



North Central Accountable Community of Health

MTP Funds Flow Refresher
October 5th Governing Board Meeting



North Central Accountable
Community of Health

MTP Budget Overview – Up to Amounts

- **Design Funds:** \$6M
- **FIMC Mid Adopter Incentive funds:** \$5.8M
- **Project Incentive Funds:** ≤ 26.9M
 - Project Plan: \$5.2M
 - Pay for Reporting (P4R): \$15.9M
 - Pay for Performance (P4P): \$5.8M
- **High Performance Pool:** ≥ \$1.4M
- **Value Based Payment (VBP) Incentives:** ≤ \$2.2M
 - Pay for Reporting (P4R): \$0.7M
 - Pay for Performance (P4P): \$1.5M

Up to amount of
MTP Revenue:

\$42.3M

Budget Revenue Influences

1. NCACH performance in the MTP including P4R, P4P, and VBP
2. States performance in MTP (including how other ACHs perform)
3. Extension of MTP for a 6th year

Note: All of the above, could impact future revenue earned in MTP, HCA cannot take away current dollars in NCACH accounts.

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NCACH Revenue

Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)	Revenue as of August 2020	Updated Projections
Design Funds	\$6M	\$6M	\$6M	\$6M
FIMC Incentive	\$5.8M	\$5.8M	\$5.8M	\$5.8M
Project Plan Award	\$5.2M	\$5.2M	\$5.2M	\$5.2M
Pay for Reporting	\$15.9M	\$13.6M	12.8M	\$15.6M
Pay for Performance	\$5.8M	\$0M	\$0.0M	\$0.0M
High Performance DY1	\$1.4M	\$1.4M	\$1.4M	\$1.4M
VBP Incentives	\$2.2M	\$0M	\$0.7M	\$0.7M
Additional Revenue	\$0.7M	\$0M	\$0.4M	\$0.7M
Total Funds	\$43.0M	\$32.0M	\$32.3M	\$35.4M

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Revenue Updates

- HCA is projecting that all ACHs will receive 100% P4R revenue for MTP
- NCACH received 100% of VBP revenue in 2019
- It is likely NCACH will receive some level of P4P funding in the future
- NCACH has non MTP Revenue sources (grants, interest, misc. revenue)

Note: Last payment from MTP to NCACH will occur Q2 of 2023

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MTP Expense Overview

NCACH has 3 Main
Expense Buckets

- Community Outreach
 - Coalitions for Health Improvement
 - CHI Initiative Funding
 - Tribal Funding
 - Community Engagement and Marketing
- MTP Projects
 - Whole Person Care Collaborative
 - Transitional Care and Diversion Intervention Workgroup
 - Pathways Hub (Care Coordination)
 - Opioid Workgroup
- Operations
 - Administrative Staff
 - Evaluation and Analysis
 - Workforce Development
 - Non-project specific contractors (e.g. Chris Kelleher)

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NCACH Expenses

Funding Source	Board Approved Projections (6/2018)	Expenditures as of August 2020
Whole Person Care Collaborative*	11.8M	\$5.5M
CBCC (Pathways Hub)*	\$5.2M	\$1.3M
TCDI*	\$2.6M	\$1.1M
Opioid Use Crisis Response*	\$1.2M	\$0.5M
Community Engagement (includes CHI funding & Tribal Funds)	\$0.0M	\$1.1M
Operations*	\$3.3M	\$2.8M
Total Funds	\$24.1M	\$12.3M

*Originally project management costs were excluded in estimates in separate budget item. They are folded into these updated numbers for better comparisons.

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Expense Updates/Comments

- Currently NCACH has expended ~\$12.3M (Ending August 2020)
- NCACH did not consider tribal projects and non-project specific work when approving original projections
- Original projections for ACH operations and project management expenses did not adequately support the need
- A updated expense projections through 2021 will be available by the December Board meeting

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NCACH Telehealth Proposal: Follow-up and Additional Questions

During the August and September NCACH Board meetings, board members wanted to focus funding on improving the systems in place to enhance telehealth services (from provider – patient). This included partnering with non-clinical partners (e.g. K-12 education). The Board was open to making a significant amount of funding available (up to \$1.5M) across the North Central Region.

Based on Board discussions, below is a list of questions NCACH staff wanted board members to consider.

1. The original proposal was designed to fund clinical partners. The Board wanted to expand it to include non-clinical partners. What was the vision board members had when advocating for this expansion?
2. Is funding focused on enhancing telehealth infrastructure for providers or developing the systems to expand access to patients? Are either of the above focuses mutually exclusive or can they be done together? If focused on patient access, how do we account for agencies that do not have the infrastructure established to deliver telehealth themselves?
3. Who is eligible to access funds, and how would they be able to obtain those funds?
 - a. Who can access: WPCC clinical partners, non-WPCC clinical partners, schools, non-profit community-based organizations that address SDOH, businesses (e.g. agricultural organizations)
 - b. Scale: Does the Board want to fund (1) organization-level investments, (2) collaborative regional investments, or (3) both?

Additional Considerations:

1. Funding structure will be developed to distribute funds equitably.
2. Needs to align with NCACH mission, guiding principles and value streams.
3. Understanding needs and priorities from the perspective of consumers.
4. This will be a multi-year effort.
5. Funding will be applied toward investments in new telehealth infrastructure, not infrastructure already implemented as part of their COVID response.
6. NCACH should consider hiring a consultant to identify key telehealth strategies that will increase patient access by partnering clinical with non-clinical partners together across the region.