



Board of Directors

Meeting

Tuesday, August 11, 2015

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

AGENDA*

I. Call to Order and Record of Attendance

II. Public Comments

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the April 7, 2015 CCC Board of Directors meeting.
2. Approve the appointment of Michelle Vassar as Secretary of the CCC Board to replace Margo Gonzalez.

B. Regular Agenda

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.
2. Receive a Seton Healthcare Family Reform Incentive Payment (DSRIP) Projects update.
3. Receive and discuss the Community Care Collaborative's Fiscal Year 2016 budget.

4. Receive a presentation on CCC Financial Statements as of June 30, 2015.
5. Discuss proposed Communiyt Care Collaboative Bylaw changes.

IV. Closed Session

V. Closing

**The Board of Directors may take items in an order that differs from the posted order.*

The Board of Directors may consider any matter posted on the agenda in a closed session if there are issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

Consecutive interpretation services from Spanish to English are available during Citizens Communication or when public comment is invited. Please notify the front desk on arrival if services are needed.

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Board of Directors Meeting

August 11, 2015

CONSENT AGENDA ITEM

- A.1. Approve minutes from the April 7, 2015 CCC Board of Directors meeting.



Board of Directors

Meeting

Tuesday, April 7, 2015

2:00 p.m.

Central Health Administrative Offices

1111 E. Cesar Chavez St.

Austin, Texas 78702

Meeting Minutes

I. Call to Order and Record of Attendance

On Tuesday, April 7, 2015, a public meeting of the CCC Board of Directors was called to order at 2:04 p.m. in the Board Room at Central Health Administrative Offices located at 1111 E. Cesar Chavez St, Austin, Texas 78702. Chairperson Patricia A. Young Brown and Vice-Chairperson Greg Hartman were both present. The clerk for the meeting was Margo Gonzalez.

Clerk's Notes:

Secretary Gonzalez took record of attendance.

Directors Present:

Chairperson Patricia A. Young Brown, Vice-Chairperson Greg Hartman, Christie Garbe, Larry Wallace, Willie Lopez (Proxy for Tim LaFrey), and David Evans (Non-Voting Advisory Board Member)

Officers Present:

John Stephens (Executive Director) and Margo Gonzalez (Secretary)

Other Attendees Present:

Randy Floyd (General Counsel)

II. Public Comments

Clerk's Notes:

None.

III. General Business

A. Consent Agenda

All matters listed under the Consent Agenda will be considered by the Board of Directors to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items to be moved from the Consent Agenda to the Regular Agenda for discussion prior to the time the Board of Directors votes on the motion to adopt the Consent Agenda.

1. Approve minutes from the January 27, 2015 CCC Board of Directors meeting.

Clerk's Notes:

Vice-Chairperson Hartman moved that the Board approve Consent Agenda item A(1). Director Wallace seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

B. Regular Agenda

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.

Clerk's Notes:

Sarah Cook, Central Health Medicaid Waiver Director, gave an update on the DSRIP Waiver Projects, Demonstration Year ("DY") 4 reporting and progress, and DSRIP sustainability / extension. For the exception of Centering Pregnancy, mid-Point Assessments of DSRIP waiver projects are in progress. These assessments will determine priorities for DYs 4 and 5 and clarify milestones and performance measurements. She also reported that the majority of milestones for DY3, all October 2014 submissions totaling a value of \$54 million, and all change requests for DYs 4 and 5 have been approved. As a result, the Regional Health Partnership 7 ("RHP") successfully earned 91 percent of DY3 funds in DY3. Ms. Cook further explained that 4 of 5 DSRIP Project milestones, eligible for April reporting, will carry forward from DY3. Central Health will submit 3 DY4 milestones and forgo a fifth to focus on DY4 Quantifiable Patient Impact ("QPI") milestones that measure the impact DSRIP projects have on the population served. Throughout DY4, QPIs and 15 DSRIP Projects have remained on target; new subcontracted providers have been added to expand services; and Category 3 quality improvements will improve efficiency and effectiveness. There are several innovative approaches to providing care to the CCC's covered population. Ms. Cook shared the following examples: service expansion with a referral pathway to the Mobile Health Team and Expanded Dental DSRIP Projects at People's Community Clinic and CommUnityCare in an effort to increase patient encounters; adding El Buen Samaritano as a new contracted DSRIP provider for Integrated Behavioral Health services; and CommUnityCare successfully implementing text message reminders to Centering Pregnancy DSRIP Project patients to decrease no show rates. She also explained how the United Way contract for navigation call center services, including outreach and education services, has provided an improved coordinated patient care system by assisting MAP patients in accessing proper health care resources and thereby decreasing the number of MAP patients who visit the emergency room. The CCC monitors 18 unique improvement targets for Category 3 quality outcomes; however, these targets are restricted to Medical Assistance Program ("MAP") patients which is a subset of the CCC's covered

population. HHSC may submit a request for an extension of DSRIP Waiver Projects in September.

Vice-Chairperson Hartman requested that the CCC Board discuss comparable data from Seton Healthcare Family and CCC DSRIP Projects at the next CCC Board meeting.

2. Discuss and take appropriate action on the Community Care Collaborative's Purchasing Policy.

Clerk's Notes:

John Stephens, CCC Executive Director, explained that the CCC Purchasing Policy is modeled after Central Health's Purchasing Policy. This policy limits the Executive Director's authority to award contracts and/or contract amendments and modifications for goods or services up to \$100,000 except for transactions requiring additional approval.

Chairperson Trish Young Brown clarified that this policy is meant to reflect the best possible solution to soliciting goods and services in a timely and cost effective manner while also ensuring appropriate business processes are followed.

Director Wallace moved that the CCC Board of Directors approve the CCC Purchasing Policy as presented by staff and as approved by the Central Health Board of Managers. Director Lopez seconded the motion. The motion was passed on the following vote:

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

3. Receive a presentation on CCC Financial Statements as of February 28, 2015.

Clerk's Notes:

Jeff Knodel, Central Health Chief Financial Officer, and Diane Hosmer, CCC Contract Administration and Medical Management Director, presented the CCC Financial Statements for five months of operations (October 1, 2014 through February 28, 2015), including the balance sheet, sources and uses report – budget versus actual, and details of healthcare delivery expenditures. He specified that some budget line items may change due to varying factors.

Ms. Hosmer reported on the health care delivery costs through the end of February 2015 and highlighted how much of the actual budget has been utilized compared to the fiscal year budget.

David Evans, Austin Travis County Integral Care ("ATCIC") Chief Executive Officer, asked which of the contracts listed are Central Health contracts. Chairperson Young Brown clarified that Planned Parenthood and ATCIC are Central Health contracts and expenditures.

4. Receive a presentation on the Community Care Collaborative Integrated Delivery System ("IDS") and a Benefit Redesign overview.

Clerk's Notes:

Mr. Stephens presented the CCC's Integrated Delivery System ("IDS") Draft Work Plan. In September 2014, the CCC Board adopted a resolution to create the IDS. The resolution sets specific requirements for the development of an IDS, including an implementation plan and an a Benefit Redesign Plan for the CCC's covered population. He explained that the key elements of the plan include care coordination, Health Information Technology ("HIT") infrastructure,

expanded access to specialty care services, an IDS system delivery redesign, an evaluation of the IDS's effectiveness, and a framework for moving towards a value-based reimbursement methodology. Mr. Stephens clarified that the plan will be reviewed and revised regularly as this is a complex system that will involve multiple organizations and a continuous assessment of what priorities can be accomplished in an 18-month period and that some portions of the IDS Plan are lagging due to data sharing implications. However, at some point, the IDS Plan will include 3 to 5 year projections. Next, the CCC will also present the IDS Draft Work Plan to the Central Health Strategic Planning Committee and Board of Managers, and at some point, request consideration for approval from the CCC Board.

Chairperson Young Brown clarified that more detail about the IDS Plan and its progress will be shared at a later date. She also clarified that the Benefit Plan Redesign is meant to advance current programs, care coverage, and service delivery in a way that efficiently provides a coordinated continuum of services for the CCC's covered population.

Director Garbe asked for perspective of the IDS Draft Work Plan from Dr. Mark Hernandez, CCC Chief Medical Officer.

Dr. Hernandez generally described the IDS Draft Work Plan as a broad view of the CCC's achievements as it includes a staff assessment of current health care services and medical needs of the CCC's covered population. He also explained that the IDS Draft Work Plan prioritizes the most critical needs of the CCC's covered population over an 18-month period. For implementation to begin, infrastructure and staff resources, service delivery improvements, and industry experts will be needed to operationalize the plan.

Director Wallace expressed that the plan defines the future of specialty care that is collaborative and forward-thinking as it leverages the most appropriate resources creating a win-win for the CCC, participating providers, patients, and the community.

IV. Closed Session

Clerk's Notes:

No closed session discussion.

V. Closing

Clerk's Notes:

Chairperson Young Brown announced that the next regular meeting of the CCC Board is scheduled to be held Tuesday, August 11, 2015, at 2:00 PM, in the Board Room, at Central Health's Administrative Office at 1111 East Cesar Chavez Street, Austin, Texas 78702.

There being no further discussion or agenda items, Director Garbe moved that the meeting adjourn. Director Wallace seconded the motion.

Director Patricia A. Young Brown (Chairperson)	For
Director Greg Hartman (Vice-Chairperson)	For
Director Christie Garbe	For
Director Larry Wallace	For
Director Willie Lopez (Proxy)	For

The meeting adjourned at 2:56 p.m.

Patricia A. Young Brown, Chairperson
Community Care Collaborative Board of Directors

ATTESTED TO BY:

Margo Gonzalez, Secretary to the Board
Community Care Collaborative

DRAFT



Board of Directors Meeting

August 11, 2015

CONSENT AGENDA ITEM

A.2. Approve the appointment of Michelle Vassar as Secretary of the CCC Board to replace Margo Gonzalez.

(No Back Up)



Board of Directors Meeting

August 11, 2015

AGENDA ITEM

1. Receive a Community Care Collaborative Delivery System Reform Incentive Payment (DSRIP) Projects update.



Board of Directors Meeting

August 11, 2015

AGENDA ITEM

2. Receive a Seton Healthcare Family Delivery System Reform Payment (DSRIP) Projects Update.



Board of Directors Meeting

August 11, 2015

AGENDA ITEM

3. Receive and discuss the Community Care Collaborative's Fiscal Year 2016 Budget.

Community Care Collaborative

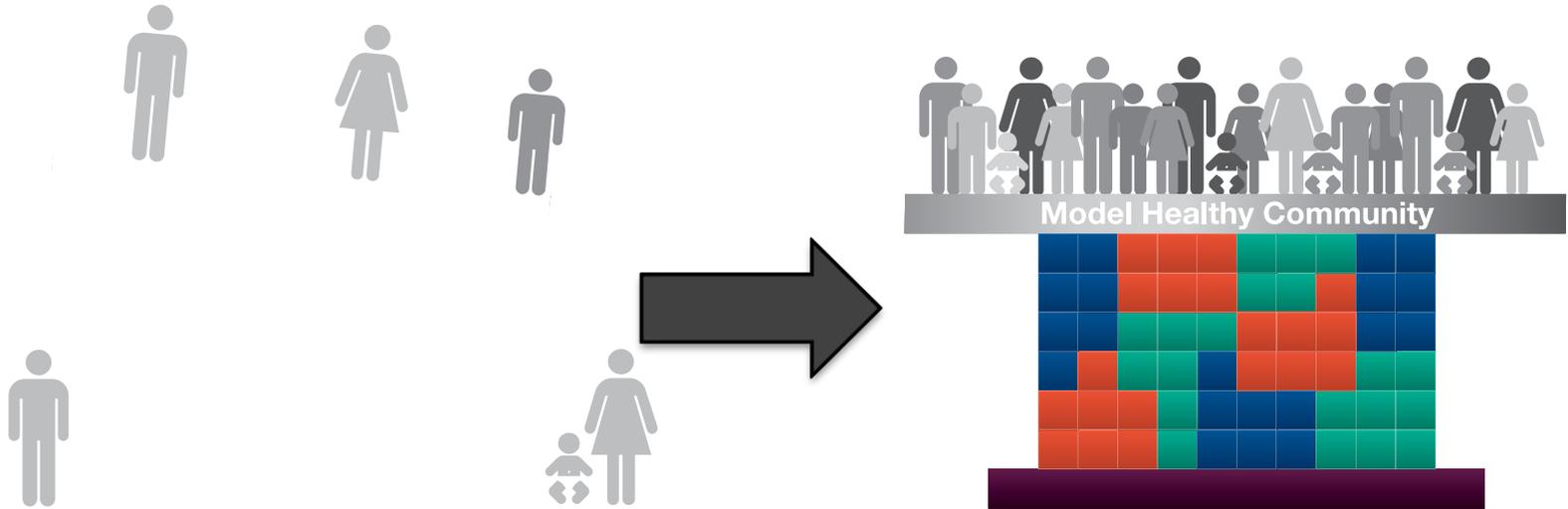
Budget Development
FY 16 Proposed Budget



Community Care Collaborative
Board of Directors
August 11, 2015



Health Care Transformation



Misaligned
Disjointed
Unstable
Inadequate

Person centered
Coordinated
Better quality
Lower cost

Agenda



3

- Financial update for FY15
- Proposed FY16 budget
 - Healthcare delivery
 - Integrated Delivery System initiatives
- Next steps

FY15 Update—Sources of Funds



	FY 15 Budget			
	Approved Budget	Amended Budget	Estimated Y/E Sept	Budget Variance
Sources				
Operations contingency	8,209,600	8,209,600	10,414,962	2,205,362
DSRIP revenue	48,875,000	48,875,000	60,775,972	11,900,972
Member Payment – Seton*	60,000,000	60,000,000	50,000,000	(10,000,000)
Member Payment – Central Health*	15,200,000	15,839,552	15,839,552	0
Other	20,000	20,000	13,093	(6,907)
Total sources	132,304,600	132,944,152	137,043,579	4,099,427

**Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors*

FY15 Update—Uses of Funds



5

	FY 15 Budget			
	Approved Budget	Amended Budget	Estimated September 30	Budget Variance
Uses				
Healthcare Delivery	63,383,923	64,023,475	62,491,182	1,532,293
Operations Contingency	1,068,080	1,068,080	0	1,068,080
Emergency Reserve	5,000,000	5,000,000	2,000,000	3,000,000
Expansion Funds	500,000	500,000	500,000	0
Administration	842,500	842,500	1,318,050	(475,550)
Health Information Technology	4,813,000	4,813,000	2,813,000	2,000,000
ICC Medicaider	375,000	375,000	375,000	0
ICC Addtl Dues	636,076	636,076	636,076	0
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000	0
DSRIP Project Costs	20,686,021	20,686,021	20,686,021	0
Total Uses	132,304,600	132,944,152	125,819,329	7,124,823

FY15 Update—Net Sources/Uses



6

	FY 15 Budget			
	Approved Budget	Amended Budget	Estimated September 30	Budget Variance
Total sources of funds	132,304,600	132,944,152	137,043,579	4,099,427
Total uses of funds	132,304,600	132,944,152	125,819,329	7,124,823
Total sources over uses	0	0	11,224,250	11,224,250

FY16—Highlights: Two Primary Focus Areas



7

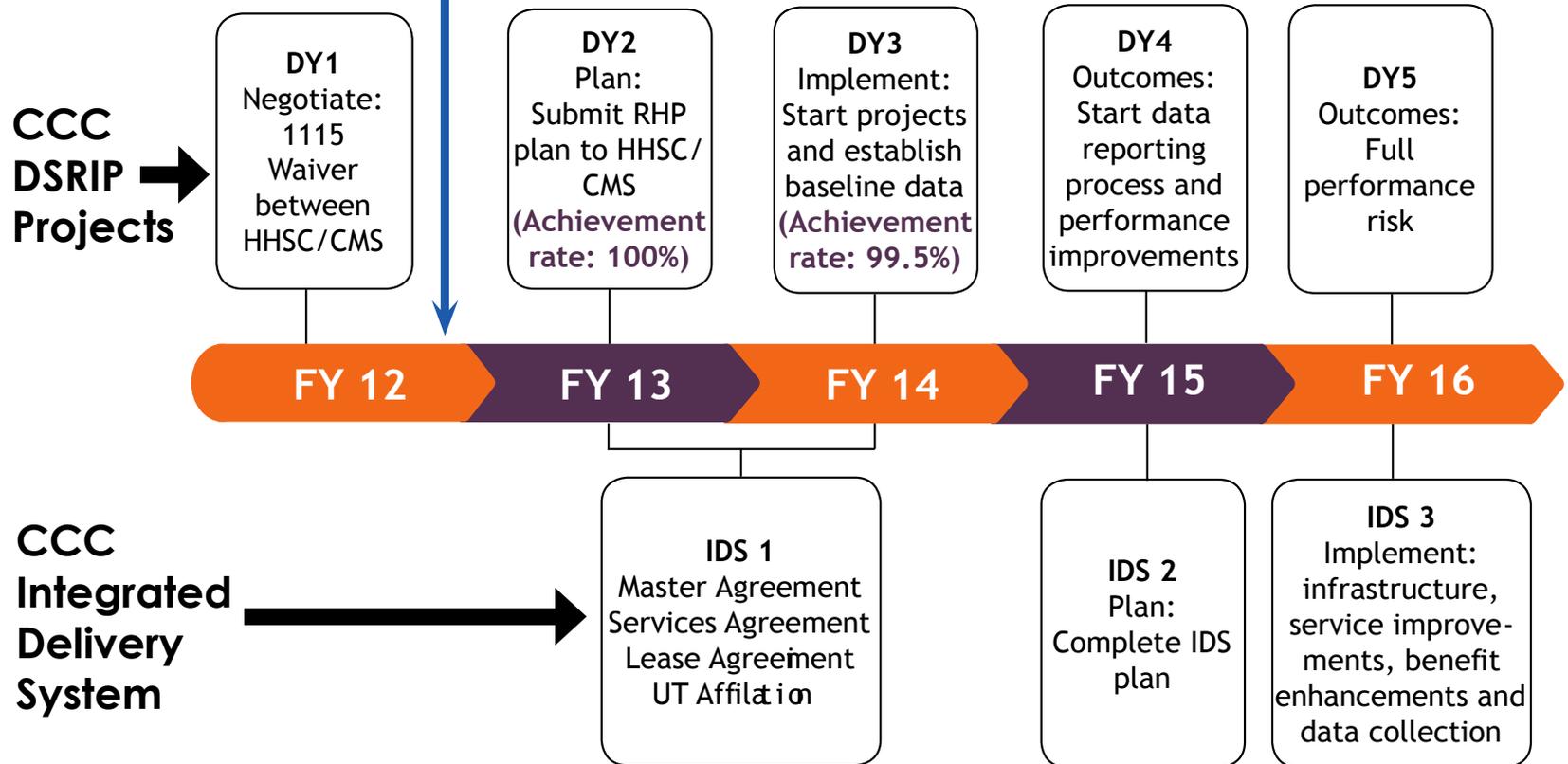
- **DY5 DSRIP Project Performance**
 - Final year, highest patient volumes
 - Full performance risk, based on outcomes
- **IDS Plan Implementation**
 - Health information technology
 - Patient care coordination
 - Enhance and Expand specialty care
 - OB redesign
 - Measurement, assessment and improvement
 - FQHC value payment methodology
 - MAP benefit redesign
 - MAP benefit enhancement

The Community Care Collaborative: Building our Integrated Delivery System



8

Proposition 1 passes



FY16—Sources of Funds



9

	FY16 Proposed Budget
Sources	
Operations contingency	11,224,250
DSRIP revenue	55,665,911
Member Payment –Seton*	60,000,000
Member Payment - Central Health*	28,245,166
Other	15,000
Total sources	155,150,327

**Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors*

FY16—Uses of Funds



Uses	FY 16 Budget Proposed Budget
Healthcare Delivery—providers	69,297,979
IDS plan initiatives:	
Specialty care	3,229,058
IDS Plan Contingency Reserve	5,280,938
Measurement, assessment and improvement	306,500
MAP redesign	250,000
MAP benefits enhancement reserve	3,000,000
Operations contingency	2,429,896
Expansion funds	500,000
Administration (legal/audit)	1,838,430
Health information technology	5,550,000
ICC Medicaider	450,000
ICC additional dues	160,000
Total healthcare delivery	<u>92,292,801</u>
Emergency reserve	2,000,000
UT Affiliation Agreement	35,000,000
DSRIP project costs	<u>25,857,526</u>
Total uses	<u>155,150,327</u>



FY 16—Health Care Delivery: Providers

11

- **Provider Contract Highlights**
 - Contracts amounts for FY16 are still in progress
 - CommUnityCare contact amount a place holder – same amount as FY15
 - ATCIC contract moved from Central Health to Community Care Collaborative
 - Pharmacy increasing from \$4 million in FY 15 to \$4.5 million in FY16 due to increasing costs of generic pharmaceutical drugs
 - Insure-a Kid contract not renewed – services provided internally

FY 16—Health Care Delivery: Providers



12

Provider	FY16 Proposed Budget
People's Community Clinic	1,398,000
El Buen	1,950,000
Lone Star Circle of Care	4,364,995
NextCare Urgent Care	191,000
Other medical services	100,000
Paul Bass IM	709,647
CommUnityCare	41,501,395
Front Steps	400,000
Volunteer clinic	100,000
COA EMS	725,000
Vision Specialty Care	550,915
Project Access	330,000
Paul Bass Specialty Care	933,985
Austin Cancer Center	359,000
Orthotics	41,000
SIMS Foundation	383,856
United Way	856,309
Insure A Kid – to be replace with in-house staff	51,000
Third Party Administrator	1,000,000
Pharmacy	4,500,000
Affordable Dentures	167,000
Dental surgery	429,711
ATCIC	8,045,166
Other	210,000
Total	69,297,979

Questions



13



Board of Directors Meeting

August 11, 2015

AGENDA ITEM

4. Receive a presentation on CCC Financial Statements as of June 30, 2015.

Community Care Collaborative

Financial Statement Presentation

FY 2015 – as of June 30, 2015





- Financial Statements
 - Balance Sheet
 - Sources and Uses Report – Budget vs. Actual
 - Detail of Healthcare Delivery Expense
- Nine months of operations
 - October 1, 2014 – June 30, 2015

Balance Sheet

As of June 30, 2015



3

Assets:

Cash & cash equivalents (1)	\$ 54,147,394
Other receivable	<u>701</u>
Total Assets	<u><u>\$ 54,148,095</u></u>

Liabilities and Net Assets:

Accounts payable	\$ 45,467,981
Other Payable	<u>1,096,891</u>
Total Liabilities	46,564,872
Net Assets (1)	<u>7,583,223</u>
Liabilities and Net Assets	<u><u>\$ 54,148,095</u></u>

(1) Includes \$5M Emergency Reserve Balance

Sources and Uses Report, Budget vs. Actual

Fiscal Year-to-Date through June 30, 2015



4

		<u>Annual Budget</u>	<u>Actual</u>
Sources of Funds	DSRIP Revenue	\$ 48,875,000	\$ 52,931,460
	Member Payment - Seton(1)	60,000,000	23,600,000
	Member Payment – Central Health(2)	15,489,552	289,552
	Operations Contingency Carryforward	8,209,600	10,414,962
	Other Sources	<u>20,000</u>	<u>8,197</u>
	Total Sources of Funds	<u>\$ 132,594,152</u>	<u>\$ 87,244,171</u>
Uses - Programs	Healthcare Delivery	71,908,131	44,196,227
	UT Services Agreement	35,000,000	35,000,000
	Emergency Reserve	5,000,000	-
	DSRIP Project Costs	<u>20,686,021</u>	<u>5,464,721</u>
	Total Uses	<u>\$ 132,594,152</u>	<u>\$ 84,660,948</u>
	Sources Over Uses	-	2,583,223
Net Assets	Unrestricted		\$ 2,583,223
	Emergency Reserve		<u>5,000,000</u>
	Total Net Assets		<u>\$ 7,583,223</u>

(1) Final contributions will be subject to provisions of the MSA, which requires the parties to collaborate to adequately fund the CCC, but leaves the amount of funding up to each parties' discretion. Each member contribution could be more or less than the budget, depending upon a variety of factors.

(2) Includes Service Expansion Funds \$289,552

Healthcare Delivery Costs

Fiscal Year-to-Date through June 30, 2015



5

	<u>Annual Budget</u>	<u>Actual</u>	
Primary Care	\$ 51,771,147	\$ 33,781,269	65%
Specialty Care (1)	1,887,537	803,740	43%
Mental Health	383,856	235,660	61%
Oral Surgery/Dental Devices	596,711	327,914	55%
Pharmacy	4,000,000	3,194,010	80%
Ophthalmology	550,915	348,459	63%
Ortho	41,000	22,113	54%
Client Referral Services	907,309	612,694	68%
Claims Administration	3,500,000	2,625,000	75%
Service Expansion Funds	500,000	-	0%
Health Information Technology	4,813,000	643,478	13%
Other/Admin	1,853,576	1,601,892	86%
Operations Contingency	<u>1,068,080</u>	<u>-</u>	<u>0%</u>
Total Healthcare Delivery	<u>\$ 71,908,131</u>	<u>\$ 44,196,227</u>	<u>61%</u>

(1) Includes \$289,552 Service Expansion Funds

Selected Providers Expenditures

Fiscal Year-to-Date through June 30, 2015



6

	<u>FY15</u> <u>Budget</u>	<u>FYTD 2015</u> <u>Actual</u>	<u>% of</u> <u>Budget</u>
Primary care			
Primary Care - CommUnityCare	\$41,501,395	\$29,087,354	70%
Primary Care - El Buen Samaritano	1,950,000	637,382	33%
Primary Care - Lone Star Circle of Care	4,364,995	1,680,541	39%
Primary Care - Peoples Community Clinic	1,398,000	840,705	60%
Primary Care - Volunteer Clinic	100,000	81,724	82%
Primary Care - Recuperative Care Beds	400,000	224,088	56%
Primary Care - Urgent Care	166,000	118,703	72%
Primary Care - City of Austin EMS	696,822	522,411	75%
Primary Care - Paul Bass Clinic - Primary	709,647	274,906	39%
Primary Care - Blackstock (moved to CUC)	262,045	51,435	20%
	<u>\$51,548,904</u>	<u>\$33,519,249</u>	<u>65%</u>
Specialty care			
Paul Bass Clinic - Specialty	\$933,985	\$289,953	31%
Austin Cancer Centers	334,000	266,287	80%
Project Access	330,000	247,500	75%
Ophthalmology	550,915	348,459	63%
Orthotics	41,000	22,113	54%
Oral Surgery/Dental Devices	596,711	327,914	55%
	<u>\$2,786,611</u>	<u>\$1,502,226</u>	<u>54%</u>
Mental health			
SIMS Foundation	383,856	235,660	61%
	<u>\$383,856</u>	<u>\$235,660</u>	<u>74%</u>
Pharmacy			
	<u>\$4,000,000</u>	<u>\$3,194,010</u>	<u>80%</u>

Questions? Comments?





Board of Directors Meeting

August 11, 2015

AGENDA ITEM

5. Discuss proposed Community Care Collaborative Bylaw changes.

Community Care Collaborative



Recommended Changes to CCC Bylaws

Presented to: CCC Board of Directors August 11, 2015





Reasons for Bylaw Changes

2

- Clean up errors or inconsistencies
- Clarify intent
- Other changes (public meeting frequency, reflect actions taken in other venues)



Clean Up / Clarification Changes

3

- 1.4 Delete reference to CCC as party to Master Agreement between Central Health / Seton
- 2.1 Clarify that only additional Class A Members must be wholly committed to sharing risk
- 2.6 Clarify that special-called meetings will be for actions reserved to Class A Members
- 2.7 Establish that matters discussed in 2.7.1 through 2.7.20 require the approval of all Class A Members and that such approval will not be a conflict of interest for any Class A Member
- 2.7.11 Clarifies that required Member approval of the conveyance of a non-cash asset greater than \$25,000 does not apply to any Member-approved contract as referenced in section 2.7.16 that complies with the CCC's purchasing policy



Other Changes

4

- 2.8 Clarifies that Seton's Appointees may exercise their approval of the reserved actions in sections 2.7.1 through 2.7.20 at a duly-called CCC meeting or through written consent – and that actions taken by Central Health's Board of Directors at a duly-called meeting will suffice as their approval as a CCC Member
- 3.6 Delete reference to annual meetings in concert with recommended changes to 3.7
- 3.7 Establishes that the following language currently in 3.7 –
“regular meetings of the Board shall be held no less than quarterly”
will be the Board's regular schedule for public Board meetings, including an annual meeting
- 3.8 Deletes reference to public meetings being conducted at least every other month



Other Changes

5

- 3.12 Establishes that written consent may be executed in two or more counterparts, which conforms to standard business practice (e.g. two or more signature pages instead of only one signed by all parties)
- 5.1(b) Makes explicit that approval of Class A Members is required for the election of the CCC officers and aligns the terms of the elected Officers (currently one year) to those of the appointive officers (three years)
- 5.4 Clarifies that vacancies of any elected CCC Officer position (e.g. Chair, Vice-Chair) must be filled subject to approval of all Class A Members
- 6.1 Clarifies that appointive officers are also subject to approval of the Class A Members



Other Changes

6

- 7.2 Provides flexibility to the scope of the Advisory Committee, saying that the Committee's scope "**may be**" to "make recommendations to the Board on the operations of the CCC, **including but not limited to . . .**"
- 7.3 Provides a reference to and a description of the CCC Finance Committee, the creation of which was approved by both the CCC Board of Directors and the Central Health Board
- 7.5 Adds the ability to create a medical committee in addition to the medical peer review committee and cites the appropriate statute
- 7.6 Increases the term of standing or special committee appointees from one year to two years (unless the committee is dissolved by Board action)

Other Changes



7

- 7.7 Provides that the CCC Board will determine the term of office for committee chairs

- 7.11 Similar to the change in 3.12, establishes that written consent may be executed in two or more counterparts and may be delivered by facsimile or other electronic transmission, including email

Questions?

