



## WCMSCHF Board Meeting Minutes

<b>Meeting Title</b>	WCMSCHF Board Meeting	<b>Date</b>	05-24-2017
<b>Facilitator</b>	West Lawson, MD, Chair & Tara Kinard	<b>Time</b>	6:00 – 8:00pm
<b>Location</b>	4207 Lake Boone Trail Suite 100	<b>Recorder</b>	Debbie Earp
<b>Attendees</b>	Dr. West Lawson, Dr. Peter Morris, Dr. Bob Munt, Dr. John Perry, Dr. Brian Klausner, Penny Washington, April Culver, Dr. Marilyn Pearson (via phone) and Dr. Betsey Tilson Kim Battle, Cheryl Viracola, Tara Kinard		

Key Points Discussed and Action Items					
	Topic	Key Discussion Points	Follow-up Action Item(s)	Action Item Owner(s)	Action Item Target Date
	<b>Dr. Lawson</b>	<p>A quorum was met.</p> <p>Dr. Lawson opened with the introduction of new Board Member, April Culver, Vice President of Planning and External Affairs for Johnston Health</p> <p>Dr. Lawson announced the resignation of Pat Kramer. Asked Board for suggestions for possible replacement. Tara is working with Pat on this as well because Duke may want to recommend a replacement.</p> <p>Approval of Minutes from 4-26-2017</p> <ul style="list-style-type: none"> <li>• Request for Motion to approve: John Perry</li> <li>• 2<sup>nd</sup> Motion to approve: Marilyn Pearson</li> </ul> <p>Unanimous votes in favor</p> <p>Dr. Lawson reviewed corrections to past Board Minutes spanning over 4.5 years and why some changes were needed.</p> <p>Request for Motion to approve: Correction to Past Board Minutes: Penny Washington 2<sup>nd</sup> Motion to approve: Brian Klausner Unanimous votes in favor</p> <p><b>Reminder:</b> all Board meeting documents are located on the website, login info: CLICK HERE: <a href="http://www.wcmschf.org">www.wcmschf.org</a> CLICK ON TAB: Restricted LOGIN: CHFBoard PASSWORD: 7Et2ibflqdLR</p>			
	<b>Policy Committee Report</b>	<p>Dr. Morris presented a review of the Policy Summary Sheet</p> <p><b>New:</b></p> <ul style="list-style-type: none"> <li>• Development &amp; Maintenance of Policies &amp; SOPs</li> </ul>			

		<p><b><u>Revisions:</u></b></p> <ul style="list-style-type: none"> <li>• Employee Handbook</li> <li>• Wellness Policy</li> <li>• Allocations for Specific Populations</li> </ul> <p><b><u>Rescissions:</u></b></p> <ul style="list-style-type: none"> <li>• Policy Development &amp; Maintenance</li> <li>• SOP Development &amp; Maintenance</li> </ul> <p><b><u>Inform:</u></b></p> <ul style="list-style-type: none"> <li>• CCNC Standardized Policy Revisions – format changes</li> </ul> <p>Request for Motion to approve as submitted: Peter Morris 2<sup>nd</sup> Motion to approve: April Culver Unanimous votes in favor</p>			
	<b>Financial Update</b>	<p>Dr. Morris, representing the Finance Committee, reports:</p> <p>Revenue is on target and under budget and within the three month cap reserve required by CCNC/DMA. Expenses are 3% below budget. YTD net income of 512K.</p> <p>The Finance Committee, during their September meeting, will provide a draft and highlight unknowns/estimates. The 2018 budget will be presented and approved this fall – this has been done in October in the past; however, our new Board meeting schedule dictates for this to be done in either September or November. Will evaluate when it gets closer to the September meeting.</p>			
	<b>CPESN Services presentation by Cheryl Viracola, PharmD</b>	<p>CPESN presentation available on Board page on WCMSCHF website.</p>			
	<b>Care Management Optimization Workgroup Recap</b>	<p>See CCNC Workgroup Update slides/handout available via Board page on WCMSCHF website</p> <p>Phase 1 – July, letterhead, PowerPoint Slide templates, business cards, badges all will be uniform with new logo.</p> <p>Penny asks: looking at the branding of the larger network, is WCMSCHF’s website going to be the local website i.e. CCWJC? – Tara states that all of the networks and the central office are aligning to roll out a branding campaign – anticipated to roll out this July. CCWJC’s website will eventually be moved to a new platform to be consistent with the other networks/CCNC. WCMSCHF’s website will remain the same.</p> <p>Structure and costs related to branding materials – if we move to a corporate structure, for example, these costs</p>			

will be funded centrally. If we move to a model other than corporate, it is likely that we will need to budget for some of the branding material-related costs.

### **Enterprise Structure Guiding Principles**

Question: How can we have the same presence with consolidating into CCNC? Will it not take away our presence if we merge with the central office? Tara states that as we look at different structures, we need to keep our local presence in mind as well as consider a viable cost model as revenue streams will change in the future once the DMA contract ends.

Board agreed to move forward with third party consultation to evaluate structures. Discussed using Michealle Gady, who is working with the CCNC networks, because she is familiar with a conversations and work that has already been done. She also has knowledge of managed Medicaid in other states.

Framework agreement provides the structure for which CCNC and the Networks can enter into statewide contracts.

Key Points about the Framework Agreement:

- An overarching agreement that defines the relationship among the Parties (Networks, CCNC, Inc., and N3CN) as a collaboration with common goals
- Has been developed in collaboration with all of the Parties and their legal counsel
- Acknowledges that third parties (e.g., MCOs) will want to engage CCNC and the Networks to provide “in the box” services (e.g. complex care management)
- For “in the box” services, CCNC, Inc. will be the primary contracting entity and will contract with the Networks to carry out the services
  - o CCNC, Inc. must first offer a contract to a Network – as a **Network, we have the right to accept or decline any contract**
  - o If a Network declines, CCNC, Inc. is able to contract with another Network in the area, provide services directly, or contract with another organization to assure that the services are provided
  - o The Parties will collaborate when making decisions about when and how to contract with potential future customers

Enterprise integration model: there is a corporate model that put us in the central office with regional networks, or joint venture model coming together to form their own LLC and share positions and services, shared Board to then contract with CCNC. Different models are being evaluated now. Grant funding is integral in what we do.

CCPN has over 600 practices, almost 2000 clinicians and CCWJC has 96 practices 307 clinicians.

Future looks bright for CIN, pending letter of intent of major insurance carrier for Medicare work with five rural

		<p>counties (currently not CCWJC) with potential to expand.</p> <p>Additional Updates:</p> <ul style="list-style-type: none"> <li>• Presbyterian visit (5/10 last week)</li> <li>• Upcoming visits – UHC, NC Peds/Centene/NC Med Society/NCACHC in June</li> <li>• Duke (Northern Piedmont Community Care Network) June 7<sup>th</sup> with Fred and Dev to explore further partnership (informal versus formal)</li> </ul> <p>More information can be found in the Board website under the documents titled: CCNC Workgroups Update for Board 5-24-17</p>			
	<b>Next Regular Board Meeting</b>	<ul style="list-style-type: none"> <li>• Wednesday, <b>July 26, 2017, 6-8pm</b> at WCMSCHF Conference Room 4207 Lake Boone Trail – Suite 100 Raleigh, NC 27607</li> </ul>			