

BIG SKY CARE CONNECT BOARD OF DIRECTOR APPLICATION

PURPOSE

Big Sky Care Connect is Montana's state-wide health information exchange formed to enhance clinical care in the Montana health care community and to improve and promote public health care in the community by:

- (a) facilitating timely and secure access by health care providers to clinical information between the various organizations that have such information, and
- (b) engaging in such other activities that help to improve and promote the public health and quality of health care in the community, all in a cost-effective manner.

To achieve its goals, Big Sky Care Connect will make identified individual clinical information available to each interested patient and his/her validated healthcare providers, and will provide de-identified clinical information and aggregated population epidemiological statistics and reports to state and federal agencies and the general public but only to the extent allowed by all applicable state and federal law, rules and regulations and as deemed necessary by the corporation to improve the health of the community.

BOARD OF DIRECTORS

Big Sky Care Connect was established in 2018 to operate in Montana as a state health information organization. A Board of Directors that is representative of the multiple stakeholders will serve as the governing body. The Board will be comprised of up to twenty-five (25) Directors.

A nominations committee will recommend board members from applications received to ensure the primary constituency groups in the Montana health care community who will be using the health information exchange are represented.

DIRECTOR RESPONSIBILITIES AND ROLES

Board members serve a three-year term and have the following responsibilities:

- Must commit to attend board meetings, Board members who miss three consecutive meetings without an excused absence shall be removed from the board
- Determine and advance Big Sky Care Connect's mission and purposes
- Select the Chief Administrative Office (CAO) as well as CPA and attorney
- Support the CAO and assess performance in Big Sky Care Connect (i.e. budget, goal achievements, etc.)
- Conduct organizational planning
- Ensure adequate resources (funds, time, volunteers, staff, etc.)
- Resource and financial oversight
- Determine, monitor and enhance programs and services
- Promote Big Sky Care Connect
- Ensure legal and ethical integrity and maintain accountability
- Recruit and orient new board members and assess board performance

**Return completed applications by June 15, 2018 to: Big Sky Care Connect
C/O Montana Medical Association
2021 11th Ave., Ste. 1
Helena, MT 59601
or email BSCC@mmaoffice.org**

Questions: contact Big Sky Care Connect at (406) 443-4000 or BSCC@mmaoffice.org

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APPLICANT INFORMATION

| | | |
|------------------|-------------|-----------|
| Name: | | |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Cell Phone: | Email: |

EMPLOYMENT INFORMATION

| | | |
|-------------------|-----------|-----------|
| Current Employer: | | |
| Employer Address: | | |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | How long? | |

DIRECTOR POSITIONS AVAILABLE

The Board is comprised of up to 25 individuals of which 17 will represent the below stakeholders. Please check which position(s) you are applying for.

- CEO/President/Director of Urban/PPS Hospital
- CEO/President/Director of Critical Access Hospital
- CEO/President/Director of IHS Hospital
- Physician (2 positions)
- CEO/President/Director of Federally Qualified Health Center
- Payor in the Montana market (2 positions)
- CEO/President/Director of a Montana Behavioral Health Center
- Patient Representative
- Employer Representative
- Montana Public Health Representative
- State of Montana Representative
- CEO/President/Director of a Montana Long-Term Care Facility
- Director-At-Large (3 positions)

DESCRIBE INTEREST, EXPERTISE AND BACKGROUND YOU WOULD BRING TO THE BOARD

REFERENCE

| Name | Address | Phone |
|------|---------|-------|
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SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

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|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|