



**InterCommunity Health Plans
Board of Directors Meeting – Public**
February 16, 2022; 1:00 p.m. – 2:50 p.m.

Microsoft *Teams* Meeting

MINUTES

Attendees:

Board Directors

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Doug Boysen – Chair | <input checked="" type="checkbox"/> Kärün Virtue | <input type="checkbox"/> Roger Nyquist |
| <input checked="" type="checkbox"/> Bruce Madsen, MD | <input checked="" type="checkbox"/> Kristy Jessop, MD | <input type="checkbox"/> Tyra Jansson |
| <input type="checkbox"/> Claire Hall | <input checked="" type="checkbox"/> Lara Gamelin, MD | <input checked="" type="checkbox"/> Xan Augerot |
| <input checked="" type="checkbox"/> Courtney Miller, DMD | <input checked="" type="checkbox"/> Lisa Pierson | |

Quorum: Yes

Presenters

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Chris Norman | <input checked="" type="checkbox"/> Doug Boysen – Chair | <input checked="" type="checkbox"/> Melissa Isavoran |
| <input checked="" type="checkbox"/> Dan Smith | <input checked="" type="checkbox"/> Gabriel Parra | <input checked="" type="checkbox"/> Sean Tate |

Invited and Other Attendees

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Annette Fowler | <input type="checkbox"/> Florence Pourtal | <input checked="" type="checkbox"/> Kristty Zamora-Polanco |
| <input type="checkbox"/> Bill Bouska | <input checked="" type="checkbox"/> Janessa Thom | <input checked="" type="checkbox"/> Rebekah Fowler |
| <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Janice Crayk | <input checked="" type="checkbox"/> Suzanne Hoffman |
| <input type="checkbox"/> Carla Jones | <input checked="" type="checkbox"/> Jayne Romero | <input checked="" type="checkbox"/> Todd Noble |
| <input checked="" type="checkbox"/> Dana Pham | <input checked="" type="checkbox"/> Kevin Ewanchyna, MD | <input checked="" type="checkbox"/> Trent Began |

Agenda Items/Discussion	Action
<p>1. Call to Order and Welcome – Chair: Doug Boysen</p> <p>Mr. Boysen called the meeting to order at 1:02 p.m.</p>	
<p>2. Introductions and Announcements – Presenter: Janice Crayk</p> <p>Implementing a trauma-informed organization practice, an icebreaker question will be asked at the beginning of each board meeting. The icebreaker question will be included on the agenda.</p>	
<p>3. Reliability Moment – Presenter: Gabriel Parra</p> <p>Under federal and state law, all CCOs are required to contract with an adequate number or providers. OHA evaluates fours areas; network adequacy, description of member and needs, care coordination and performance metrics.</p> <p>IHN scored 100% on this year’s evaluation, which required participation from every area in Health Plans. This score is higher than the two previous years and shows a commitment to continuous improvement. A more focused approach to increasing the number of primary care, behavior health and mental health care providers continues to be a goal this year.</p>	



<p>4. Public Comments – Chair: Doug Boysen</p> <p>Mr. Boysen called for public comments. No comments were made, and no comments were received via email or telephone.</p>	<p>ACTION: None</p>
<p>5. IHP Board Minutes of December 8, 2021 – Chair: Doug Boysen</p> <p>Following review of the minutes, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, Kärün Virtue moved to approve the Minutes; the motion was seconded by Xan Augerot.</p>	<p>ACTION: The minutes were approved unanimously.</p>
<p>6. Compliance Offer Report – Presenter: Chris Norman</p> <p>Mr. Norman described the Annual Program Integrity submission to OHA, which included the Compliance and Integrity Program, Fraud, Waste and Abuse (FWA) program and 50+ documents, reports, policies and procedures. Feedback from OHA on the follow-up submitted for the findings from last year is anticipated</p> <p>A related party finance audit was submitted on 2/8/22. The upcoming 2022 HSAG federal audit includes four operational areas, each with their own audit tool. It involves workflows, policies and procedures and documentation of job descriptions.</p> <p>Performance issues with the vendor performing IHN care coordination and health status screenings were discovered. After further research, the vendor may be requested to complete a Corrective Action Plan (CAP). We are required to send OHA any CAP within 14 days of implementation.</p> <p>The Audit and Compliance Committee draft charter has been created and the first meeting will be scheduled once committee members are appointed.</p> <p>Anne Daly, the newly hired SHS VP of Compliance, began on 1/3/22.</p>	<p>ACTION: None</p>
<p>7. Financial Reports – Presenter: Dan Smith</p> <p>Mr. Smith presented the December financial statements, with the caveat that these are not audited financials.</p> <p><u>IHN Income Statement</u></p> <ul style="list-style-type: none"> • Premium revenue is favorable, due to increased membership. • Increased membership also increased claims expense over the budgeted amount. • Non-operating income is a little less than budgeted for the year. • Excess revenues over expenses is favorable to the budget. • Our Medical Loss Ratio is 87% and very close to budget. 	<p>ACTION: None</p>

<ul style="list-style-type: none"> Administrative percentage is at 8.6%, which is lower than budget. This is largely due to challenges hiring staff. <p><u>IHN Balance Sheet</u></p> <ul style="list-style-type: none"> Total assets were above budgeted amounts, as was liability for unpaid medical claims. KPMG will spend significant effort during the audit on the liability for unpaid medical claims amount and will present this in more detail at the next board meeting. This number is also audited by an outside actuary that will compare their finding to KPMG's. <p>There was interest in knowing how we compare with other CCOs in the state. In terms of our administrative expenses, we fall in the midpoint or average range. Many CCOs are experiencing the same hiring challenges.</p>	
<p>8. 2022 Legislative Updates – Presenter: Sean Tate</p> <ul style="list-style-type: none"> The SHS Legislative Strategy Team meets monthly, with additional communication when necessary. Oregon requires an annual legislative session, with even years being the short session (usually only 5 weeks long). We are approaching two important deadlines within the next week. If either one is not met, a bill will not move forward. There are a few committees that are not subject to these deadlines. There were a lot of bills related to the healthcare workforce. Our engagement activities included providing logos to demonstrate support, writing our own letters, and Bill Bouska testifying. The highest prioritized bills were presented and include: <ul style="list-style-type: none"> HB 4035 – Medicaid redetermination bill to create a basic health plan (referred to as a “bridge plan”) for individuals no longer meeting financial eligibility requirements for Medicare coverage. HB 4039 – Addresses the SHARE spending on social determinants of health. Bill Bouska testified, and we are actively engaged. HB 4101 – Moves the smoking and vaping inhalant boundary from 10 to 25 ft. HB 4106 – Allows staff at healthcare facilities to practice surgical technology if enrolled in or completed apprenticeship program/certification. Passed House 58-0. HB 4142 – Expands crime of assault to include hospital workers injured during the job. It has been sent to the Rules Committee, but no further action is scheduled. HB 1549 – Requires OHA to issue temporary staffing agency licenses and rate setting. 	<p>ACTION: None</p>



<p>There are great opportunities to be proactive around policy and advocacy efforts. The team is always looking for ideas to change policy for the benefit of programs. The best time to do this work is between sessions.</p>	
<p>9. IHN-CCO Update - Presenter: Melissa Isavoran</p> <p><u>Operational Updates</u></p> <ul style="list-style-type: none"> • OHA has new regulatory requirements around language access. They want to ensure all providers are utilizing OHA certified/qualified interpreters. There are more data reporting requirements, which can be challenging to meet when using national vendors. • System upgrades are still being made, including provider data management which impacts the Provider Directory. • Health information technology strategy continues to be a focus. There is a bill (HITOC) that requires the creation of a community information exchange. • We continue to pay close attention to our care coordination activities, including re-evaluating our policies and how we work with community partners to deliver services. • We are retooling our enrollment information system to improve our capacity to capture gender data, but we have not yet seen any changes in the gender data we receive from OHA. • We are reevaluating how we categorize appeal and grievance data and are looking for root causes in order to fix the issues, so they are not repeated. We are also working with appeals and grievances made by patients on the hospital side. One advantage to having an integrated system is the ability to approach the issue from both sides (clinical and health plans). • IHN-CCO staff are tracking the 205 contract deliverables required by OHA. The challenge is keeping up-to-date on the changing OHA specifications, and a continually moving target. We are evaluating operational strategies to ensure we are ready for the 3.0 Request for Proposal (RFP). • Previously mentioned in the reliability moment, our delivery system narrative received a score of 100% from OHA. • We are in the process of adding additional IHN-CCO staff resources. <p><u>Metrics Strategy Update</u></p> <ul style="list-style-type: none"> • We have developed a robust strategy to meet our metrics this year. We don't have the final numbers yet but have improved since last year. • We are working to implement incentives for accessing preventive services. • We are educating our network providers on best practices and leveraging a physician consultation program that supports metric performance. <p><u>Community Initiative Updates</u></p> <ul style="list-style-type: none"> • Delivery System Transformation Committee is working on a 2022 strategic plan and RFP criteria. 	<p>ACTION: None</p>



<ul style="list-style-type: none"> • A Traditional Health Worker integration strategy is being developed • Changes to the Community Advisory Council membership • Established the InterCommunity Health Research Institute (IHRI). <p>Future Meeting Topics:</p> <ul style="list-style-type: none"> • Care Coordination • Metrics 	
<p>10. Executive Reports:</p> <p>No questions were asked about the executive reports.</p>	ACTION: None
<p>11.Executive Session Introduction – Presenter: Doug Boysen</p> <p>The executive session reserves time at the end of the meeting for confidential issues between board members.</p>	ACTION: None
<p>12. Other Business</p> <p>Mr. Boysen confirmed there was no other business.</p>	ACTION: None
<p>13. Meeting adjourned</p> <p>Mr. Boysen adjourned the meeting at 2:27 p.m.</p>	

Respectfully submitted,
Gabriel Parra

DocuSigned by:

Doug Boysen

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Doug Boysen, President and Chair,
InterCommunity Health Plans Board of Directors
Minutes approved on April 20, 2022