



Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-3651
www.ynhs.org

2016 -2017
AN AMENDMENT TO THE
SUB-CONTRACT BETWEEN
YAKIMA NEIGHBORHOOD HEALTH SERVICES
AND
Kittitas County Public Health Department
Contract Terms and Conditions
Based on
HBE 15-004 Navigator Program Services
Lead Organizations and Statewide Navigator Organizations
Navigator Program Services for the
Washington Health Benefit Exchange
October 2016 – June 2017

All terms and conditions of HBE 15-004 continue, along with the amended terms set forth as follows by the Health Benefit Exchange:

The purpose of this amendment is to change the sub-contract as follows:

A.Term:

This sub- contract is extended in full force and effect for an additional (9) months. The period of performance shall continue through June 30, 2017.

B. Contract Section 3 – Pricing:

The maximum not-to-exceed compensation, which includes any allowable expenses, payable to Sub-Contractor for satisfactory performance of the work under this contract shall not exceed **\$22,000.22** inclusive of the 2017 base payment and potential outcome-based incentive. The payment schedule is set forth as follows:

- **\$1,896.58 monthly October -June 2017** to support Navigator activities for nine months (base payment).
- **\$4,931** – one-time incentive payment for meeting QHP enrollment target of **325**. The incentive will be paid by HBE to YNHS (and YNHS to the sub-contractor) for the proportion of the



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Patient Centered Medical Home Level 3



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amended enrollment target met for new and renewed plans selected through the end of the 2017 Open Enrollment period as validated by the Washington Healthplanfinder system data.

Total Base Payment =	\$17,069.22
Total Potential Incentive Payment	<u>\$ 4,931.00</u>
Maximum Nine Month Contract Award	\$22,000.22

C. Contractor Payment:

- Sub-Contractors will receive a one-time enrollment outcome payment after the 2017 open enrollment period concludes. The payment will be generated upon validation through the Washington Healthplanfinder system of the QHP new and QHP renewed plans selected by service area navigators during the open enrollment period. The payment will be based on the proportion, up to but not exceeding 100%, of the QHP plan selection contract goal met at the conclusion of the open enrollment period.
- Should sub-contractor enroll or re-enroll fewer than 325 QHP members (as identified by the HBE data system), sub-contractor's outcome-based enrollment payment will be pro-rated to that same percentage of the one-time incentive payment.

D. Reporting:

Sub-contractor agrees to continue reporting monthly outreach activities to contractor, using the format provided by HBE and/or contractor, to include: Highlights of community outreach events or key activities during the previous month: Outreach events conducted in report month, city/county, target population; Key accomplishments; Barriers/Issues experienced during outreach effort

Reports are due by the 5th of the following month.

The parties hereto, having read this Sub-Contract Amendment in its entirety, do agree to the terms of the amendment

Approved (Contractor)
Yakima Neighborhood Health Services


Signature _____ date 9-12-16

Anita Moncrian
Print name and title PRESIDENT/CEO

Approved (Sub-Contractor)
Sub-Contractor Agency


Signature _____ date 9/8/16

Robin H. Read, Administrator
Print name and title



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**Kittitas County
Review Form
Grants & Contract Agreement**



#34800

Today's Date 08/23/2016	Agenda Date 9/6/16
Fund/Department 116-Public Health	

Contract/Grant Information

Contract /Grant Agency: Amendment to the Sub Contract between Yakima Neighborhood Health Services and Kittitas County Public Health Department	
Period Begin Date: October 1,2016	Period End Date: June 30, 2017
Total Grant/Contract Amount: Shall not exceed \$22,000.22	
Grant/Contract Number:	
Contract/Grant Summary: The amendment will extend the current contract for an additional 9 months from October 2016 through June 2017. The amendment will allow navigators in the public health department to continue to enroll Kittitas County residents in the Washington Healthplanfinder.	

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature:	Administrator Date: 9/8/16
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

Signature of Prosecutor's Office	Date
Signature of Auditor's Office	Date
Signature of Board of Health member	Date

Financial Information

Total Amount \$22,000.22	State Funds \$	Federal Funds \$22,000.22
Percentage County Funds	Matching Funds \$	CFDA# 93.525

	In-Kind \$ Explain
Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

Budget Information

Budget Amendment Needed?	Yes <input checked="" type="checkbox"/> attach budget form Will enter in the budget center	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		
116-612.30.333.93.525 - \$22,000.22		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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