



**InterCommunity Health Plans  
Board of Directors Meeting – Public**  
April 19, 2023; 1:00 p.m. – 3:00 p.m.

In person and Microsoft *Teams* Meeting

**MINUTES**

**Attendees:**

Board Members		
<input type="checkbox"/> Doug Boysen – Chair	<input checked="" type="checkbox"/> Dick Knowles	<input type="checkbox"/> Roger Nyquist
<input checked="" type="checkbox"/> Bruce Madsen, MD	<input checked="" type="checkbox"/> Kristy Jessop, MD	<input checked="" type="checkbox"/> Xan Augerot
<input type="checkbox"/> Claire Hall	<input checked="" type="checkbox"/> Lara Gamelin, MD	
<input checked="" type="checkbox"/> Courtney Miller, DMD	<input checked="" type="checkbox"/> Lisa Pierson	
<b>Quorum: Yes</b>		
Presenters		
<input checked="" type="checkbox"/> Kristy Jessop, MD	<input checked="" type="checkbox"/> Bill Bouska	<input checked="" type="checkbox"/> Bruce Butler
<input checked="" type="checkbox"/> Chris Norman	<input checked="" type="checkbox"/> Carnetta Young	<input checked="" type="checkbox"/> Trent Began
<input type="checkbox"/> Loretta Cordova	<input checked="" type="checkbox"/> Marci Howard	
Invited and Other Attendees		
<input checked="" type="checkbox"/> Annette Fowler	<input type="checkbox"/> Kristy Zamora-Polanco	<input checked="" type="checkbox"/> Stephanna Hidalgo
<input checked="" type="checkbox"/> Gabe Parra	<input checked="" type="checkbox"/> Patty Kehoe	<input type="checkbox"/> Suzanne Hoffman
<input type="checkbox"/> Florence Pourtal	<input checked="" type="checkbox"/> Rachel Arnold	<input type="checkbox"/> Todd Noble
<input checked="" type="checkbox"/> Jan Chambers	<input checked="" type="checkbox"/> Rebekah Fowler	<input checked="" type="checkbox"/> Vanessa Adames
		<input type="checkbox"/> Dan Smith

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

Agenda Items/Discussion	Action
<p><b>1. Introductions and Announcements</b> – Presenter: Bruce Butler</p> <p>Mr. Butler introduced Kristy Jessop, MD as the Chair for this meeting due to Chairman Boysen being absent.</p>	<b>ACTION:</b> None
<p><b>2. Call to Order and Welcome</b> – Chair: Kristy Jessop, MD was appointed Chair for this meeting (due to Mr. Boysen being absent).</p> <p>Dr. Jessop called the meeting to order at 1:02pm. Quorum was met.</p>	<b>ACTION:</b> None
<p><b>3. Public Comments</b> – Chair: Kristy Jessop, MD</p> <p>Dr. Jessop called for public comments. No comments were made, and no comments were received via email or telephone.</p>	<b>ACTION:</b> None
<p><b>4. IHP Board Minutes of March 15, 2023</b> – Chair: Kristy Jessop, MD</p> <p>Following review of the minutes from the previous board meeting, Dr. Jessop asked if there were any changes, corrections, or questions. There being none, motion to approve the minutes by Commissioner Augerot; the motion was seconded by Mr. Dick Knowles. All members approved.</p>	<b>ACTION:</b> The minutes were approved unanimously.
<p><b>5. Financial Reports &amp; Investment Policy Update</b> – Presenters: Trent Began</p>	<b>ACTION:</b> None

# InterCommunity Health Network CCO

Mr. Began provided an update on financials through February 2023.

**Samaritan Health Services  
INTERCOMMUNITY HEALTH NETWORK  
Income Statement**

	Y-T-D		
	Feb 2023 Actual	Feb 2023 Budget	Act - Bud Variance
<b>Revenues:</b>			
Premium revenue	\$ 89,184,233	\$ 89,059,191	\$ 125,043
Other operating revenue	-	33,334	(33,334)
Total revenue	89,184,233	89,092,525	91,709
<b>Expenses:</b>			
Salaries	2,361,765	2,681,271	319,505
Employee benefits	881,708	976,213	94,505
Supplies	67,072	66,395	(677)
Purchased services	4,227,788	4,571,632	343,844
Agency	298,423	168,484	(129,939)
Depreciation	4,078	15,038	10,961
Insurance	752,674	842,558	89,885
Claims expense	74,672,069	77,573,202	2,901,133
Other	1,926,706	1,904,460	(22,247)
Total expenses	85,192,283	88,799,253	3,606,970
<b>Excess of revenues over expenses from operations</b>	<b>3,991,950</b>	<b>293,271</b>	<b>3,698,679</b>
<b>Non-operating income:</b>			
Investment income	365,569	219,147	146,422
Total non-operating income	365,569	219,147	146,422
<b>Excess of revenues over expenses</b>	<b>\$ 4,357,519</b>	<b>\$ 512,418</b>	<b>\$ 3,845,101</b>
Net operating margin	4.5%	0.3%	
Total margin	4.9%	0.6%	
Administrative % (Admin Costs/Total Prem Revenue)	9.1%	9.9%	
Medical Loss Ratio (Claims/Premium Revenue)	84.3%	87.8%	

**Samaritan Health Services  
INTERCOMMUNITY HEALTH NETWORK  
Balance Sheet  
As of February 28, 2023**

	02/28/23	12/31/22
<b>Assets</b>		
Cash and cash equivalents	\$ 72,071,625	\$ 66,081,822
Short-term investments	2,489,801	2,055,970
Other receivables	3,297,475	4,679,237
Total current assets	\$ 77,858,900	\$ 72,817,029
Long-term investments	\$ 71,093,442	\$ 71,345,765
Statutory deposits	18,335,087	18,313,978
Total other assets	\$ 89,428,528	\$ 89,659,743
Property, plant and equipment, net	\$ -	\$ 4,078
<b>Total assets</b>	<b>\$ 167,287,429</b>	<b>\$ 162,480,849</b>
<b>Liabilities and net assets</b>		
Accounts payable	\$ 4,089,340	\$ 3,777,262
Intercompany payables	10,771,901	12,237,132
Liability for unpaid medical claims	38,610,544	36,235,209
Other current liabilities	14,123,950	14,916,502
<b>Total liabilities</b>	<b>\$ 67,595,735</b>	<b>\$ 67,166,106</b>
<b>Total net assets</b>	<b>\$ 99,691,694</b>	<b>\$ 95,314,743</b>
<b>Total liabilities and net assets</b>	<b>\$ 167,287,429</b>	<b>\$ 162,480,849</b>

**6. Government Relations Update** – Presenter: Bill Bouska

**ACTION:** None

Mr. Bouska provided an update on the 2023 Legislative session. Currently in the middle of the session. The reproductive and gun rights bill will most likely be held up due to high controversy around them. Discussed how Oregon needs their own marketplace tool and that redeterminations are happening now. 1.5 million Oregonians need to be redetermined. Mr. Knowles asked about the Public Health Bill – what counties are responsible for and what the CCO’s are responsible for – counties are trying to get immunity from state hospital discharges. Mr. Bouska stated not much will change.

#### **2023 Legislative session – key dates**

- January 17: Legislative Session Began
- March 17: 1st Chamber Work Session Posting Deadline
- April 4: 1st Chamber Deadline
- **May 5: 2nd Chamber Work Session Posting Deadline**
- May 19th: 2nd Chamber Deadline
- May 17<sup>th</sup>: Revenue Forecast
- June 15: Target Sine Die
- June 25: Constitutional Sine Die

#### **Legislation of Interest**

- HB 2002: Reproductive rights and gender affirming care
- SB 1089: Universal Health Plan Governance Board
- HB 3129: Regional child psychiatric centers
- HB 3090: Flavored inhalant/tobacco ban
- HB 2757: 988 crisis line/services
- HB 2513: Measure 110 program reset
- SB 1043: 2 doses of Opioid reversal meds upon DC
- SB 191: External Review of Denials- **Failed**
- SB 1076: ED Discharge- **Failed**
- SB 584: Interpreter Portal- **Failed**

#### **CCO Specific Legislation**

- SB 966: Global Budgets and Metrics
- HB 2455: BH Claims Audits
- HB 2446: 2 Year CCO Contract Extension

#### **Protecting Health Coverage**

- SB 5525: 1115 Medicaid Waiver
- SB 5525: Redeterminations, Basic Health Plan
- SB 972: State Based Marketplace

#### **Hospital Staffing Package**

- Includes staffing ratios and new staffing committees
- OHA survey and audits removed; OHA role reduced
- Increased role; staffing committees, CBA, CEO
- Some flexibility in ratios; rural, innovative care models, permitted deviations
- Enforcement narrowed
- Partnering on policy to invest in workforce, labor cost removed from growth target, and post-acute care

#### **Co-Chair Budget Framework**

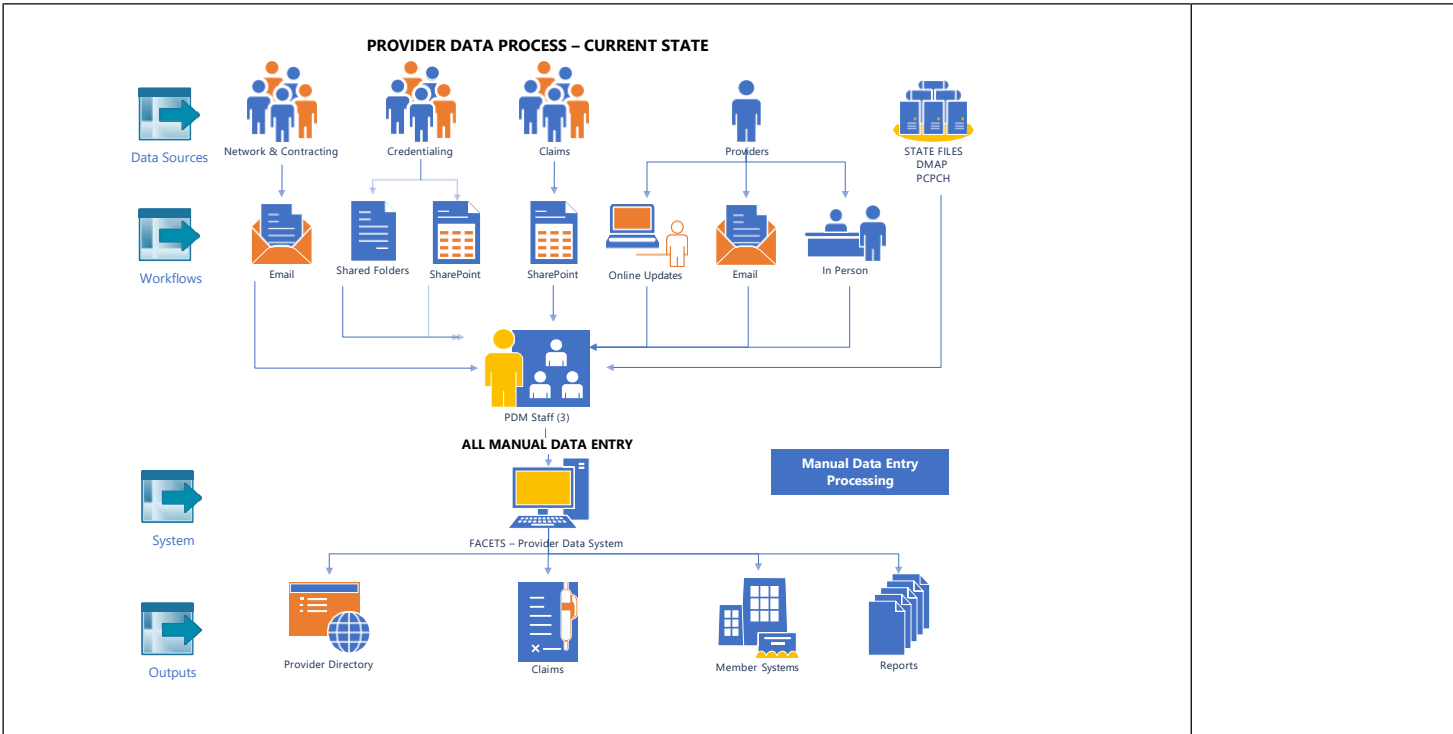
- \$485.2 million General Fund (\$1 billion total funds) maintain investments in behavioral health system, including increasing provider rates, supporting community mental health services, Oregon State Hospital, and investing in 988 crisis line and mobile crisis services.



<ul style="list-style-type: none"> <li>• 2.5% reduction target (\$268.4M) in human services</li> <li>• GRB reduced CCO rate of growth from 3.4% to 2.4% in 2024 and 3.0% in 2025</li> </ul> <p><b>Co-Chairs Identified Behavioral Health Investment</b></p> <ul style="list-style-type: none"> <li>• \$178M for Mental Health Residential</li> <li>• \$93.3M for Substance Use Disorder Residential</li> <li>• \$235.8M for Supportive Housing</li> <li>• \$10.6M for a rate COLA</li> </ul> <p><b>Governor’s Request Budget</b></p> <ul style="list-style-type: none"> <li>• SB 5525, OHA Budget</li> <li>• \$500 million for Healthier Oregon Program</li> <li>• \$127.4 million to continue 30% Medicaid rate increases for BH</li> <li>• \$23.2 million for workforce incentives</li> <li>• \$10 million for long term care employee support</li> <li>• \$1.5 million for dental service rate increases</li> </ul> <p><b>SB 1044, Governor’s Behavioral Health Bill</b></p> <ul style="list-style-type: none"> <li>• Appropriates \$74.2 million in behavioral health investments:</li> <li>• \$10 million for Community Mental Health programs</li> <li>• \$8.3 million to support the expansion of behavioral rehabilitation services</li> <li>• \$6 million for transition case management for individuals discharged from the Oregon State Hospital who are at risk of homelessness.</li> <li>• \$4.9 million to Community Mental Health Programs to expand jail diversion services to all Oregon counties.</li> <li>• \$2.3 million for additional children’s psychiatric residential treatment capacity</li> <li>• \$1.5 million General Fund to OHSU for the Oregon Behavioral Health Coordination Center (OBCC)</li> <li>• \$4 million to ODHS for long term care facility behavioral health specialty care</li> <li>• \$20 million for the Health Care Provider Incentive Program, with a priority to increase Oregon’s behavioral health workforce</li> <li>• \$15 million for substance use disorder facilities and recovery centers</li> <li>• \$7.7 million to expand the child and adult suicide prevention, intervention and postvention program to reduce suicide in Oregon.</li> </ul>	
<p><b>7. Compliance Officer Report</b> – Presenter: Chris Norman</p> <p><b>Audit and Compliance committee summary</b></p> <ul style="list-style-type: none"> <li>• \$1.5 million General Fund to OHSU for the Oregon Behavioral Health Coordination Center (OBCC)</li> <li>• \$4 million to ODHS for long term care facility behavioral health specialty care</li> </ul> <p><b>OHA – FWA Review</b> - There are four broad sections submitted as part of the annual review in January 2023 for the 2022 plan year: – we have received one sections feedback.</p> <ol style="list-style-type: none"> <li>I. FWA Prevention Policies and Procedures (FWA Prevention Handbook)</li> <li>II. Annual FWA Prevention Plan</li> <li>III. Quarterly and Annual Audit, Referral, and Investigations Reports</li> <li>IV. Annual FWA Assessment Report</li> </ol> <p><b>Findings and Observations</b></p> <ul style="list-style-type: none"> <li>• OHA’s analyst walked us through the report on 4/4/23 and was able to answer several of the technical questions we had. Ideally, we would have had this review the year prior.</li> </ul>	<p><b>ACTION:</b> None</p>



<ul style="list-style-type: none"> <li>• IHN-CCO will have one person (FWA Program Manager John Lesmeister) by the central point for report review and submission to eliminate the discrepancies and further quality check</li> <li>• We will need to improve our reporting of investigations of suspected FWA – which has increased since going live with Cotiviti</li> <li>• We still have significant improvements to make in both the reporting and investigations – but we are heading in the right direction</li> </ul> <p><b>IHN – Annual Compliance review by Health Systems Advisory Group</b></p> <p><b>HSAG audit for 2023:</b></p> <ul style="list-style-type: none"> <li>• Standard III: Coordination and Continuity of Care</li> <li>• Standard IV: Coverage and Authorization</li> <li>• Standard VII: Member Rights and Protections</li> <li>• Standard X: Grievance and Appeals</li> <li>• Standard XIV: Member Information</li> <li>• Standard</li> </ul> <p><b>HSAG audit – timeline for 2023</b></p> <ul style="list-style-type: none"> <li>• Submission of materials to HSAG 4/20/23</li> <li>• Currently quality checking draft submissions</li> <li>• In-person review of information with HSAG August 22nd and 23rd.</li> </ul> <p>Dr. Gamelin asked what types of things can be investigated. Mr. Norman stated that providers can be investigated as well as most incidents reported. Any investigation must be reported to the state. Mr. Norman also presented a review of the current dashboards. Mr. Knowles wanted to know where the information comes from for appeals and grievances. Mr. Norman informed that those numbers come from the operational area that reports it.</p>	
<p><b>8. Provider Directory Update</b> – Presenter: Annette Fowler &amp; Carnetta Young</p> <p>Ms. Fowler introduced Ms. Young who has had 16 years in Health Care working with provider data management. Ms. Young gave an update on the process of the provider data transformation project.</p> <p><b>Mission</b>  <b>Provider Data Management</b>      Improve the quality, delivery, and efficiency of health care for our members through the collaborative use of information technology, data exchange and best practices</p>	<p><b>ACTION: None</b></p>



### Challenges & Risks

#### Challenges -

- Disparate Systems
- Lack of automation – all manual processing
  - Staff: 3 FTEs + 1 temp
  - Provider Transactions: Average 1308 per month\*
  - Average Data Fields: 50\*\*
- Lack of standardization and best practices
- Software and/or processes do not support necessary data elements

#### Risks -

- Current configuration is not in alignment with industry standards or best practices. Poses risks to continued inaccuracies.
- Future automation contingent on IS resources

\*Based on last 90 days

\*\*Based on new provider and group with full entry

#### Situation

### Impacts of Inaccurate Provider Data

**Samaritan's provider directory is not accurate and is not able to meet regulatory and/or compliance requirements today.** The provider directory inaccuracy has resulted in (1) member dissatisfaction, (2) inadequate access to care, (3) potential regulatory fines & penalties, and (4) IHN Board and CAC concerns. **Having an inaccurate provider directory puts Samaritan at risk of no longer being our members plan of choice.**

	<p><b>(1) MEMBER DISSATISFACTION</b></p> <p>+ There is increased member frustration in locating a provider. Trying to contact a provider only to find they don't have the specialty or the doctor in question is not accepting new patients is very frustrating for our members.</p>
	<p><b>(2) INADEQUATE ACCESS TO CARE</b></p> <p>+ There is decreased access to care for our members. When members cannot locate the right provider, they lose valuable time and may miss out on necessary treatment.</p>
	<p><b>(3) COMPLIANCE RISKS</b></p> <p>+ Having an inaccurate directory is a compliance risk. In case of CMS audit, SHP may face penalties if the directories are not compliant (e.g., 2-day timeframe for updates to data).</p>
	<p><b>(4) IHN BOARD &amp; CAC CONCERNS</b></p> <p>+ Efforts to improve the provider directory have been put on hold for too long. The inaccurate directory has the IHN board questioning SHP's ability to meet our members health care needs. We need to gain our credibility back.</p>

**Building Blocks To Success**

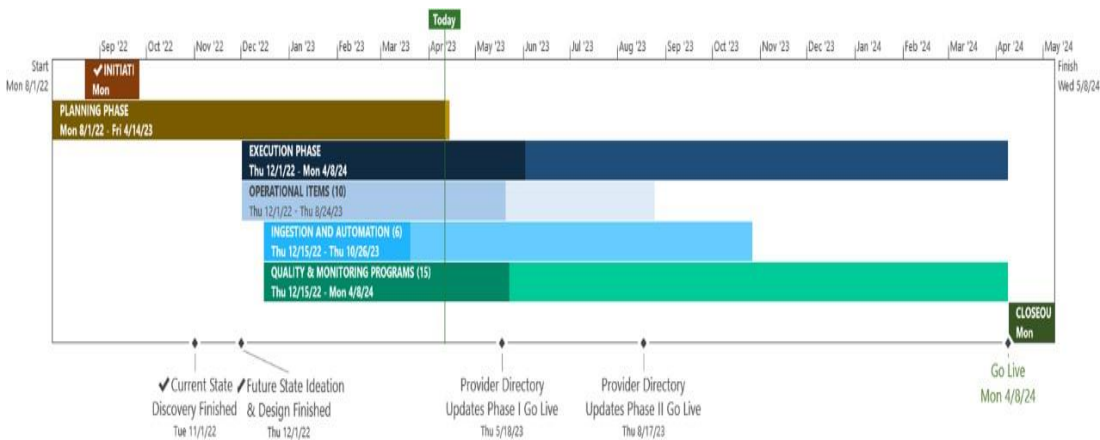


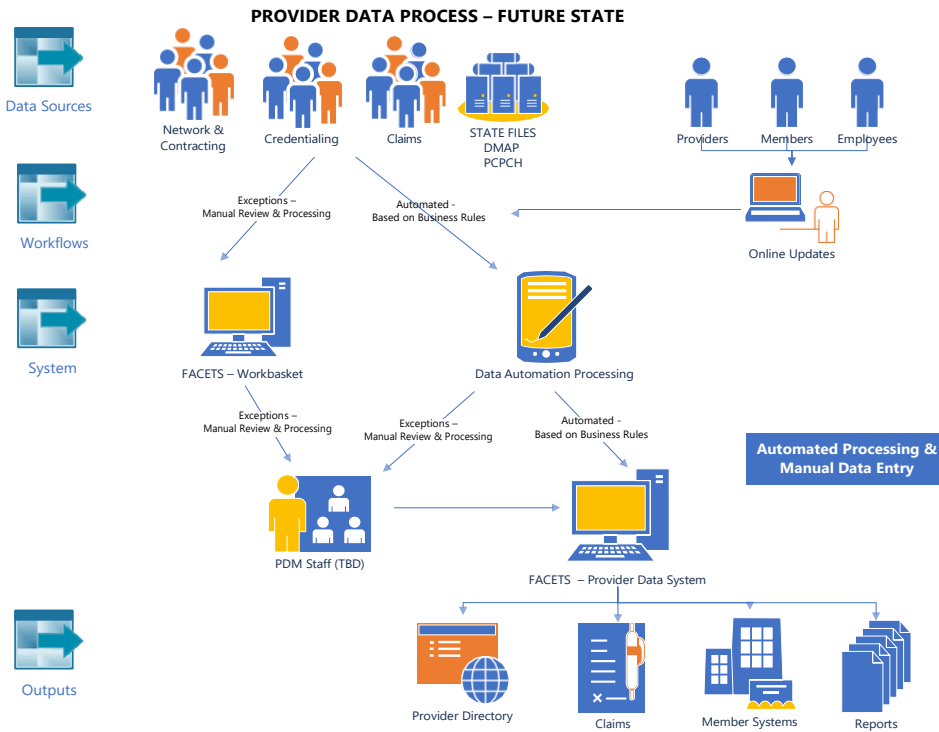
**Provider Data Transformation Project**

**Goals:**

1. Develop provider directory quality committee
2. Establish provider data quality program and controls, report redesigns, cleanup, and updates
3. Process redesign and automation for roster loads, DMAP, and provider entity adds, terms and changes
4. Automate where possible for accuracy and efficiency
5. Develop a QA program, internal audit tools and defining

**Project Timeline – Provider Directory Focus**





## Project Status Update





















	(1) Project Planning	(2) Current State Discovery	(3) Future State Ideation & Design	(4) Implementation
<b>Overview</b>	Create initial schedule for the project, establish roles & responsibilities, determine communications plan, etc.	Complete a robust review of current processes and identify leading pain points.	Brainstorm, align on, and prioritize opportunities to address current pain points.	Implement future state recommendations.
<b>Progress to Date</b>	<ul style="list-style-type: none"> <li>✔ Present SBAR</li> <li>✔ Define &amp; submit CAP</li> <li>✔ Define resources / R&amp;Rs</li> <li>✔ Create project plan</li> <li>✔ Share regular communications</li> <li>✔ Hold SWAT team meetings</li> </ul>	<ul style="list-style-type: none"> <li>✔ Review and map Facets data elements</li> <li>✔ Document work instructions</li> <li>✔ Document process flows</li> <li>✔ Identify leading business pain points (i.e., PDM, Claims, NS&amp;C, Compliance, Configuration, Enrollment, and UM)</li> </ul>	<ul style="list-style-type: none"> <li>✔ Define data quality improvement program</li> <li>✔ Analyze vendor opportunities</li> <li>✔ Analyze &amp; prioritize process improvements</li> <li>✔ Analyze &amp; prioritize cleanup efforts</li> <li>✔ Analyze &amp; prioritize automation efforts</li> </ul>	<ul style="list-style-type: none"> <li>🟡 <b>See next two slides for progress</b></li> </ul>

**KEY:**  Not Started  In Progress  Ongoing  Complete

## Progress Update





	Operational Foundations	PDM Department Support	Ingestion & Automation	Quality & Monitoring Programs
<b>Overview</b>	<i>Create a foundation for data quality, department resources, establish directory audits and metrics, etc.</i>	<i>Defining roles &amp; responsibilities, developing department tools &amp; resources, data cleansing &amp; standardization, &amp; ongoing training program.</i>	<i>Develop tools for ingesting disparate data sources and a user interface for review of information.</i>	<i>Update processes &amp; data storage rules to industry standards &amp; compliance. Develop ongoing internal monitoring programs.</i>
<b>Progress to Date</b>	<ul style="list-style-type: none"> <li> Provider Data Quality Committee / PDM advocates</li> <li> Resource gaps filled</li> <li> Updates based on DSN feedback</li> <li> Internal audits (i.e., secret shopper, provider directory validation)</li> <li> Established data accuracy KPIs</li> <li> Provider data accuracy concerns SharePoint site</li> </ul>	<ul style="list-style-type: none"> <li> Documented policies</li> <li> Documented work instructions</li> <li> Ongoing training</li> <li> Define roles that are responsible, accountable, consulted, or informed (RACI)</li> <li> System updates</li> <li> Manual cleanup</li> </ul>	<ul style="list-style-type: none"> <li> Ingestion of source file information                             <ul style="list-style-type: none"> <li>- Quest</li> <li>- Rosters</li> <li>- DMAP</li> </ul> </li> <li> Develop user interface to review potential or recommended changes</li> <li> Automation of updates using business rules                             <ul style="list-style-type: none"> <li>- New providers</li> <li>- Termined providers</li> <li>- Changed information</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li> Compliance requirements</li> <li> Continuous data quality queries / reports (i.e., claims, credentialing, licensure, missing NPI)</li> <li> Specialties</li> <li> Addresses</li> <li> Dated Facets data</li> </ul>

**KEY:**  Not Started  In Progress  Ongoing  Complete

**Provider Directory Updates – Phase I  
Online & PDF Directory Updates: (Go Live 5/18)**

- Compliance Language
- Spanish Translations
- PDF Appearance
- Elements
  1. Fax
  2. Website URL
  3. Gender
  4. Panel Acceptance (Open or Closed practice)
  5. PCP identifier
  6. Handicap Accessibility
  7. Telehealth
  8. Languages

**Provider Validation Outreach:**

- 6,934 providers
- 3056 cs so far = 45% outreach
- Validating larger groups via email

**Create Ability to Report Inaccuracies (Live)**

- Online submission form for Members and Employees to submit information
  - Note: Provider form exists

**Provider Directory Validation Calls**

## Working Tab Analytics Summary

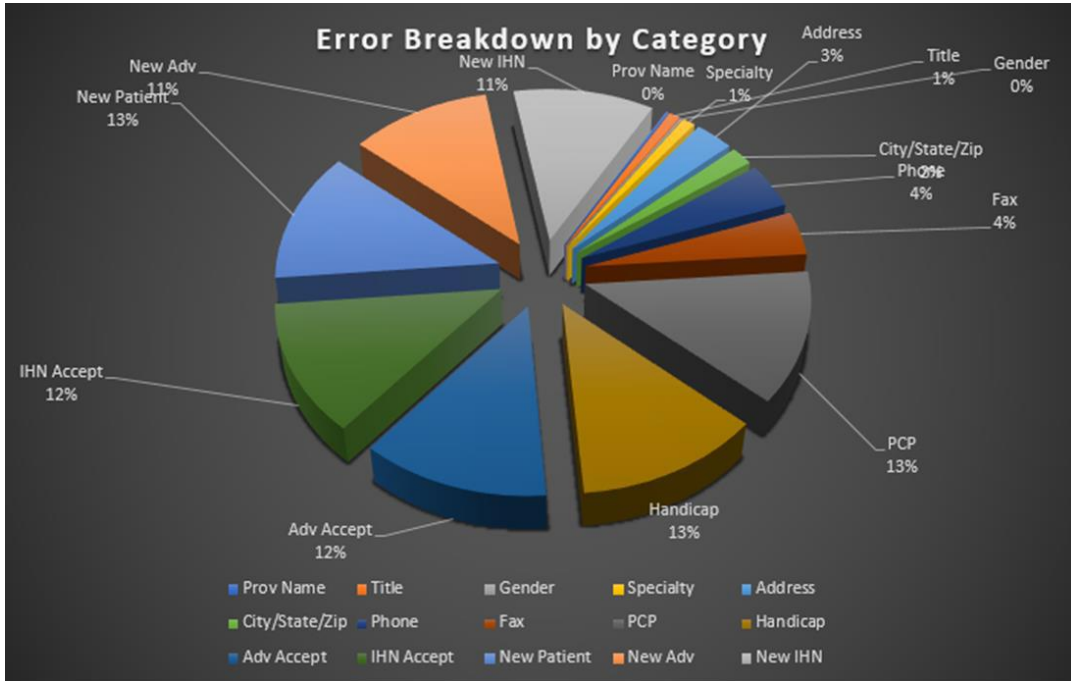
Providers in Sample	6934
Providers Called	3120
Providers with Errors	1001
Error Rate of Called Providers	23.72%
Total Errors	8880
Successful Calls	3057
No Response	63
Call Success Rate	97.98%

Today's Date 4/11/2023

### Error Breakdown by Category

Prov Name	18
Title	79
Gender	11
Specialty	88
Address	269
City/State/Zip	158
Phone	383
Fax	369
PCP	1108
Handicap	1105
Adv Accept	1105
IHN Accept	1105
New Patient	1106
New Adv	988
New IHN	988

Progress	45.00%	Progress Bar
Remaining	55.00%	<div style="width: 55%;"></div>



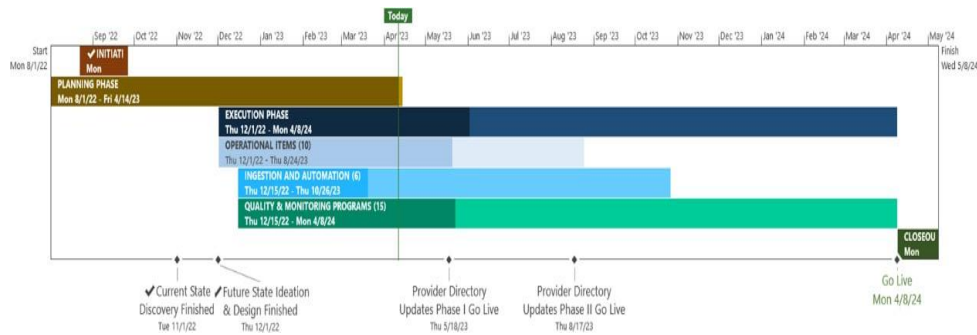
## Provider Directory Updates – Phase II



**Provider Compliance & Accuracy Improvements - Quest Data Automation:**

- Online & PDF
  1. Provider Panels
  2. Panel Limitations
  3. Race
  4. Ethnicity
  5. Office Hours
  6. Website URL
  7. Gender updates
  8. Open or Closed practice
  9. PCP identifier
  10. Handicap Accessibility
  11. Telehealth
  12. Languages
  13. Website URL

**Provider Directory Updates Timeline**



Mr. Knowles appreciates the work that has gone into this project. When he went to the IHN Directory, he could not find the specialty he was looking for or they are out of the area. CAC as a whole has been quite concerned about this for a longtime. Mr. Butler addressed the struggles that IHN and SHS has had with the provider directory issues. We now have the right expertise to get the job done.

**9. Sagility Transition** – Presenter: Marci Howard

Patty Kehoe introduced Marci Howard to give this presentation and stated that this has been a big effort on everyone’s part. Ms. Howard provided an update on this transition.

**Sagility Formerly AxisPoint Health (APH)**

**Provided the following services:**

- Population Health Management
- Health Risk Assessments
- Care Coordination
- Case Management
- 24/7 Triage Services

**Why transition?**

- Low member engagement and satisfaction
  - Less than 6% Member engagement
  - Member complaints

**ACTION:** None



- Non-compliance
  - Multiple corrective action plans with no sustained remediation
- Opportunity to align with Samaritan Health Services and Community Partners

**Mission Possible**

**Improve**

- Member Experience & Engagement
- Health Outcomes
- Regulatory Compliance for Care Coordination Services

**Mission Possible Strategy**

Phased approach to build and implement internal processes and platform capabilities

**Mission Possible Implementation- 2022**

- Develop outreach vision: Compassionate, responsive, and mindful outreach to activate Member engagement in programs which promote Member health and wellbeing
- Hire and train Customer Service Outreach Specialists
- Enhance Clinical Care Advance (CCA) capabilities
- Retain new IHN Members for Health Risk Assessments and Care Coordination Services
- Increase internal Care Coordination services capabilities
- Care Transitions Project; partner with SHS Population Health Care Hub for care transition services
- Submit off-cycle Model of Care for Dual Special Needs Members to the National Committee for Quality Assurance (NCQA)- updated care coordination services from Sagility to IHN
- Identify subcontractor for 24/7 triage services (Nurse Advice Line)- AccessNurse

**Mission Possible Implementation- 2023**

- Formal notice provided to Sagility with contract termination effective April 3, 2023
- Interactive Voice Response/Dialer
- Internal workflows, policies, and procedures
- Delegation completed
  - Care transition services with SHS Population Health Care Hub
  - AccessNurse for 24/7 triage services (Nurse Advice Line)
- Biometric monitoring contract implemented with VRI for remote Member monitoring
- Successfully transitioned Members' care coordination Services from Sagility to IHN

**IHN Health Risk Assessment Outreach Success**



*IHN New, Reinstated and Prioritized Populations Members, June 2, 2022 – March 2, 2023\**

**Next Steps**

- Case Management
  - Approval to hire Case Management Staff
  - Completion of Warm Transfers for seamless transition
- Goals
  - Increase Person-Centered Care Planning
  - Improve Case Management and Coordination of Care
  - Enhance Member Experience
  - Promote Efficiency

**10. CEO Update – Bruce Butler**

Mr. Butler provided an update on the cascading goals for the next 12-month cycle and referred to slide from 2022 Joint Board Retreat. Discussed how IT is behind the times and we need to update to stay with industry standards.

OHA is leading the industry in the direction of Valued Based partner as well as CMS.

Bigger picture – SHS Goals – how they translate to IHN CCO. Become a highly reliable organization, higher volume of reporting, and a quicker turn around time. IHN has taken a proactive stance in some areas of workplace development. We need to figure out how we can make IHN members aware of entry level positions available and assist with training. Mr. Butler also discussed the launch of a new clinic by the end of 2024.

Donor engagement - extends down to every operational area within the Health Plans. Vice President of Foundations, Taylor Gilmour gives a presentation on what the foundation provides and how your can donate. Peer support network with Linn County is working with the Foundation on employee contribution.

**System Goals**

**ACTION:** None

## Samaritan Health Services System Goals



### IHP & SHP 2025+ What Will Success Look Like?



### IHP & SHP 2023 Goals Dashboard

# InterCommunity Health Network CCO

SHS Goal	SHP Metric	2023 Target	Baseline	YTD – March 2023
Become a Highly Reliable Organization	Leaders are "Rounding to Influence" at Least Weekly.	4 forms submitted per leader/month by ≥60% of leaders	N/A	1.3% YTD (3.8% in March) of leaders with 4 or more submitted.
	Daily Management Operating System (DMOS) Pilot Implemented.	Pilot implemented in at least 1 department	N/A	2023 DMOS pilot planning kicked off in March.
	Achieve Quality Dashboard Metrics with Focus on: <ul style="list-style-type: none"> <li>SAHP: Star Rating.</li> <li>IHN: CCO Quality Metrics Ranking</li> </ul>	4 Stars Above 25 <sup>th</sup> Percentile	3.5 Stars Below 25 <sup>th</sup> Percentile	Star rating and CCO metric performance to be received in Q3.
	Integrate standard required health plans annual Quality Improvement Plan (QIP) with delivery system Quality Management goals and functions.	Standard QIP, plus Quality Management integration overlay	Standard QIP	
Develop a Plan to Improve Workforce Recruitment & Retention	Implement Action Plan to Address 2022 Employee Engagement Survey Feedback. Achieve Measured Improvement in Key Focus Drivers.	69% favorable rating on focus items	64%	Action planning in process.
	Migrate headcount levels and allocations in the direction of industry standards; shift headcount mix to functions with stronger professional growth opportunities.	Addition of 25 high-value positions; Net reduction in FTEs of 4%	354 budgeted HPO and dedicated FTEs	Phase 1 of SHP restructure underway. Go live planned 3/13.
Increase Donor Engagement	Increase Employee Engagement/Participation in the Samaritan Employee Caring Campaign.	≥45%	25%	SECC kicks off in October.
	Expand joint/matched funding activity by IHN and Foundations	3 joint grants	1 joint grant	
Improve Alignment between SHS & SHP	Convert Samaritan Advantage Contract to Allow for Claims Optimization.	Conversion implemented	N/A	Project assessment & scoping underway.
	Roadmap for Enhanced Care Coordination for Patients/Members Developed.	Roadmap developed	N/A	Enhancement opportunities being identified.
Enhance Financial Stability	Achieve Budgeted Operating Margin.	0.60%	1.50%	3.4%, budgeted for 0.1%.
	Develop Continuous Improvement Plan & Achieve Target.	\$674,361	N/A	\$962K identified, implementation underway.

## 11. Meeting adjourned -

Dr. Jessop adjourned the meeting at 2:49 p.m.

**Next IHP Board of Directors Meeting is an In-Person meeting on June 21, 2023, from 9:00am to 10:00am @ Courtyard by Marriott, 400 SW 1st, Corvallis**

Respectfully submitted,  
Bruce Butler

DocuSigned by:

*Doug Boyesen*

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Doug Boyesen, President and Chair  
InterCommunity Health Plans Board of Directors  
Minutes approved on: June 21, 2023