 17th, 2018.

**Be it RESOLVED, the Board of Directors accepts the minutes/actions of the Board of Directors Meeting of June 6th, 2018 and all Committee meeting minutes. [*All members may act*]**

**Motion made by Robert Gibson, seconded by Chelly Hegan, and unanimously approved.**

President’s Report

Robin thanked Beth Schuster for her prior service as Board President. She then updated the Board members regarding Tam Mustapha’s resignation and subsequent committee changes. Art Proper, previously Chair of the Personnel Committee, has agreed to take Tam’s place as Chair of the Corporate Compliance Committee. Linda Tripp has left the Corporate Compliance Committee to replace Robin Andrews as Chair of the Governance Committee. Robin also discussed the Executive Committee’s decision to dissolve the Personnel Committee, praising its good policy work over the last many years. The Executive Committee will address personnel matters moving forward. The remaining Personnel Committee members, Nancy Watrous and Theresa Lux, were invited to serve on Corporate Compliance.

Treasurer’s Report

In Treasurer Jack Mabb’s absence, Fiscal Manager John Ray provided the report. Cash reserves are increasing. Nothing is outstanding; everything is being paid timely. The Bank of Greene County renewed our $100,000 line of credit; the Consortium has not accessed that credit line during the past six years. We are experiencing two timing issues regarding voucher submissions: (1) we’re waiting for final written approval from RHN on our nine month contract extension in order to submit our first quarter voucher for the period ending June 2018, and (2) we’re also waiting on an approved subcontractor agreement from Columbia County in order to submit vouchers for the three months of April, May & June to the Office for the Aging for the NY Connects Program.

Governance Report

Robin shared the news that Art Proper has left his position as Administrator of the FASNY Firemen’s Home and is now Administrator of the Troy Center. This move changes his status as a Network Member Representative. A motion was introduced to change Art’s status to “Non-designated”.

**Be it RESOLVED, the Board of Directors approves the change of status for Art Proper from “Network Member Representative” to “Non-designated.” [*All members may act]***

**Motion made by Chelly Hegan, seconded by Theresa Lux, and unanimously approved.**

Claire distributed the Rural Health Network Member list, explaining that there are sixteen Network Members as well as four non-Network members. CMH’s seat is vacant; Jay Cahalan executed CMH’s Network Member agreement. Claire would like to pursue filling that vacancy.

Robin reminded everyone that Board contact lists are posted on the Consortium’s website, and requested that members provide personal, in addition to professional, contact information.

Robin reported briefly on the results of the recent Board Assessment; there was nothing that invited scrutiny or generated concern. Governance will do a comparison between the Assessment just completed and the 2015 Assessment and report back to the Board with their findings.

Strategic Planning Discussion

The first meeting of the ad hoc Strategic Planning Committee has been scheduled for August 23rd. Robin emphasized that this will be an ongoing conversation, and those unable to attend the first meeting will have more opportunities to participate. Claire and Robin will meet prior to August 23rd to plan the meeting’s agenda.

Executive Director’s Report

*(Bob Gibson left the meeting at 3:47 p.m.; Jim Campion left the meeting at 3:55 p.m.)*

Claire reported that, following the execution of the contract extension, we expect to be able to voucher for first quarter expenses by the end of August.

The Navigator RFP is due August 13th, and will be submitted by August 9th. While the service area wasn’t changed, there is a challenge presented by a 5% cap on administrative costs, and a 10% cap on indirect costs. In Claire’s view, this reflects a tendency of the state to favor larger organizations. Claire is exploring ways to deal with this challenge. Chelly Hegan suggested that John Ray may wish to speak to the CFO at UHPP to see how they have handled this issue.

St. Peter’s Hospital received the Cancer Services Program contract to cover the area previously served by the Consortium. There is a planful, orderly transition between our two programs currently underway.

Due to increased funding for Columbia County OFA, we are able to expand NYConnects. Kelly McGiffert, currently a Navigator, will become a NY Connects Information and Assistance Specialist at .8FTE. We will be advertising for her full time replacement.

Claire also shared the news that the Consortium is to become the new home of the SUNY Women’s Health Project; Kelly McGiffert will also take on the position of Field Coordinator for the Project, at .2FTE.

Claire wrapped up her report by inviting the Board to the **Consortium’s Birthday Block Party**, which will take place on **Friday, September 21st from 3:00 p.m. to 6:00 p.m. at Promenade Hill Park**.

Additional Discussion

A question was asked regarding DSRIP and contract work. Claire talked about the nearly-finalized contract with Circulation for non-medical transportation, which could be a new revenue stream. It has been a slow process; we hope to start service delivery by September. Additionally, BHNNY may contract for “enhanced Navigation” services, which could include health literacy, education about health insurance products, and connecting people to primary care providers. Claire hopes to position the Consortium to fill this need.

***Motion to adjourn the meeting was made by Theresa Lux. Meeting adjourned at 4:01 p.m.***

**Respectfully Submitted,**

**Linda Kay Tripp, Board Secretary**

**Columbia County Community Healthcare Consortium, Inc.**

**Executive Director’s Report to the Board at its meeting of August 1, 2018**

**Program Updates**

Rural Health Network Program Update

Following the restoration of funds to the RHN Program at the 2017-2018 funding levels, we submitted a new budget in the amount of $142,037, with justification and a revised work plan for the 9-month extension period of April 1st through December 31, 2018. Then, on June 8th, we were advised that we would receive an *additional* $41,832, bringing our current year budget to $183,868. On June 22nd, we submitted a revised budget, budget justification and work plan for this amount, which was approved on July 9th. We are currently amending the contract and hope to be able to voucher for first quarter expenses by the end of August.

Also, we submitted our application for the next 5-year RHN grant cycle, requesting $240,000/yr, on June 26th.

Navigator Program Update

We have submitted a budget and work plan for the 7-month contract that begins on October 1, 2018 and ends on April 30, 2019. Approval is pending. Our contract manager has changed (again).

Meanwhile, on June 29th, the NYSDOH issued the RFP for the Navigator Program. We submitted the Letter of Intent to apply and are already drafting the application, which must be submitted by August 10th. We will apply for the maximum funding amount of $330,000 to serve Columbia and Greene Counties. However, we have serious challenges with the budget, which, according to the Q&A released yesterday, limits indirect costs to 10% and administrative costs (which includes all of the Program Director’s time) to 5%, or $16, 500.

NYConnects Program Update

As noted in my last report, NYSOFA issued an allocation table for the NYConnects Program which allotted $99,928 to Columbia County for the 12-month period starting April 1, 2018. We prepared a draft budget for this amount to submit to NYSOFA when requested. In the meantime, we pursued contracting with the County for this amount so that expenses, which we are incurring, can be reimbursed timely. Since we were advised this is not possible, we asked our very helpful partners at CCOFA to prod NYSOFA for some written assurance that funding is forthcoming, which was received.

Meanwhile, Lisa Thomas initiated a conversation with our contract manager about the minimal funding amount Columbia County receives, particularly in comparison with neighboring Greene County. We were asked to submit a request for additional funding, which we did on June 15th.

On July 3rd, Kevin McDonald received a letter from NYSOFA assuring him that funding in excess of $140,000 would be coming to Columbia (ask and ye shall receive!!!). This new funding allows us to hire an additional Information and Assistance Specialist. We advertised for this position internally and are excited to report that Kelly McGiffert, currently a Navigator, will assume this role at .8FTE effective September 4th. We will be advertising for someone to fill her full-time Navigator position shortly.

Cancer Services Program Update

Good news! St. Peter’s Health Partners received the award for the next round of Cancer Services Program funding, which means the project will be directed by Darcy Connor. We are both happy for her and happy for residents in Columbia and Greene Counties, because we know Darcy will ensure they continue to be served. Also, we received detailed instructions from NYSDOH for transitioning the program, now underway.

Transportation Program Update

The Transportation Program continues its work with the Vermont Energy Investment Corporation, or VEIC, to conduct an evaluation and strategic planning study of the program, funded by the Foundation for Community Health. We received a draft report from VEIC in mid-June, which was disappointing, and had a call to redirect and focus their efforts in more productive ways. We are hopeful the final report will be more useful.

DSRIP

On April 30th, we executed a Phase III contract with BHNNY and have met with Meg Wallingford, the new COO, on two separate occasions to discuss possible contract work.

Meanwhile, we are getting dangerously close to finalizing the contract with Circulation, the web-based platform that is being utilized by the two Albany-area DSRIP Performing Provider Systems (PPS’s), the Alliance for Better Health (“the Alliance”) and Better Healthcare for Northeastern NY (BHNNY).  It’s our internal goal to be fully contracted and ready to go live by September.

**New Developments**

The SUNY Women’s Health Project

Dr. Annis Golden, the Director of the SUNY Women’s Health Project, and I met on July 2nd to discuss the future of the project. Annis has funding from the Dyson Foundation through February 2019 to help transition the project to a permanent non-profit home. I have agreed that the Consortium will be this home. Funding from Dyson will support a modest subcontract, including the wages and fringe for a .2FTE Field Coordinator; Kelly McGiffert will assume this role in addition to her NYConnects duties effective September 4th. Thereafter, I am confident it will be possible to secure additional funding to support the work of a coordinator and the three community health workers, who currently work a combined total of 15 hours/week. This is a very low-risk, no-cost way of starting a community health worker program, which I continue to believe will be a key component of healthcare delivery to high-risk populations in the future.

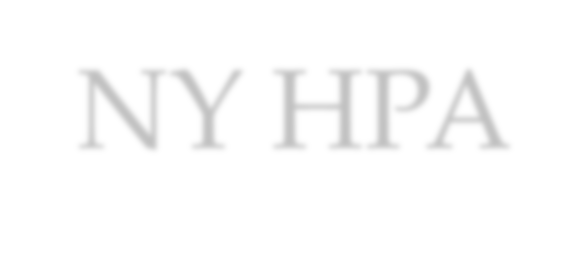
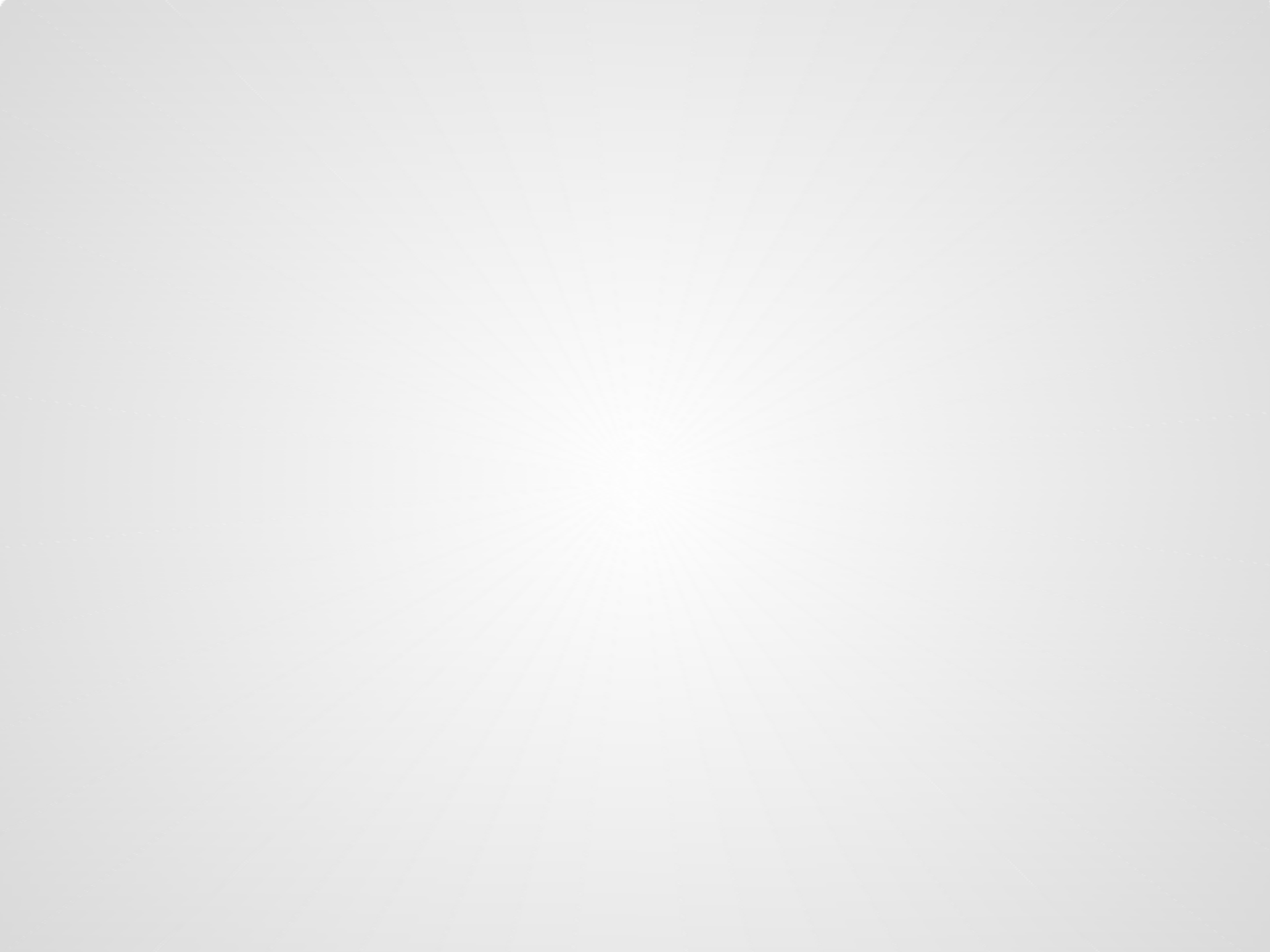
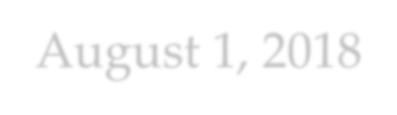
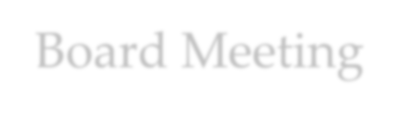
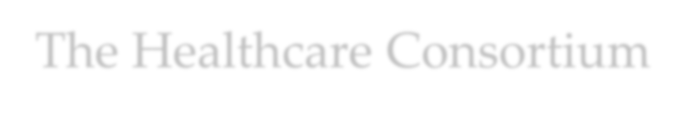
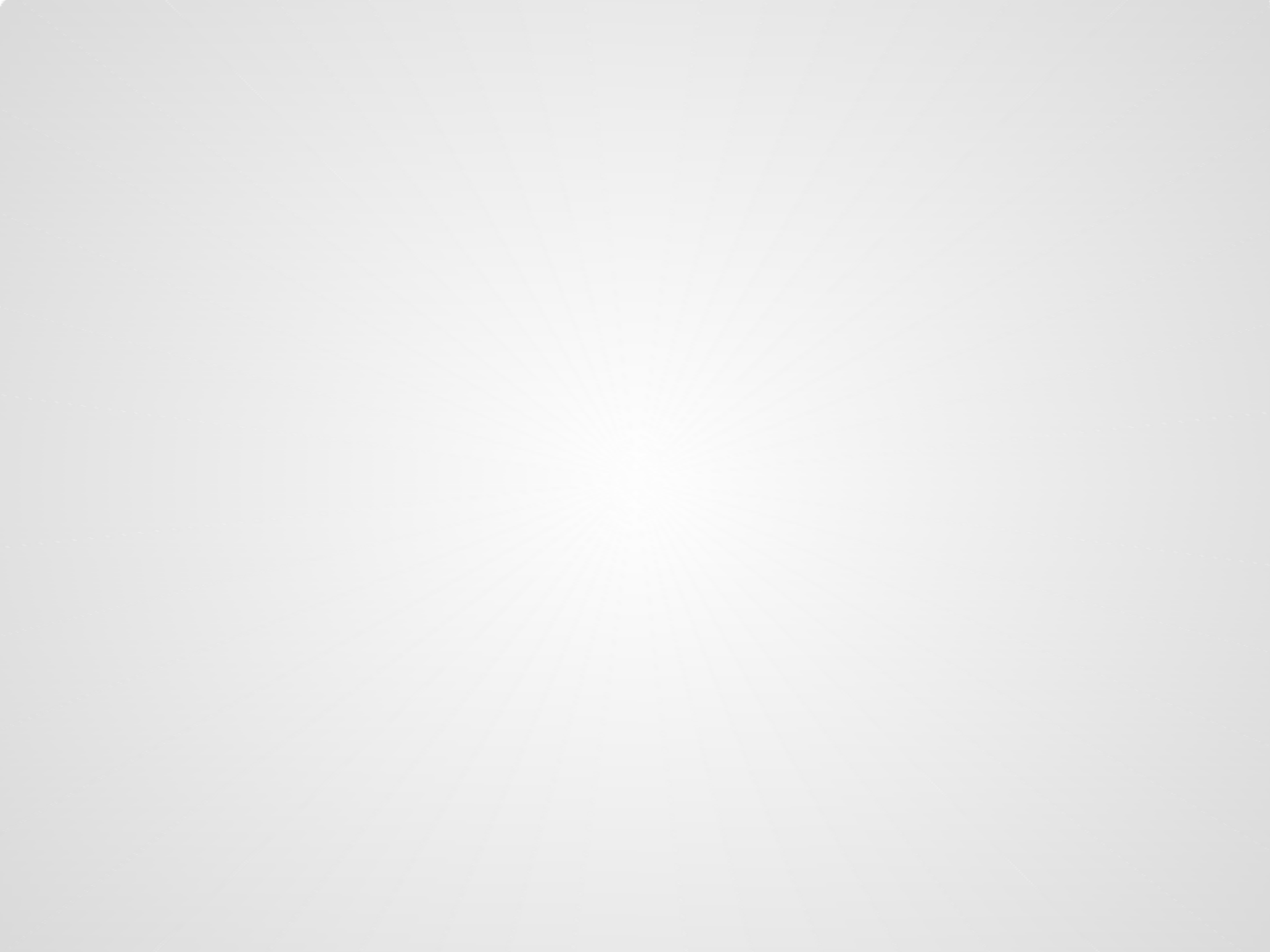
**Board and Community Relations**

Since I last reported at the Board meeting in June…

* On Tuesday, June 19th, I attended the Greenport Gardens Ribbon Cutting Ceremony
* On Monday, June 25th, I attended a luncheon of the Twin County Recovery Services Board of Directors and staff at Creekside in Catskill, where I was voted onto the BOD
* On Wednesday, June 27th, I attended the PHIP Advisory Committee Meeting at St. Mary’s in Troy

**Upcoming Events**

* The ad hoc **Audit Committee will meet at Wednesday, August 8th at 1 p.m**.
* On Wednesday, August 22nd I will be facilitating a SWOT analysis for the Department of Health
* The ad hoc **Strategic Planning Committee will meet on Thursday, August 23rd from 1 to 3 p.m**.
* In early September (date tbd) I will be meeting with a number of partners, including CCDOH, HRHCare, and HCDI, that are being convened by the Foundation for Community Health to discuss dental services
* From September 13-16th, I will be attending the Hospital Trustees of NYS Conference in Saratoga
* On September 20th, I will be attending a meeting of transportation programs convened by the Foundation for Community Health
* **On Friday, September 21st, we will be having the Consortium’s 20th Anniversary Community Block Party from 3-6 p.m. in Lower Hudson. Mark your calendars and please come!**
* September 27th-28th, I will be attending the annual conference of the New York State Association for Rural Health

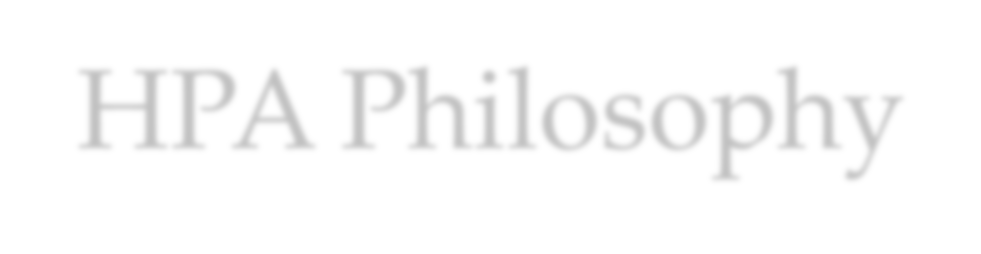
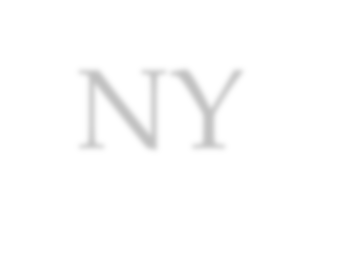
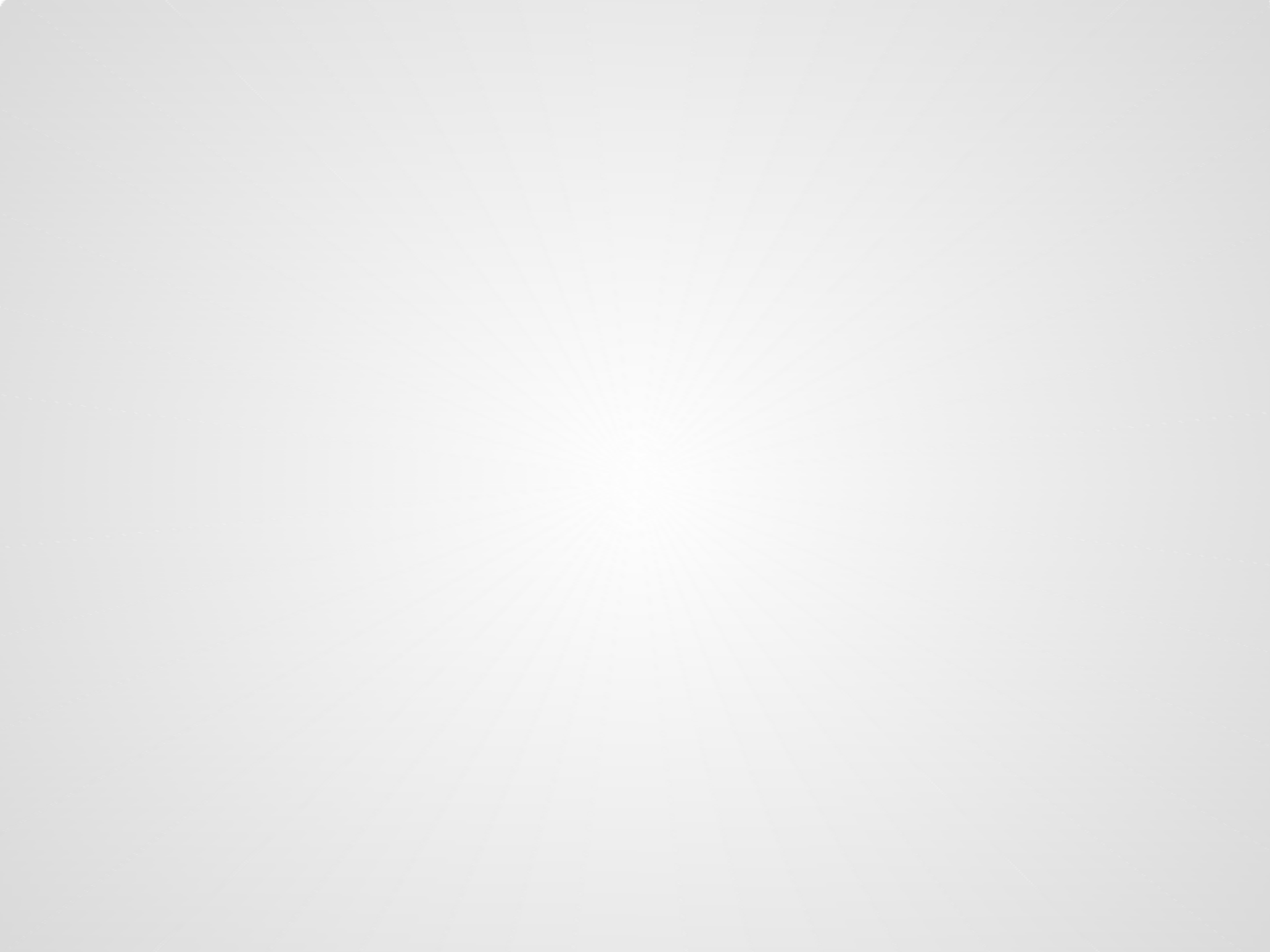


# NY HPA

###### The New York Health Plan Association (HPA) is comprised of 28 health plans that provide comprehensive health care services to more than eight million New Yorkers.

* Our member plans have long partnered with the state in achieving its health care goals, including improved affordable access to quality care in its government programs as well as providing access to care that exceeds national quality benchmarks for commercial enrollees.
* HPA is dedicated to the principle that managed care plans are a vital component of both present and future health care delivery and health insurance systems in New York. To this end, the organization promotes and fosters a favorable environment for managed care development within New York State.

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# NY HPA Philosophy

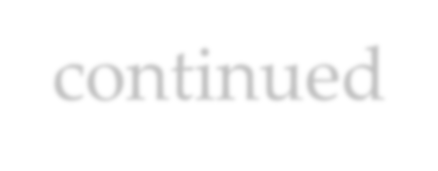
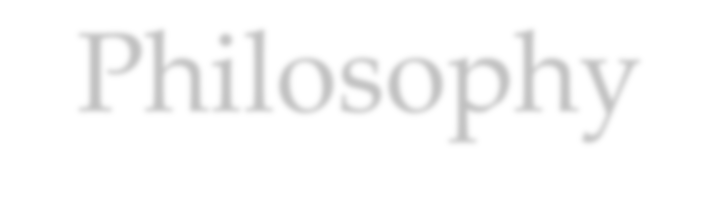
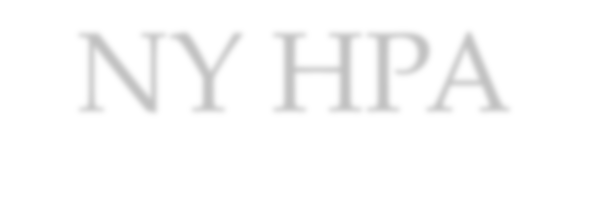
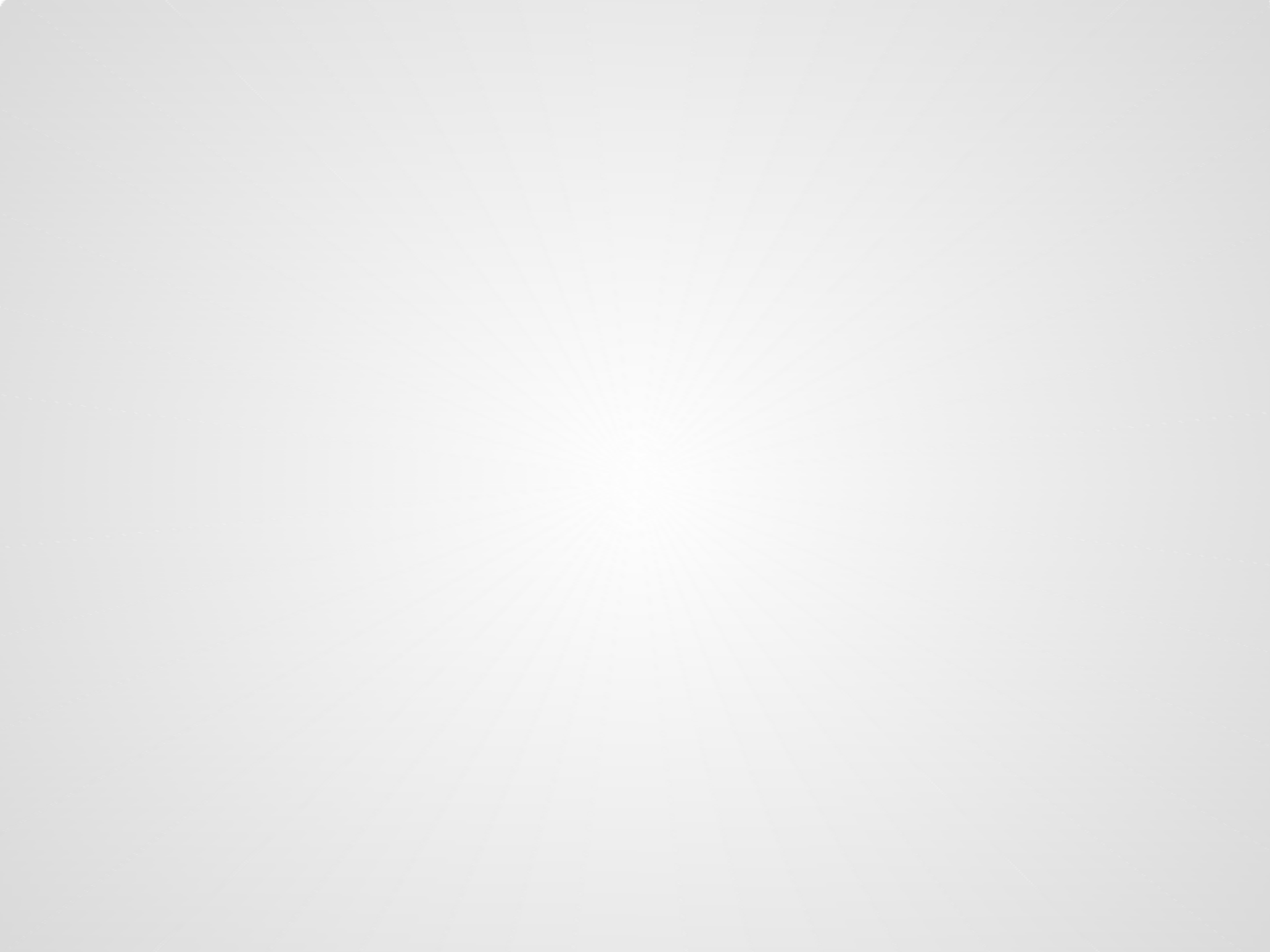
* We represent a philosophy of health care that emphasizes **active partnerships**

between patients and their healthcare providers.

* We believe that comprehensive health care is best provided by networks of health care professionals who are willing to be held accountable for the quality of their services and the satisfaction of their patients. We are committed to high standards of quality and professional ethics, and to the principle that **patients come first**.
* We believe that patients should have the **right care, at the right time, in the right setting**. This includes comprehensive care for acute and chronic illness, as well as preventive care—in the hospital, at the doctor’s office, and at home.
* We believe all health care professionals should be held **accountable** for the quality of the services they provide and for the satisfaction of their patients.

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# NY HPA Philosophy

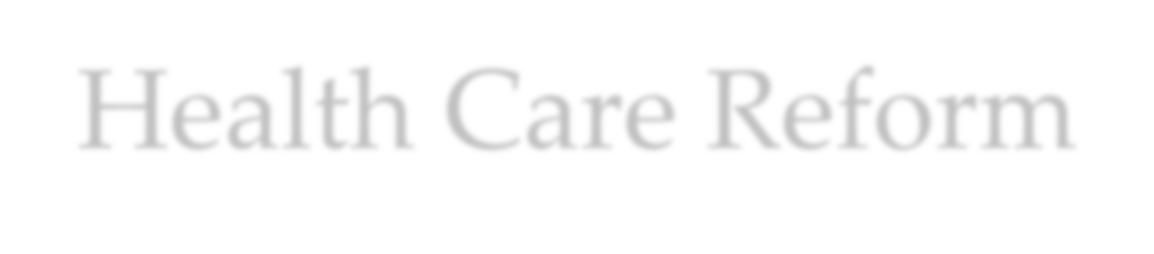
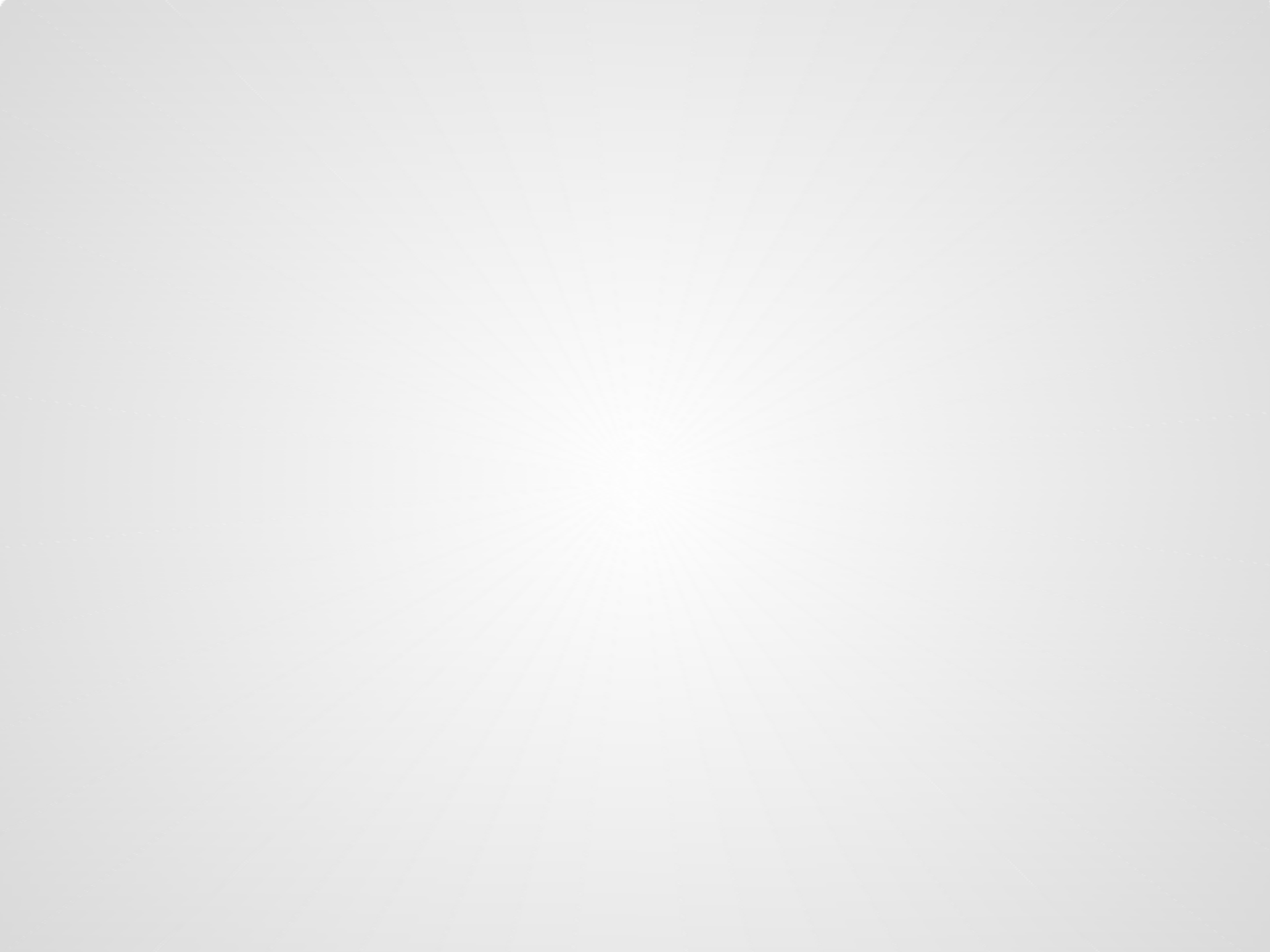


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* We believe that patients should have a **choice** within their health plans of physicians who meet high standards of professional training and experience—and that informed choice, and the freedom to change physicians, are essential to building active partnerships between patients and doctors.
* We believe that health care decisions should be the **shared responsibility** of patients, their families, and health care professionals, and we encourage physicians to share information with patients on their health status, medical conditions, and treatment options.
* We believe that **consumers have a right to information about health plans** and how they work. We believe working with people to keep them healthy is as important as making them well.
* We value **prevention as a key component of comprehensive care**—reducing the risks of illness and helping to treat small problems before they can become more severe.
* We believe that access to affordable, comprehensive care gives consumers the **value**

they expect and contributes to the peace of mind that is essential to good health.

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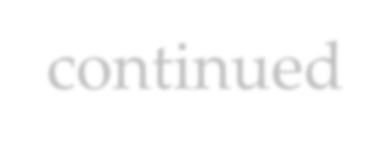
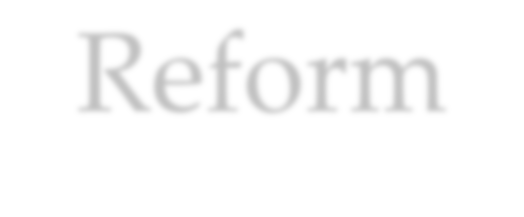
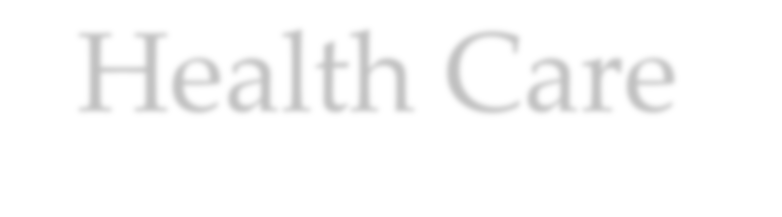
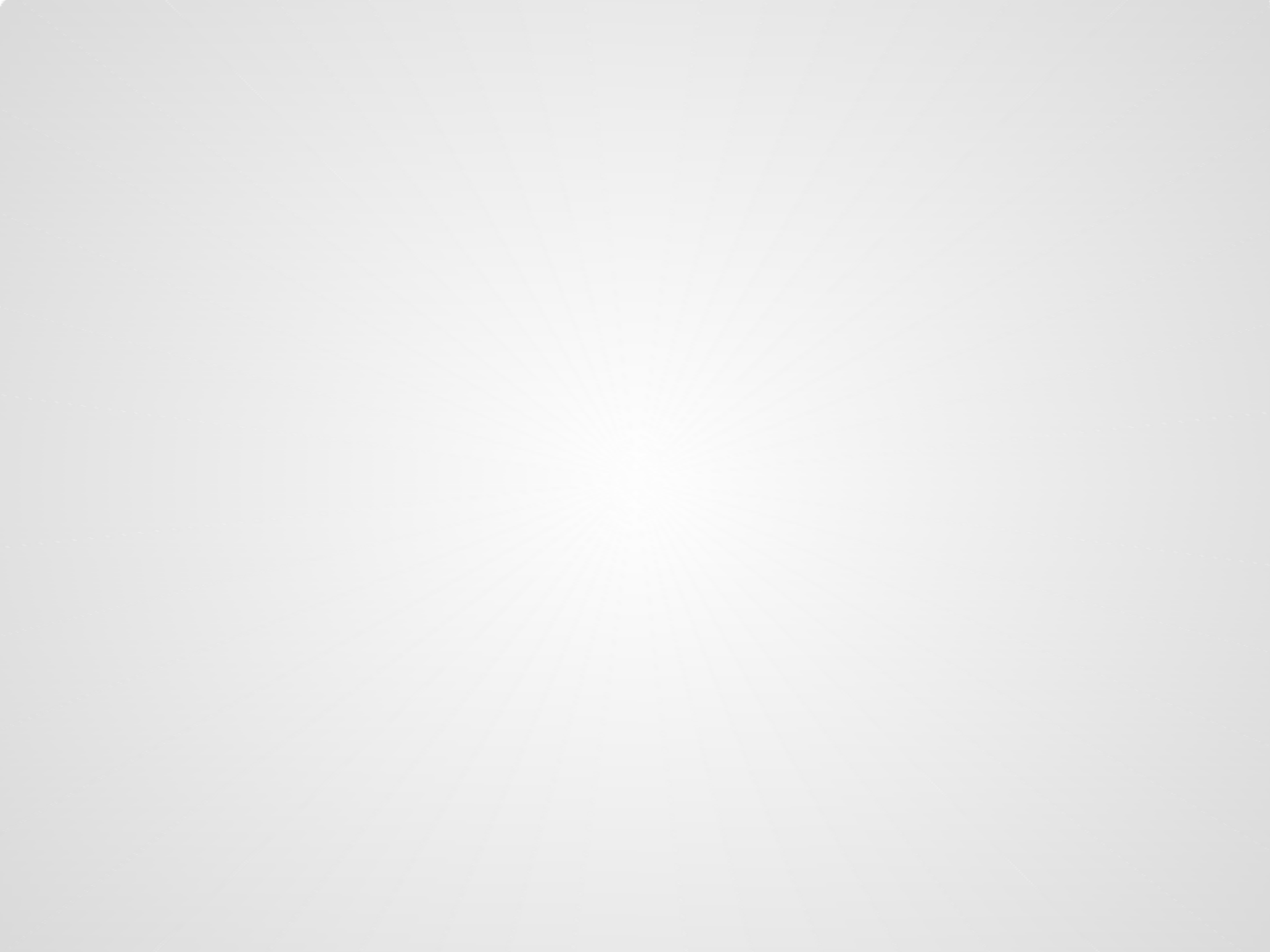
# Health Care Reform

***Goat Rodeo:***

*A chaotic situation, often one that involves several people, each with a different agenda/vision/perception of what's going on; a situation that is very difficult, despite energy and efforts, to instill any sense or order into…*

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# Health Care Reform

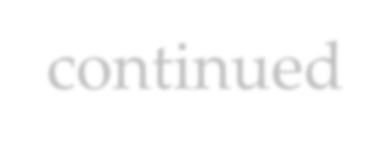
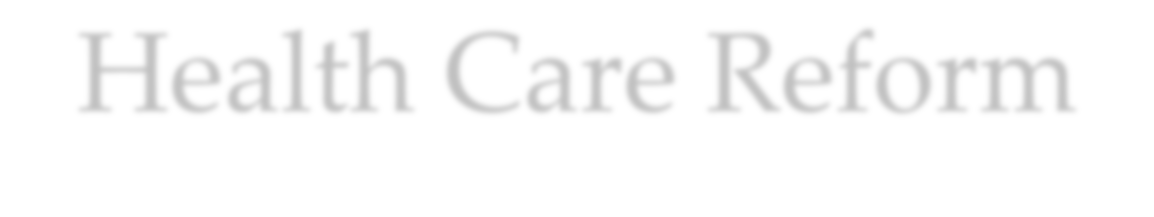
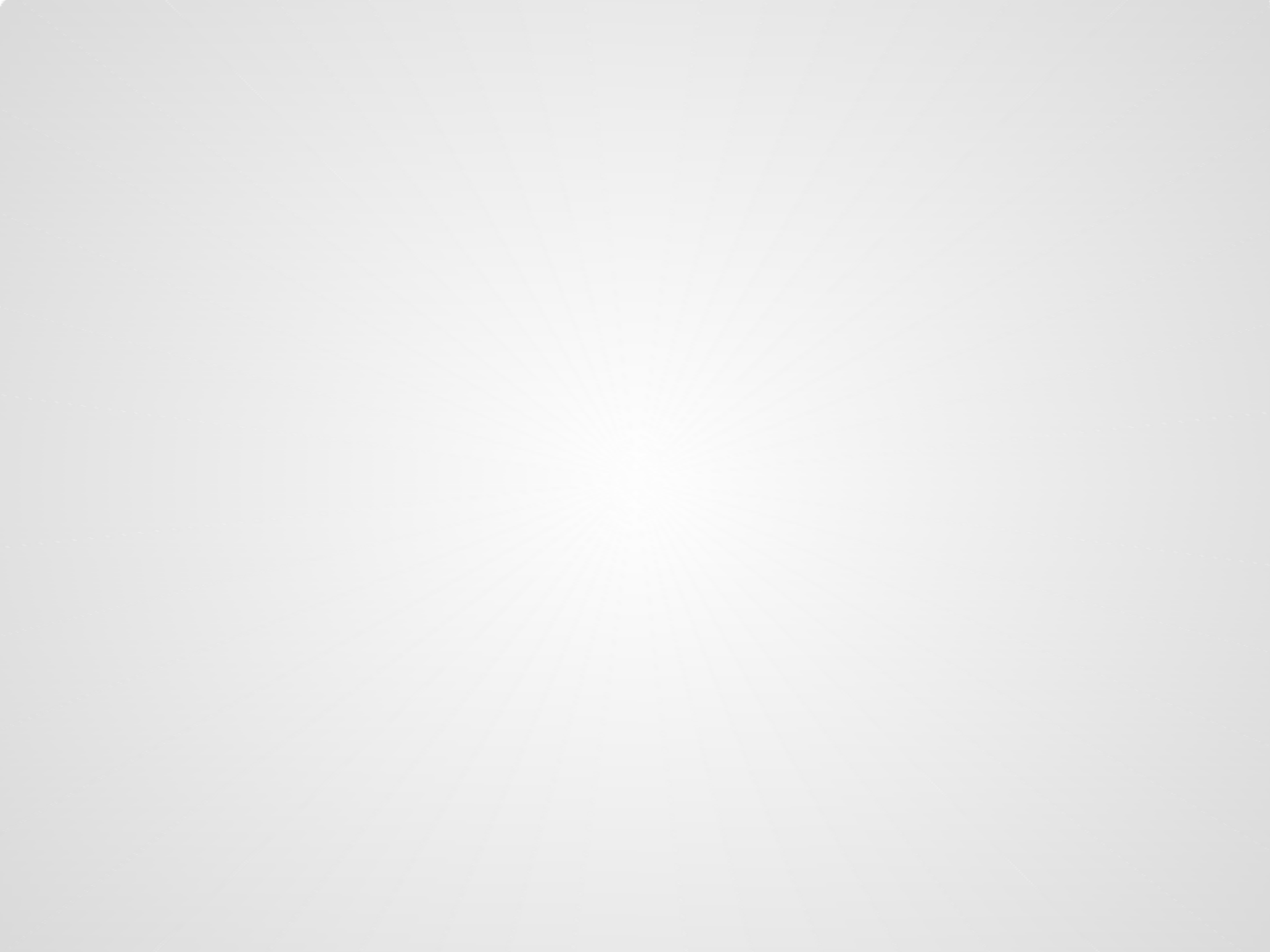


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* ACA and MRT
  + NY State of Health
    - Creation of Exchange Insurance Products
    - Discontinuance of Family Health Plus
    - Creation of the Basic Health Plan (Essential Plan)
  + Medicaid “Care Management for All”
    - Pharmacy
    - Health Homes
    - Home Care
    - Nursing Homes
    - Mandatory MLTC
    - FIDA
    - Behavioral Health/ HARP
    - DISCOs/FIDA IDD
    - Children’s Managed Care
  + MRT Waiver & DSRIP
  + Value Based Payment

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# Health Care Reform



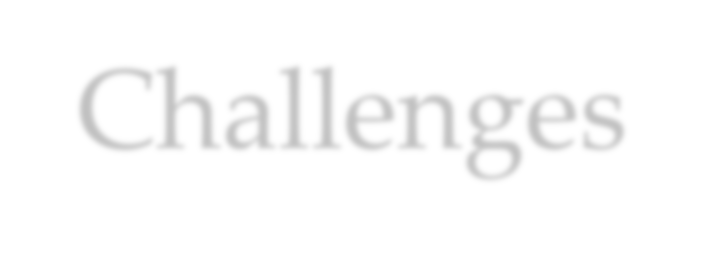
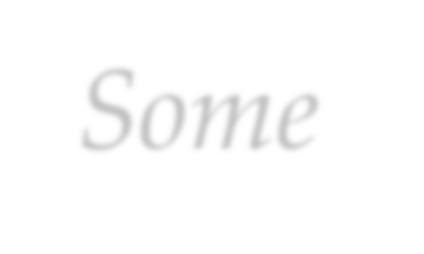
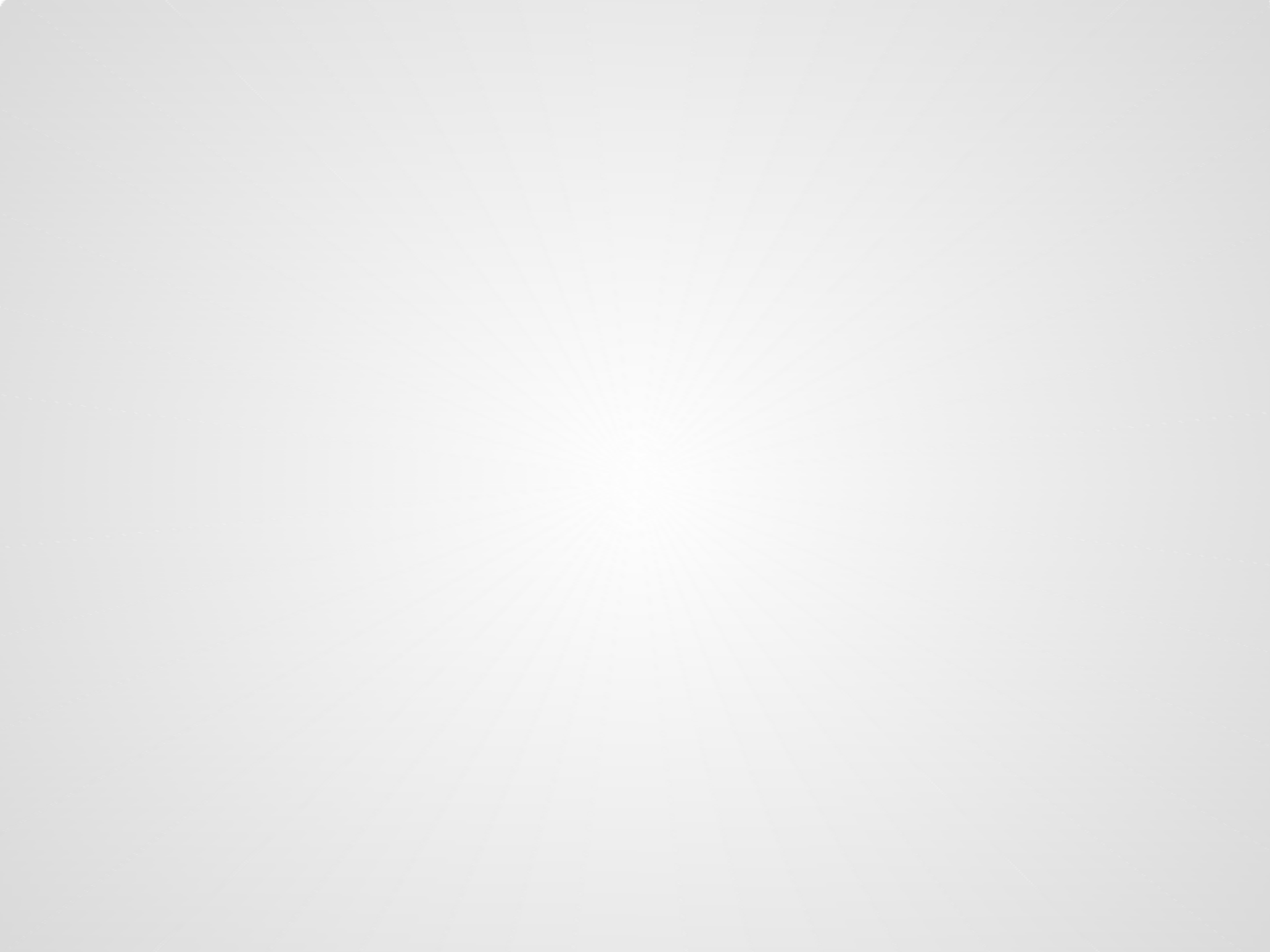
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Federal Uncertainty

#### Legislation to Repeal the ACA

* + Elimination of the Individual Mandate
  + Elimination of CSR funding
  + Elimination of Risk Adjustment

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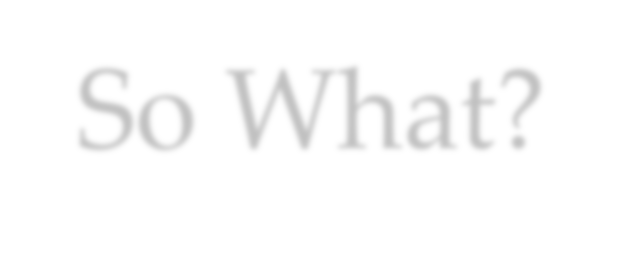
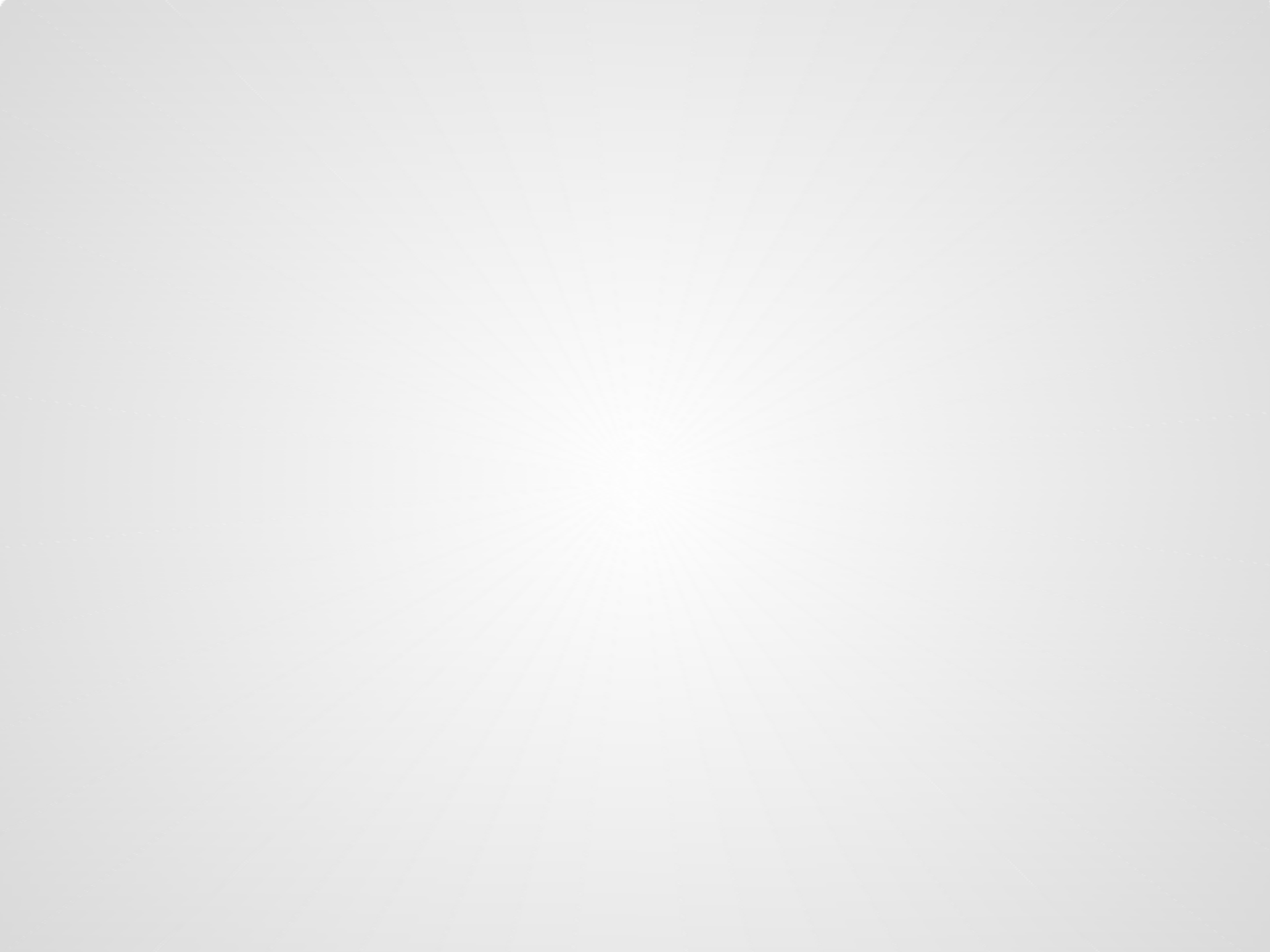


*Some* Challenges

#### Single Payer

* Affordability
  + Mandates
  + Prescription Drug Prices
  + Provider Consolidations
* Market Stabilization
* Value Based Payment
* Opioid Crisis
* Integrated Care
* Long Term Care

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# So What?

##### The point is that when you are trying to make informed business decisions and be strategically innovative – uncertainty – and sometimes downright chaos - makes those decisions difficult.

* While there are challenges and issues in all of the reform efforts underway – and a lot of chaos and uncertainty - plans see opportunities as well.

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Back to the Goat Rodeo...

