InterCommunity Health Network CCO

InterCommunity Health Plans
Board of Directors Meeting – Public
August 17, 2022; 1:00 p.m. – 2:50 p.m.

Microsoft *Teams* Meeting

MINUTES

Attendees:

Board Members		
☒ Doug Boysen – Chair	☒ Dick Knowles	☒ Lisa Pierson
☐ Bruce Madsen, MD	☒ Kristy Jessop, MD	☒ Roger Nyquist
☒ Claire Hall	☒ Lara Gamelin, MD	☐ Xan Augerot
☒ Courtney Miller, DMD		
Quorum:		
Presenters		
☒ Bill Bouska	☒ Diane Ramos	☒ Chris Norman
☒ Dan Smith	☒ Doug Boysen	☒ Patty Kehoe
Invited and Other Attendees		
☐ Annette Fowler	☐ Jayne Romero	☒ Rebekah Fowler
☒ Bruce Butler	☒ Kevin Ewanchyna, MD	☒ Stephanna Hidalgo
☐ Carla Jones	☐ Kristty Zamora-Polanco	☐ Suzanne Hoffman
☒ Gabe Parra	☒ Melissa Isavoran	☐ Todd Noble
☒ Jan Chambers	☐ Nancy Fry	☒ Trent Began
☒Janice Crayk	☐ Rachel Arnold	☒ Vanessa Adames

Note: Quorum is 50% of current number of Board Directors. Actions require a ¾ vote of quorum.

Agenda Items/Discussion	Action
1. Call to Order and Welcome – Chair: Doug Boysen Mr. Boysen called the meeting to order at 1:03 p.m.	
2. Introductions and Announcements – Presenter: Bruce Butler Ice breaker questions was a great success during introductions. No announcements were made during this time.	**ACTION:** None
3. Reliability Moment – Presenter: Diane Ramos Ms. Ramos presented an IHN member case with a 15-year-old male with DHS Guardianship who was referred for Intensive Care Coordination (ICC). There were significant concerns regarding developmental delay by living in foster home, health declined over the past year, he was unable to remain in school, increased suicidality and aggressive behavior, and his care team & foster parent expressed difficulty communicating with each other. Interventions included an Interdisciplinary Care Team (ICT) which involved the DD Worker, DHS worker, Foster Parent and school staff that	**ACTION:** None

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met every other week. The member engaged in counseling and counselor joined ICT. ICT and Member worked together to amend the individualized Education Program (IEP) and behavior plan. There was also supported transition to a new foster home. The outcomes related to the intervention – increased school attendance, engagement in after school and social activities, and reduced suicidality. The member is thriving in his new foster home placement. Social Worker provided the best-in-class service by successfully facilitating care team to support Member goals – **Care Coordination Matters**. Everyone agreed that this was a great case to show successful care coordination.	
4. Public Comments – Chair: Doug Boysen Mr. Boysen called for public comments. No comments were made, and no comments were received via email or telephone.	**ACTION:** None
5. IHP Board Minutes of April 20, 2022– Chair: Doug Boysen Following review of the Minutes, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, Commissioner Hall moved to approve the Minutes; the motion was seconded by Dick Knowles.	**ACTION**: The minutes were approved unanimously.

6. Compliance Offer Report – Presenter: Chris Norman
 	
<u>Audits and Submissions</u>
 	
• Upcoming reviews/audits -
  • HSAG audits of operations occurring 8/31/22. Audited areas include:
  • Enrollment and Disenrollment
  • Quality Assessment and Performance Improvement (QAPI)
  • Privacy and Security
  • Health Information Systems – Capability and Assessment (ISCA)
  • Financial Audit that just launched did not make it on the PowerPoint presentation. Notice was received and we have been undergoing on commercial lines through DCBS. Now we are having a similar audit on the IHN side. Primarily around restrictive reserve amounts, delegating entities, cost, etc. We do not have the request for information yet so everything will happen once that is received.
 	
<u>Annual Program Integrity Submission to OHA</u>
 	
• As mentioned in April, IHN received Observations and Findings from OHA on IHN's FWA/Compliance and Program Integrity plans.
• IHN sent responses to OHA 5/2/22
	ACTION: None

- OHA will determine if the resubmissions met the requirements. If they do not, IHN will update and correct for the 1/20/23 FWA submission
- We have created a CAP and work plan on the findings and have completed 65% of the actions.
- We will add any further findings to the CAP and update the Audit and Compliance Committee on the detailed steps.

Current CAPs

- Internal CAP on vendor oversight and monitoring.
- Internal CAP on prior year HSAG findings to document their completion with this year's submission.
- Internal CAP on OHA FWA report findings.

Compliance Staffing

- Have one new position accepted and a start date as of 8/29/22 – Audit and Monitoring Program Manager, this is a key role for the department.
- Currently recruiting for External Oversight Auditor – working with HR to make an offer.
- One additional position approved for posting in September.

Audit and Compliance Committee

- Board members selected, per vote to have a stand-up in Q1, currently scheduling first meeting in late September.
- Committee members are Xan Augerot, Lisa Pierson, SHP CEO, CFO, Compliance Officer, General Counsel.
- Committee to have oversight of Compliance Program and will report to this board. Other organizations and the state have asked about a committee for this purpose.

Dashboards

- A dashboard showing the number of CAPS open and closed by line of business and month, and the source of the CAP was presented.
- Two dashboards providing details about Compliance Incident Reports (CIR) were presented. The CIR is used to track when an operational area goes out of compliance. We are working to close CIRs faster, as they should not be open much more than 90 days.

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• One dashboard provided the details about what type of failure occurred. Most were process failures.	
7. Financial Reports – Presenter: Dan Smith Mr. Smith presented the financial statements covering January through June. <u>IHN Income Statement</u> • Premium review shows that the first 6 months of 2022 are pretty accurate. • Bottom line is 8.9 million compared to 4.6 million. • Medical loss ratio shows claims divided by premium revenue averages 85.5%, budget was higher, the fact that we are lower is good news. <u>IHN Balance Sheet</u> • Cash and cash equivalent column – Cash is made up of the bottom ½ of the balance sheet. Liability in medical claims 41 million compared to 33 million. Right below that 27 million compared to 11 million. We have quality metric dollars we will be paying out to our providers**.** We are calculating and determining where and how those dollars are distributed.	**ACTION:** None
8. 2022 Investment Policy – Presenter: Trent Began • Mr. Began presented the Investment Policy Statement to the Board for approval. • There was discussion on what bonds and treasuries we invested in for 2021. The purpose of the investments is to generate a return with really low risk. • Mr. Began proposed one amendment in the Approved Assets letter D section of the policy – to change the wording from singe A to triple D. The rest of the policy is how to distribute those assets. • Prohibited assets - important for the Board to know there are investments we do not engage in. We do not buy commodities, ports of call, derivatives. Any investment needs to be under the policy and the Board is aware of what we invest in. • There was further discussion regarding what type of investments are restricted (tobacco, alcohol, etc.). It was suggested that we do not investment in crypto currency as well. • Mr. Nyquist asked if we have any kind of contingency line in the budget? Should these long-term investments be viewed as reserves for future needs? It was explained that these investments are for long-term returns – if at any time IHN needs the available cash at any point. It is expected by OHA that IHN maintain enough capital to weather a storm. They want to make sure insurance companies can remain solid under emergency situations.	**ACTION:** Board voted and approved Investment Policy Statement

• Mr. Began will be speaking with the investment advisors regarding trends that they may see coming and could be added to the policy. • Mr. Boysen stated that we are not out to make a bunch of money and high risk on the cash we have. We must have cash to make payroll and for emergencies. So, if we have this cash, is there some way we can get some return on it while it's sitting there. We only have the large sums of money for a few months until it is paid to whom it needs to be paid to. DCBS or any insurance company must always retain a certain amount of cash on hand. • A motion was purposed to approve the policy statement, with changes, agreed upon by Mr. Nyquist and a 2nd to the motion was provided by Dr. Gamelin.	
9. 2022 Legislative Updates – Presenter: Bill Bouska There are some pretty big things going on around the OHP policy. We are in the interim of the legislature and working on different things right now. <u>Redeterminations</u> • OHP Redetermination process - annual requirements that everyone on OHP goes through financial or disability process each year. During PHER those determinations were paused. It has grown to 1.4 million, before it was around 1 million. The PHER on the federal level won't expire until mid-October, it will probably be extended to the end of the year, after elections. Every state will have a minimum of 3 months but up to 14 months. Oregon will take the entire 14 months to do the process. • 1.4 million people – Most will be reenrolled in OHP and stay on plan. We don't want to lose anyone who qualified to become uninsured. Assumption is there will be 300,000 people that will no longer qualify: a. Employer-based insurance b. Move to the marketplace c. Move to the Bridge Program: DHS does redeterminations and qualification for all kinds of programs. DHS has a huge backlog already. They are trying to figure out different strategies due to the already long wait times. There are workgroups going on trying to figure this all out. • Of the 1.4 million, lots of people are easy cases. The 138-200% don't qualify for OHP but will be moved to the Bridge Plan. That is the population that churns. • Bridge Plan – About 55,000 people will fall into this group. That group of people will stay on OHP. OHA will have to have approval from feds to keep them on OHP. Next year they will look like CCO members. After the end of 2023, OHA is creating a Bridge Plan, so these people can move into an	**ACTION:** None

insurance category called a Basic Health Plan. This will be operated by the CCO, people in the individual marketplace will move to it. It will be operated by the CCO, the capitation rate hopefully will be higher than the CCO's capitation rate. Providers won't have an additional population at a Medicaid rate. After that, in the red category, it will be a product on the marketplace. The 138-200% is set in federal and state law. The belief is 100,000-120,000. Family of 4 will be approximately 40,000. Mr. Smith asked – What would the benefit be compared to current CCO? Mr. Bouska stated it is to have it as close as possible to a CCO benefit, including adult dental. This will make it easier for patients, members and providers, to not have it different. This will depend on how the money works out. With the law that President Biden signed, they will be able to include all CCO benefits and have the rate higher than CCO. Mr. Bouska covered phases 1, 2 and 3.

1115 Waiver

This is what provides Oregon the ability to run our Medicaid program. This happens every 5 years. OHA is 2 weeks into negotiations with CMS. Approval is anticipated by the end of September for all things being negotiated. In January a new CCO contract will be initiated. 2024 will start a new contract cycle. OHA has already informed us of the changes to the 2023 contract.

Healthier Oregon (Cover All People)

- Designated State Health Program – President Biden has opened the program back up. Oregon will get additional money to invest in their systems. This will be spent on social determinants of health and health equity especially. Takes some state investment and accountability back to the federal government on how money is being spent.
- Will be approved – SDOH – housing and food counts toward administrative expenses and be a part of medical spending. This makes it much more sustainable. Federal government is calling this health-related social needs.
- Youth with Special Health Care Needs category – will be extended to be covered by Medicaid to age 26.
- Continuous Enrollment – this will get approved. Young kids 0-5 will be covered without going through redetermination. Good for providers and CCO's to invest time with those young kids. All other young kids 6 and above will go through a 2-year annual enrollment.
- Climate change related things that have to do with air conditioners and filters will be more clearly spelled out as being a part of medical spending.
- CIC – OHA is really into health equity and getting rid of inequities by 2030. They are trying to redirect resources in this area. Create Community collaborative separate and distinct from CCO, CAC's and already establish institutions. CMS is pushing back a bit on this and wants more information.

There has been a lot of tension between CAC's and CIC idea. The CAC asked Dick to generate a letter of more observation that this is probably going in the wrong direction. They were splitting out expenses rather than helping current needs. He sent a letter to Senator Wyden, CMS, etc. He heard from Senator Wyden's office, an acknowledgement, you're on the list, we're busy all the time. Dick will let others know what he hears.	

10. Care Coordination – Future Partners – Presenter: Patty Kehoe
• **Existing Partners** - We have a partner, Mr. Norman referred to that partner during his presentation, that has been on two CAPs. We have made the decision to bring the services back in and not use that partner. We started that transition of services on June 1, 2022, no new members will be sent to this partner for service. Existing members will transition beginning October 2022 and DSNP membership will transition in late December. We have a wonderful project plan, "Mission Possible" – this was implemented early in the process to assist with all membership transition.
• **Transition Statistics** - HRA outreach calls are being completed by Samaritan Health Plans. 1754 answered calls, 1,027 HRA's complete, and 725 referrals to case management. Those referrals worked immediately are physical health, behavioral health, or they go to THW. Our partner was 5-8% and we're at 37%.
• **Where do we go from here?** - We are evaluating care coordination services for potential partners. Care Coordination services include Transition of Care, Care Coordination, and Case Management and Utilization Management.
• **Transitions of Care** - Potential UM, we will be very selective on future delegation agreements. We will use the evaluation of delegate. We want to align with SHS. We have identified an SHS partner called "CareHub". We will focus on the setting of hospitalizations, To home, home health rehab, etc. We are meeting the OHA definition, but we will be expanding on it.
• **Who benefits from transition of care?** –
  • Improve member's coordinated care.
  • Improve post-discharge health outcomes.
  • Prevent deterioration in the member's condition.
  • Reduce readmission rates for members.
  • Reduce unnecessary utilization and cost.
  • Enhance collaboration with hospital-based programs and community partners.
  • Meet regulatory compliance requirements.
	ACTION: None

- **SHP Program with CareHub and beyond.** - They have an existing program that is affiliated with SHS. They have trained nurses, CHWs, SWs, etc. The model is based on well-known national models. We will delegate care coordination for select members.
    - What does CareHub do?
        - They do patient outreach
        - Medication reconciliation
        - Assessments including
            - Social Determinants of Health (SDOH): when appropriate
        - Interventions and education
        - Referral to other internal SHS resources and community supports.
        - They will help with primary care appts, outreach services, they conduct a follow-up plan.
        - After 30-60 days they will refer case back to SHP.

- **Outcomes: Member and Program Goals -**
    - Avoid hospitals readmissions within 30-90 days of discharge
    - Increase compliance with recommended treatment protocols
    - Smooth transition from hospital to home
    - Follow-up with pc within 7 days
    - Reconcile medications
    - Document and address SDOH
    - **Questions** – Mr. Boysen asked if we are measuring all these goals and outcomes. Ms. Kehoe stated that all of these have a metric and a cost savings piece that she will bring back to the board. Ms. Pierson asked what was being done for other CC requirements? Ms. Kehoe informed everyone that there is increased staffing for CC, not at full cases yet. On physical size, increased size by 15 staff. Have brought in an outside agency to help us with the volume. We are opening cases and doing assessments very quickly. There are ICC requirements. We have about 200 members that have qualified and want services. As she makes the changes with CareHub and transitions of care, she is also building up the care coordination team.
- **Next Steps: Transition of Care Plan** – Kick off within the next 60 days completing delegation assessment and contracting. Working through joint workflows, refining documentation system with EPIC so we can put info into

our system CCA. We are developing reporting. Patty would like to track outcomes of patients.
• **Future Steps –**
  • Monitor outcomes
  • Expand CareHub contracts to include additional diagnoses
  • Investigate additional TOC opportunities with IHN-CCO staff
• **SHS and beyond**
  • Expand CareHub contract to include Care Coordination Services.
  • Explore embedding one of our care coordinators into SMG clinics. What would those workflows look like? Or could we delegate to behavioral health, or community partners that are already doing CC
  • **Questions** - Dr. Gamelin – Who are the kinds of partners? It is one large contractor that we have who is providing outbound calling for us. The outgoing partner that we are moving away from is a national vendor of outsourced care management services. What Patty is representing in the presentation is a transition in or approach away from relying on a national single vendor and relying on internal resource and community resources we will be contracting with. This is the end of a long conversation. Mr. Bouska started advising us a couple of years ago, that the CCOs in OR that were exhibiting the best response weren't doing so by doing it all themselves or outsourcing everything. They were using a creative and flexible combination of building up their own resources and developing contractual relationships with other resources in their own communities who were engaged in CC activities. Buy local and from whomever is doing a really good job.	

11. IHN-CCO Update – Presenter: Melissa Isavoran Operational Updates • We have received the 2023 contract restatement from OHA. We've had an opportunity to provide input on the changes; technical, health equity, and most changes were in financial requirements, some changes in behavioral health and requiring extra reporting in that realm which is already a problem due to admin burden and lack of staff. • In lieu of services provided in an alternative setting, THW, yoga, they are pretty offshoot services that don't have CPT codes attached. Services that don't have codes attached to them, can be requested as "an in lieu of services" if they met the criteria. We wanted to get respite care post hospital discharge. Discharged from hospital, but can't get around, they have no place to go, they are homeless, or their living condition isn't ideal. We have petitioned to add that, and hopefully	**ACTION:** None

they will put something like that into the contract. The other in lieu of services are getting reimbursement for THW. Not sure how much waiver approval will change contract. • OHA site visit – Contract changes and regulatory requirements – just trying to catch up. The 2025 will not be a CCO 3.0, but a 5-year reinstatement. It won't be a proposal but a request application. • FFS Dental – OHA currently carves out an FFS population to DCO for dental care. CCOs already contract with DCOs but for FFS OHA is moving that pop under CCO. That program will begin on January 1. Essentially, it's another eligibility category. We also got Healthier OR population that began enrolling July 1. • Operational – There are over 225 deliverables we must manage every year. That includes constantly changing in terms of requirements, then we have rounds of feedback and resubmissions. We have put together a robust process, which includes tracking, that is a great deal of work. • In terms of IS – We are working on upgrades and meeting strategies in the HIT roadmap. This identifies strategies in 4 areas, • AC – CCOs can provide air conditioners for certain individual that are impacted by heat due to their current conditions. We do have funding available if they call into care services or link with our care coordinators.	
12. Executive Reports: Presenter: Gabe Parra <u>IHN Enrollment</u> • Beginning in January 2020 IHN's enrollment was 57,041 members and as of right now we have 79,001 members. That is a growth of almost 40%. There is worry about how we are going to handle a potential loss of members, but we are also hearing a lot about trying to keep these members on plans through SHS. We are working with SHS to try and address access. This highlights why we have so much need to have access to care so that people have access on where they can get care, like a provider directory. We are trying to keep people enrolled who can be and work on how they can get access to care. • **Question:** How many primary care physicians are looking after those 29,000 people? Mr. Parra will get the actual county of primary care physicians are in the network. Mr. Boysen thinks it would be a good idea to do a dive in a little more in a future meeting. Dr. Ewanchyna stated that a rough estimate for the additional members would be 30 more primary care physicians.	**ACTION:** None
13. Other Business Mr. Boysen confirmed there was no other business.	**ACTION:** None

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14. Meeting adjourned Mr. Boysen adjourned the meeting at 2:44 p.m.	

Respectfully submitted,
Bruce Butler

DocuSigned by:
Doug Boysen
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Doug Boysen, President and Chair
InterCommunity Health Plans Board of Directors
Minutes approved on: