

Governing Board Meeting
1:00 PM–3:30 PM, September 9, 2019

Location Family Health Centers 1003 Koala Dr Omak, WA 98841	Call-in Details Join Zoom Meeting https://zoom.us/j/5681909332 +1 669 900 6833 US Meeting ID: 568 190 9332
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Rick Hourigan <ul style="list-style-type: none"> Board Roll Call Review of Agenda & Declaration of Conflicts Public Comment 		<ul style="list-style-type: none"> Agenda 	1
1:10 PM	Approval of Minutes – Rick Hourigan	Motion: <ul style="list-style-type: none"> Approval of August Minutes 	<ul style="list-style-type: none"> Minutes 	2-7
1:15 PM	Treasurer’s Report – Brooklyn Holton <ul style="list-style-type: none"> Budget Planning Timeline – John Schapman 990 Review 	Motion: <ul style="list-style-type: none"> Approval of monthly financial report Approval of 990 Tax Filing 	<ul style="list-style-type: none"> Monthly Financial Report 2020 Budget Planning Timeline Board Decision Form & 990 Tax Filing 	8-11 12 13-42
1:30 PM	Staff Updates – NCACH Staff <ul style="list-style-type: none"> Opioid & CPTS – Christal Eshelman WPCC – Wendy Brzezny TCDI – John Schapman CHI Evaluation Update – Caroline Tillier 	Motion: <ul style="list-style-type: none"> Allocation of remaining 2019 Opioid Project Funding 	<ul style="list-style-type: none"> Board Decision Form Staff Updates 	43-44 45-54
2:00 PM	Capacity Building - Tanya Gleason		<ul style="list-style-type: none"> Presentation 	55-72
2:30 PM	Pathway’s HUB Update - Deb Miller		<ul style="list-style-type: none"> HUB Update 	73-76
2:45 PM	CHI Update – CHI Board Seats <ul style="list-style-type: none"> Community Initiatives Update - Sahara Suval 	Motion: <ul style="list-style-type: none"> Adopt Eligibility Criteria to Re-Evaluate Proposals with Overlap on other NCACH Projects 	<ul style="list-style-type: none"> CHI Community Initiatives Update Board Decision Form Eligibility Criteria 	77-82 83-85 86-87
3:10 PM	Strategic Planning / Visioning Update – John Schapman		<ul style="list-style-type: none"> Vision and Strategic Plan Summary Report. Staff Update 	Separate Attach.
3:25 PM	<u>Announcements:</u> <ul style="list-style-type: none"> <i>NCACH to welcome 2019 Healthier Washington Medicaid Transformation public forum - September 12, 6-8 p.m., Confluence Technology Center, Wenatchee, WA (Flyer Attached Page 88)</i> <i>October 7th NCACH Governing Board Meeting Cancelled, due to Governing Board Retreat.</i> 			

Location	Attendees
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	<p>Governing Board Members Present: Doug Wilson, Rick Hourigan, Rosalinda Kibby, Scott Graham, Davis Olson, Carlene Anders, Senator Warnick, Cathy Meuret, Barry Kling, Ken Sterner, Nancy Nash-Mendez, Courtney Ward, Molly Morris</p> <p>Governing Board Members Absent: Blake Edwards, Kyle Kellum</p> <p>Public Attendance: Kelsey Gust, Jerry Perez, Leah Becknell, Kate Haugen, Loretta Stover, Paul Hadley, Deb Miller, Ramona Hicks, Renee Hunter, Rachael Petro, Laina Mitchell, Jamie Hilliard, Dawn Bross, Jorge Rivera</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Review of Agenda & Declaration of Conflicts Public Comment 	<p>Conflicts of Interest: None Public Comment: None</p>
<ul style="list-style-type: none"> Approval of Minutes 	<p>❖ Ken Sterner moved, Brooklyn Holton seconded the motion to approve the July minutes, motion passed</p>
<ul style="list-style-type: none"> Executive Directors Report 	<ul style="list-style-type: none"> MTP Evaluations – See one pager explaining the two evaluations. Some partners and Board members may be contacted for interviews. As we learn more, we will notify you. Round Table in Okanogan County, Representatives from Senator Patty Murray’s office and Congressman Dan Newhouse’s office attended. They were interested in federal laws that were impacting reimbursements. Congressman Newhouse will be coming back in the next few weeks and Senator Parlette will attend that meeting. Attended the Premera Blue Cross announcement in Spokane – They are releasing approximately five million dollars in grant funding to be administered by Empire Health Foundation. Senator Parlette is not done talking to them yet as this is far from the \$20 million that Premera originally announced would be available. NCACH still has an ask for a regional HIT/HIE system and she has not given up yet. Julie Rickard has left Parkside – prior to her departure, Senator Parlette met with her and ABHS about reimbursement for crisis stabilization beds. Senator Parlette continues to pay attention to the rates as we need to make sure that these behavioral health organizations are able to stay afloat. <ul style="list-style-type: none"> ➤ Rural Health Care Tour in the fall - are MCO’s invited? Linda will check into this and let Courtney know.
<ul style="list-style-type: none"> Treasurers Report 	<ul style="list-style-type: none"> Brooklyn went over the monthly financial report. Does not see any concerns. Courtney asked if Heather’s position is going to be filled, as of right now it is not, but it is still showing as an expense through the end of the year. <p>2019 Spending Projections – John went over the expected projections through the end of 2019.</p> <ul style="list-style-type: none"> FE Portal – Many of the timelines have been pushed out. Some of these items will be pushed into the 2020 budget. Pathways HUB expected to be at 53% primarily because the expansion of the HUB and implementation of the HUB is moving at a slower rate than expected. Will the savings from delays of the HUB be set aside for the HUB or go

	<p>toward other things? John said this will be something that the Board will have to evaluate, he is currently working on financial modeling with OHSU to reevaluate the entire financial picture through the end of the Medicaid Transformation Project.</p> <ul style="list-style-type: none"> • WPCC – Budgeted worst case scenario based on the maximum number of teams and learning activities. Had less of both this year, so we are under budget. • We are expecting the entire FE Portal to end the year at 54% which leaves us 3.5 million under budget for this year. This fall will be a good time to look at if we want to explore other initiatives or bolster other projects. • Rick asked if this is a use it or lose it situation with the initial funding. John said anything in the Financial Portal belongs to the NCACH. There are other ACH's that are drawing down a percentage of funds that they will use for sustainability and the Health Care Authority has not had a problem with it. • Brooklyn brought up that Barry Kling has been working on figuring out if the funding disappears at the end of the demonstration. He has found out that there is the ability to utilize the funds and continue past the end of the MTP. • Regarding the Xpio & Fieldsman Tucker LLC line items, anticipate the BH Organizations utilizing them for another round of contracting. Courtney suggested that we have Blake reach out to the BH providers to find out what else they need if they are not using the TA that we have set up for them. Dale Jarvis and Associates is also a great consultant to work with BH providers. Has helped BH providers get their books in line and create a margin & operating costs. • Jorge from Molina noted that Molina employees have a lot of experience in capacity building. Please reach out for any help. • Brooklyn advised that when we look at the 2020 budget, we need to keep in mind that we do not need to spend it all right now in the current year. We need to really think about how we can most effectively influence and make positive changes within our community. ❖ Rick Hourigan moved, Nancy Nash Mendez seconded the motion to approve the monthly financial report, motion passed <p>Accountability/reimbursement policy – John went over the mileage reimbursement policy that he developed with Cordell Neher & Associates and Davis Arniel Law Firm to comply with the CDHD policies. At a later date, will bring back an addition to reimburse or pay for low income people to attend NCACH events/trainings.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Page 16, mention of written receipt. Clarified that this is an itemized receipt (not hand written) • Most forms use a “home base” for mileage reimbursement? Add start and destination location, one way, round trip, total miles. • Note that NCACH is not reimbursing for items paid by employers. ❖ Carlene Anders moved, Scott Graham seconded the motion to approve the NCACH Board and Committee Member Expense Reimbursement Policy presented to the Board, motion passed. With the following changes to section # <ol style="list-style-type: none"> 7. Wording for “written receipts” change to something like itemized receipt or whatever accountant suggests 8. Addition of expenses reimbursed by employers under Non-reimbursable Expenses
<ul style="list-style-type: none"> • Staff Updates 	<ul style="list-style-type: none"> • TCDI – John EMS and Hospital partners completed their quarterly reports in July. These partners reported that collaboration and shared networking and learning has been most beneficial. North Central Emergency Care

	<p>Council (NCECC) project update, focusing on documentation training and reporting to WEMSYS and Non Hospital Transport.</p> <ul style="list-style-type: none"> ➤ Barry Kling requested the NCECC Partner report and fiscal report to see how the money was used. <ul style="list-style-type: none"> • Capacity Building - Tanya Transportation is the primary reason why patients do not follow through with their referrals. High importance is a warm handoff or in-person connection and adoption of shared language and definition of referral success (closed loop referral). King County and Spokane are looking into a Community Information Exchange model. Working with vendors to learn the language. By September, going to present a few different options for implementation and sustainability. A significant investment is going to need to be made and is going to require a community effort. Implementation is going to take a long time. Brooklyn noted that the city has ARC GIS interns working on creating GIS layer on a brochure of resources. Brooklyn will connect Tanya. • WPCC – Wendy Offered a Motivational Interviewing Train the Trainer. We now have 14 trainers and the trainers are required to provide trainings and invite individuals involved in the ACH to the trainings. MeHAF Assessments – scheduling now, they have to be done at the site level. • Possible new WPCC Members – 5 entities that show eligible encounter data. <ul style="list-style-type: none"> ○ Colville Tribes – Engaged at a different level ○ North Valley - Potentially staffed by Confluence providers – Scott said they aren’t staffed by Confluence, but they do not have primary care yet. They are starting it. ○ Three Rivers Family Medicine ○ Quincy Valley Medical Center ○ Mattawa Clinic <p>Scott Graham disclosed his possible conflict of interest as CEO of Three Rivers Hospital (Still need to find out if they have 300 beneficiaries and the staff capacity). Can Wendy reach out to these organizations? Barry clarified that if the Board okays her reaching out, then we are saying yes we are willing to fund. Rick said he agrees we would fund it, but there are a lot of details to work out. Sense of the Board is to agree to support funding in some capacity if they are eligible and willing to participate.</p> <p>The organizations are - Three Rivers, Quincy Valley, Mattawa Clinic – Wendy will come back to the Board with a funding mechanism if she finds that they are eligible and willing to participate.</p> <ul style="list-style-type: none"> • Opioid – Wendy for Christal – Recovery Coach Training application available. Peer support training, 15 slots available. Applications available on NCACH website or contact Christal Eshelman for more information. Opioid response conference – Committee is looking into exploring a targeted education opportunity for educators and coaches. This would not be done in one day, since we would need to adapt to school schedules. They could earn clock hours. CDP Apprenticeship contract has been executed, Linda Rider met with 9 organizations, all were supportive and excited. Linda Rider is currently working on the feasibility study.
<ul style="list-style-type: none"> • Pathway’s HUB Update 	<ul style="list-style-type: none"> • Pathways HUB - Deb Miller – 52 enrolled at the end of June. State is still not recognizing Pathways HUB as a program, which prevents us from looking at the data on Provider One. Updated the CSSA MOUs to include some incentive language to help encourage and increase the engagement rate. Have a signed CSSA contract with a Chelan Douglas Agency.

	<p>➤ Senator Warnick asked if there is anything that she can do to help with the program vs project issue. Yes, Deb will reach out Senator Warnick to schedule a call.</p>
<ul style="list-style-type: none"> • CHI Update 	<p>CHI Community Initiatives Application Review Conflict of Interest Policy – Sahara Suval</p> <p>❖ Scott Graham moved, Rick Hourigan seconded the motion to approve the CHI Community Initiatives Conflict of Interest Policy for use during the CHI Community Initiatives project application review process, motion passed.</p>
<ul style="list-style-type: none"> • Sustainability/Strategic Planning 	<p>John Schapman-Visioning Workgroup – NCACH is looking at a business plan for transformation from our current state to post transformation state. We want to form a visioning workgroup. Timeline Sept – April</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Barry – Concerned about the timeline. If April is when this group is to end and presumably products appear, there most likely will be substantial money that we have not committed with less than a year left of activity in the MTP. How can we make commitments to current spending without having this vision complete? Does not think that it should take 6 months, he would like to see this group move a lot faster. John responded that gathering community input and coming back to the Board, takes time. • Brooklyn – Is there a work plan? John said we have worked out some preliminary timelines, but wanted to get a temperature check from Board first. Knowing how long the process of getting community input takes, we believe six months is an accurate timeline for this process. • Barry – What do you mean by community input? Presenting to CHI and getting input from them. Similar to when we chose projects. • Courtney - 6-12 months is typical in any strategic plan. Would like to see different players on the workgroup, whether it be focus groups or town hall meetings. Would like to see more community members and people not entrenched in the ACH work already. • Barry - Few people can come to those types of meetings. We have been trying to get input. We know what the SDOH issues are. There isn't a solution to everything. We have been listening to people and focus groups; gathering community input can be overdone. We know what the SDOH issues are, the general feedback is the same. Our job is to find a way to do something about it. He thinks we are in an input rich environment already. • Rick likes this approach and echoes that we have not operated in a vacuum. Many of those people have not sat through the meetings, they do not know how the funds flow works. If we bring too many people who are not heavily involved with ACH processes, we could end up with pie in the sky ideas that are not feasible. • John responded that the suggested makeup of the group would involve 4 Board members (excluding the Exec Committee) and 6 community members in hopes of getting people that do work more in the SDOH world. Also, hoping to assign staff that are more involved in SDOH work. There is still going to be a bi-directional component where the visioning group will be bringing their ideas to the Board and the Board will be providing their comments, then the visioning group will need to incorporate those comments. • Scott noted that the Board's role is visioning. This is our charge, we need to do this in a more focused way and get this done. The Board is ultimately responsible. • Chris Kelleher (OHSU) - How do we find the high leverage points and develop a business plan that is sustainable. You need the buy in of community for it to sustain. The Board doesn't have the time to focus as this group would. A visioning group meets more often for longer times. • Cathy suggested meeting for longer periods of time to shorten the months. John noted that we can structure

however the Board decides.

- Rick – Identifying 6 community members takes a month, with onboarding you have lost 2-3 months by the time you have a fully functioning group. John noted that by community member we mean non-board members that could be people in the room today who are already involved.
- Barry – We spent three years doing that kind of community networking before we decided that the ACH was worth the trouble. We involved everyone and the two main motivations were to protect the vulnerable rural assets and to address the SDOH and we have been constantly gathering input from various sources in the community ever since. The way that you can tell what interventions work is by the research, not by talking to the people on the street.
- Barry suggested putting together a group of Board members to address this aggressively in three months. Doesn't think we need to replicate the same workgroup to come together and talk about what is wrong, we know what is wrong.
- Scott noted that workgroups are great if you are trying to gather data, but this is an exercise that the Board needs to be involved in because we are responsible. The folks in the room are in the best position to make those decisions.
- Brooklyn - Exec Committee being excluded does not sit well with her. 8 months is a challenging timeline. This Board is great for the MTP work. This Board does not plan housing, transportation, education, employment, nutrition, and all of the other SDOH. That is not this Board's expertise. If we are looking at continuing beyond the MTP with SDOH as the focus and don't include SDOH experts in the decisions, then we are making a mistake. We as a Board have talked about the SDOH, but if we are not intentional about including them, how are we going to succeed?
- Rick said he is not sure that the Board has really defined what our vision is. We need to do that, then identify a new transition Board that will work beside us to take over. Scott agreed that is the appropriate procedure.
- Linda noted that at the last Staff/Board retreat there were two different visions. The Board wanted the giant CHI / Staff had a different idea. We need to come back together and come up with a vision together.
- Chris from OHSU – This is very similar to starting a new business. We have two different questions to answer here: Should there be a visioning group? If so, who should be on the group?
- Brooklyn suggested a more targeted survey to Board members, more visioning questions.
- Rick - Is there an urgency in this, we have until 2021? Brooklyn said there is an urgency. If you do not have a timeline, things do not get done.
- John noted 2021 is just the end of when we have to report on the Medicaid Transformation Project and that we actually have beyond 2023 while final payments still come in.
- Barry responded to that saying that it concerns him that we will soon be 3 years into the process and we still have millions of dollars that we presumably do not have a plan for. He does see an urgency to get this plan going.
- Brooklyn encourages the urgency – so that we can plan and partner as opportunities come up.
- Barry suggested that we open this group up to the entire Board and other members who address SDOH. We can reconvene in October for another retreat.
- Courtney noted that the ACH staff does not have a long term plan for employment and we need to be respectful of that.
- Board decided that we are not ready to vote on the motion as we do not have a vision yet. Barry noted that we did

	<p>come up with a vision statement at the May retreat and we have not seen it since.</p>
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| | <ul style="list-style-type: none">• Brooklyn requested history on the last two retreats. John committed to getting the notes with in the next two weeks. Barry made the request that OHSU get those notes to us by tomorrow so that we have time to review before the next meeting.<ul style="list-style-type: none">➤ Next Steps – Provide summary of the last two retreats to the Board and set up a retreat for October. |
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NCACH Funding & Expense Summary Sheet

Funding Source	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
	SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
SIM Funding*	\$ 115,329	\$ 115,329	\$ -			
Transformation Project Funding						
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	\$ 5,000,000					
Transfer from FE Portal	\$ 226,961					
Interest Earned on Demo Funds	\$ 174,317					
Transformation Total	\$ 6,401,279	\$ 2,213,049	\$ 4,188,230			
Workshop Registration Fees/Misc. Revenue*	\$ 15,370	\$ 13,720	\$ 1,650			
			\$ -			
Financial Executor Funding						
Project Incentive Funds				\$ 13,863,063	\$ 4,498,485	\$ 9,364,578
Integration Funds				\$ 5,781,980	\$ 58,422	\$ 5,723,558
Bonus Funds				\$ 1,455,842		\$ 1,455,842
Value Based Payment (VBP) Incentives				\$ 300,000		\$ 300,000
DY1 Shared Domain 1 Funds**				\$ 4,350,278	\$ 4,350,278	\$ -
Totals	\$ 6,531,978	\$ 2,342,098	\$ 4,189,880	\$ 25,751,163	\$ 8,907,185	\$ 16,843,978

*A portion of funds in this category were collected when CDHD held the SIM Contract

**Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet

2019 NCACH Budget: Monthly Summary

CDHD Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

Budget Line Item	Total Budgeted	Jul-19	Totals YTD	% Expended YTD to Budget
Salary & Benefits	\$ 983,205	\$ 81,462	\$ 542,894	55%
Supplies				
Office	\$ 9,420		\$ 2,760	29%
Drugs and Medicines	\$ 15,100		\$ 9,594	64%
Furniture < \$500	\$ 2,400		\$ 1,411	59%
Books, References, & Videos	\$ -	\$ 283	\$ 283	
Software	\$ 3,000	\$ 397	\$ 681	23%
Computer Hardware	\$ 6,000	\$ 58	\$ 3,487	58%
Services				
Legal Services	\$ 8,400	\$ 877	\$ 877	10%
Computer	\$ 16,140		\$ 4	0%
^Misc. & Contracts	\$ 27,500		\$ 5,000	18%
Mileage	\$ 81,760	\$ 714	\$ 11,212	14%
Professional Travel and Training	\$ 16,800	\$ 299	\$ 3,502	21%
^Conference - Program Meals/Lodging	\$ 38,250	\$ 274	\$ 8,364	22%
Other (Train/Plane/Boat/Parking)	\$ 10,200	\$ 613	\$ 4,828	47%
Advertising - Newspapers	\$ 3,800		\$ -	0%
Advertising - Other	\$ 7,900		\$ 7,475	95%
Insurance	\$ 5,700		\$ 5,702	100%
Printing - Office	\$ 7,900	\$ 224	\$ 530	7%
^Printing - Copier	\$ 12,200	\$ 630	\$ 5,735	47%
Dues and Memberships	\$ 3,300		\$ 2,889	88%
Subscriptions	\$ 658	\$ 54	\$ 682	104%
^Other Expenditures	\$ 139,349	\$ 2,170	\$ 73,232	53%
CDHD Hosting Fee 15%	\$ 212,322	\$ 13,208	\$ 103,672	49%
Grand total	\$ 1,611,305	\$ 101,265	\$ 794,815	49%

% of Fiscal Year

58%

FE Portal Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

Budget Line Item	Total Budgeted	Jul-19	Totals YTD	% Expended YTD to Budget
Operations				
^ OHSU	\$ 100,000	\$4,126	\$65,228	65%
Program Evaluation (TBD)	\$ 60,000		\$0	0%
Program Evaluation (Pathways Hub)	\$ 60,000		\$0	0%
Public Health Seattle King County(Data)	\$ 24,000		\$4,215	18%
Xpio	\$ 20,000		\$350	2%
Feldsman Tucker Leifer Fidell LLP	\$ 40,000		\$7,500	19%
* Asset Mapping (TBD)	\$ 52,800		\$0	0%
^ Workforce Development	\$ 48,125	\$2,625	\$2,625	5%
Communications and Outreach				
Training (TBD)	\$ 10,000		\$0	0%
Lead Agencies (CHIs)	\$ 150,000	\$16,197	\$83,742	56%
* CHI Partner Payments	\$ 450,000		\$0	0%
Whole Person Care Collaborative				
^ Comagine Health (Qualis Health)	\$ 215,710	\$14,288	\$39,419	18%
Shift Results	\$ 53,820		\$36,898	69%
CCMI - Advising	\$ 186,000		\$30,000	16%
Learning Activities	\$ 246,640		\$86,252	35%
CSI - portal & TA	\$ 75,992	\$6,023	\$14,673	19%
Learning Community - fixed	\$ 1,080,000		\$540,000	50%
Learning Community - variable	\$ 2,080,000		\$70,000	3%
Pathways Hub				
Community Choice - Hub Lead Agency	\$ 1,426,612	\$29,000	\$272,500	19%
Transitional Care and Diversion Intervention				
Confluence Health (TCM Trainer)	\$ 55,000		\$0	0%
Add Hospital Contractor Payment (TBD)	\$ 20,000		\$0	0%
EMS Contractor Payments(NCECC)	\$ 60,000		\$10,473	17%
TCDI Hospital Partner Funds	\$ 234,626		\$116,882	50%
EMS Partners Payments	\$ 240,000		\$52,500	22%
Emerging Initiatives Approval (CCOW)	\$ 20,000		\$0	0%
* Other TCDI Initiatives	\$ 370,000		\$0	0%
Opioid Project				
Rapid Cycle Applications	\$ 100,000	\$19,219	\$49,219	49%
Public Awareness Contract	\$ 30,000	\$2,100	\$2,100	7%
^ School Based Prevention Contracts	\$ 60,000		\$0	0%
^ * Other Opioid Initiatives (TBD)	\$ 35,000		\$0	0%
Grand total	\$ 7,604,325	\$93,578	\$1,484,576	20%

% of Fiscal Year

58%

Total Budget	\$ 9,215,630	\$ 194,843	\$ 2,279,391	25%
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"*" asterisks - This means a line item will need to go back to the Board in 2019 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2019

Budget Amendments - 2019

Date	Amendment
01.07.19	Motion to approve an increase of \$116,425 to the current 2019 budget amount allocated to the Qualis Health Contract to include contracting for HIT technical assistance, This will bring the total budgeted amount for the Qualis Health contract to a maximum (up to) amount of \$215,710 in 2019.
03.04.19	Motion to approve \$13,500 to allocate for a contracted vendor to support Executive Director coordination and support between the nine ACHs in 2019.
05.06.19	Approval of the adjusted Opioid Project Budget as presented at the Board meeting.
7.3.2019	Motion to increase the 2019 budgeted amount for the OHSU contract by \$28,000 (from \$72,000 to \$100,000) to support current initiatives through the end of 2019.
7.3.2019	Motion to increase the 2019 budgeted amount for workforce development by \$7,125 (from \$41,000 to \$48,125) to support current initiatives through the end of 2019.

2020 and MTP Budget Planning timeline

September Board Update

Summary: This document is to outline the process our staff will follow in the Fall of 2019 internally and with the Board to develop the 2020 Budget and provide updated projects for the remaining funds to be earned and expended over the course of the Medicaid Transformation Project (through 2023).

Date	Description	Aug	Sept	Oct	Nov	Dec
August 6th	<ul style="list-style-type: none"> Meeting with Board Treasurer (Brooklyn) to discuss 2020 budget process (including overall Medicaid Transformation Project (MTP) budget updates). 					
August 19th	<ul style="list-style-type: none"> Staff receive 2020 project budget templates Staff receive MTP project budget template 					
September 6th	<ul style="list-style-type: none"> Staff meeting focused on identifying project plans and funding needs Outline financial modeling for MTP budget including board engagement and how NCACH will utilize OHSU in modeling funding 					
September 9th Board Meeting	<ul style="list-style-type: none"> Board Meeting – Update Governing Board on 2020 budget process & share specific questions staff need additional direction from the Board to proceed forward 					
October 7th Board Retreat	<ul style="list-style-type: none"> Introduce any new 2020 budget items and allow the Board to ask questions related to the 2020 budget Share with the Board a updated MTP Budget details 					
October 21st	<ul style="list-style-type: none"> Review draft version of the 2020 Budget with Board Treasurer (Brooklyn). Send to board after review. Work with Board Treasurer on how to incorporate October 7th Board Retreat discussion in financial modeling of the MTP budget. 					
November 4th Board Meeting	<ul style="list-style-type: none"> Provide draft version of 2020 Budget at Governing Board meeting. Staff will adjust budget based on input and questions. Provide update to MTP Budget at Governing Board meeting 					
November 18th	<ul style="list-style-type: none"> Finalize 2020 Budget with staff (include Brooklyn and Executive Committee as appropriate). Send final 2020 Budget out to the Board for review prior to December Board meeting. 					
December 2nd Board Meeting	<ul style="list-style-type: none"> Board approves 2020 Budget MTP Budget next steps (TBD based on October/November meetings) 					

- Black = 2020 Budget discussion
- Orange = MTP Budget discussions (This includes revenue and expenses through 2023)

To proceed forward in the budget process, NCACH staff have key questions they need the Board to answer. They are the following:

- How do we document committed funds that we know we will spend in future years but was not approved as part of an annual budget cycle (e.g. Community Initiative Funding and CDP apprenticeship work)?
- If funding is not utilized in previous years (e.g. Pathways HUB funding in 2019 budget), will that money carry over into future years for that same line item or is it added back into the overall pot of funding we allocate to any projects?
- Do we have a limit on the timeframe we honor commitments we made in previous years (e.g. Rapid eCARE (Confluence Health)?
- If there are adjustments to specific partner funds flow, do those changes need to come back to the Board if it does not impact the overall budget (e.g. modifications to pay for participation in WPCC)?



Board Decision Form

TOPIC: NCACH 2018 990 Document
PURPOSE: Approve NCACH's 2018 990 Federal tax filing with the Governing Board. This will allow Board members to ask question and provide feedback on the document.
BOARD ACTION: <input type="checkbox"/> Information Only <input type="checkbox"/> Board Motion to approve/disapprove
BACKGROUND: North Central Accountable Community of Health has worked with Cordell Neher and Company to review the organization's financial structure, and complete the filings for our 501(c)3 application, 2017 990 documents, and 2018 990 documents. In April, Cordell Neher and Company filed with the IRS for an automatic extension to the 2018 filing date of the 990 form. The current due date for filing is November 15 th , 2019. NCACH staff, in conjunction with Chelan Douglas Health District accounting staff, worked with Cordell Neher and Company over the course of the last 4 months to compile the 990 and ensure it accurately reflects the business of the NCACH. Revenue and expenses reflected in the 2018 990 document are a combination of transactions that have occurred in both the Chelan Douglas Health District account and the Washington State Financial Executor (Public Consulting Group) account. This includes payments to partners (NCACH Project and Shared Domain 1 partner payments) and contractors.
PROPOSAL: Motion to approve the NCACH 2018 990 document for filing with the Internal Revenue Service (IRS).
IMPACT/OPPORTUNITY (fiscal and programmatic): The document will be filed by Cordell Neher and Company on behalf of NCACH in September to comply with federal regulations. No major fiscal impacts involved.
TIMELINE: <ul style="list-style-type: none">• September, 2019 – NCACH staff will finalize the document based on Board feedback and work with the CPA to file the 990 return with the IRS (This assumes that any corrections made due to comments from the Board are minor).• November 15th, 2019 – Due date for filing 990 with the IRS
RECOMMENDATION: <i>Authorize staff to file 990 document with any minor corrections if needed.</i>

Submitted By: NCACH Staff
Submitted Date: 09/09/2019
Staff Sponsor: John Schapman

— “BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON” —

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CLIENT'S COPY

DRAFT



CORDELL, NEHER & COMPANY PLLC
CERTIFIED PUBLIC ACCOUNTANTS

North Central Accountable
Community of Health
200 Valley Mall Pkwy
East Wenatchee, WA 98802

North Central Accountable Community of Health:

Enclosed is the organization's 2018 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2019.

Mail to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. By signing this return as a representative of this entity you attest, to the best of your knowledge, the information presented in the return is complete and accurate. We recommend you retain this copy indefinitely.

Best regards,

Sean M. Patton, CPA

Extended to November 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☒ Application pending

C Name of organizationNorth Central Accountable
Community of Health

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

200 Valley Mall Pkwy

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

East Wenatchee, WA 98802

F Name and address of principal officer: Linda Evans Parlette

200 Valley Mall Parkway, East Wenatchee, WA

D Employer identification number

82-1626178

E Telephone number

509-886-6438

G Gross receipts \$ 19,845,299.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.ncach.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2017 **M** State of legal domicile: WA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission of NCACH is to improve the health of the North Central Region's communities and the</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 18
	4	Number of independent voting members of the governing body (Part VI, line 1b) 18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 6,000,000.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,138.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,021,138.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 77,771.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,771.
19		Revenue less expenses. Subtract line 18 from line 12 5,943,367.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 5,943,367.
	21	Total liabilities (Part X, line 26) 0.
	22	Net assets or fund balances. Subtract line 21 from line 20 5,943,367.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Linda Evans Parlette, Executive Director Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Sean M. Patton, CPA	Preparer's signature
	Firm's name ▶ Cordell, Neher & Company, P.L.L.C. Firm's address ▶ P.O. Box 3068 Wenatchee, WA 98807-3068	Date
	Check <input type="checkbox"/> if self-employed	PTIN P00461275
	Firm's EIN ▶ 91-0950793	Phone no. (509) 663-1661

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

See Schedule O for Organization Mission Statement Continuation

North Central Accountable
Community of Health

Form 990 (2018)

82-1626178 Page **2**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

The mission of NCACH is to improve the health of the North Central region's communities and the people who live in them, improve health care access, quality, the experience of care, and lower per capita health care costs in the North Central region which includes Chelan,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,016,283. including grants of \$) (Revenue \$)
NCACH works with local community leaders focused on health, policy, and data-driven approaches to improving the health of its region as part of the state's Healthier Washington Medicaid Transformation. NCACH uses these collaborative partnerships and innovative solutions to implement strategies and projects with partners across the region and develop venues for training and sharing best practices. These strategies and projects are managed by regional NCACH workgroups that develop targeted approaches that our community partners engage in.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,016,283.**

Form **990** (2018)

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
John Schapman - 509-886-6435
200 Valley Mall Parkway, East Wenatchee, WA 98802

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barry Kling Board Chair	2.50	X						0.	0.	0.
(2) Richard Hourigan MD Vice Chair	2.00	X						0.	0.	0.
(3) Brooklyn Holton Board Treasurer	2.00	X						0.	0.	0.
(4) Judy Warnick Board Director	1.00	X						0.	0.	0.
(5) Michelle Price Board Director	1.00	X						0.	0.	0.
(6) Bruce Buckles Board Director	0.50	X						0.	0.	0.
(7) Nancy Nash-Mendez Board Director	0.50	X						0.	0.	0.
(8) Mike Beaver Board Director	0.50	X						0.	0.	0.
(9) Doug Wilson MD Board Director	0.50	X						0.	0.	0.
(10) Rosalinda Kibby Board Director	0.50	X						0.	0.	0.
(11) Scott Graham Board Director	0.50	X						0.	0.	0.
(12) Carlene Anders Board Director	0.50	X						0.	0.	0.
(13) Dave Olson Board Director	0.50	X						0.	0.	0.
(14) Andrea Davis Board Director	0.50	X						0.	0.	0.
(15) Molly Morris Board Director	0.50	X						0.	0.	0.
(16) Ray Eickmeyer Board Director	0.50	X						0.	0.	0.
(17) Kyle Kellum Board Director	0.50	X						0.	0.	0.

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Theresa Sullivan Board Director	0.50	X						0.	0.	0.
(19) Tim Hoekstra Board Director	0.50	X						0.	0.	0.
(20) Blake Edwards Board Secretary	1.00	X						0.	0.	0.
(21) Kevin Abel Former Vice Chair	1.00	X						0.	0.	0.
(22) Kayla Down Board Director	0.50	X						0.	0.	0.
(23) Sheila Chilson Former Board Treasurer	1.00	X						0.	0.	0.
(24) Tyler Paris Board Director	0.50	X						0.	0.	0.
(25) Linda Evans Parlette Executive Director	40.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
University of Washington	Payments to partners	2,777,125.
Chelan Douglas Health District	Contracted labor and administrative host	819,166.
Community Choice	Payments to partners	340,000.
The Center for Collaboration, Motivation and	Consulting/technical assistance for outp	312,150.
Douglas Grant Lincoln and Okanogan Countie	Payments to partners	144,233.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **18**

Form **990** (2018)

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	19,736,482.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,500.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		19,738,982.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			98,147.			98,147.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a Workshop revenues		999999	8,170.	8,170.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,170.				
12 Total revenue. See instructions			19,845,299.	8,170.	0.	98,147.	

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	2,157.		2,157.	
c Accounting	3,720.		3,720.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	11,401.		11,401.	
13 Office expenses	17,969.		17,969.	
14 Information technology	10,577.		10,577.	
15 Royalties				
16 Occupancy				
17 Travel	31,452.	18,270.	13,182.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	41,233.	29,883.	11,350.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,530.		5,530.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Payments to partners</u>	5,976,247.	5,976,247.		
b <u>Payments to contractors</u>	745,829.	745,829.		
c <u>Contracted labor</u>	661,444.	246,054.	415,390.	
d <u>Administrative hosting</u>	157,722.		157,722.	
e All other expenses	90,000.		90,000.	
25 Total functional expenses. Add lines 1 through 24e	7,755,281.	7,016,283.	738,998.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**North Central Accountable
Community of Health**

Form 990 (2018)

82-1626178 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	19,900.	1	13,107,371.
	2 Savings and temporary cash investments	5,923,467.	2	4,926,014.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,943,367.	16	18,033,385.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	5,943,367.	32	18,033,385.
	33 Total net assets or fund balances	5,943,367.	33	18,033,385.
34 Total liabilities and net assets/fund balances	5,943,367.	34	18,033,385.	

Form **990** (2018)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,845,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,755,281.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,090,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,943,367.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,033,385.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **North Central Accountable
Community of Health**

Employer identification number
82-1626178

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				6000000.	19738982.	25738982.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				6000000.	19738982.	25738982.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						25738982.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4				6000000.	19738982.	25738982.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				21,138.	98,147.	119,285.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						25858267.
12 Gross receipts from related activities, etc. (see instructions)					12	8,170.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

DRAFT

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

North Central Accountable
Community of Health

Employer identification number

82-1626178

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

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Community of Health

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Washington State Health Care Authority 626 8th Ave SE Olympia, WA 98501	\$ 19,736,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

82-1626178

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____

Name of organization

North Central Accountable
Community of Health

Employer identification number

82-1626178

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

North Central Accountable
Community of Health

Employer identification number
82-1626178

Form 990, Part I, Line 1, Description of Organization Mission:

people who live in them, improve health care access, quality, the
experience of care, and lower per capita health care costs in the North
Central region, which includes Chelan, Douglas, Grant, and Okanogan
counties (the "North Central Regional Service Area").

Form 990, Part III, Line 1, Description of Organization Mission:

Douglas, Grant, and Okanogan counties (the "North Central Regional
Service Area").

Form 990, Part VI, Section B, line 11b:

The 990 form was made available to NCACH governing board members prior to
filing the form.

Form 990, Part VI, Section B, Line 12c:

At every governing board meeting, NCACH routinely asks for members to
disclose any conflict of interest pertaining to the materials listed in the
board agenda. Annually, NCACH staff sends out the conflict of interest
policy and asks board members to provide updated details on any conflicts
they may have over the course of the new year.

Form 990, Part VI, Section B, Line 15:

NCACH does not have any paid officers or key employees.

Form 990, Part VI, Section C, Line 19:

NCACH has all governing board and workgroup documents posted publicly on

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **North Central Accountable
Community of Health**

Employer identification number
82-1626178

the ncach.org webpage. Documents are sent out prior to meetings for all partners to see. Financial statements are posted as part of the meeting documents on the webpage and shared at the open meetings of the governing Board. NCACH posts the conflict of interest policy on the ncach.org webpage under the governing board section.

DRAFT

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. North Central Accountable Community of Health	Employer identification number (EIN) or 82-1626178
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 Valley Mall Pkwy	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. East Wenatchee, WA 98802	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

John Schapman

- The books are in the care of ► **200 Valley Mall Parkway - East Wenatchee, WA 98802**
Telephone No. ► **509-886-6435** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **November 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2018** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Board Decision Form

TOPIC: 2019 Opioid Project Plan Strategies

PURPOSE: Allocate remaining 2019 Opioid Project funding

BOARD ACTION:

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

BACKGROUND:

The Governing Board approved the 2019 Opioid Project Plan. Within that project plan, there was \$33,000 of unallocated funding. In addition to the unallocated funding, the Opioid Project is currently \$10,826 under budget (see September 2019 Regional Opioid Stakeholders Workgroup Update). The items that are under budget are closed out for the 2019 year.

Through discussion during the August Opioid Workgroup meeting, a need was identified to identify high opioid prescribers and provide them with one-on-one technical assistance to reduce their prescribing to come within the recommended guidelines. Based on the discussion, a proposal was submitted by Dr. Julie Rickard to perform an assessment to verify the need for this type of technical assistance, and if there is an indicated need, provide the technical assistance.

NCACH staff and Opioid Workgroup Chair, Dr. Malcolm Butler, have reviewed the proposal.

PROPOSAL:

Motion to allocate up to \$44,000 to conduct and assessment of opioid prescribers and if necessary, provide technical assistance to the prescribers who are outside of recommended prescribing limits (based on BREE Collaborative and CDC Prescribing Guidelines).

IMPACT/OPPORTUNITY (fiscal and programmatic):

This strategy will be able to provide targeted technical assistance rather than blanket prescribing training. To date, there has been no technical assistance provided by NCACH to our partners that directly addresses overprescribing of opioids.

There is potential for significant overlap of this strategy with Whole Person Care Collaborative work and partners as well as the Transitional Care and Diversion Interventions Workgroup and partners. NCACH staff will work to have a coordinated approach through this work.



North Central Accountable Community of Health

TIMELINE:

NCACH staff will contract for this work soon after approval by the Governing Board. Given the sensitive nature of this work it will take time to identify over prescribers and build relationships with them to be able to offer technical assistance. Once engaged, it is estimated that the time required will be 5-10 hours per provider. While it is difficult to predict, it is estimated that the technical assistance will be completed in ~6 months with additional follow-up on prescribing patterns of those who received technical assistance to gauge success.

RECOMMENDATION:

NCACH staff (WPCC Manager, TCDI Project Manager, and Opioid Project Manager) along with the Opioid Workgroup recommend supporting the allocation of funding for this purpose.

Submitted By:	Regional Opioid Stakeholders Workgroup
Submitted Date:	08/30/2019
Staff Sponsor:	Christal Eshelman

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

September 2019

Key Updates

- **School-based Opioid Prevention:** Grant County Health District, Together for Youth, and Rachel Levi have initiated the School-based Opioid Prevention initiative. NCACH staff are facilitating monthly calls to help promote collaborations and coordination in this effort.
- **Recovery Initiatives:** The Recovery Coach Training Academy has been scheduled for September 30-October 3 at the Chelan-Douglas Health District and the Recovery Coach Training of Trainers has been scheduled for October 12-13 at the Wenatchee Coast Hotel. Participants will be selected through an application process by NCACH staff and members of the Central Washington Recovery Coalition. All participants will be expected to complete both the Academy and the Training of Trainers programs and provide a minimum of one Recovery Coach Training in North Central Washington within one year of completing the training. NCACH is supporting Central Washington Recovery Coalitions annual awareness event, *Hands Across the Bridge*, on September 28th and Okanogan Behavioral Healthcare's *Recovery Month Event* on September 14th.
- **Fall 2019 Opioid Response Conference:** As reported last month, the Opioid Response Conference Planning Committee is exploring adapting the Distributed Conference Model to provide a targeted educational opportunity for a particular sector (e.g. educators and coaches) for this fall. Due to logistical difficulties, this would likely not be all on the same day since we will need to adapt to various schedules. The Committee is looking toward developing a short video (20-30 minutes) followed by a facilitated discussion guide. Where possible, we would work to be able to provide a facilitator and continuing education hours.
- **Spring 2020 Opioid Response Conference:** The Planning Committee is continuing to meet to make plans for the Spring 2020 Opioid Response Conference. We are currently exploring the theme: The Intersection of ACEs, Resilience, and Opioid Use.
- **2019 Opioid Project Plan Update:** There is currently \$43,826 of uncommitted and under budget remaining funds for the Opioid Project in 2018 (see chart below). The Opioid Workgroup is recommending to utilize those funds to provide targeted technical assistance to providers who are overprescribing opioids. Board Motion form for more details.

Expense	Budgeted	Expenses	Committed	Remaining
Rapid Cycle Opioid Application	\$100,000	\$96,258		\$3,742
NCW Opioid Response Conference	\$10,000	\$7,052		\$2,948
NCW Opioid Response Summit	\$12,000		\$12,000	\$0
Dissemination of Dental Prescribing Guidelines	\$15,000	\$10,864		\$4,136

Increase Awareness of Opioid Use and Addiction	\$30,000		\$30,000	\$0
School-based Opioid Prevention	\$60,000	\$60,000		\$0
Naloxone Training and Distribution	\$20,000	\$9,500	\$10,500	\$0
Recovery Initiatives and Events	\$20,000	\$6,531	\$13,469	\$0
Unbudgeted	\$33,000			\$33,000
TOTAL	\$300,000	\$190,205	\$65,969	\$43,826

- **2020 Opioid Project Plan:** A 2020 Opioid Project Plan was reviewed during the August 16th Opioid Workgroup meeting. There was consensus to propose the following strategies to the Governing Board in the 2020 NCACH Budget process:

Prevention	Treatment	OD Prevention	Recovery	Strategy	Budget
				Rapid Cycle Opioid Awards	\$100,000
				North Central Opioid Response Conference (DCM) and support for conference site teams	\$95,000
				Provide training opportunities	\$15,000
				Increase Awareness of Opioid Use and Addiction & Reduce Stigma	\$30,000
				School-based Prevention	\$120,000
				Naloxone Training and Distribution	\$20,000
				Recovery Initiatives and Events	\$20,000
TOTAL					\$400,000

Upcoming Meetings

November 15, 2019	Regional Opioid Stakeholders Workgroup
February 21, 2020	Regional Opioid Stakeholders Workgroup

NCACH Project Workgroup Update

Whole Person Care Collaborative August 2019

Key Updates

Learning Activities Update

- The two Motivational Interviewing Trains were offered last month: 7 nurses at Lake Chelan Community Hospital and Clinic and 20 MAs at Family Health Center.
- Continue to participate in the Team-Based Care LAN, receiving individual team technical assistance from the faculty.
- The Collective Medical Technology Webinars conclude this month. The Practice Facilitators are helping organizations as needed.
- Centricity Affinity Group – Jed Barta from MLCHC led a demonstration on how MLCHC is able to extract data from their EHR. Four other organizations who also use Centricity attended. This was a well-received presentation. Jed has offered to assist any organization that requests. This was organized by Heather Smith and Mariah Brown, Practice Facilitators.

General Updates

- Value-Based Purchasing survey sent out by Health Care Authority concluded on August 30. We do not know the level of participation yet, but the NCACH/WPCC staff reached out to organizations multiple times. We are anticipating a similar response rate as last year.
- NCACH Practice Facilitators are meeting monthly with the Greater Columbia ACH Practice Navigators (same role) to collaborate and learn from each other. Preparations are underway for the 2019 WPCC Population Health Learning Symposium on October 4th.
- Caroline Tillier is working with Public Health Seattle King County to develop data dashboards.
- 2020 Change Plan submission and write-back dates were released.
- Leadership Dialogue continue on how leadership can foster Psychological Safety in the workplace and how the narrative portion of the progress to day should build upon itself to tell the story of each organizations transformation efforts.

For more information on the WPCC Meetings, please visit <https://ncach.org/wpcc/> where you will find, minutes, presentation slides and the recorded meeting.

NCACH Project Workgroup Update

August 2019

Key Updates:

NCACH staff focused on evaluating the current state of the TCDI implementation work and initiated the planning process for project implementation and funding in 2020. Data was gathered by both EMS and hospital partners to understand the current state of implementation across partners and each partner had an opportunity to provide input on 2020 recommended strategies and funding. The staff update below will be brief and NCACH Board and partners can refer to the attachments/links for the full hospital and EMS reports.

- No Workgroup meeting this month. Next meeting Thursday September 26th 10AM – 11:30AM
- Completed meetings with the 7 TCDI Hospital partners (August 12th – 23rd). Focus was on reviewing midyear reports and learning more about hospital partners' priorities in 2020. See the attached report for further details
- Completed evaluation of the EMS partner reports (July 2019) and created a midyear report document for the governing board (See attached report for further details).
- Developing funding and technical assistance recommendations that will be brought to the workgroup in September for approval and the Governing Board in November. Input was gathered by implementation partners in August to contribute to the development of the initial draft.
- NCACH hospital implementation partners are scheduled to give a brief 5-10 minutes update/presentation at the next two workgroup meetings.

TCDI Upcoming Meetings/Key Dates

Event	Date
TCDI Workgroup Meeting	Thursday September 26 th , 2019
TCDI Workgroup Meeting	Thursday November 21 st , 2019



NCACH Emergency Medical Service (EMS) Report

Quarter 2 Report - July 2019 Agency Update

EMS Report Summary:

North Central Emergency Care Council has spent the majority of quarter 1 and quarter 2 establishing trainings for EMS providers, engaging providers in developing their project focus areas, and identifying measures those providers can use to track progress. Most providers have been operating their agency specific projects for 3 months and it is still too early to measure the impact of their work. Each EMS Agency has chosen a specific area of focus as part of their “Treat and Referral” section of the project.

Agency	Treat and Referral Project
Aero Methow Rescue Services	Evaluate and connect non-transport patients to primary care in region for follow up care.
Ballard	Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport.
Cascade Medical Center	Identifying non-transport high utilizers of the EMS system and referring those patients to social workers at Cascade Medical Center.
Douglas Okanogan County Fire District	Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers.
Lake Chelan Community Hospital	Identify high utilizers of the ED and connect them with LCCs comprehensive community paramedicine program.
Lifeline	Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations.
Moses Lake Fire Department	Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region.
Protection-1 LCC	Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge.
Waterville EMS	Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport.

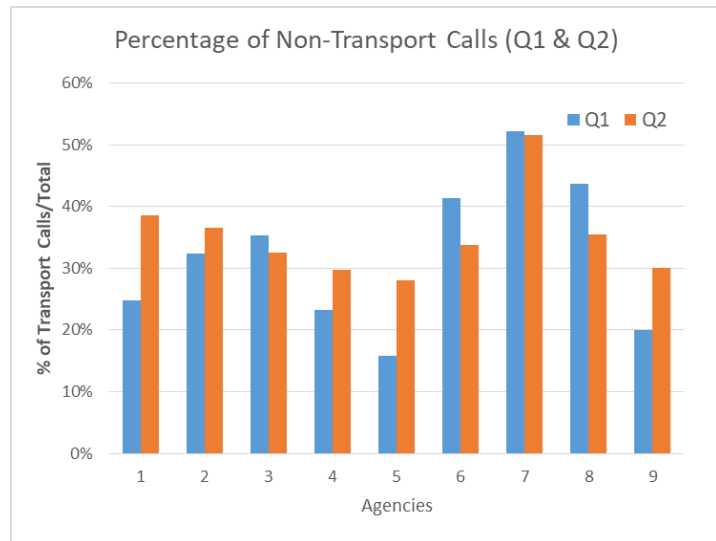
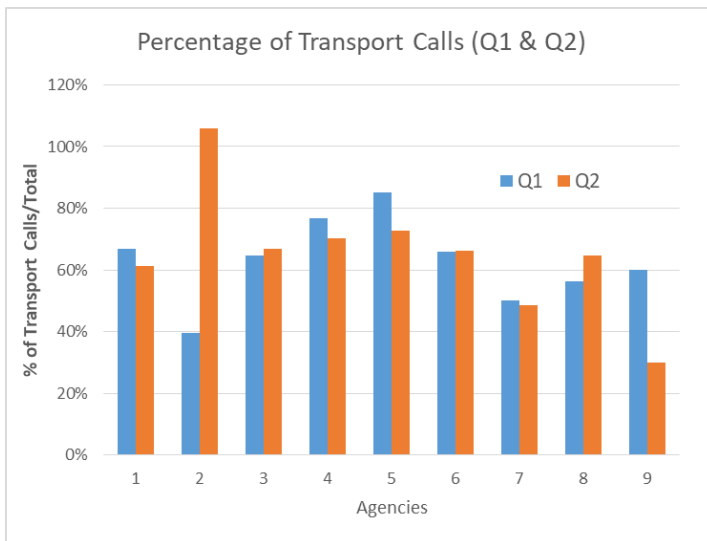
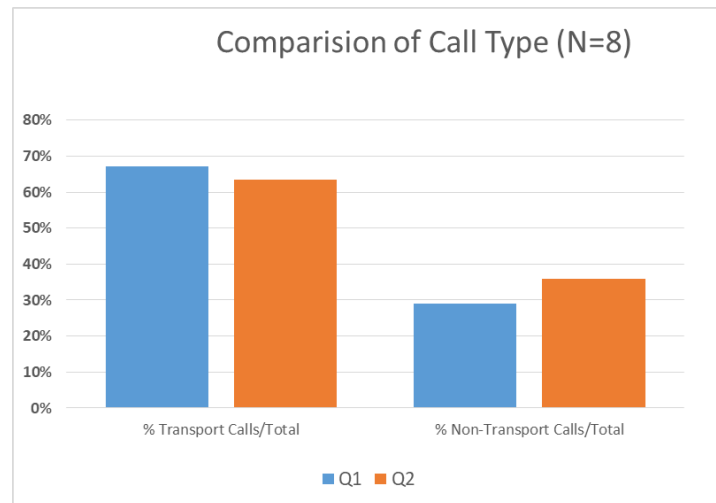
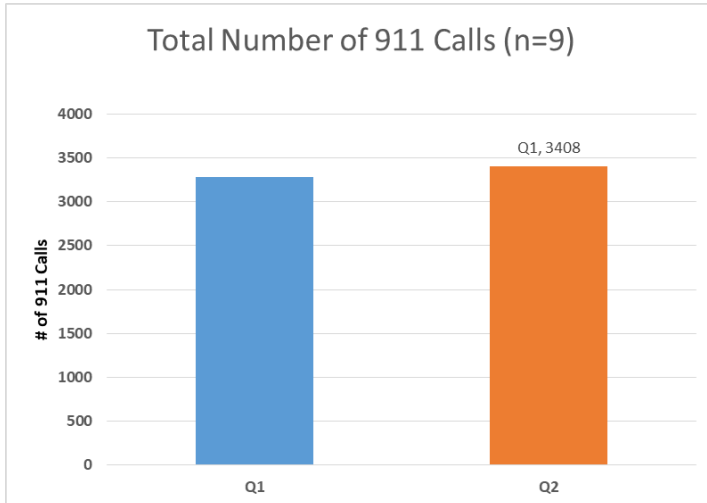
Quarter 3 and Quarter 4 will focus on expanding training opportunities (highlighted below) as well as working with agencies to focus on their treat and referral projects.

Quarter 1 and 2 Training Updates:

- The Certified Ambulance Documentation Training in May received strong reviews. NCECC is looking for additional opportunities to provide training in the future (including online trainings).
- DOH provided an overview of WEMSIS on July 9, 2019. Agencies were invited to attend with limited space. Agencies stated there is greater need for additional training opportunities on WEMSIS. NCECC is working with DOH to offer future opportunities (Dates TBD).
- NCECC provided technical assistance to partners in developing treat and referral project plans and identifying metrics for those partners to use. In quarter 3 and quarter 4, NCECC plans to work with partners to share best practices of partners’ projects across the region.
- SSB 5380 is requiring EMS to report to WEMSIS either directly or through their current eMIR system. DOH has begun the implementation process for the legislation and additional training will be needed for partners.

EMS Partner Data:

Below is initial data that evaluates total number of calls and % of total calls based on call type. The focus is on transport vs. non-transport calls.



Recommendations:

After evaluating quarter 2 reports, staff recommend supporting the following project implementation steps for 2020.

1. Investing in additional Certified Ambulance Documentation and WEMSIS trainings.
2. Offer additional funding for those providers who would like to develop more robust community paramedicine programs (separate funding stream).
3. Support training to EMS providers and NCECC to support providers that need to adapt reporting processes to comply with SSB 5380.
4. Continue to support partners to expand their treat and referral programs and gather additional information on success of each individual project.
5. Offer additional technical assistance to providers as requested (e.g. Quality Improvement and Motivational Interviewing). NCACH is already starting to offer these services to EMS providers on a case by case basis.

TCDI Hospital Partner Midyear Status Update

The following summary and recommendations are based on information shared by hospital partners in mid-year narrative reports and surveys, as well as follow-up calls NCACH scheduled to gain additional insight on how best to support partners for the remainder of 2019 and during 2020.

Key Takeaways

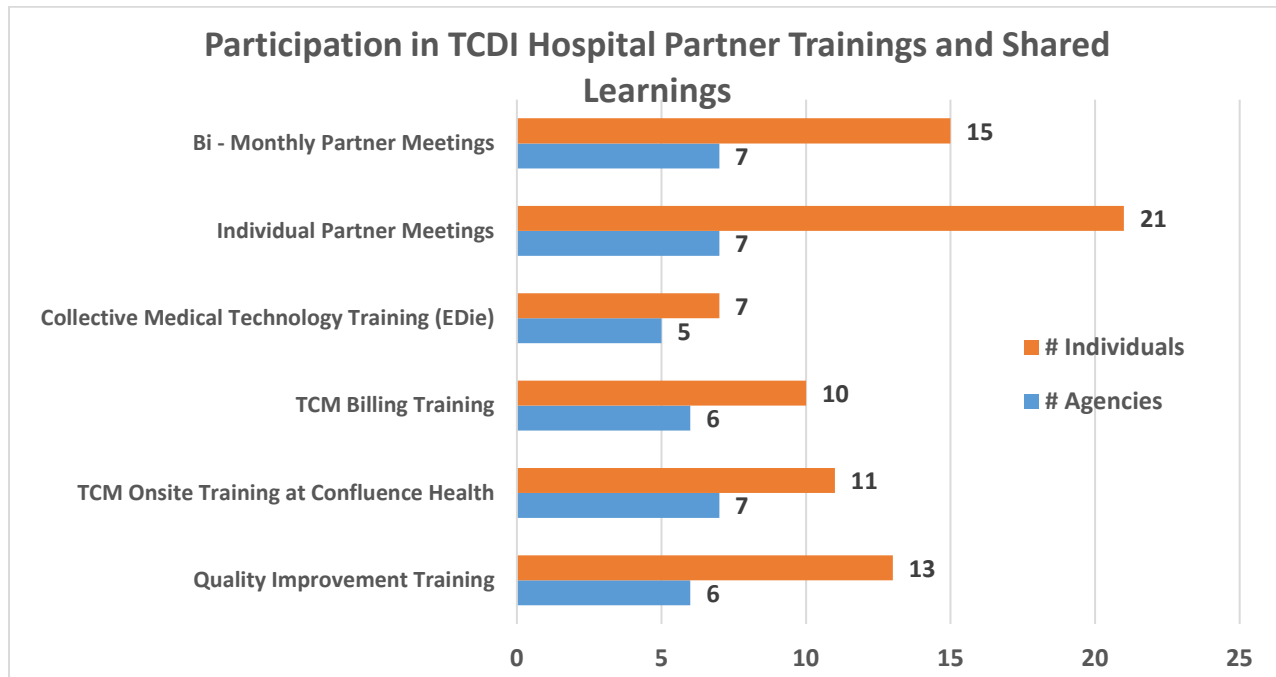
- Partners are starting to settle into their project workflows, now that they are 6 months into initial project implementation. Due to the Plan-Do-Study-Act (PDSA) cycles that partners completed on both workflows and data collection, partners feel they will need additional time (past 2019) to demonstrate a measureable difference in project work.
- Partners participated in 6 shared learning and training options in the first 2 quarters of 2019. Partners find value in shared learning and best practices across the region and believe it is a good way to reduce duplication. Going forward, there is less interest in regional trainings and more interest in individualized training and technical assistance.
- Partners have a smooth transitional care process from inpatient to their own primary care clinics. Transitional care processes and workflows involving primary care clinics outside of their organizations are inconsistent.
- Partners felt there was a greater emphasis on transitional care from inpatient services in 2019. Most partners recommend that our region spends additional time focusing on workflows out of the Emergency Department in 2020 (both internally and as organizations connect with external partners).
- Partners highlighted key Social Determinant of Health issues (e.g. transportation to appointments and pharmacy) that would help reduce the utilization of acute care facilities.
- Partners are supportive of focusing on improving connections with outpatient providers and non-clinical partners in 2020.

Survey Category	Main Comments
Most Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> • Networking and Collaboration • Trainings: CMT, education (QI, TCM Training) • Shared Learnings
Least Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> • Training specifics – Ensure they are applicable to organization
Partners to Engage	<ul style="list-style-type: none"> • Primary Care and Behavioral Health • Additional Community Partners
How to approach Funding/Work	<ul style="list-style-type: none"> • 4 responses - NCACH regional project focus • 2 responses - County specific project focus • 1 response - Organization specific project focus
Future Process Improvement Effort Focus (Ranked from 1 to 4)	<ul style="list-style-type: none"> • 1 – Connection with non-Clinical Partners • 2 – Connection with PCP and BH • 3/4 –CMT and QI Trainings

The table above highlights key comments from partners as part of the mid-year surveys



Trainings and Technical Assistance



The chart above demonstrates the kinds of trainings and share learning opportunities available. Opportunities ranged from a 1 time webinar to multiple meetings.

- Most partners enjoyed the trainings provided, but many individuals felt they would *not* benefit from additional group trainings (e.g. Quality Improvement, Collective Medical Technology).
- There were a number of individual TA requests (e.g. Motivational Interviewing, TA in building electronic health record reports). Partners recommend that we focus on individual technical assistance specific to the partners' needs when we develop future trainings.

Data Collection

- Partners feel that they are finally getting a good understanding on how to complete data collection. It is hard to compare the data collected by partners from the first 3 quarters due to changes partners have made in the collection process (due to internal PDSA processes). There are a few partners that feel they could benefit from individual technical assistance (e.g. report building) in the future.

Social Determinants of Health

- A number of partners have been engaging patients in the social determinants of health during discharge/transitional care. Partners have found the following key issues arise as part of that engagement:
 - *Transportation*: 3 of the 7 hospitals (very rural) have issues with transportation to appointments and to pick up medication post discharge. This is especially true for those individuals who are low income but do not currently qualify for Medicaid (either a person is not poor enough to access Medicaid or unable to obtain the appropriate documentation to get on Medicaid)
 - *Housing*: Emergency departments will sometimes act as temporary shelters if there is no shelter services available in the area.

Recommendations

1. Continue base funding for hospitals partners to complete both ED Diversion and Transitional Care processes in 2020.
2. Focus on Regional workflow development between primary care, behavioral health, and acute care (inpatient and Emergency Department) providers.
3. Offer trainings or individual technical assistance that meet partner needs.
4. Support partners as they develop clinical-community linkages within their local regions

Note: Funding models for 2020 will be shared with the Transitional care and Diversion Intervention Workgroup at the September meeting for approval by the workgroup.

CHI Evaluation Update

September 2019

Background

- NCACH is working with the Center for Community Health and Evaluation (CCHE) on evaluation activities that were approved in the 2019 budget.
- In addition to exploring broader evaluation work across NCACH's entire project portfolio, NCACH staff identified a more immediate need for a qualitative evaluation of the Coalitions for Health Improvement.
- CCHE has extensive experience conducting evaluations, with an emphasis on projects that involve collaboration and participatory approaches.

Key Updates

NCACH is committed to engaging the broader community through regional Coalitions for Health Improvement. In the spirit of continuous improvement, the goal of the qualitative evaluation is to learn from the past 2 years so CHIs can be as effective as possible in the coming years. NCACH is engaging CCHE to develop and distribute a survey and conduct follow-up interviews with CHI partners across our entire region.

Projected Timeline of CCHE Evaluation Activities

- *Early September:* Survey will be released to entire CHI distribution list
- *Mid-September:* Analyze results and shape / fine-tune 1:1 interview questions
- *October:* 1:1 interviews (a deeper dive with a smaller sample of CHI participants)
 - NCACH worked with local CHI leadership to identify 6-8 stakeholders for 1:1 interviews
 - All 3 CHI Board members will be included in these interviews
- *By end of November:* Final summary report of survey and interview results (separately by coalition as well as overall), including conclusion and recommendations.
 - We anticipate sharing this report with the CHI Leadership Council in December and the Board in January 2020.



North Central Accountable
Community of Health

Capacity Building Update

Tanya Gleason
Capacity Development and Grants Manager

Our Goals Today

- To review the recent and ongoing community-clinical linkage discussions
- To hear about potential directions and rationale for improving cross-sector referrals in North Central Washington

Definitions and Acronyms

- **Asset Mapping**—strategic mapping of community assets (positive resources, relationships, connectivity)
- **Resource List**—a physical or electronic list of referral resources
- **Closed-loop referral**—a process by which providers can track client referrals and communicate with other providers and/or the client directly about their needs
- **Application Programming Interface (API)**—a set of “under the hood” functions and procedures that allows software platforms to share and access data from each other
- **Collective Impact**:--reducing isolated efforts by bringing people together to achieve social change (one of the main tenets of a Community Information Exchange-CIE)

Community-Clinical Linkages

Approaches that improve access to preventive and medical care through connecting public health, health care, and community-based organizations and leveraging their individual and collective strengths.

Examples include:

- **Referring patients from health care providers to community partners and vice versa**
- **Cross-training between health care providers and community organizations**
- **Clinicians providing care at trusted community-based organizations**

Source:

<https://ciesandiego.org/toolkit/>

Goals of Efforts Thus Far

- Identify and assess resource lists and referral platforms that could work alongside, or in partnership with, the Pathways HUB
- Incorporate the voice of those that utilize health care in the referral conversation
- Selection of intervention to improve clinical-community linkages in the ACH region

Regional Provider Interviews

November 2018 - January 2019

9 interviews conducted across the four county region



Community Recommendations and Dialogue

From Regional Providers

- Interoperability
- Complete and accurate resource lists to which to refer patients
- Electronic referral capability
- User friendly referrals with tracking capability (closed-loop)
- Full regional inventory
- Need more SDOH connections than already referred to
- Unclear how WIN211 can or should be interacted with

We do things differently out of necessity.

Referral process is time consuming for both ends of the referral

Community Recommendations and Dialogue

From the Community

BSN Student Interns from Wenatchee Valley College: 40 in-person interviews conducted across Chelan and Douglas Counties

Key themes

- **Access—38 mentions**
- **Follow-up or further coordination—24 mentions**
- **Availability—16 mentions**
- **Quality/Appropriate care—8 mentions**
- **Communication—6 mentions**

What This Means

The broader community wants a connected service network that can quickly exchange and track accurate referral information that can be integrated into current systems and workflows.

How can this be achieved?



Potential Next Steps

Questions to Consider

- **Accuracy**—How to choose between community-based data collection or information scrubbed from the internet?
- **Buy-in and Implementation**—Will orgs and individuals utilize a new tool if selected?
- **Reduce Redundancy and Silos**—How do we connect or integrate closed-loop efforts with the Pathways HUB?
- **Sustainable Funding**—How do we fund post Medicaid Transformation Project?

Opportunities for Investment

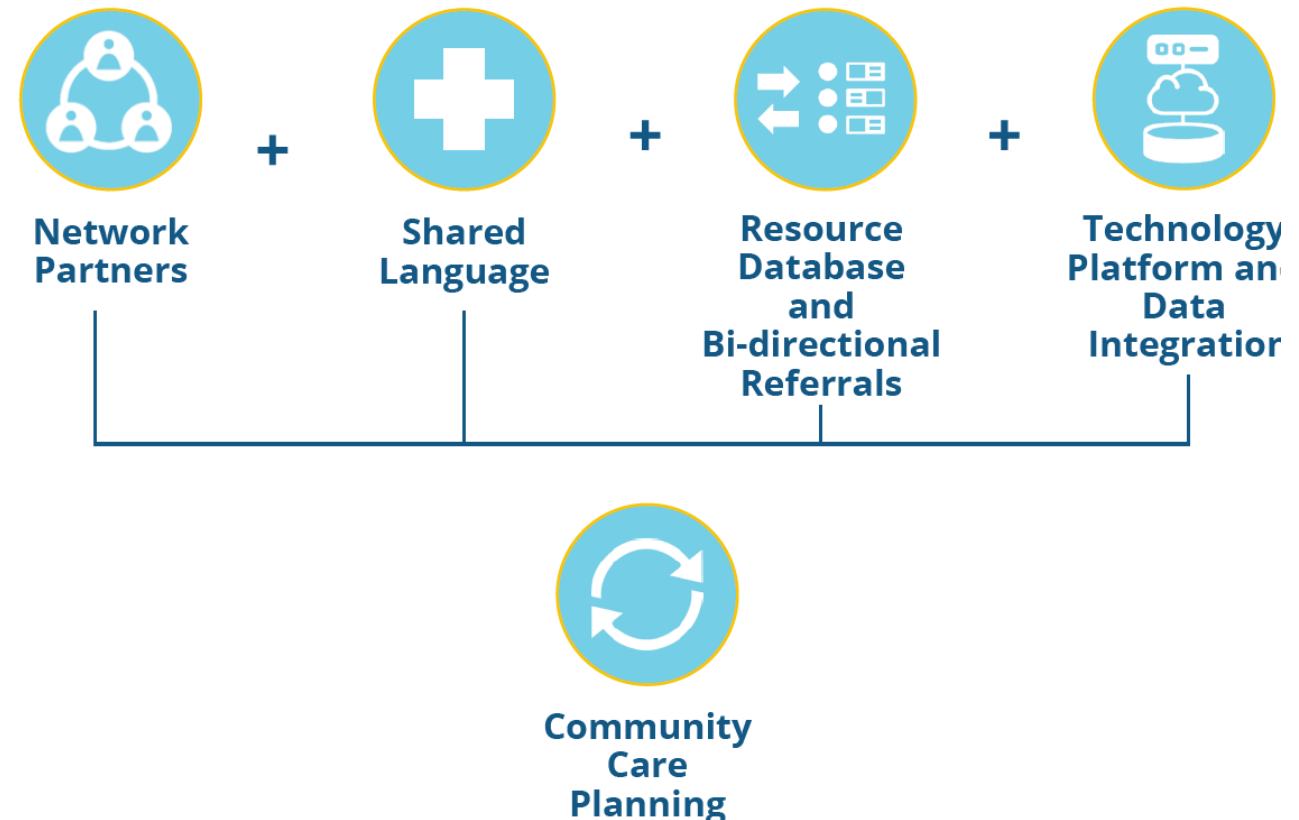
- **Resource list or platform**
 - Focus on connecting all resource hubs and building networks
- **Closed-loop referral platform**
 - Off-the-shelf platform; buy-in facilitated by developer
- **Community Information Exchange (CIE)**
 - Community-based work group to improve connectivity

Source:

<https://ciesandiego.org/toolkit/>

Community Information Exchange

A CIE is an ecosystem comprised of multi-disciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning.



Source:

<https://ciesandiego.org/toolkit/>



North Central Accountable
Community of Health

Financing and Resource Allocation

Potential Funding Options

- Create an endowment for HUB at local Community Foundations to pay for operational and technology costs
- Bidding process—SDOH as public goods; entities decide how much intervention means to them and fund accordingly
- Operational funding
- Funding collaborative (healthcare and SDOH equally share costs)
- MCOs—quality improvement incentives to cover ongoing costs

1. Consulting Contract with Julota

- **\$24,000 to meet our region where we are and develop a blueprint of steps needed to connect our communities**

2. Creation of a Community Information Exchange (CIE) Workgroup

- **Consists of a diverse array of community stakeholders across our four counties**
- **Community ultimately chooses which system works best for them**

Potential Next Steps

- **Develop project management and work plans**
 - Includes funding model discussions with potential payers, allocation of staff time partnership, how project can work with expansion of the HUB
 - Workgroup creation and development of work plans and timelines
- **Recommend deploying a Pilot Project**
 - Enables practical application and process improvement on a small level
 - Can eventually be scaled up to regional implementation

Resources and Acknowledgements

Community Resource Referral Platforms: A Guide for Health Care Organizations

- <https://sirennetwork.ucsf.edu/sites/sirennetwork.ucsf.edu/files/wysiwyg/Community-Resource-Referral-Platforms-Guide.pdf>

CIE Toolkit: San Diego 211

- <https://ciesandiego.org/toolkit/>

A huge thank you to everyone who offered up their opinions and engaged in a dialogue about challenges and solutions to community-clinical linkages.

NCACH Project Workgroup Update

Pathways Community HUB

July 2019

Key Updates-July/early August Activities

- First Chelan-Douglas CSSA MOU signed in July. Next steps are to meet with new agency administrative team to determine estimated time of hire for new PCS in Chelan-Douglas County.
- AHP Executive Director is actively meeting with other Chelan-Douglas are agencies regarding CSSA partnerships.
- Preliminary HIPAA Security Assessment report received in early July. Additional documentation has been submitted to Blue Orange assessment team. Final report with Plan of Action Milestones project plan is anticipated in mid-September.
- AHP Executive Director attended the August 13th HCA Medicaid Transformation Meeting re: Care Coordination meeting with Senator Parlette.

Program Metrics

Current Client Case Load

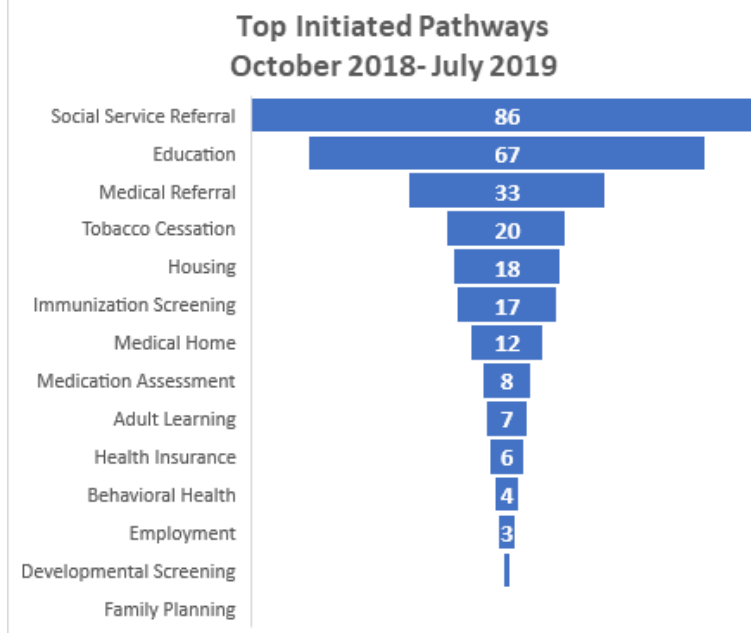
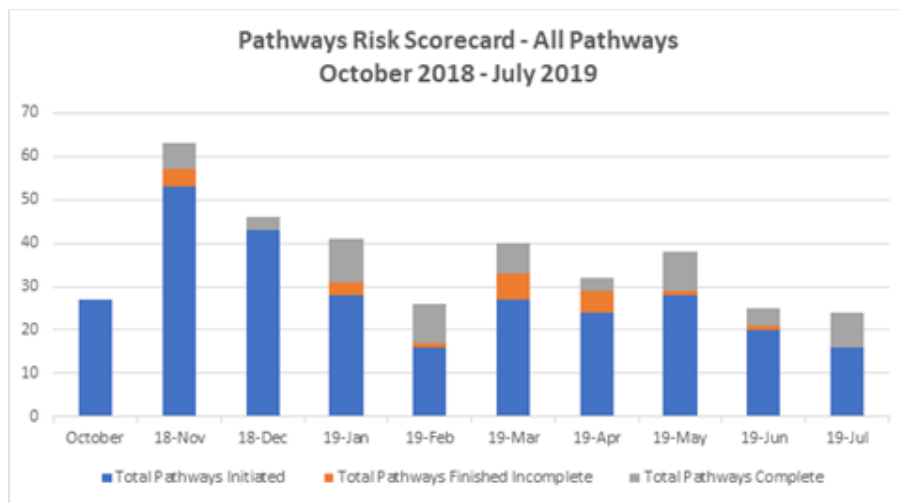
Client Caseload - 10/01/2018-07/31/2019			
Total Client Caseload			
Client Type	Assigned*	Enrolled**	Enrollment Rate
Adult	290	41	14%
Pediatric	19	5	26%
Pregnant	1	0	0%
Senior	11	0	0%
Total	321	46	14%
Current Client Caseload by PCS			
PCS	Total Clients Assigned	Total Clients Enrolled	Total Enrollment Percentage
1	102	8	8%
2	95	8	8%
3	55	5	9%
4	69	25	36%

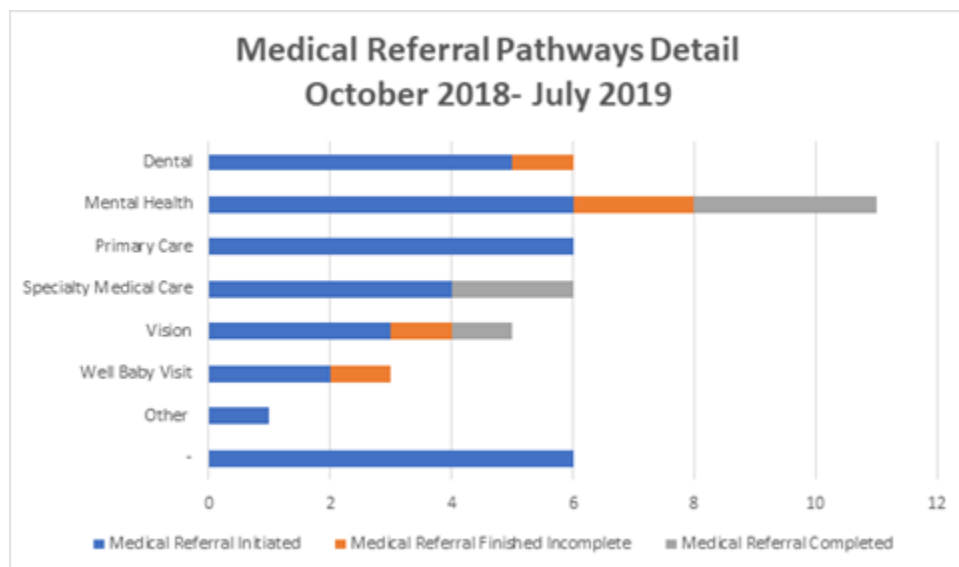


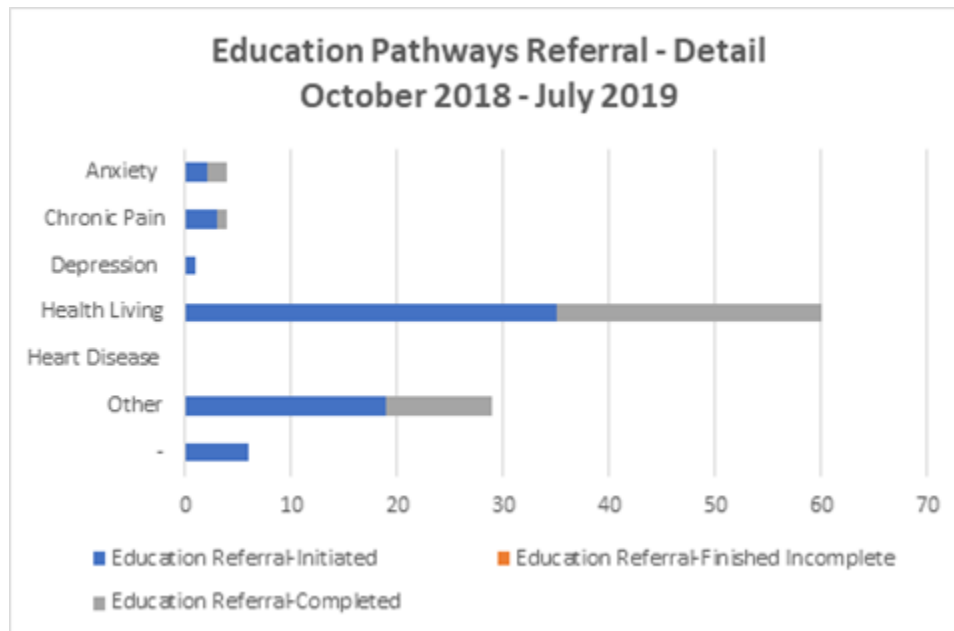
Pathways HUB Referrals Identified			
Month	Total Referrals	HH Eligible	HH Eligible Percent
May	253	64	25%
June	298	73	24%
July	320	83	26%

- Clients identified as Health Homes eligible upon referral from Samaritan ED

Pathways Report







Upcoming Meetings

September 11, 2019 9:00-11:00 a.m.	Pathways Community HUB Advisory Board
September 25, 2019 1:00-2:30	PCS/Supervisor Monthly meeting
October 9, 2019 9:00-11:00 a.m.	Pathways Community HUB Advisory Board
October 23, 2019 1:00-2:30	PCS/Supervisor Monthly meeting



North Central Accountable
Community of Health



2019 Community Initiatives Funding

NCACH Governing Board Update

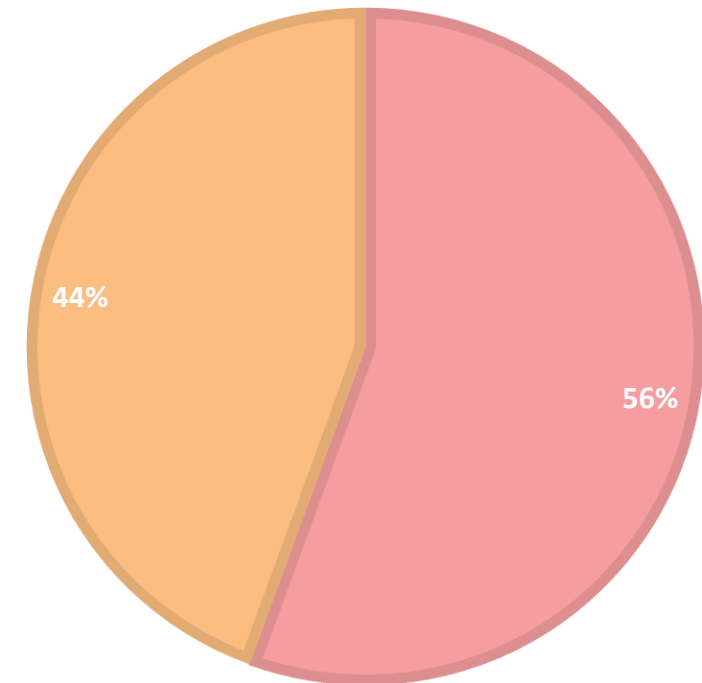
September 9, 2019

Letter of Intent Submissions

- **63** Letters of Intent submitted
- **\$3.75 million** in requests
- Project requests ranged from **\$1,500 - \$300,000**
 - **32** Small (\$0 - \$25,000)
 - **17** Medium (\$25,001 - \$75,000)
 - **10** Large (\$75,001 - \$150,000)
 - **4** Very Large (> \$150,000)
- **50** proposed projects were ongoing projects or initiatives
- **13** proposed projects were one-time investments (e.g. acquiring a resource or hosting an event)

PROPOSED PROJECT IS... (PERCENTAGE OF SUBMITTED PROPOSALS)

■ New ■ Enhancing or expanding an existing project or set of projects

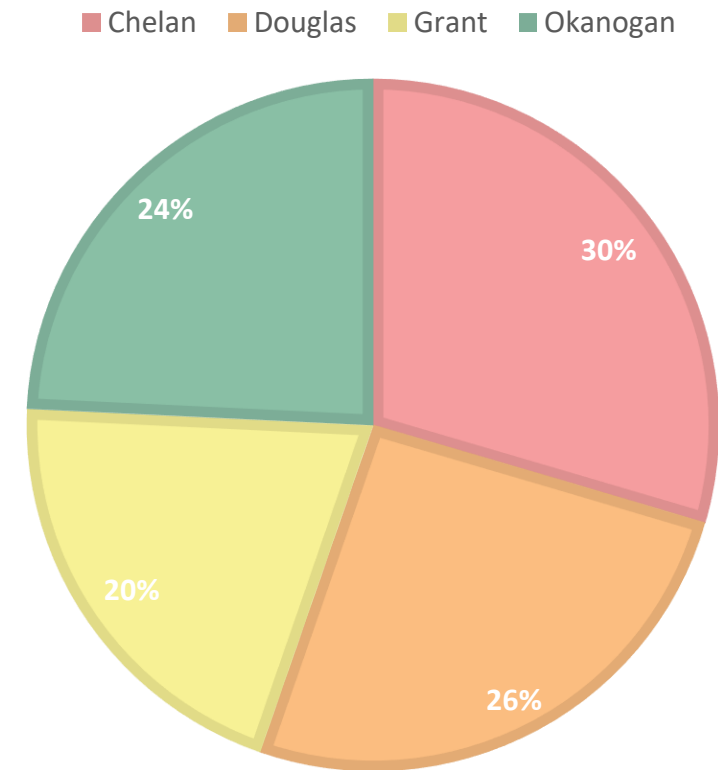


Average request: \$59,600
Median request: \$25,000

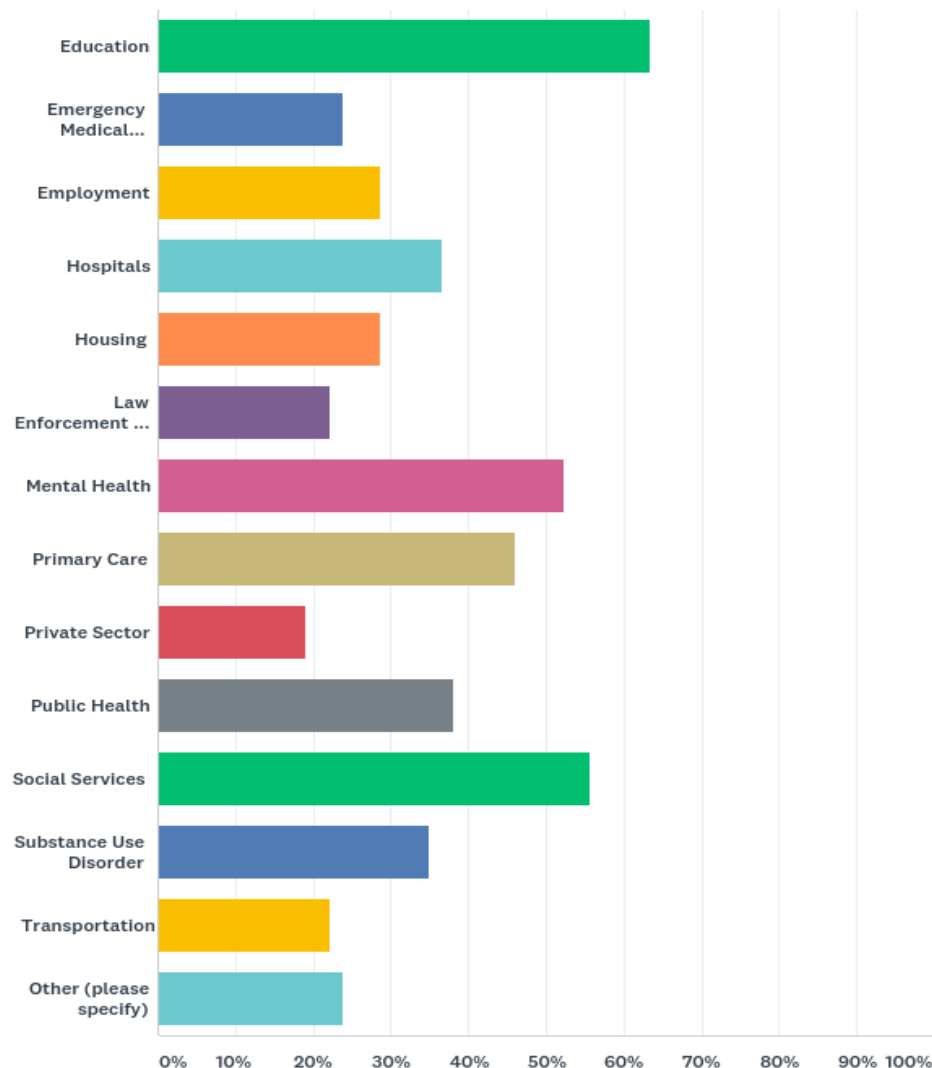
Proposed Projects

- “ACEs and Resiliency Training for First Responders”
- “Mobile Food Pantry”
- “School-Based Health Clinic”
- “Teepee Completion Project”
- “Supernova Business Launch Competition”
- “Videoconference Domestic Violence Treatment”
- “Community Health Hub”
- “Sensory Storytime”
- “CrossFit Fit Club”
- “North Central WA ASSIP Clinic”
- “Oxford House Travel Reimbursement Pilot Program”
- “Healthy Air, Healthy Kids: An Idle-Free Campaign”
- “Support Services for Homeless and Unaccompanied Youth”
- “Bike Parking: Improving access to schools, parks, healthcare, and transit”

COUNTIES SERVED BY PROPOSED PROJECT (PERCENTAGE OF SUBMITTED PROPOSALS)



Sectors Engaged by the Project

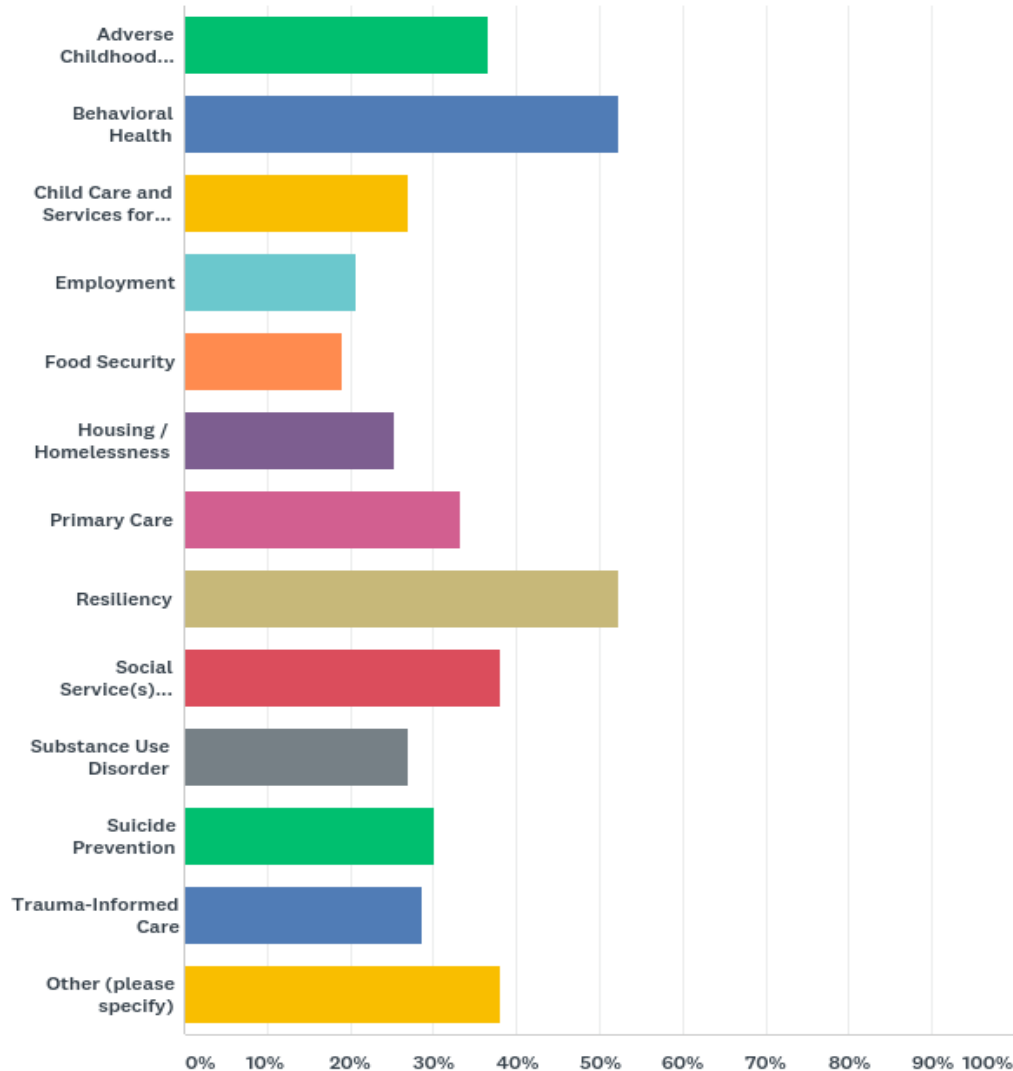


57 applicants indicated that their proposed project included partners.

Other:

- "Childcare"
- "Hispanic services"
- "Elderly services"
- "Parks and recreation"
- "Colville Confederated Tribes"
- "Faith-based Organization"
- "Dental"
- "Nonprofit"

Project Focus Areas addressed



55 applicants indicated that their proposed project included multiple focus areas.

Other:

- "Specialty Care (Obstetrics)"
- "Transportation"
- "Financial Literacy"
- "Diabetes prevention"
- "Ageing" [sic]
- "Local Air Quality"

Overlap with NCACH priorities & projects

Project or strategic priority	Submitted proposals with significant or direct overlap*
Whole Person Care Collaborative (Projects 2A; 3D)	1
Opioid Project (Project 3A)	3
Transitional Care and Diversion Interventions (Project 2C; 2D)	1
Pathways Community HUB (Project 2B)	1
HCA Expectations (e.g. Tribal Engagement and Collaboration; Workforce; HIE/HIT; etc)	2
NCACH organizational priority or focus areas (e.g. Community Information Exchange; Capacity Building; Community Partnership for Transition Solutions; etc)	3

**Some proposals demonstrate overlap with more than one project or priority – some proposals are counted more than once.*



Board Decision Form

TOPIC: 2019 CHI Community Initiatives – Submitted Letters of Intent

PURPOSE: To approve use of developed criteria for submitted Letters of Intent that demonstrate overlap with other NCACH project or priorities, and authorize staff to evaluate proposals that could be supported in the 2020 NCACH Budget under a different priority/project area.

BOARD ACTION:

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

BACKGROUND: In December 2018, NCACH allocated \$450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.

The funding is to be allocated through a community investment process developed by the CHI Community Initiatives Advisory Group. The community investment process was originally designed to be flexible in both the sizes and the types of projects that could receive funding. Project sizes were broken into tiers and the project focus areas remained broad to encourage innovation and unconventional approaches from nontraditional partners. The Advisory Group believed that by keeping the parameters flexible, it would help inform NCACH and the Advisory Group of the true ‘need’ of the region for future funding opportunities.

In July 2019, the community investment process opened and partners were invited to submit Letters of Intent to Submit an Application. Letters of Intent were due on August 16, 2019 and have since undergone an eligibility review to determine if they met the criteria to advance to the full application stage.

63 Letters of Intent were submitted, with over **\$3.75 million** in requests for funding.

After undergoing review, **50** Letters of Intent are eligible to advance to the application stage, with over **\$2.76 million** in requests for funding.

Some of the submitted proposals demonstrate significant or direct overlap with (or expansion of) other work within NCACH’s project portfolio, which has prompted staff to evaluate whether or not these proposals (>\$25,000) could be redirected or funded through other NCACH funding streams.



North Central Accountable Community of Health

Project or strategic priority	Submitted proposals with significant or direct overlap*
Whole Person Care Collaborative (Projects 2A; 3D)	1
Opioid Project (Project 3A)	3
Transitional Care and Diversion Interventions (Project 2C; 2D)	1
Pathways Community HUB (Project 2B)	1
HCA Expectations (e.g. Tribal Engagement and Collaboration; Workforce; HIE/HIT; etc)	2
NCACH organizational priority or focus areas (e.g. Community Information Exchange; Capacity Building; Community Partnership for Transition Solutions; etc)	3

NCACH staff developed proposed criteria to evaluate proposals that demonstrate significant overlap and would like to ask the Board to consider allocating funding in the 2020 Budget to fund some of the submitted CHI Community Initiatives proposals through other funding streams.

See attachment “Letter of Intent Eligibility Criteria for Funding Allocation Separate from CHI Community Initiatives Funding” for reference.

PROPOSAL: Motion to approve the proposed criteria to evaluate proposals submitted through the 2019 CHI Community Initiatives funding that could be supported in the 2020 NCACH Budget under a different priority/project area.

IMPACT/OPPORTUNITY (fiscal and programmatic): If the Board approves the above, NCACH Staff will build allocations for selected proposals that align with current NCACH work, and have been identified by the community as health needs or priorities. These will be presented to the Governing Board as part of the proposed 2020 Annual Budget with a description of the project proposal. The Board would approve project funding allocations in conjunction with the approval of the 2020 Annual Budget.

TIMELINE:

- September 2019: Staff use the eligibility criteria to re-evaluate selected proposals that demonstrated significant overlap with other NCACH projects and strategic priorities. Recommendations would be brought forward to the Governing Board for review during the October 7, 2019 Board Retreat.

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- October 2019: Lead applicants with proposals approved for funds allocation from other NCACH funding streams would be contacted and information would be shared with proper channels (e.g. workgroups) as 2020 project budget proposals are finalized. Any proposals that the Board did not approve for funds allocation from other NCACH funding streams would continue to follow the CHI community investments process.
- 2020: NCACH staff would ensure that the project meets NCACH's strategic and operational priorities, as well as oversee contracting and reporting requirements.

RECOMMENDATION:

NCACH staff recommend that the Board allow use of the developed criteria to evaluate submitted proposals that demonstrate direct or significant overlap with NCACH's project goals and other strategic priorities.

Submitted By:
Submitted Date:
Staff Sponsor:

NCACH Staff on behalf of the Coalitions for Health Improvement
08/30/2019
Sahara Suval

Letter of Intent Eligibility Criteria for Funding Allocation Separate from 2019 CHI Community Initiatives Funding

This criteria is to be used to evaluate submitted Letters of Intent (LOI) for 2019 CHI Community Initiatives that contain significant overlap with another NCACH Medicaid Transformation Project area or strategic priority.

In order to qualify for further evaluation as to whether a submitted LOI may be more appropriately funded through another NCACH funding stream, the proposed project must:

1. Have significant overlap with one of NCACH's six selected Medicaid Transformation Projects and/or associated project metrics:
 - Bi-Directional Integration of Care
 - Community-Based Care Coordination
 - Transitional Care
 - Diversion Interventions
 - Addressing the Opioid Use Public Health Crisis
 - Chronic Disease Prevention and Control

OR

2. Have significant overlap with one of NCACH's other functional or strategic priorities. This includes, but is not limited to:
 - Community Information Exchange
 - Community Partnership for Transition Solutions

OR

3. Have significant overlap with one of the Health Care Authority's expectations (including areas of evaluation and/or performance metrics) for Accountable Communities of Health, including:
 - Tribal engagement and collaboration
 - Domain 1 strategies
 - Workforce
 - Health Information Technology/Exchange
 - Value-based Purchasing

- Initiative 2: Long-term Services and Supports
- Initiative 3: Supportive housing and supported employment

Lastly, all proposed projects must have a **staff sponsor** who is committed to working with the lead applicant to ensure the project meets NCACH's strategic and operational priorities, as well as oversees contracting and reporting requirements. As with other NCACH initiatives, the staff sponsor will provide regular updates to the NCACH Governing Board and work with the funded entity to ensure that process improvement and continuous monitoring occur.

DRAFT



NCACH to welcome 2019 Healthier Washington Medicaid public forum in Wenatchee on Thursday, September 12

The annual *Healthier Washington Medicaid Transformation public forum* is an opportunity for conversation about transforming health systems in Washington State. Leaders from the State's Medicaid Transformation team will present a progress report on the work to-date, and invite guests to share experiences, perspectives, questions, and concerns.

This year's forum will be co-hosted by North Central Accountable Community of Health (NCACH) **on September 12, 6-8 p.m., at Confluence Technology Center** in Wenatchee. [Please RSVP to attend the event here.](#)

This year's events will feature Facebook Live video streaming. You can join remotely by visiting the [Health Care Authority's Facebook page](#) to join the live broadcast.

Families with children are welcome, and light refreshments will be available.

Who should attend?

- Anyone interested in Medicaid Transformation
- Apple Health (Medicaid)-covered clients
- Providers | Accountable Community of Health partnering providers
- Health services educators
- Tribal members
- First responders
- Anyone associated with:
 - Health equity
 - Workforce development
 - Housing and employment supports
 - Hospitals/clinics

[Learn about the Healthier Washington initiative.](#)

[Learn about the Healthier Washington Medicaid Transformation](#)

##

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