



**InterCommunity Health Plans
Board of Directors Meeting – Public**
October 26, 2022; 1:00 p.m. – 3:00 p.m.

Microsoft *Teams* Meeting

MINUTES

Attendees:

Board Members		
<input checked="" 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 checked="" type="checkbox"/> Claire Hall	<input checked="" type="checkbox"/> Lara Gamelin, MD	
<input checked="" type="checkbox"/> Courtney Miller, DMD	<input checked="" type="checkbox"/> Lisa Pierson	
Quorum:		
Presenters		
<input checked="" type="checkbox"/> Sean Tate	<input checked="" type="checkbox"/> Trent Began	<input checked="" type="checkbox"/> Patty Kehoe
<input checked="" type="checkbox"/> Bruce Butler	<input checked="" type="checkbox"/> Doug Boysen	<input checked="" type="checkbox"/> Rachel Arnold
<input checked="" type="checkbox"/> Chris Norman	<input checked="" type="checkbox"/> Loretta Cordova	
Invited and Other Attendees		
<input checked="" type="checkbox"/> Annette Fowler	<input checked="" type="checkbox"/> Jan Chambers	<input checked="" type="checkbox"/> Rebekah Fowler
<input checked="" type="checkbox"/> Brent Godek, MD	<input type="checkbox"/> Janessa Thom	<input checked="" type="checkbox"/> Stephanna Hidalgo
<input checked="" type="checkbox"/> Bruce Butler	<input type="checkbox"/> Jayne Romero	<input type="checkbox"/> Suzanne Hoffman
<input checked="" type="checkbox"/> Carla Jones	<input checked="" type="checkbox"/> Katie Walsh	<input checked="" type="checkbox"/> Todd Noble
<input checked="" type="checkbox"/> Darcie Robran-Marquez	<input type="checkbox"/> Kristty Zamora-Polanco	<input checked="" type="checkbox"/> Trent Began
<input type="checkbox"/> Florence Pourtal	<input checked="" type="checkbox"/> Melissa Isavoran	<input checked="" type="checkbox"/> Vanessa Adames
<input checked="" type="checkbox"/> Gabe Parra	<input checked="" type="checkbox"/> Nana Ama Kuffour	<input checked="" type="checkbox"/> Dana Pham
<p>Note: Quorum is 50% of current number of Board Directors. Actions require a $\frac{3}{4}$ vote of quorum.</p>		
Agenda Items/Discussion		Action
<p>1. Call to Order and Welcome – Chair: Doug Boysen Mr. Boysen called the meeting to order at 1:02 pm. Quorum was met.</p>		ACTION: None
<p>2. Introductions and Announcements – Presenter: Bruce Butler Ice breaker questions was a great success during introductions. Introduced Dr. Brent Godek as the SHP Interim CMO.</p>		ACTION: None
<p>3. Reliability Moment – Presenter: Loretta Cordova Ms. Cordova presented the following case - IHN Member: Young Adult Female scored for Intensive Care Coordination (ICC) from Health Risk Assessment (HRA) – A 37-year-old mother of 4, who lives in Linn County in a one-bedroom/Garage converted into an apartment on a large piece of land. Her major concerns were of her early diagnosis with Hypothyroidism when she was younger and was having housing issues. Member concerned about her inability to lose weight and had increased food sensitivities. Care Manager assisted Member by working with PCP for referrals for a dietician consult, allergy specialist.</p>		ACTION: None



<p>Interdisciplinary Care Team meeting the PCP was able to provide education on the consults ordered. Referred to low-income housing providers. Interventions: Coordination of medical appointments with specialists. Member has transportation offered Ride line as a back-up. Member completed housing applications and is currently on waitlist. Member expressed gratitude with CC intervention. Care Manager provided best in class service by successfully facilitating the care team to support Member goals. Questions were asked about Care Coordination and Ms. Cordova was able to provide information regarding this.</p>	
<p>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.</p>	<p>ACTION: None</p>
<p>5. IHP Board Minutes of August 17, 2022 – Chair: Doug Boysen Following review of the Minutes, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, moved to approve the Minutes by Commissioner Hall; the motion was seconded by Commissioner Augerot. All members approved.</p>	<p>ACTION: The minutes were approved unanimously.</p>
<p>6. 2023 Board Meeting Schedule – Chair: Doug Boysen Presented to the board with no objections.</p>	<p>Action: None</p>
<p>7. Financial Reports – Presenter: Trent Began Mr. Began presented the financial statements covering January through June. <u>IHN Income Statement</u> – On the top line we are 2% better than budget in dollars, this is very expected at this stage. Looking at members in our plan, we are at 2% better than budget, this corresponds with enrollment trends. This time last year we were uncertain of the budget due to sure of what would happen with redeterminations. There was some concern from the state that members would roll off at a point, but those members are still enrolled in the plans. Redetermination will not happen until next year. So, we have more membership now than we expected. This should continue its trend through the end of the year. In aggregate, overhead was better than budget. Under budget on our claims expense. Investment income has taken a little bit of a hit. Bottom line is we are 3 million better than budget in context our margin is not that much higher. Budget margins were 1/3% and our operating margins are at 2.2%. We are on point with budget. <u>IHN Balance Sheet</u> – Cash is up about 10 million from last year. Liability claims is also up about 10 million from last year. As we have extra members enrolling in the plan, we are going to have higher IBNR or claims reserves for those members and a lot of the money is being held in cash, so it's kind of those offsets happening in those two parts of the balance sheet. Other lines are straight forward, long-term investments are up about \$10 million, \$11 million from last year. As we have extra funds, we want to make sure we are investing that so that the plan can benefit from those reserves. Mr. Began went over the rest of the balance sheet.</p>	<p>ACTION: None</p>

<p>8. 2022 Legislative Updates – Presenter: Sean Tate for Bill Bouska</p> <ul style="list-style-type: none"> • Mr. Tate provided updates to what is coming from OHA soon. He will send emails with more details on those. • Upcoming elections – Not so much a 3-way race for the Governor’s Office. Rep Gomborg and Sen Anderson districts expand to Philomath. Rep Hayden likely Senator with some Linn County in District. Little change with current area legislators. 	<p>ACTION: None</p>
<p>9. Compliance Offer Report – Presenter: Chris Norman</p> <p><u>Audits and Submissions</u></p> <p>Current reviews/ audits</p> <ul style="list-style-type: none"> • OHA financial audit – currently underway • Audit is limited scope • Discussion has been around contract oversight, compliance functions • Myers and Stauffer financial filings audit – currently underway <p><u>Current CAPs</u></p> <ul style="list-style-type: none"> • Case Management CAP related to internal oversight –In process • Compliance CAP related to OHA FWA findings –In process • Screening, Brief Intervention and Referral to Treatment (SBIRT) • Submission incorrect due to system - mapping -In process <p><u>Compliance Staffing</u></p> <ul style="list-style-type: none"> • Still recruiting for External Oversight Auditor – reposting with updated job description • One additional position approved, posting following input from external consulting firm <p><u>Audit and Compliance Committee</u></p> <ul style="list-style-type: none"> • 1st meeting conducted September 22nd. • Committee agreed to the draft charter • Request for the Board to approve the charter • Action item – Board approval of Audit and Compliance Committee Charter – Motion to approve was put forward – Commissioner Augerot was the first to approve, Kristy Jessop 2nd the approval, all board members in attendance agreed. Charter was approved. <p><u>Fraud, Waste and Abuse – board training</u></p>	<p>ACTION: Approve Charter – Approved during this meeting</p>



<ul style="list-style-type: none"> We will be conducting our annual training to meet the regulatory requirement at upcoming IHP board meeting. <p><u>Dashboards</u></p> <ul style="list-style-type: none"> 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. 	
<p>10. IHP Bylaws – Presenter: Rachel Arnold</p> <ul style="list-style-type: none"> Rachel presented the changes to the bylaws and asked for Board approval to move forward with implementation. Mr. Knowles made the motion to approve the changes, Commissioner Hall 2nd the motion. All board members in attendance approved the bylaws with changes. 	<p>ACTION: Changes approved – bylaws to go to SHS Board</p>
<p>11. Quality Management – Presenter: Patty Kehoe</p> <ul style="list-style-type: none"> Katie Walsh provided a presentation of the metrics used to measure the process. Meeting 20 22 CCO Incentive Metrics Prioritized Measures • Well-Care Visits for children ages 3-6 Immunizations for Adolescents Child Immunization Status Initiation and Engagement of SUD Treatment Services (2 separate measures) <p><u>Project & Activities</u></p> <ul style="list-style-type: none"> Provider Education & Outreach Provider Collaboratives Data support – Gap lists for VBP clinics Member outreach & Education Member incentives Member education and reminders (i.e., Blood Pressure Checks) Integrating CCO metrics into Quality Improvement Projects Performance Improvement Projects focused on Comprehensive Diabetes Care and Well Child Visits 	<p>ACTION: None</p>



12. CEO Presentation – Presenter: Bruce Butler

ACTION: None

Organizational Developments

Several organizational structure modifications are being made within the Samaritan Health Services departments and functions that support the IHN-CCO.

- The Chief Medical Officer (CMO) position was previously a direct report to the Health Plans CEO, and in turn supervised health plan clinical operations functions such as utilization management, care coordination, quality improvement, pharmacy benefits management, etc. Going forward, the IHN-CCO Chief Medical Officer will report directly to Dr. Robert Turngren, Samaritan’s Chief Physician Executive, with a dotted line relationship to the Health Plans CEO. Health plan clinical operations functions noted above will remain under the authority of the Health Plans CEO, and their leader will engage in a highly collaborative “dyad” relationship with the IHN-CCO Chief Medical Officer. This structure is modeled after clinical-business organizational relationships recently established within Samaritan Medical Group, which are proving to be highly successful.
- Concurrent with this change, Dr. Kevin Ewanchyna is transitioning to a new set of professional responsibilities within Samaritan Health Services. He is significantly expanding his primary care clinical practice time and is also taking on an additional medical directorship within Samaritan Medical Group, with a focus on Community Health. SHS is highly appreciative of his considerable contributions to the founding and development of the IHN-CCO, and the team is also grateful for Dr. Ewanchyna’s new contributions to improving primary care access for our members and continuing his commitment to improving community health.
- Dr. Brent Godek, a Senior Medical Director within Samaritan Medical Group, has assumed the Health Plans CMO position on an interim basis while a permanent replacement is being sought

Organizational Development Changes Chart

- Additional organizational changes are being made involving Provider Network, Enrollment, and Appeals & Grievances functions. The following diagram illustrates new reporting patterns for these areas, and reviews reporting patterns for other functions – an org chart was submitted.

Value-Based Reimbursement Partnership with Samaritan Medical Group

In accordance with industry directions and Oregon Health Authority guidance, IHN-CCO and Samaritan Medical Group (SMG) are entering into a significantly enhanced value-based reimbursement arrangement. This new arrangement approaches the scope of a global capitation, which is often thought of as the “end game” in the spectrum of value-based reimbursement models. However, unlike the complete transfer of risk to a provider which a global capitation usually entails, the IHN-CCO/ SMG partnership will retain the CCO’s full engagement and accountability by structuring the capitation in the form of a 50 / 50 shared risk pool with gains and losses borne equally by the two



entities. The scope of this shared risk pool will only include encounters and costs for IHN-CCO members that are paneled to Samaritan Medical Group; reimbursement arrangements with other providers in IHN's network will not be impacted by this development.

We are excited about this model for a variety of reasons, including:

- The arrangement will add further momentum to growing patterns of collaboration between IHN-CCO and SMG.
- When gains are achieved, they will supply SMG with resources to expand capacity to serve IHN-CCO members.
- This model can serve as a proving ground for similar arrangements with other IHN-CCO provider partners

There is some degree of additional exposure to IHN-CCO that should be acknowledged due to the segmentation of risk associated with this new approach, and with advanced value-based reimbursement arrangements in general. The exposure is in the form of potentially inconsistent results among multiple risk pools – for example, if a health plan retains full risk for a segment that performs poorly but transfers risk to a provider for a segment that performs well, the health plan's capability to offset one with the other is diminished. Management has carefully considered this level of exposure, has determined that divergent results from SMG vs. non-SMG patients are unlikely to reach a magnitude that would significantly threaten IHN-CCO's financial results, and is of the opinion that the benefits of moving to a more advanced valuebased reimbursement method significantly outweigh the risks involve.

13. Other Business

Mr. Boysen mentioned doing a better job of onboarding and training of board members. More to come.

ACTION: None

14. Meeting adjourned

Mr. Boysen adjourned the meeting at 2:47 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: