



**InterCommunity Health Plans
Board of Directors Meeting – Public**
April 20, 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"/> Courtney Miller, DMD | <input checked="" 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"/> Lisa Pierson | |

Quorum: Yes

Presenters

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Bill Bouska | <input checked="" type="checkbox"/> Dan Smith | <input checked="" type="checkbox"/> Logan Garner |
| <input checked="" type="checkbox"/> Charissa Young-White | <input checked="" type="checkbox"/> Gabriel Parra | <input checked="" type="checkbox"/> Melissa Isavoran |
| <input checked="" type="checkbox"/> Chris Norman | <input checked="" type="checkbox"/> Kelsey Reynolds | <input checked="" type="checkbox"/> Trent Began |

Invited and Other Attendees

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Annette Fowler | <input type="checkbox"/> Florence Pourtal | <input type="checkbox"/> Kristty Zamora-Polanco |
| <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Janice Chambers | <input checked="" type="checkbox"/> Rachel Arnold |
| <input type="checkbox"/> Carla Jones | <input checked="" type="checkbox"/> Janice Crayk | <input checked="" type="checkbox"/> Rebekah Fowler |
| <input checked="" type="checkbox"/> Dana Pham | <input checked="" type="checkbox"/> Jayne Romero | <input type="checkbox"/> Suzanne Hoffman |
| <input checked="" type="checkbox"/> Dick Knowles | <input checked="" type="checkbox"/> Kevin Ewanchyna, MD | <input type="checkbox"/> Todd Noble |

Agenda Items/Discussion	Action
<p>1. Call to Order and Welcome – Chair: Doug Boysen</p> <p>Mr. Boysen called the meeting to order at 1:01 p.m.</p>	
<p>2. Introductions and Announcements – Presenter: Janice Crayk</p> <p>We are in the final stages of planning for the Joint Board Retreat. You will receive an updated invite and we will send out more detailed information.</p> <p>Mr. Boysen announced that Kärün Virtue resigned from the Board. We hope to keep her involved so she can continue to assist our organization in improvement efforts.</p>	ACTION: None
<p>3. Reliability Moment – Presenter: Charissa Young-White</p> <p>An IHN-CCO member could not get necessary psychiatric medication due to a nationwide shortage of psychiatric providers. OHSU operates the Oregon Psychiatric Access Line (OPAL) offering free consultations to primary care providers Monday-Friday. Detailed information will be posted to the IHN-CCO Provider News & Updates website and emailed to the provider e-newsletter subscriber list.</p>	ACTION: None



<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. KPMG Year End Audit – Kelsey Reynolds and Logan Garner</p> <p>The results of the financial statement audit were presented:</p> <ul style="list-style-type: none"> • Audit is complete with no outstanding matters and no matters to report in any area. • No deficiencies or material weaknesses. • No uncorrected audit misstatements or corrected misstatements were identified. • Other deliverables included: <ul style="list-style-type: none"> ○ Audit Committee Communications ○ Qualification’s letter ○ Absence of material weakness letter <p>Additional required communications were reviewed with no matters to report.</p> <p>The significant risks identified during planning were not specific to IHN or Samaritan, but the same risks for all clients:</p> <ul style="list-style-type: none"> • Fraud - There was no actual or suspected fraud, or issues related to management, or any findings throughout the audit to report. • Medical Claims IBNR Liability – The result was consistent with previous audits. This is a risk due to a significant amount of estimation and judgement in determining liability at year end, and it’s complex. <p>There are safeguards in place to mitigate the risks. The auditors review process level controls, implement procedures to identify fraudulent entries, and test high risk entries, etc.</p> <p>A key audit area is “Liability for Unpaid Medical Claims and loss adjustment expense.” KPMG reviews information for completeness and accuracy and provides it to their own independent actuary. After completing detailed testing, the finding was that the IHN-CCO’s management methodology is appropriate and good assumptions are being made.</p> <p>Four additional audit areas were reviewed in detail, with no issues identified.</p> <p>KPMG presented new reporting standards. KPMG has controls in place to monitor auditor independence, which is a shared responsibility. There are no issues identified.</p> <p>KPMG reminded the Board to bring to their attention any matters that come up related to inquiries.</p>	<p>ACTION: The audit was approved unanimously.</p>



<p>Following review of the KPMG audit presentation, Mr. Boysen asked if there were any additional questions. There being none, Lisa Pierson moved to approve the audit results; the motion was seconded by Commissioner Augerot.</p>	
<p>6. IHP Board Minutes of February 16, 2022 – Chair: Doug Boysen</p> <p>Following review of the minutes, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, Lisa Pierson moved to approve the Minutes; the motion was seconded by Dr. Gamelin.</p>	<p>ACTION: The minutes were approved unanimously.</p>
<p>7. Board Business – CAC – Presenter: Gabriel Parra</p> <p>The Community Advisory Council (CAC) elects a new chair every three years. Historically, the CAC chair has been a member of the IHP Board. Dick Knowles was elected CAC chair in March. Once nominated to the IHP Board, his name will go to the SHS Board for approval.</p> <p>Commissioner Nyquist moved to nominate Dick Knowles to the IHP Board; the motion was seconded by Lisa Pierson.</p>	<p>ACTION: The nomination was approved unanimously.</p>
<p>8. Compliance Offer Report – Presenter: Chris Norman</p> <p><u>Audits and Submissions</u></p> <ul style="list-style-type: none"> • Financial auditors, Myers and Stauffer, are requesting information from our Pharmacy Benefits Manager (PBM) as part of the current audit. • Submissions for the four operations areas being audited by HSAG are due April 30. • Quarter 1 Fraud, Waste, and Abuse (FWA) report is also due April 30. <p><u>Annual Program Integrity Submission to OHA</u></p> <ul style="list-style-type: none"> • We expected feedback but received more findings and observations than anticipated. Other CCOs also received a lot of findings. Responses are due 05/02/22. • OHA is specifically requiring removal of Medicare references in our policies (as our policies cover all lines of business) and wants specific language in documents. • We will resubmit 2021 data based on their guidance. • We will need additional training for staff and contractors to meet OHA training expectations. • Historically the model was transformative. Starting with 2021, OHA has produced very detailed specifications which will require us to ramp up our reporting and data capabilities. It has been challenging to understand exactly what OHA wants. 	<p>ACTION: None</p>



- We are collaborating with other CCOs to ask OHA to better define their expectations. Two groups are working on this, COHO and CCO Oregon.
- There is concern that the reporting may become so complicated, that local grass roots organization may have difficulty handling the complexity and administrative burden this level of reporting requires.
- We created a CAP for ourselves. We will see additional feedback from OHA our May 2, 2022, submission.

Current CAPs

- The vendor that performs the health risk assessments (HRA) was backlogged and received a CAP for lack of performance. The CAP was reported to OHA as required. They completed the backlog by April 1.
- A second CAP to that same vendor may be issued based on our audit findings of their performance. We had some concerns when reviewing their data and processes. The report is currently in draft, and an update will be provided at the next board meeting.
- We created an internal CAP on vendor oversight and monitoring in general.
- We had an internal CAP on HSAG findings from last year and will close it with this year's submission.
- We also had an internal CAP on the FWA report findings.

Compliance Staffing

- The newly hired FWA Program Manager will be implementing process improvements. We are evaluating additional staffing needs in this area.
- There are 4 positions budgeted for 2022 and we are recruiting for 3 of the 4.

Audit and Compliance Committee

- Draft charter has been created.
- Committee will be comprised of 2 Board Directors, CEO, Compliance Officer, and General Counsel.
- Committee will have oversight of the Compliance Program and report to the larger Board.

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.
- One dashboard provided the details about what type of failure occurred. Most were process failures.

<ul style="list-style-type: none"> • Two examples of recent CIRs: <ul style="list-style-type: none"> ○ Our PBM had an outage with their print vendor and letters were not issued within a certain timeframe. ○ HRAs not being completed, as was presented earlier. 	
<p>9. Financial Reports – Presenter: Dan Smith</p> <p>Mr. Smith presented the financial statements covering January and February.</p> <p><u>IHN Income Statement</u></p> <ul style="list-style-type: none"> • Actual revenues over expenses exceeded the budgeted amount. • Total revenue was lower than budgeted due to membership being lowered than planned. • Claims expense was also less than expected due to lower membership, resulting in a positive bottom line. <p><u>IHN Balance Sheet</u></p> <ul style="list-style-type: none"> • KPMG mentioned Liability for unpaid medical claims (IBNR) is a high-risk liability as it is difficult to connect with a specific source and hard to estimate. Our estimated amount and that of KPMG are close. They determined our models are accurate. • Mr. Smith explained the correlation between IBNR and revenue. 	<p>ACTION: None</p>
<p>10. ERM Report – Presenter: Trent Began</p> <ul style="list-style-type: none"> • The three Priority 1 risks on target are MLR, administrative expense, and vaccination thresholds in all three counties. • Quality Measures for 2021 is forecasting 9 of 13 metrics met, which will yield a 70% payout. The December 2021 COVID vaccination target (49%) was surpassed at 56%. The Arcadia metric platform upgrade will assist in mitigating this risk. • High-cost specialty drug cost is growing 8-10% each year, while medical cost is growing at 3%. IHN is above the benchmark for specialty drugs. Pharmacy is working closely with the PBM on what medications are on the formulary. • The care coordination & HRA category is at risk. “Mission Possible” has been put in place to prioritize mitigating this risk. Not only do we want to make sure our members are receiving the services they need, failing to address this could put our next contract in jeopardy. <p>Lisa Pierson shared that there was a discussion about care coordination at the Medicaid Advisory Committee Member Experience Subcommittee meeting. Ellen Penny at the Ombudsmen Office is very interested in this topic. OHA may be adding more</p>	



<p>requirements to care coordination. They recognize it is a good service, and maybe there will be more funding.</p>	
<p>11. 2022 Legislative Updates – Presenter: Bill Bouska</p> <p>Mr. Bouska presented a timeline with 2022-2023 large scale changes proposed by OHA. Any one of the areas on the timeline would be a major health policy issue. OHA has added 5-6 new areas in addition to the existing ones, while scaling down intense COVID activities. This is a huge amount of work.</p> <p><u>1115 Waiver</u></p> <p>OHA is in active negotiations with CMS over the waiver it submitted. It will be approved later this year with an anticipated January 1, 2023, effective date. It will cover new populations, new services, and offer extended coverages.</p> <p><u>Redeterminations</u></p> <p>This is tied to the federal public health emergency (PHER) that has now been extended to mid-July. All 1.4 million Oregonians on OHP will go through redeterminations after the PHER ends. It will require a lot of engagement with members to continue their coverage. OHA is a bit behind on rolling out workgroups required by legislation this year.</p> <p><u>Basic Health Plan/Bridge Plan</u></p> <p>OHA is concerned about a group of people who churn on and off OHP but never make it to another insurance product. The legislature directed OHA to develop a bridge plan to capture this population. OHA has designated a workgroup to design the plan that will keep the population in the CCO yet have a seamless transition to this new plan.</p> <p><u>Healthier Oregon (Cover All People)</u></p> <p>This initiative expands Cover All Kids program to adults who meet the poverty level for Medicaid but don't qualify due to their immigration status. These will likely be a whole new group of members whose second language is English. These will be new patients accessing our primary care clinics, behavioral health services and hospitals.</p> <p>The legislature funded \$100 million to expand coverage to this population group. OHA will have a different type of contract with the CCOs. It should be seamless for the providers and members.</p> <p>Mr. Boysen informed there is a task force looking at universal health care, like a single payer system in Oregon. The universal health care task force is about getting coverage for everyone, and some members of that group believe a single payer model is the only</p>	<p>ACTION: None</p>



<p>solution. This group and OHA seem to be on divergent paths. It does seem the efforts are in competition rather than in alignment with each other.</p> <p><u>REALD/SOGI</u></p> <p>This law passed last year requiring specific data be collected and sent to OHA from everyone in Oregon who accesses the healthcare system. It is required by providers, health plans and CCOs. We need an organization communication strategy that streamlines the process, so members are only asked for this data once. This will create additional staff work and additional legislative work.</p>	
<p>12. IHN-CCO Update – Presenter: Melissa Isavoran</p> <p><u>Operational Updates</u></p> <ul style="list-style-type: none"> • Recently hired two managers and a third staff: a Medicaid Operations Manager, a Medicaid Engagement Manager, and a Health Equity Liaison. • HIT Strategy is under development focusing on four specific areas. • The Behavioral Health Plan submitted last year scored 18 out of 22. Our message to OHA is to work collaboratively and align goals. • The Mental Health parity audit in June requires a vendor to review 411 medical records. • We provided feedback to CMS and OHA on the 2023 contract changes and the 1115 Waiver. CMS will need to negotiate a lot of special terms and conditions. The 2023 contract changes will include heightened accountability and reporting that will require additional staff work. <p><u>Engagement Updates</u></p> <ul style="list-style-type: none"> • The Delivery System Transformation is finalizing the 2022 Request for Proposals (RFP). • IHN developed a draft toolkit for use by partners to recruit and retain Traditional Health Workers (THW). If the 1115 Waiver gets approved communities will need to build their THW capacity quickly. • We have funded our Community Doula program several times as it shows good outcomes in reducing C-section rates. CMS has requested we do a presentation in May, as we are gaining national attention. • Two new important representatives have joined the Regional Health Assessment and Alignment Collaborative, a member of the Confederated Tribes of Siletz and a representative of United Way. We are aligning with community survey efforts and data collection to make sure this work is not done in a vacuum. Our draft will be final in the next month, but a final report will not be released until September. • We had our first meeting of the InterCommunity Health Research Institute (IHRI), and the second meeting is next week. We are mapping our priorities, short-term and long-term goals. We have already received research requests. 	<p>ACTION: None</p>

- Benton and Linn are the only two counties on the I-5 corridor that don't have an Anti-Trafficking Taskforce. We are putting together a team and Lincoln County is helping us apply for funding.

Lisa Pierson shared the current frustration of trying to assist IHN members in getting primary care. There is a huge access issue. Samaritan clinics are telling people with ongoing health issues it will take 6-7 months to get an appointment. They are being sent to Urgent Care.

Mr. Boysen thanked Lisa for bringing up this topic. It is an issue around the country, and we have acknowledged we need to do better with primary care and mental health access in our 3-county area. Each community requires a different response. In some communities more space is needed, in some more support staff, in some more medical providers.

Mr. Boysen also shared that OSU is building a new wellness clinic in Corvallis, in which Samaritan will operate a new primary care clinic. We are building a new clinic in Sweet Home. We are also discussing starting a new primary care clinic in Albany that would be focused on CCO members to address their specific needs.

Dr. Jessop shared that there is no single lever to pull that will fix primary care access. There needs to be more thought about how patients are scheduled. Currently, if a patient needs to be seen, why they are coming or how complex their issue may be is not considered. Dr. Jessop would like to see a team-based approach, so resources are being used wisely. Recruiting is underway for extended hours for evenings, Saturdays and Sundays.

Lisa Pierson explained that as a Samaritan clinic patient one of the issues is when calling for an appointment, the staff only look at your regular primary care physician. If you have a popular provider or one with a big patient load, unless you have an emergency, they won't let you schedule an appointment with anyone else. Dr. Jessop will follow-up with Lisa about this issue.

Mr. Boysen acknowledged that it has been a tough 1-2½ years on clinicians and frontline workers. Morale has taken a hit with a lot of burn-out across the system. It will be nice to get some breathing room from the pandemic so we can focus on these issues. We've been in a reactive mode trying to take care of pandemic-related issues.

Mr. Butler stated access continues to be a priority for IHN as well. He has been approaching it from the opposite direction. He is looking at data and seeing the raw number of primary care visits is alarmingly low. So far, this discussion has been focused on the challenges. But Mr. Butler is positive and encouraged about the collaboration between IHN and Samaritan Medical Group (SMG) and other provider partners in our network. As part of the effort Mr. Boysen previously mentioned to explore starting a new clinic in Albany, Health Plans staff and SMG staff are pouring over maps of where members live to find the most convenient location to establish a clinic.



<p>Lisa Pierson expressed it really feels like everyone on this team is looking at these issues and trying to figure them out.</p> <p>Mr. Butler expressed a gratitude moment regarding the reports today. It's encouraging that we're getting traction on a lot of initiatives that have been in discussion mode for a long time and Melissa Isavoran is getting traction on building her team. It would be great to introduce the Board to HRO (High Reliability Organization) and Dr. Mikula. We need to continue to identify issues we need to work on.</p> <p>ACTION ITEM: Invite Dr. Mikula to present a condensed version of HRO training to this Board.</p> <p>ACTION ITEM: Need to discuss future meeting possibilities; virtual, in-person and/or hybrid.</p>	
<p>13. Executive Reports: No questions were asked about the executive reports.</p>	<p>ACTION: None</p>
<p>14. Other Business Mr. Boysen confirmed there was no other business.</p>	<p>ACTION: None</p>
<p>15. Meeting adjourned Mr. Boysen adjourned the meeting at 3:03 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 August 17, 2022