

Olympic Community of Health
Agenda (Action items are in red)

Board of Directors Meeting
August 8, 1:00-3:00 pm
7 Cedars Hotel

Key Objective: To collaboratively advance the work of Olympic Community of Health

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome, introductions, land acknowledgement, housekeeping	Welcome	Mike Maxwell	
2	1:15	Consent agenda	Action	Mike Maxwell	1. BOD Minutes from June 13, 2022 2. August Executive Director Report 3. Recent Board Attendance 4. HCA response regarding interpretation of VBP P4P data
3	1:20	Public Comments (2-minute max)	Information	Mike Maxwell	
4	1:25	2021 Financial Audit	Action	Tom Dingus Dan Cleveland	5. OCH Financial Statements 2021 6. OCH Board Communication Letter
5	1:45	Nominating Process for September Board Elections	Action	Mike Maxwell	7. SBAR 8. Current Board Roster
6	2:00	Letter to HCA regarding upcoming procurement of MCOs	Action	Mike Maxwell	9. Letter 10. Email for context
7	2:15	Update: Action Collaboratives	Information	Miranda Burger	
8	2:35	Third Coffee Break Video	Information	Amy Brandt	
9	2:55	Good of the Order – Board member and public comments (2-minute max)	Information	Mike Maxwell	
10	3:00	Next meeting & Adjourn September 12 Location: OCH HQ in Port Hadlock Board/Partner Celebration to follow at HJ Carroll Park in Chimacum – come one, come all! Have you RSVPd? Note: NO lunch prior, so plan ahead	Information	Mike Maxwell	

Board of Director's Meeting Minutes

Date: 06/13/2022	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam
Chair In-Person: Wendy Sisk, <i>Peninsula Behavioral Health</i> Members Attended In-Person: Bobby Beeman, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Jody Moss; Michael Maxwell, <i>North Olympic Healthcare Network</i>; Stephanie Lewis, <i>Salish Behavioral Health Administrative Services Organization</i>; Stephen Kutz, <i>Suquamish Tribe</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i> Members Attended Virtually: Caitlin Safford, <i>Amerigroup</i> (arrived late at 1:38); Cherish Cronmiller, <i>Olympic Community Action Programs</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Heidi Anderson, <i>Forks Community Hospital</i>; Keith Sprague, <i>St. Michael Medical Center</i>; Laura Cepoi, <i>Olympic Area on Aging</i> (arrived late at 1:11); Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i> Non-Voting Members Attended In-Person: Kate Ingman, <i>Community Health Plan of WA</i>; Laura Johnson, <i>United Healthcare Community Plan</i> Non-Voting Members Attended Virtually: Brian Burwell, <i>Suquamish Wellness Center</i>; Derek Gulas, <i>United Healthcare</i>; Laurel Lee, <i>Molina Healthcare</i>; Lori Kerr, <i>St. Michael Medical Center</i> (arrived late at 1:23); Matania Osborn, <i>Anthem</i>; Siobhan Brown, <i>Community Health Plan of WA</i> Guests and Consultants Attended Virtually: Lori Fleming, <i>Jefferson County Community of Health Improvement Plan</i>; Kristine Ewing, <i>Suquamish Tribe</i> OCH Staff: Celeste Schoenthaler, Debra Swanson, Drew Gilliland		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Wendy Sisk	Welcome, introductions, land acknowledgement, housekeeping		
Wendy Sisk	Consent agenda	BOD Minutes from May 9, 2022 June Executive Director Report Request to amend minutes to remove Jennifer Kreidler-Moss as facilitator on the agenda, due to her unexpected absence.	Motion made to approve amended minutes APPROVED unanimously. Consent Agenda APPROVED unanimously.

Wendy Sisk	Public Comments (2-minute max)		
Jennifer Kreidler-Moss	2020 Performance Incentives	There may be a question of data integrity for the VBP P4P data. There is a substantial change for one MCO. It might be worth querying the providers. This is up to Celeste. This would be numbers for 2020. There were challenges with VBP and it was the beginning of the pandemic. We decided to move forward with the distribution of the dollars and then we can consider the data. This is based on what the Managed Care Organizations (MCOs) provide to HCA, not what providers provide to HCA. It really is an issue with MCO and HCA. It is unclear how the metric is defined. What defines Value Based Payment (VBP) contracting and that outcome. We have a workgroup this year for VBP. Partners should receive payments in August. Celeste will send out this information to everyone, to formulate questions around the data. She can follow-up with JD at HCA after feedback is received from the Board. Caitlin and Maddie will also	The Board of Directors approves the actions for allocating the 2020 performance dollars. APPROVED unanimously.

		look into the data with HCA.	
Celeste Schoenthaler	Renewal Waiver – Public Comment Letter	Send the draft letter it as is, but in the future, they need to simplify this mess. What is success? What are common definitions? It must be understood and clear to those doing the actual work. Do you think they will really look at this public comment? Yes, CMS will look at it. There is not a clearly stated goal. There are seven big nebulous goals. They must make their goals more concrete and start with what the end result should look like. What is the measurable goal? In terms of sequencing, it sounds like a large period of time to determine a CIE that does not align with anything else. Are we setting up the ACH to play a role similar to the MCO? HCA's intent is that MCOs contract directly with ACHs for HUB. There are many operational concerns, including HIPAA and the timeframe. Without any operational details, we have operational concerns. HCA reprourement of MCOs	Motion made to approve the letter with edits made today. APPROVED One Abstention: Stephen Kutz

		doesn't align, this is concerning. It should be timed appropriately. This is all new. This and MTP are two completely different projects. They are extending the Medicaid benefit to jails. This is going to require a lot of county coordination. ACHs may get pulled into it. They need to provide state level liability for Medicaid to work in jails.	
Wendy Sisk	Annual Officer Elections + Celebration	SBAR Nominations: Mike Maxwell: President Heidi Anderson: Vice President Stephanie Lewis: Treasurer Bobby Beeman: Staying on as Secretary Wendy Sisk: Past President	Motion made to approve the slate of nominations. APPROVED unanimously.
Drew Gilliland	SUD Stigma Updates	What do you plan to do when the funding runs out? This work has been well received and something we would like to see continue. We will be discussing this more later in the year.	
Wendy Sisk	Good of the Order – Board member and public comments (2-minute max)	PBH moved across the street. Healing Clinic is gearing up for a huge influx of patients.	
Wendy Sisk	Next meeting & Adjourn August 8, 7 Cedars (optional lunch prior and happy hour after) Note: July Board meeting and activities are canceled		

Monthly Executive Director report to the OCH Board of Directors – August 2022

- Hot Topics
 - The Health Care Authority is launching [a statewide integrated care assessment](#), which replaces the former tool, the MeHAF. The survey opened July 11 and **closes August 25**. HCA strongly encourages participation of providers who have previously completed an integration assessment, including the MeHAF. Behavioral health providers can access the assessment [here](#). Primary care providers can access the assessment [here](#).
 - The Health Care Authority [submitted the 1115 renewal waiver](#). Next steps include a federal public comment period and review by CMS. While the waiver is set to begin January 2023, it is likely that the work will not start until mid-year.
 - All partners contracted for MTP year 6 earned full incentives for the first 2022 payment. [The first 2022 and 2020 P4P payments](#) were made in early August.
- Strategic Plan Focus Areas & Action Collaboratives.
 - Action collaboratives took a break from meeting over June and July as OCH staff worked to compile and consolidate the thoughtful inputs of partners into comprehensive summaries. Action collaboratives meet again in August to prioritize actions.
 - **Together, recovery is possible –**
 - [The third coffee break video](#) was released on the topic of addressing stigma of substance use disorder. The video features Kaela Moontree, Kitsap Public Health District and Molly Martin, Jamestown Healing Clinic. The fourth video in the series is currently in the creation process and is focused on the topic of trauma-informed care.
 - Recovery hero blog post was released featuring the recovery story of [Summer Anderson](#), a Kitsap County community member.
 - **Individual needs are met timely, easily, and compassionately –**
 - OCH contracted with the Department of Health to serve as the regional hub for Care Connect WA, a program providing support and resources to individuals in isolation and quarantine for COVID-19.
 - **Access to the full spectrum of care –**
 - OCH published a partner spotlight on the [Forks' Grow Your Own workforce development program](#) to promote local innovative strategies for addressing workforce shortages.
 - **Everyone housed –**
 - The Everyone Housed action collaborative met July 29 for the first time since March. The group reviewed key informant interview summaries and began exploring a targeted universal result.
 - OCH is sponsoring registration costs for up to 4 partners to attend the [Conference on Ending Homelessness](#) September 29 and 30. Sponsorships are first come first served, contact och@olympicch.org.
- Subcommittee reports/updates

- **Executive Committee** – met in late July to discuss the August Board meeting and to discuss other relevant topics.
- **Finance Committee** – met on August 1 to review the 2021 financial audit reports ahead of the August Board meeting.
- **Funds Flow Workgroup** – will meet again in the summer of 2023.
- **Visioning Taskforce**- currently scheduled to meet in October.
- Upcoming meetings and events
 - August 16 – Together, recovery is possible action collaborative – OCH HQ
 - August 17 – Access to the full spectrum of care action collaborative – OCH HQ
 - August 23 – Executive Committee – virtual
 - August 24 – Individual needs are met timely, easily, and compassionately action collaborative – OCH HQ
 - August 30 – Everyone housed action collaborative – OCH HQ
 - September 1 – OCH Staff Team Retreat – Seabeck
 - September 5 – Finance Committee - virtual
 - September 12 – OCH Board of Directors – OCH HQ
 - September 12 – Partner Summer Celebration – HJ Carroll Park
- Administrative & staffing updates
 - None this month.

Board of Directors Attendance (Aug 2021 - June 2022)													Total
Sectors and At-Large Seats	Name	2021 Aug	2021 Sept	2021 Oct	2021 Nov	No Mtg	2022 Jan	2022 Feb	2022 Mar	2022 Apr	2022 May	2022 June	10 mtgs
Critical Access Hospital	Heidi Anderson (P)	HA		HA			HA	HA	HA	HA	HA	HA	9
	Jennifer Wharton (A)				JW		JW	JW	JW				
Substance Use Disorder Treatment	Ford Kessler/G'Nell Ashley (P)	FK	FK	GA	GA		GA	GA	GA	GA	GA	GA	10
	Gill Orr/Brian Burwell (A)							BB	BB	BB		BB	
Public Hospital	Bobby Beeman (P)	BB	BB	BB	BB		BB	BB	BB	BB	BB	BB	10
	Scott Kennedy (A)			SK									
Long Term Care/Area Agency on Aging/Home Health	Laura Cepoi (P)			LC			LC	LC	LC	LC		LC	6
	Stacey Smith (A)												
Community Action Program/Social Service Agency	Cherish Cronmiller	CC	CC	CC	CC		CC	CC	CC	CC	CC	CC	10
	Kathy Morgan		KM										
Behavioral Health ASO	Stephanie Lewis (P)	SL	SL	SL	SL		SL	SL	SL		SL	SL	9
	Jolene Kron (A)				JK		JK		JK				
Federally Qualified Health Center	Jennifer Kreidler-Moss/Mike Maxwell (P)	JKM	JKM	MM	MM		MM	MM	MM	MM	MM	MM	10
	Mike Maxwell/Bergen Starke (A)	MM	MM	BS	BS		BS	BS	BS				
Public Health	Gib Morrow (P)/Vicki Kirkpatrick	GM/VK	GM	GM	GM		GM	GM	GM				7
	Allison Berry (A)												
Medicaid Managed Care Organizations	Laura Johnson		LJ	LJ	LJ		LJ	LJ	LJ		LJ	LJ	10
	Derek Gulas		DG		DG			DG		DG		DG	
	Caitlin Safford (P)						CS	CS	CS	CS	CS	CS	
	Matania Osborn		MO				MO	MO	MO	MO		MO	
	Laurel Lee	LL		LL			LL	LL	LL	LL	LL	LL	
	Audrey Silliman	AS	AS		AS		AS		AS				
	Kate Ingman				KI		KI	KI	KI	KI	KI	KI	
	Siobhan Brown			SB	SB		SB	SB	SB	SB	SB	SB	
Mental Health Treatment	Wendy Sisk	WS	WS	WS	WS		WS		WS		WS	WS	10
	Jim Novelli	JN		JN	JN		JN	JN	JN	JN			
Private not-for-profit Hospital	Keith Sprague (P)		KS	KS	KS		KS		KS	KS	KS	KS	10
	Lori Kerr (A)	LK	LK	LK	LK		LK	LK	LK	LK	LK	LK	
At-Large (Community) Seat 1	Karlana Brailey/Susan Buell			SB	SB		SB	SB	SB	SB	SB	SB	8
At-Large (Community) Seat 2	Thomas Locke	TL	TL		TL		TL	TL		TL	TL		7
At-Large (Community) Seat 3	Kody Russell/Jody Moss	KR		JM	JM		JM	JM	JM	JM	JM		8
At-Large (Medical/Clinical)	Gary Kriedberg/ Jennifer Kreidler-Moss	GK		JKM	JKM		JKM	JKM	JKM	JKM		JKM	8
Tribal Partners													
Makah Tribe	Libby Cope												2
	Tracey Rascon			TR					TR				
Port Gamble S'Klallam Tribe	Kim Freewolf				KF			KF					2
Quileute Tribe	Michele Lefebvre/Dolores Jimerson												0
Lower Elwha Klallam Tribe	Brenda Powell/Stormy Howell						SH		SH	SH	SH	SH	5
Jamestown S'Klallam Tribe	Brent Simcosky	BS	BS	BS	BS		BS	BS	BS	BS	BS	BS	10
Hoh Tribe	Britni Duncan												0
Squamish Tribe	Stephen Kutz											SK	1

From: [Fischer, J.D. \(HCA\)](#)
To: [Celeste Schoenthaler](#)
Cc: [HCA Medicaid Transformation](#); [Arnis, Michael \(HCA\)](#); [Napier, Chase \(HCA\)](#); [Russell, Jason \(HCA\)](#); [McGill, Jason T \(HCA\)](#)
Subject: RE: Olympic region data behind 2020 VBP P4P
Date: Wednesday, June 22, 2022 4:11:44 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Hi Celeste,

I'll try to answer your questions concisely

What are the numerator and denominator for calculating VBP P4P?

- Numerator = total payments made to providers through VBP arrangements, aggregate across all MCOs in your region
- Denominator = total payments made to providers, aggregate across all MCOs in your region

What do the dollar amounts in the data tables represent?

- Example from the Excel file I sent:

DY2 - CY2018			
Row Labels	VBP	Grand Total	%VBP
Amerigroup	\$ 16,583,953	\$ 20,486,472	81%
AHMC	\$ 16,583,953	\$ 20,486,472	81%
IMC	\$ -	\$ -	

- Column 2 (VBP) is the total VBP payments made by the plan during the DY period
- Column 3 (Grand Total), is the total VBP and non-VBP payments made by a plan for the DY period
- Column 4 (%VBP), is the percentage of VBP based on Column 2 divided by Column 3

Is that helpful? I'm heading out on vacation in the morning and won't be back until July 5. I'd be happy to chat when I get back, or I think Jason Russell could help walk you through it as well if you wanted to chat sooner.

Thanks,
JD

From: Celeste Schoenthaler <celeste@olympicch.org>
Sent: Monday, June 20, 2022 12:18 PM
To: Fischer, J.D. (HCA) <jd.fischer@hca.wa.gov>
Cc: HCA Medicaid Transformation <medicaidtransformation@hca.wa.gov>; Arnis, Michael (HCA)

Olympic Community of Health

Financial Statements and
Independent Auditors' Report

December 31, 2021 and 2020



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Olympic Community of Health
Table of Contents

	Page
<i>INDEPENDENT AUDITORS' REPORT</i>	1-2
<i>FINANCIAL STATEMENTS:</i>	
Statements of financial position	3
Statement of activities – year ended December 31, 2021	4
Statement of activities – year ended December 31, 2020	5
Statements of cash flows	6
Notes to financial statements	7-13



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors
Olympic Community of Health
Port Townsend, Washington

Opinion

We have audited the accompanying financial statements of Olympic Community of Health (the Organization) (a not-for-profit organization), which comprise the statements of financial position as of December 31, 2021 and 2020, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
August 1, 2022

**Olympic Community of Health
Statements of Financial Position
December 31, 2021 and 2020**

ASSETS	2021	2020
<i>Current assets</i>		
Cash	\$ 4,276,926	\$ 2,792,747
Funds held by financial executor	4,170,975	3,334,282
Investments	1,502,258	2,869,021
Inventory	-	80,026
Prepaid expenses	6,098	5,765
Total current assets	\$ 9,956,257	\$ 9,081,841
LIABILITIES AND NET ASSETS		
<i>Current liabilities</i>		
Accounts payable	\$ 7,134	\$ 104,535
Distributions to partner organizations payable	2,247,806	-
Accrued compensation and related liabilities	61,877	53,848
Deferred contract revenue	-	2,993,060
Total current liabilities	2,316,817	3,151,443
<i>Net assets</i>		
Net assets without donor restrictions	7,445,468	5,930,398
Net assets with donor restrictions	193,972	-
Total net assets	7,639,440	5,930,398
Total liabilities and net assets	\$ 9,956,257	\$ 9,081,841

See accompanying notes to financial statements.

Olympic Community of Health
Statement of Activities
Year Ended December 31, 2021

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>Revenues, gains, and other support</i>			
Designated State Health Program funding	\$ 3,588,699	\$ -	\$ 3,588,699
Contract revenue	2,993,060	-	2,993,060
Contributions	-	245,000	245,000
Contributions of nonfinancial assets	480	-	480
Investment income	10,489	-	10,489
Total revenues, gains, and other support	6,592,728	245,000	6,837,728
<i>Net assets released from restrictions</i>	51,028	(51,028)	-
<i>Expenses</i>			
Distributions to partner organizations	3,858,613	-	3,858,613
Partner support	536,968	-	536,968
Salaries and wages	400,147	-	400,147
Employee benefits	89,384	-	89,384
Professional fees	76,862	-	76,862
Supplies	81,755	-	81,755
Telephone	3,354	-	3,354
Insurance	6,319	-	6,319
Occupancy	26,959	-	26,959
Events	6,594	-	6,594
Other	41,731	-	41,731
Total expenses	5,128,686	-	5,128,686
<i>Change in net assets</i>	1,515,070	193,972	1,709,042
<i>Net assets, beginning of year</i>	5,930,398	-	5,930,398
Net assets, end of year	\$ 7,445,468	\$ 193,972	\$ 7,639,440

See accompanying notes to financial statements.

Olympic Community of Health
Statement of Activities
Year Ended December 31, 2020

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>Revenues, gains, and other support</i>			
Designated State Health Program funding	\$ 2,960,080	\$ -	\$ 2,960,080
Contract revenue	905,242	-	905,242
Contributions of nonfinancial assets	139,480	-	139,480
Investment income	58,310	-	58,310
Total revenues, gains, and other support	4,063,112	-	4,063,112
<i>Net assets released from restrictions</i>	-	-	-
<i>Expenses</i>			
Distributions to partner organizations	3,534,856	-	3,534,856
Partner support	689,521	-	689,521
Salaries and wages	458,924	-	458,924
Employee benefits	91,131	-	91,131
Professional fees	96,291	-	96,291
Supplies	63,043	-	63,043
Telephone	5,577	-	5,577
Insurance	6,255	-	6,255
Occupancy	28,421	-	28,421
Events	2,925	-	2,925
Other	32,040	-	32,040
Total expenses	5,008,984	-	5,008,984
Change in net assets before gain on forgiveness of Paycheck Protection Program loan	(945,872)	-	(945,872)
Gain on forgiveness of Paycheck Protection Program loan	97,702	-	97,702
<i>Change in net assets</i>	(848,170)	-	(848,170)
<i>Net assets, beginning of year</i>	6,778,568	-	6,778,568
Net assets, end of year	\$ 5,930,398	\$ -	\$ 5,930,398

See accompanying notes to financial statements.

Olympic Community of Health
Statements of Cash Flows
Years Ended December 31, 2021 and 2020

	2021	2020
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Cash received from Designated State Health Program	\$ 3,588,699	\$ 2,960,080
Cash received from intergovernmental transfer	-	1,870,831
Cash received from contributions	245,000	-
Investment income received	10,489	23,989
Cash paid for employee salaries and benefits	(481,502)	(554,106)
Cash paid to partner organizations	(2,147,775)	(4,224,377)
Cash paid to suppliers and others	(260,802)	(210,846)
Net cash provided by (used in) operating activities	954,109	(134,429)
<i>Cash flows from investing activities</i>		
Purchase of investments	(2,252)	(1,500,000)
Proceeds from sale of investments	1,369,015	2,062,413
Net cash provided by investing activities	1,366,763	562,413
<i>Cash flows from financing activities</i>		
Cash paid on Paycheck Protection Program loan	-	(2,473)
Proceeds from Paycheck Protection Program loan	-	100,175
Net cash provided by financing activities	-	97,702
Net increase in cash and cash equivalents	2,320,872	525,686
Cash and cash equivalents, beginning of year	6,127,029	5,601,343
Cash and cash equivalents, end of year	\$ 8,447,901	\$ 6,127,029
<i>Reconciliation of Cash and Cash Equivalents to the Statements of Financial Position</i>		
Cash	\$ 4,276,926	\$ 2,792,747
Funds held by financial executor	4,170,975	3,334,282
Total cash and cash equivalents	\$ 8,447,901	\$ 6,127,029
<i>Reconciliation of Change in Net Assets to Net Cash Provided by (Used in) Operating Activities</i>		
Change in net assets	\$ 1,709,042	\$ (848,170)
<i>Adjustments to reconcile change in net assets to net cash used in operating activities</i>		
Unrealized gain on investments	-	(42,651)
Contributions of nonfinancial assets	(480)	(139,480)
Gain on forgiveness of Paycheck Protection Program loan	-	(97,702)
Distribution of personal protective equipment	80,506	59,454
(Increase) decrease in assets:		
Intergovernmental transfer receivable	-	1,870,831
Accrued interest receivable	-	8,330
Prepaid expenses	(333)	(872)
Decrease in liabilities:		
Accounts payable	(97,401)	(34,876)
Distributions to partner organizations payable	2,247,806	-
Accrued compensation and related liabilities	8,029	(4,051)
Deferred contract revenue	(2,993,060)	(905,242)
Net cash provided by (used in) operating activities	\$ 954,109	\$ (134,429)

See accompanying notes to financial statements.

Olympic Community of Health
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

1. Organization and Summary of Significant Accounting Policies:

a. Organization

Olympic Community of Health (the Organization), a not-for-profit corporation, is an accountable community of health, one of nine in the state of Washington. Its purpose is to facilitate healthcare delivery transformation and community health improvement across the Olympic region. The region includes Clallam, Jefferson, and Kitsap Counties, in the territorial lands of the Sovereign Nations of the Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, and Suquamish Tribes.

The Organization’s primary funding source is through a Medicaid Transformation Project (MTP) that aims to improve health and wellness in Washington State. The MTP is a five-year agreement between the state of Washington and the Centers for Medicare and Medicaid (CMS). The MTP funding stages are design, pay for planning, pay for reporting, and pay for performance. The Organization earns incentive payments for completing project milestones, reporting on implementation metrics, and demonstrating improvement in health outcomes.

The Organization’s Board of Directors consists of leaders from tribal nations and health sectors. The Organization was incorporated in Washington in November 2016 and began operating February 1, 2017.

b. Summary of Significant Accounting Policies

Financial statement presentation – The financial statements of the Organization have been presented on the accrual basis of accounting. The Organization reports information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents – For purposes of the statements of cash flows, the Organization considers all highly liquid investments with original maturity dates of three months or less to be cash equivalents. The Organization considers the funds held by the financial executor to be cash equivalents.

Funds held by financial executor – The Health Care Authority (HCA) contracts with a financial executor to provide a system for recording, processing, distributing, and reporting on the payment of incentive funds and other financial transactions between HCA, the Organization, and partnering organizations. The financial executor provides financial accounting and banking management support. Incentive payments earned by the Organization are held by the financial executor until distributed to partnering organizations and the Organization.

Investments – Investments in certificates of deposit with readily determinable fair values are carried at their fair values in the statements of financial position.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Fair value measurements – Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

The Organization classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- ***Level 1*** – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.
- ***Level 2*** – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third-party pricing services for identical or similar assets or liabilities. As of December 31, 2021 and 2020, all of the Organization’s investments were certificates of deposit measured using Level 2 valuations.
- ***Level 3*** – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker-traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

The fair value for investments in certificates of deposit is determined using the market approach based primarily on current market interest rates for similar investments.

Prepaid expenses – Prepaid expenses are expenses paid during the year relating to expenses incurred in future periods. Prepaid expenses are amortized over the expected benefit period of the related expense.

Inventory – Inventory is stated at estimated values, measured on date of receipt. Inventory consisted of masks, gloves, and disinfectant wipes.

Accrued compensation and related liabilities – The Organization’s employees earn paid vacation at varying rates depending on their position and years of service. Unused vacation is accumulated and paid to the employee when the employee terminates employment; up to a maximum of 96 hours will be paid at termination of employment. The estimated amount of vacation payable for termination payments is reported as a current liability.

Net assets with donor restrictions and net assets without donor restrictions – Net assets with donor restrictions are those whose use by the Organization has been restricted by donors to a specific time period or purpose.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Revenue recognition

Design funds – The Organization received \$6,000,000 from the Washington State Health Care Authority in 2017. The Organization recorded deferred contract revenue when the funding was received. The Organization recognizes design funds based on progress towards performance objectives, with performance progress estimated based on costs incurred. In 2021, the Organization completed the objectives of the contract and recognized the remaining revenue that was previously deferred.

Pay for planning and pay for reporting (P4R) – The Organization earns incentive payments for submitting key P4R deliverables. P4R incentives are earned based on timely completion and reporting of milestones, timely and complete submission of recurrent deliverables, and timely and complete submission of “P4R metrics” collected for specific projects. The Organization recognizes revenue in the P4R stage when reports are submitted and accepted by HCA.

Pay for performance (P4P) – The Organization earns incentives for their Accountable Community of Health region improvement from baseline towards improvement targets and achievement of improvement targets. The Organization recognizes P4P revenue when the amount of the earned incentive is known and measurable, generally when the payment is received.

Incentives are received as Designated State Health Programs (DHSP) funding.

Contributions – Contributions received are recorded as with donor restrictions or without donor restrictions, depending on the existence of any donor restrictions.

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Donated equipment, materials, and investments are reflected as contributions in the accompanying financial statements at their estimated fair value at the date of receipt.

Gifts of long-lived assets such as land, buildings, or equipment are reported contributions as without donor restrictions unless the donor has restricted the contributed asset for a specific purpose. Gifts of long-lived assets with explicit restrictions regarding their use and contributions of cash that must be used to acquire capital assets are reported as contributions with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. The Organization reclassifies with donor restrictions to without donor restrictions at that time.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued)

Contribution of nonfinancial assets – The Organization has recorded in-kind contributions for masks, gloves, and disinfectant wipes in the statements of activities. These supplies were distributed to other healthcare organizations for COVID-19 relief, including partner healthcare organizations.

Investment income – Investment income or loss (including realized gains and losses on investments, unrealized gains and losses on investments, interest and dividends, and investment expenses) is included in the changes in net assets without donor restrictions revenue.

Credit risk – The Organization maintains its cash balance with a local bank. Accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. The bank deposits may exceed federally insured limits at times and at year end. The Organization has not experienced any losses in cash balances and management does not believe it is exposed to any significant credit risk.

Income taxes – The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is necessary. The Organization evaluates uncertain tax positions whereby the effect of the uncertainty would be recorded if the outcome was considered probable and reasonably estimable. As of December 31, 2021 and 2020, the Organization had no uncertain tax positions.

Upcoming accounting pronouncements – In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-02, *Leases* (Topic 842), which will supersede the current lease requirements in Accounting Standards Codification (ASC) 840. The ASU requires lessees to recognize a right-of-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statement of activities. Currently, leases are classified as either capital or operating, with only capital leases recognized on the statements of financial position. The reporting of lease-related expenses in the statements of activities and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for the Organization's year ending December 31, 2022, and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The new lease standard is expected to have a significant effect on the financial statements as a result of the leases for rented office space being reported as liabilities on the statements of financial position. The effect of applying the new lease guidance on the financial statements will be to increase long-term assets and to increase short-term and long-term lease liabilities. The effects on the results of operations are not expected to be significant as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

Reclassifications – Certain amounts have been reclassified in the 2020 financial statements in order to be consistent with the 2021 financial statements. Those reclassifications had no effect on the previously reported change in net assets without donor restrictions.

Subsequent events – The Organization has evaluated subsequent events through August 1, 2022, the date on which the financial statements were available to be issued.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

2. Designated State Health Program Funding:

The Organization recognized the following incentives:

	2021	2020
DSHP Funding:		
P4P incentives period of January-December 31, 2019	\$ 1,465,019	\$ -
P4P incentives period of January-December 31, 2020	150,000	-
Semiannual reporting period of July-December 31, 2020	1,698,325	1,987,366
Semiannual reporting period of January-June 30, 2021	275,355	972,714
	\$ 3,588,699	\$ 2,960,080

3. Liquidity and Availability of Financial Assets:

The Organization's financial assets, reduced by amounts not available for general use because of contractual or donor-imposed restrictions, available within one year of the statements of financial position date for general expenditures are as follows:

	2021	2020
Cash	\$ 4,276,926	\$ 2,792,747
Funds held by financial executor	4,170,975	3,334,282
Investments	1,502,258	2,869,021
Less those restricted by donor for time or purpose	(193,972)	-
Financial assets available to meet cash needs for general expenditures within one year	\$ 9,756,187	\$ 8,996,050

Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

4. Paycheck Protection Program Note Payable:

In May 2020, the Organization entered into a loan for \$100,175, as part of the Small Business Administration's Paycheck Protection Program (PPP), part of the federal government's response to the COVID-19 pandemic. The Organization applied for PPP loan forgiveness, which was approved in December 2020 in the amount of \$97,702. The loan forgiveness is recorded as a gain on forgiveness of Paycheck Protection Program loan in the statements of activities for the year ended December 31, 2020.

5. Net Assets with Donor Restrictions:

Net assets with donor restrictions at December 31, 2021, consisted of \$193,972 restricted for the purpose of addressing the behavioral health and wellbeing of people and families in rural communities impacted by the COVID-19 pandemic.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

6. Functional Expenses:

The Organization provides various programs and other activities to clients within its geographic location. Accordingly, certain costs have been allocated among the programs and supporting services benefited as follows:

	2021			
	Program Services	Management and General	Fundraising	Total
Distributions to partner organizations	\$ 3,858,613	\$ -	\$ -	\$ 3,858,613
Partner support	536,968	-	-	536,968
Salaries and wages	261,595	138,552	-	400,147
Employee benefits	56,749	32,635	-	89,384
Professional fees	52,455	24,407	-	76,862
Supplies	80,149	1,606	-	81,755
Telephone	2,123	1,231	-	3,354
Insurance	-	6,319	-	6,319
Occupancy	17,099	9,860	-	26,959
Events	6,522	72	-	6,594
Other	33,337	8,394	-	41,731
Total	\$ 4,905,610	\$ 223,076	\$ -	\$ 5,128,686

	2020			
	Program Services	Management and General	Fundraising	Total
Distributions to partner organizations	\$ 3,534,856	\$ -	\$ -	\$ 3,534,856
Partner support	689,521	-	-	689,521
Salaries and wages	272,436	186,488	-	458,924
Employee benefits	54,286	36,845	-	91,131
Professional fees	73,014	23,277	-	96,291
Supplies	59,455	3,588	-	63,043
Telephone	3,000	2,577	-	5,577
Insurance	-	6,255	-	6,255
Occupancy	16,571	11,850	-	28,421
Events	-	2,925	-	2,925
Other	18,166	13,874	-	32,040
Total	\$ 4,721,305	\$ 287,679	\$ -	\$ 5,008,984

The financial statements report certain categories of expenses that are attributable to program, fundraising, or management and general. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries and wages, employee benefits, and telephone, which are allocated on the basis of estimates of time and effort.

Olympic Community of Health
Notes to Financial Statements (Continued)
Years Ended December 31, 2021 and 2020

7. Retirement Plan:

The Organization offers its employees the option of participating in a SEP-IRA Plan (the Plan). The Plan, available to all employees who meet the eligibility requirements, permits them to defer a portion of their salary until future years.

Participation in the Plan is voluntary. Each qualified employee will become eligible and fully vested in the Plan after three months of employment. The Organization will make cash contributions of 4 percent of the employee's salary to the Plan. During the years ended December 31, 2021 and 2020, the Organization contributed approximately \$15,000, for both years, to the Plan on behalf of employees.

All amounts of compensation deferred and matching contributions under the Plan, all property and rights purchased with those amounts, and all income attributable to those amounts, property, or rights, are held in trust for the exclusive benefit of employee plan participants. Consistent with this, the Organization has no rights to these monies and, therefore, plan assets and liabilities are not reported on the Organization's financial statements.

8. Related-party Transactions:

The Organization distributed approximately \$2,938,000 and \$2,620,000 to partner organizations with representation on the Organization's Board of Directors in the years ended December 31, 2021 and 2020, respectively.



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Board of Directors
Olympic Community of Health
Port Townsend, Washington

We have audited the financial statements of Olympic Community of Health (Organization) for the year ended December 31, 2021, and have issued our report thereon dated August 1, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated December 2, 2021. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2021.

We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the Organization's financial statements were the deferred contract revenue and investment fair value.

- Deferred contract revenue is estimated based on costs incurred. During the year ended December 31, 2021, management recognized the remaining deferred revenue as all costs related to the design funds have been incurred.
- Investments are stated at fair value, which is determined by using the market quotations and other information available at the valuation date.

We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 1, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

We identified the following significant risks of material misstatement as part of our audit planning:

- Management override of controls.
- Program revenue contains risk of improper revenue recognition.

Restriction on Use

This information is intended solely for the use of the Board of Directors and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
August 1, 2022

Olympic Community of Health

SBAR 2022 Board Member Nominations

Presented to the Executive Committee on July 26, 2022

Updated and presented to the Board of Directors on August 8, 2022

Situation

Election of OCH Board members occurs annually, each September.

Background

Director Elections: Per OCH bylaws, “Thereafter, each Director’s term of office shall be for two (2) years, which shall end on the latter of the date of the annual meeting or succession of a new director. At the end of three (3) consecutive terms, each sector has the option to nominate the same Candidate or to nominate a new Candidate to represent the sector on the Board. Term of Office does not apply to Tribes.”

“Candidates for Sector Board members shall be nominated by each Sector. Candidates for At-Large representatives will be nominated by the individual interested in participating on the Board. The nominations will be referred directly to the Board for approval. In the event a Sector or At-Large seat cannot nominate a representative within thirty (30) days, the Board, either directly or through a committee, will solicit, receive, and vet nominations, and recommend a representative to the Board.”

“Tribes may appoint alternate representatives as desired on the Board of Directors. Tribal representation on the Board of Directors is voluntary.”

Board seats with terms ending September 2022

Sector/At-Large	Current Representative(s)	Notes
Mental Health Treatment	Wendy Sisk Jim Novelli	Wendy is Past President
Private/ Not for profit hospital	Keith Sprague Lori Kerr	

Additionally, three Tribal partners have had staff turnover and do not currently have a representative assigned to the OCH Board:

- Makah Tribe
- Hoh Tribe
- Quileute Tribe

Action

- Those mentioned above should indicate their intention to self-nominate or step back to Celeste.
- Those mentioned above should caucus with sectors to identify nominees for the above vacancies.
- OCH staff to promote vacancies in OCH communications.
- OCH staff to connect with the Makah Tribe, the Hoh Tribe, and the Quileute Tribe to seek new representatives.

- Per Executive Committee guidance, staff will also reach out to Tom Locke to learn if he'd like to complete his term or if he's ready for true retirement.
- Nominations to be sent to Celeste before Labor Day.
- Board to review nominations and vote at September meeting.

Recommended Motion

The Board of Directors approves the process for nominating Board members to current vacant seats and those with terms ending in September of 2022.

OCH Board of Directors (6.14.2022)				
Name and Affiliation	County	Service Area	Sector	Term Expiration
Sector Representatives				
Heidi Anderson, RN, BSN, MBA Board Vice President heidia@forkshospital.org Chief Executive Officer Forks Community Hospital Office: 360-327-8316 *** Alternate: Jennifer Wharton, PT, MHL jwharton@jeffersonhealthcare.org Chief Ambulatory and Medical Officer Jefferson Healthcare	Clallam	Clallam	Critical Access Hospital	9/2023 Officer: 6/2023
G'Neil Ashley gneil@rcsgpa.org Administrator Reflections Counseling Services Group Office: Cell: *** Brian Burwell bburwell@suquamish.nsn.us SUD Clinical Supervisor Suquamish Wellness Center	Clallam	Clallam	Substance Use Disorder Treatment	9/2023
Bobby Beeman	Clallam	Clallam	Public Hospital	9/2023

Secretary bbeeman@olympicmedical.org Director of Marketing & Communications Olympic Medical Center Office: 360-417-7122 Cell: 360-461-7601 *** Alternate: Scott Kennedy, MD Olympic Medical Center skennedy@olympicmedical.org				Officer 6/2023
Laura Cepoi laura.epoi@dshs.wa.gov Executive Director Olympic Area Agency on Aging Office: 360.379.5064 Cell: 360.301.5426 *** Alternate: Stacey Smith Administrator Kitsap County Human Services sasmith@co.kitsap.wa.us	Jefferson Clallam	Jefferson Clallam	Long Term Care/ Area Agency on Aging/ Home Health	9/2023
Cherish Cronmiller, Esq. ccronmiller@olycap.org Executive Director Olympic Community Action Programs Office: 360-385-2571 x 6308 *** Alternate: Kathy Morgan Housing and Facilities Director Kmorgan@olycap.org	Clallam Jefferson	Clallam Jefferson	Community Action Program/ Social Service Agency	9/2023

Stephanie Lewis, LMFT Board Treasurer sjlewis@co.kitsap.wa.us Administrator Salish Behavioral Health – Administrative Services Organization Office: 360-337-4422 Cell: 909-273-9533 *** Alternate: Jolene Kron, MA, LMHC jkron@co.kitsap.wa.us Deputy Administrator, SBH-ASO	Kitsap	Clallam Jefferson Kitsap	Behavioral Health Administrative Services Organization	9/2023 Officer: 6/2023
Michael Maxwell, MD Board President mmaxwell@nohn-pa.org Chief Executive Officer North Olympic Healthcare Network Office: 360-452-7891 Cell: 360-460-7891 *** Alternate: Bergen Starke bstarke@pchsweb.org Peninsula Community Health Services	Clallam	Clallam	Federally Qualified Health Center	9/2023 Officer: 6/2023
Gib Morrow, MD, MPH Gib.Morrow@kitsappublichealth.org Health Officer Kitsap Public Health District *** Alternate: Allison Berry, MD, MPH Clallam County Health & Human Services	Kitsap	Kitsap	Public Health	9/2023

Caitlin Safford Caitlin.safford@amerigroup.com Chief of Staff Amerigroup Cell: 206.492.1666	Statewide	Statewide	Medicaid Managed Care Organization	12/2022 (Per MCO Rotation Schedule)
Wendy Sisk, LMHC, GMHS Board Past President wendys@peninsulabehavioral.org Executive Director Peninsula Behavioral Health Office: 360-457-0431 x154 Cell: 360-477-3753 *** Alternate: Jim Novelli, MsED, MHP jimn@discoverybh.org Office: 360-385-0321 x 301 Cell: 618-925-2240	Clallam	Clallam	Mental Health Treatment	9/2022 Officer: 6/2023
Keith Sprague, RN, MSN keithsprague@chifranciscan.org Executive Division Director St. Michael Medical Center *** Alternate: Lori Kerr, RN Lori.kerr@harrisonmedical.org Care Management Manager St. Michael Medical Center	Kitsap	Kitsap	Private/Not for Profit Hospital	9/2022
At-Large Representatives				
Susan Buell	Kitsap	Kitsap	At-Large (Community)	9/2023

sbuell@ymcapkc.org Association Director of Health Initiatives YMCA of Pierce and Kitsap Counties Office: 253.460.8912				
Jennifer Kreidler-Moss, PharmD, CMPE jkreidler@pchweb.org Chief Executive Officer Peninsula Community Health Services Office: 360.475.6707 Cell: 360.340.2541	Kitsap	Kitsap	At-Large (Medical/ Clinical)	9/2023
Thomas Locke, MD, MPH locke@olympus.net Tlocke@jamestowntribe.org Office: 360-385-9448 Cell: 360-808-3333	Jefferson	Clallam Jefferson Kitsap	At-Large (Community)	9/2023
Jody Moss jodymoss@wavecable.com Director, Contracts Management & Planning Olympic Area Agency on Aging Office: 360.379.5064 Cell: 360.301.0568	Jefferson Clallam	Jefferson Clallam	At-Large (Community)	9/2023
Tribal Partner Board Representatives				
Vacant			Makah Tribe	
Britni Duncan* Britni.Duncan@hohtribe-nsn.org Hoh Tribe			Hoh Tribe	

Kim Freewolf* kfreewolf@pgst.nsn.us Port Gamble S'Klallam Tribe			Port Gamble S'Klallam Tribe
Dolores Jimerson* Qhc.director@quileutenation.org Health Director Quileute Tribe			Quileute Tribe
Stormy Howell* Stormy.Howell@elwha.org Medical Director Lower Elwha Klallam Tribe			Lower Elwha Klallam Tribe
Brent Simcosky* Administrator bsimcosky@jamestowntribe.org Office: 360-582-4870 Cell: 907-617-2564 Jamestown S'Klallam Tribe			Jamestown S'Klallam Tribe
Stephen Kutz* Health Clinic Director skutz@suquamish.nsn.us Suquamish Tribe			Suquamish Tribe

*Tribes are governments, not sectors. Therefore, each Tribe is allotted one vote and may appoint alternates as desired.

August 8, 2022

Jason McGill
Assistant Director, Medicaid Programs Division
Health Care Authority
626 8th Ave SE
Olympia, WA 98501

Dear Jason,

Thank you for sharing the announcement in early May regarding the process and timeline for the upcoming procurements for Medicaid Managed Care Organizations and the new low-income uninsured product. In regard to the procurement of Apple Health managed care contracts, Olympic Community of Health (OCH) recommends that HCA procure a total of three contracts and that all of the MCOs provide services in all regions of the state.

Based on provider interest, OCH is convening a *Value-Based Payment Action Group* in 2022. This group is comprised of local providers, managed care partners, and HCA staff. The group shares the purpose of identifying challenges and gaps to advocate for creative solutions to expand and improve value-based purchasing (VBP) efforts across the three-county region. The group will soon present its findings to HCA regarding local challenges and potential solutions to streamline VBP in the region. As of 2022, the Olympic Region (the smallest region based on percent of Medicaid beneficiaries) now has all five MCOs providing services in the region. This has created a myriad of challenges with significant impacts on providers with small patient panels, as managed care is not able to effectively put VBP mechanisms in place for panels with small numbers. This has far-reaching impacts in our region, as we have very few large health systems and most providers have small patient panels in context with the rest of the state. If there were fewer MCOs in the region, there could be more VBP arrangements in the region, leading to lower cost of care and improved health outcomes for our region's most vulnerable community members.

Providers in the region stand ready to discuss this further as HCA has interest. We appreciate the opportunity to share our feedback and look forward to continued partnership with both HCA and managed care.

Sincerely,

A handwritten signature in black ink, appearing to read "CSchoenthaler".

Michael Maxwell, Board President
CEO, North Olympic Healthcare Network

Celeste Schoenthaler
Executive Director, Olympic Community of Health

From: [HCA Medicaid Transformation](#)
To: [HCA Medicaid Transformation](#); "[Alison Poulson](#)"; [Celeste Schoenthaler](#); [Liz Baxter](#); [Susan McLaughlin](#)"; "[Alanna@elevatehealth.org](#)"; "[brucegoldberg955@gmail.com](#)"; "[cathy@kaufmannstrategies.com](#)"; "[clarks@crhn.org](#)"; "[diana@artemispx.com](#)"; "[john@ncach.org](#)"; [Lauren Fulton](#); [Nichole.Peppers](#); [sbrown@gcach.org](#)
Cc: [Arnis, Michael \(HCA\)](#)
Subject: Uninsured and Medicaid Procurement Efforts
Date: Monday, May 2, 2022 1:27:13 PM
Attachments: [image002.png](#)
[image003.png](#)

Good afternoon ACH Executives,

Please see the message below regarding what we plan to post on our public website, as well as let our Medicaid and employee health plan partners know about our intent to develop two upcoming procurements.

Thank you,
The Medicaid Transformation Team

Dear ACH partners,

We wanted to provide you advance notice we will be posting the below statement on our public website and letting our Medicaid and employee health plan partners know about our intent to develop two upcoming procurements: (1) the new uninsured health care coverage program that the Legislature just authorized development; and (2) the re-procurement of Apple Health's integrated managed care contract.

We are limited in terms of discussing the development of the RFPs beyond the information we post on line. To that end, and as note below, we have established an external landing page on the HCA website that we will add relevant public information for our external partners. If you receive a question, please send them to hcaprocurements@hca.wa.gov.

Here is the official announcement:

[HCA plans two health care coverage procurement efforts](#)

The Health Care Authority (HCA) is planning two major health care coverage procurement efforts to further Governor Jay Inslee's and the Legislature's aim to cover all individuals in Washington:

- The Legislature authorized HCA to develop a new coverage product for low-income uninsured individuals in Washington who do not qualify for Apple Health (Medicaid) or other similar coverage. We intend to release a request for proposals by the end of this year for potential bidders from one or more of our managed care plans to offer a separate insurance plan similar to the Medicaid managed care plans offered today. To meet this short timeline, it

is critical we limit this procurement to our current contractors and take the following year of 2023 to review and select the contractor or contractors and ensure readiness. Pending final legislative funding, we anticipate coverage starting January 1, 2024.

- Coinciding with the new program discussed above, we also plan to reprocur Apple Health managed care contracts, with a projected implementation date of January 1, 2025. We need a longer timeframe to develop the program policy goals and ensure readiness of selected plans because we intend to open this procurement to all interested insurance carriers, in addition to our current plans. We last procured Apple Health managed care contracts in 2012, so it is time to do it again.

The goals of these procurements are to ensure high value, equitable access to whole-person, quality, and cost-effective health care for the more than 2 million Washington residents we serve today and for those we look forward to covering in the future. We will work to align these procurements with each other and with our Medicaid Transformation Project waiver renewal work and other coverage from the [Health Benefit Exchange](#) and [Cascade Care](#).

Stay informed

[Sign up](#) for *Apple Health (Medicaid) programs and eligibility general information and updates*. HCA is committed to listening to input from the individuals we serve as we design these procurement processes. If you have questions, please submit [via email](#). We will provide further information on [hca.wa.gov](#) as these projects progress.

Thank you for your partnership with this important work.

Thanks,
Jason and team

Jason T. McGill

Assistant Director

Medicaid Programs Division

office: 360-725-1093 | cell: 360-791-1546

jason.mcgill@hca.wa.gov

Washington State
Health Care Authority

www.hca.wa.gov

