



**InterCommunity Health Plans  
Board of Directors Meeting – Public**  
December 7, 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 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 type="checkbox"/> Lisa Pierson                 |   |

**Quorum: Yes**

**Presenters**

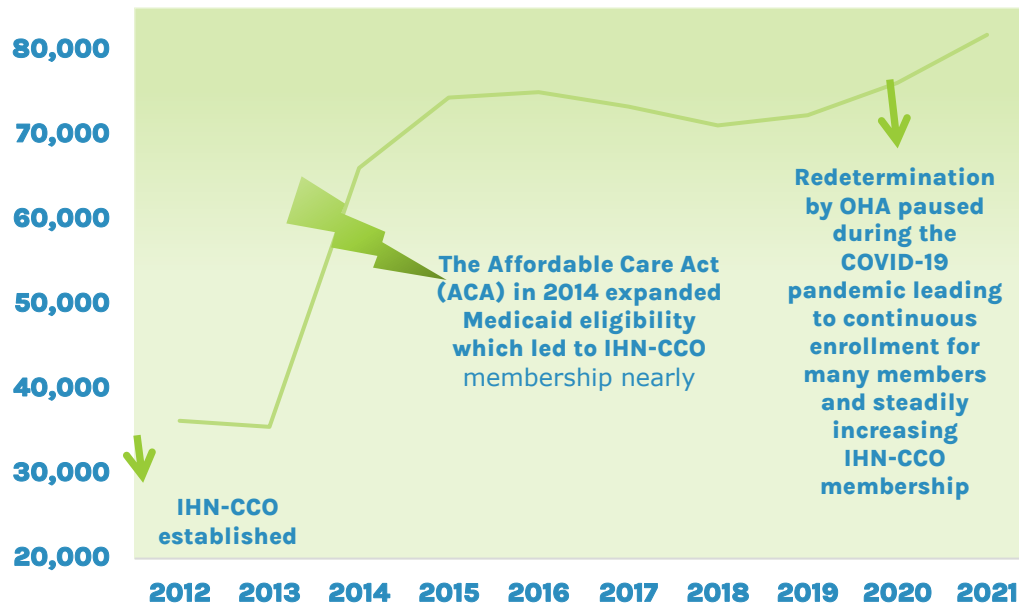
- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Annette Fowler | <input checked="" type="checkbox"/> Bill Bouska | <input checked="" type="checkbox"/> Charissa Young-White |
| <input checked="" type="checkbox"/> Chris Norman   | <input checked="" type="checkbox"/> Dan Smith   | <input checked="" type="checkbox"/> Doug Boysen          |
| <input checked="" type="checkbox"/> Patty Kehoe    | <input checked="" type="checkbox"/> Trent Began |  |

**Invited and Other Attendees**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Brent Godek, MD | <input checked="" type="checkbox"/> Jan Chambers     | <input checked="" type="checkbox"/> Rachel Arnold     |
| <input checked="" type="checkbox"/> Bruce Butler    | <input type="checkbox"/> Jayne Romero                | <input checked="" type="checkbox"/> Rebekah Fowler    |
| <input type="checkbox"/> Carla Jones                | <input type="checkbox"/> Kristy Zamora-Polanco       | <input checked="" type="checkbox"/> Sequoya Eady      |
| <input type="checkbox"/> Florence Pourtal           | <input checked="" type="checkbox"/> Melissa Isavoran | <input checked="" type="checkbox"/> Stephanna Hidalgo |
| <input checked="" type="checkbox"/> Gabriel Parra   | <input checked="" type="checkbox"/> Nana Ama Kuffour | <input checked="" type="checkbox"/> Vanessa Adames    |

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

<b>Agenda Items/Discussion</b>	<b>Action</b>
<p><b>1. Call to Order and Welcome</b> – Chair: Doug Boysen</p> <p>Mr. Boysen called the meeting to order at 1:08 pm. Quorum was met.</p>	<b>ACTION: None</b>
<p><b>2. Introductions and Announcements</b> – Presenter: Bruce Butler</p> <p>Mr. Butler provided a breakdown of how the agenda would go and introduced Charissa Young-White to start her first presentation.</p>	<b>ACTION: None</b>
<p><b>3. IHN 10-Year Anniversary</b> – Presenter: Charissa Young-White</p> <p>Ms. Young-White presented information on the 10-Year Anniversary of IHN.</p> <p><b>Oregon Health Plan (OHP)</b></p> <ul style="list-style-type: none"> <li>• OHP was conceived and realized in 1993; nearly 120,000 new members signed up.</li> <li>• InterCommunity Health Plans was created in 1994 and was the impetus for the development of Samaritan Health Services</li> <li>• Healthy Kids expanded OHP to cover ~120,000 kids in 2009-10</li> <li>• Coordinated Care Organizations (CCOs) were established in 2012</li> <li>• CCOs integrate physical, mental, and dental care, for better health, better care, lower costs</li> </ul> <p><b>IHN-CCO Enrollment Over Time</b></p>	<b>ACTION: None</b>



### IHN Becomes IHN-CCO in 2012

Integrated physical, mental, oral, and social determinants of health

- Enhanced partnerships with physical providers such as Samaritan Health Services & the Corvallis Clinic
- Partnered with new organizations and programs:
  - Three County Mental Health Programs
  - Four Dental Care Organizations
  - Rideline through Senior and Disability Services to provide Non-Emergent Transportation (NEMT)
- Established the Delivery System Transformation Committee supporting community-driven, innovative pilot projects
- Care Coordination: Identifying and responding to member needs
  - Identification of high-risk members through health risk assessments
  - Development of care plans for high-risk members
  - Engagement of care teams to better coordinate member care and outcomes
  - Coordination of health-related social support services to meet member needs

### The Eight Elements of Transformation

Foundational for the Development of Innovative Projects and Integration of Care

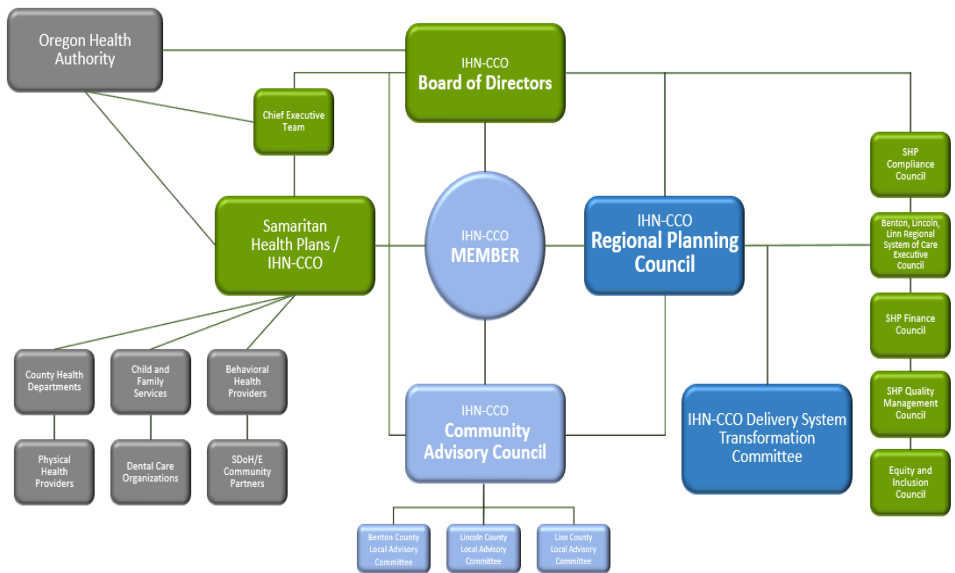
1. Physical and mental health care integration
2. Patient-Centered Primary Care Homes (PCPCH)
3. Alternative payment methods
4. Community health assessments
5. Electronic health records
6. Culturally appropriate and health-literate communications
7. Services/staffing that reflect diversity and address disparities
8. Quality improvement plans

### CCO 2.0 Priorities

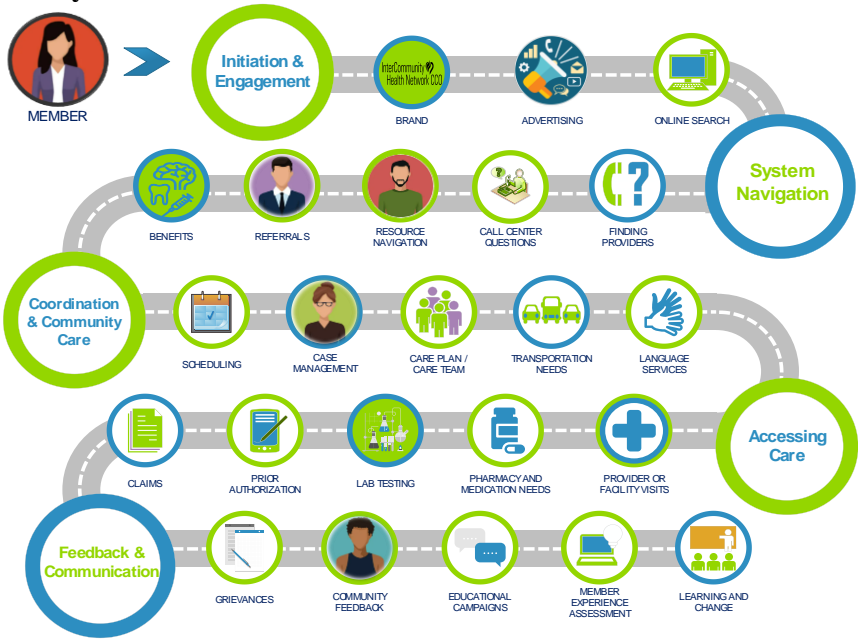
- The Triple Aim focus:
  - Reduced costs, increased access, and improved health outcomes

- IHN-CCO embraces the Quadruple Aim (reduced provider & staff burnout, increased provider & staff satisfaction)
- Developing a person-centered behavioral health system
- Increased access to health information technology (HIT) for all providers
- Increased investment social determinants of health and health equity (SDoH/HE)
- Increased transparency and efficiency and controlled cost growth
- Continuing to move from paying for volume of services to paying for value, or outcomes (value-based payments)

**IHN-CCO Committee & Council Structure or the “Member in the Middle Chart”**



**Member Journey**



**Looking to the Future**

IHN-CCO envisions a strong path forward...

- Ensuring strong health equity policies and promoting inclusivity



<ul style="list-style-type: none"> <li>• Building stronger provider and community partner collaboration</li> <li>• Stronger partnership with OHA in solving problems with our communities</li> <li>• Invest in efficient technology and robust security</li> <li>• Leverage data to improve care outcomes and health disparities</li> <li>• Increase our investments in community support services to improve population health</li> </ul>	
<p><b>4. Public Comments</b> – 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>	<b>ACTION:</b> None
<p><b>5. IHP Board Minutes of October 26, 2022</b> – Chair: Doug Boysen</p> <p>Following review of the minutes from the previous board meeting, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, moved to approve the minutes by Dr. Madsen; the motion was seconded by Commissioner Augerot. All members approved.</p>	<b>ACTION:</b> The minutes were approved unanimously.
<p><b>6. Financial Reports &amp; 2023 Budget</b> – Presenters: Trent Began &amp; Dan Smith</p> <p>2023 Budget – Trent Began – Mr. Began presented the 2023 Budget for approval.</p> <p><b>Assumptions</b></p> <p><b>Revenue</b></p> <ul style="list-style-type: none"> <li>• 1% overall rate increase based on Actuarial and IHN medical/Rx trends       <ul style="list-style-type: none"> <li>○ 3% member increase</li> </ul> </li> <li>• Benefit additions include funding for Problem Gambling, Medically Necessary Orthodontics (Handicapping Malocclusions), SUD, and Postpartum Expansion.</li> <li>• Directed Behavioral Health increases added \$16.2M to be paid to BH providers       <ul style="list-style-type: none"> <li>○ Base increase of 15% or 30% depending on size of Medicaid Panel</li> <li>○ Additional increases for Language/Culturally Appropriate services and Co-Occurring Disorder accreditations</li> </ul> </li> <li>• CCO – F Dental Only will add \$1.5M passed through to DCOs</li> </ul> <p><b>Quality Bonus-assumed at 70% of Quality Pool available</b></p> <ul style="list-style-type: none"> <li>• Same as earned in 2021 and paid 2022</li> </ul> <p><b>Claims</b></p> <ul style="list-style-type: none"> <li>• Excess retained members from PHE (public health emergency) have 15-25% lower costs than prior CCO members, -1.1% claims adjustment to ACA/Bridge group</li> <li>• Hospital DRG increased from 80% to 85% of Medicare</li> </ul> <p><b>Administration Expense</b></p> <ul style="list-style-type: none"> <li>• Set at 9.1% to support CCO 2.0 Contract requirements (no change from 2022)</li> </ul> <p><b>Assumptions – Continued</b></p> <p><b>Margin</b></p> <ul style="list-style-type: none"> <li>• Margin Budgeted at 1.3% before SHARE based Actuarial expectations       <ul style="list-style-type: none"> <li>○ Consistent with 2022 Budget</li> </ul> </li> <li>• SHARE is established at 20% of Operating Margin based on IHN’s strong Capital position.</li> </ul>	<b>ACTION:</b> Approve 2023 Budget



### Membership

3% average membership increase YoY

#### *Redetermination Budget Assumptions*

- Starting April 2023 ACA will decrease by 3,550 or 4%, from 80,121 to 79,361
- This will be offset by Bridge Plan adding 2,910 members
- Net IHN decrease of 1% by year end

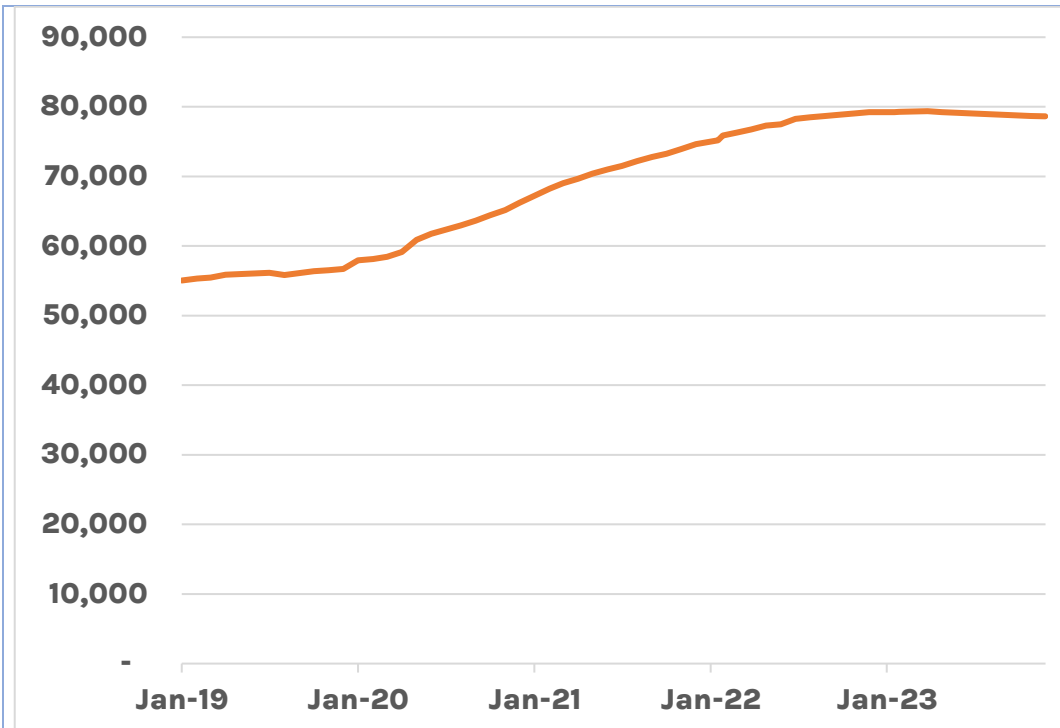
#### *CCO F Dental Only*

- Veteran and Open card OHA members moving to CCO
- An additional 4,692 members will be enrolled in the Dental only plan

Month	Members
Dec 2022	79,239
Jan 2023	80,000
Feb	80,041
Mar	80,081
Apr	80,121
May	79,973
June	79,894
July	79,809
Aug	79,711
Sept	79,626
Oct	79,537
Nov	79,450
Dec	79,361
2023 Avg	79,800

\*Excludes 4,692 CCO F Dental Only members

# InterCommunity Health Network CCO



	IHN					Var. 2023 Bgt- 2022 fcst
	2021 Actual	2022 Bdgt	2022 Forecast	2023 Bdgt		
Revenue	433,944,561	460,830,954	495,235,874	528,482,823	33,246,948	7%
Quality Bonus	3,629,642	13,632,948	14,776,221	15,817,981	1,041,760	7%
Reinsurance Premium	(3,670,210)	(4,043,408)	(4,182,284)	(4,833,031)	(650,747)	16%
<b>Total Revenue</b>	<b>433,903,993</b>	<b>470,420,494</b>	<b>505,829,812</b>	<b>539,467,773</b>	<b>33,637,961</b>	<b>7%</b>
Claims Expense	375,997,386	404,548,810	426,930,137	463,378,336	36,448,199	9%
Quality Bonus Payment	3,560,146	13,360,289	14,480,697	15,501,621	1,020,924	7%
Reinsurance Recovery	(2,055,529)	(3,032,556)	(3,032,556)	(3,624,773)	(592,217)	20%
<b>Total Claims Expense</b>	<b>377,502,003</b>	<b>414,876,544</b>	<b>438,378,279</b>	<b>475,255,184</b>	<b>36,876,905</b>	<b>8%</b>
Administrative Expense	36,432,389	41,345,780	45,812,931	47,705,868	1,892,937	4%
Investment Income	820,715	1,326,372	1,029,031	1,348,208	319,178	31%
Grant Income	239,297	200,004	235,005	200,004	(35,001)	-15%
Premium Tax	10,314,239	9,191,181	11,234,134	10,793,093	(441,041)	-4%
<b>Net Income before SHARE</b>	<b>10,715,375</b>	<b>6,533,365</b>	<b>11,668,504</b>	<b>7,261,840</b>	<b>(4,406,664)</b>	<b>-38%</b>
Less SHARE initiative	1,097,500	802,119	2,333,701	1,453,332	(880,369)	-38%
<b>Net Income</b>	<b>9,617,875</b>	<b>5,731,246</b>	<b>9,334,803</b>	<b>5,808,508</b>	<b>(3,526,295)</b>	<b>-38%</b>
Medical Loss Ratio (MLR - Claims/Revenue)	87.0%	88.2%	86.7%	88.1%		
(Admin/Revenue)	8.4%	9.1%	9.3%	9.1%		
Margin w/o SHARE	2.2%	1.2%	2.3%	1.3%		
Margin w/ SHARE	2.2%	1.2%	1.8%	1.1%		
Members (Year End)	74,616	62,348	79,239	79,361	122	0%
Members (Avg)	71,152	72,618	77,819	79,800	1,982	3%

Motioned was made to approve the 2023 Budget by Commissioner Augerot and 2<sup>nd</sup> by Dr. Madsen. All board members in attendance approved the budget.

Mr. Smith provided an update on financials up through October 2022.

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

**ACTION:** None

**CCO Related Legislative Issues**

- CCO Contact Procurement Delay
- Fully Fund Medicaid Program
- Housing and Homelessness
- Reduce Administrative Burden
- 1115 Waiver Implementation
- Redeterminations and Basic Health Plan
- 988 Crisis System Development
- Health Care Workforce
- Mental Health and Substance Use Disorder Continuum of Care and Infrastructure
- Community Information Exchange

**2023 OHA Legislative Priorities**

- LC 440 REALD/SOGI Data Confidentiality
- LC 456 Healthcare Finance Placeholder
- LC 468 Healthcare Analytics Placeholder
- LC 471 State-Based Exchange Technology Platform
- LC 475 Implementing 1115 Waiver
- LC 481 Basic Health Plan and Redeterminations Placeholder
- LC 488 Expanded Access to Behavioral Health Patient Data
- LC 499 Transforming Medicaid Fee for Service
- LC 502 Payer Parity in Behavioral Health Crisis Services

**Election Results**

*Impacts*

- New Governor with a lot of Experience
- No supermajority-New Senate President-1/2 House members first long session
- Significant turnover in OHA and other agencies
- Lots of competing interests in Health Care
- 2023 Session begins January 17th

*Local Legislators*

- Rep Gomberg and Sen Anderson districts expand to Philomath
- Rep Hayden will be Senator with some Linn County in District
- Representatives: Cate, Boshart Davis, Rayfield, Gomberg, Diehl
- Senators: Anderson, Gelser Blouin, Hayden

**OHP Redeterminations**

- Public Health Emergency (PHE) projected to end April 11, 2023
- Oregon will have 14 months to complete the process
- Significant outreach and engagement with members, community partners, and CCOs
- Start with “easier” cases that can be processed quickly
- Leave high risk cases and BHP cases until the end to allow more time for outreach and longer coverage

- American Indians/Alaska Natives 138%-200% enrolled in CCOs

**Basic Health Plan**

**HB 4035: Bridge Program vision**

Adults with income 138-200% FPL  
**stay in their CCOs**

**Little-to-no costs** for enrollees

Plan covers  
**robust set of benefits**

Capitation rates that enable **higher-  
 than OHP provider payment**

**Choice** between Basic Health  
 Program (BHP) and subsidized  
 Marketplace coverage



**How is the BHP Funded?**

Federal funding for a BHP is based on the amount of premium tax credit (PTC) that would have been provided each fiscal year to eligible individuals enrolled in BHP if the individuals had enrolled in the second lowest cost silver plan on the Marketplace, adjusted for the impacts of silver-loading and other factors.

$$\begin{array}{l}
 \text{BHP} \\
 \text{Federal} \\
 \text{Funding} \\
 \text{Amount}
 \end{array}
 =
 \left(
 \begin{array}{l}
 \text{PTC} \\
 \text{Estimated PTC that would have been} \\
 \text{paid if BHP enrollee enrolled in a QHP,} \\
 \text{accounting for age, geography, coverage} \\
 \text{status, household size and income.}
 \end{array}
 \right)
 \times
 \left(
 \begin{array}{l}
 \text{Adjustment Factors} \\
 \text{To account for other variables,} \\
 \text{including silver-loading due to CSR} \\
 \text{removal, reinsurance, and population} \\
 \text{health.}
 \end{array}
 \right)
 \times
 \text{IRF} \times 95\%$$

Use of the BHP federal funds will be limited to State provision of BHP covered plan benefits to BHP enrollees. For example, state costs to administer the BHP are not eligible for use of BHP federal funds.

**Populations Enrolling into the BHP**

BHP enrollees will be a combination of people previously uninsured, coming from the ACA individual market, or coming from Medicaid following the end of the PHE.

**People Moving From Uninsured**

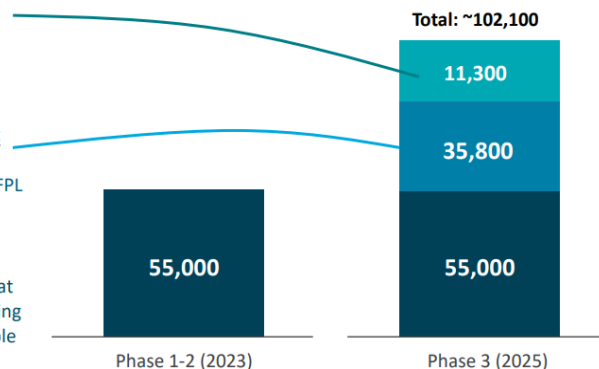
- Based on the uninsured population in 2021, OW estimated BHP enrollment among the uninsured using microsimulation modeling, projected for 2025.

**People Moving From ACA Individual Market**

- Includes people currently covered in the Marketplace with income between 138-200% FPL in 2021, projected to 2025.

**People Moving From Medicaid**

- Includes the population from 138-200% FPL that are expected to lose Medicaid eligibility following end of the PHE, who would otherwise be eligible for the Marketplace.





## 8. Compliance Offer Report – Presenter: Chris Norman

### Audit and Compliance committee summary

- OHA feedback – FWA program
- HSAG annual review - feedback
- Compliance Updates/Dashboards
- FWA annual training

### IHN – Fraud Waste and Abuse submission to OHA – recap

- Annual Program Integrity submission to OHA
  - IHN received Observations and Findings from OHA on IHN’s FWA/Compliance and Program Integrity plans
  - IHN sent responses to OHA 5/2/22
  - 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.

### Fraud Waste and Abuse – Improvements

- Several sections now in compliance
- Some clarification on OHA requests/guidance
- Overall positive direction for Compliance responses

### Fraud Waste and Abuse - Opportunities

- Still have multiple sections with findings
- Due to the timeframe of receipt, we will likely be out of compliance for some sections for our 1/31/2023 submission
- Expectation of Program Integrity audits will be more involved that the compliance audits we have been performing
  - Implementation of FWA vendor Cotiviti will help with some of these requirements, but not all.

### IHN – Annual Compliance review by Health Systems Advisory Group

- 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)

**ACTION:**  
Training

## 9. SHARE Initiative Projects – Presenter: Charissa White-Young

Ms. Young-White provided information on the projects in the below table:

Project	Champion (s)	County (s)	Focus
<b>Bridging Gaps in student houselessness</b>	Linn County Public Health/Greater Albany Public Schools	Benton & Linn	Linn County Public Health (LCPH) and Greater Albany Public Schools (GAPS) are partnering to provide a Community Health Worker (CHW) to offer students of GAPS and their families support in obtaining and maintaining housing.
<b>Community Partnership Alliance</b>	Oregon Cascades West Council of Governments (OCWCOG) Senior and Disability Services	Linn	Community Partnership Alliance brings together partners in Albany to make it possible for unhoused and housing insecure individuals to successfully access

**ACTION:** None



			and obtain needed services by overcoming system barriers.	
<b>Emergency Hotel Sheltering</b>	Unity Shelter	Benton	Emergency Housing Sheltering provides individuals and families, most of which are situationally homeless, with a safe place to stay for up to 90 days while they navigate resources and transition to more permanent and stable housing.	
<b>Low Barrier Housing Solution</b>	Family Assistance and Family Center Group	Linn	Family Assistance and Family Center Group provides a holistic solution to a critical respite/emergency housing need by expanding many of our services and programs, including wraparound services, into rural communities in Linn County.	
<b>Homeless Data Harmonization</b>	Samaritan Health Services/Community Services Consortium	Benton, Lincoln & Linn	The Homeless & Healthcare Systems Data Harmonization project directly addresses the need for better data and data systems related to homelessness at a local level by bringing together data on individuals with Housing Insecurity/Homelessness (HI/H).	
<b>Housing Supports and Life Stabilization</b>	Corvallis Daytime Drop-In Center	Benton, some Lincoln & Linn	Housing Supports and Life Stabilization provides housing support services that stabilize people, engage them in conversations and activities that springboard them towards housing, and help them secure stable, short- and long-term respite and living solutions that meet both their immediate and future housing needs.	
<b>ReConnections Counseling Supportive Housing</b>	ReConnections Counseling	Lincoln	ReConnections Counseling, in partnership with Turnkey-Coastal Phoenix Rising (CPR), offers wrap-around transitional housing support, case management, training, peer, & tenancy navigation for the unhoused people in these three motel rooms.	
<b>TIDES Young Adult Transitional Housing Program</b>	Lincoln County Youth Tides Shelter	Lincoln	Lincoln County Community Justice (LCCJ) under the Juvenile Department, runs Youth Tides, a runaway homeless shelter, licensed by Oregon Department of Human Services to provide emergency shelter and Transitional Living Program (TLP) for youth 21-year-old and younger. Through this funding, TIDES will develop individualized independent living curriculum to weave into the current and soon to be expanded Transitional Beds.	
<b>10. Outreach &amp; Care Coordination Update – Presenter: Patty Kehoe &amp; Annette Fowler</b>				<b>ACTION:</b> None
<b>Member Outreach Specialists - Engaging and Activating our Membership</b>				



### ***Outreach Vision***

- Compassionate, responsive, and mindful outreach to activate member engagement in programs and campaigns which promote member health and wellbeing.

### ***Outreach Workstreams***

- Voluntary, question-based assessment of a member's current health status
- HRA scoring helps SHP determine what additional Plan services the member may benefit from.

### ***Member Outreach Campaigns***

- Outreach to engage members with beneficial services, support Plan performance metrics and strategic goals
- Past campaigns include driving COVID-19 vaccinations and Flexible Services

### ***Member Outreach Specialist***

- New position within Customer Service to support Care Management and Quality department initiatives
- Performs outbound calls to engage members in various programs and campaigns which promote member health and wellbeing
- Recruitment sought candidates with higher levels of experience, community engagement and soft skills – communication, creativity, problem solving, adaptability and work ethic
- Sought experience or advanced training in active listening, cultural competency, trauma informed awareness and problem solving

### ***The Outreach Specialists***

- **Prior Experience**
  - Lead Support Specialist, women's residential treatment facility
  - Reception, residential drug treatment center
  - Certified Community Health Worker
  - Managed crisis line
  - All have some Sales or Customer Service experience
- **Prior Training**
  - Trauma Informed Care
  - Mental Health First Aid
  - Motivational Interviewing
  - Empathetic Inquiry
  - De-escalation
  - Problem Solving

### ***Phase 1 HRA Populations***

#### **New IHN Members**

- New, first-time members to the plan
- Must offer HRA within 90 days of joining plan

#### **Reinstated IHN Members**

- Previous IHN members reinstated after a lapse in eligibility
- Must offer HRA within 30 days of reinstatement

#### **IHN Prioritized Population**

- Vulnerable populations are defined in OAR 410-141-3870
- Must offer HRA within 30 days of identification for a prioritized population

### ***Quality Outreach Calls Completed***

#### **Child & Adolescent Immunizations**

- Childhood - 267 Attempts
  - o 25.5% Have / Will Schedule as result
- Adolescent - 462 Attempts
  - o 24.4% Have / Will Schedule as a result

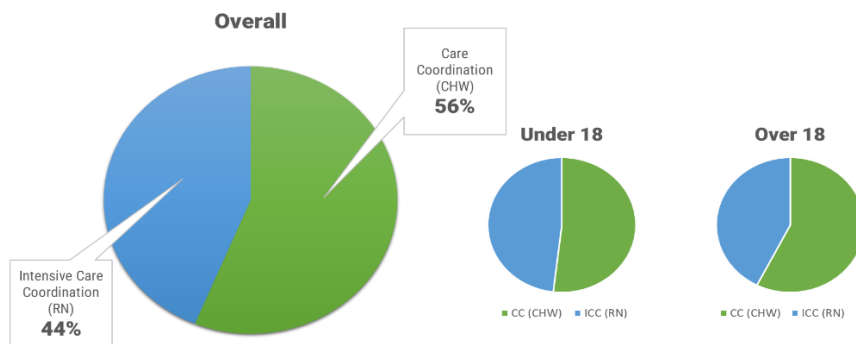
**Well Child Visits**

- 3500 of 4,177 members successfully contacted
- 34.7% Have / Will Schedule as a result

**Medicare Annual Wellness Visits**

- 560 members with AWV gap offered reminder to schedule appointment

**HRA Outreach to Date**



**11. Other Business – Doug Boysen**

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

**ACTION:** None

**12. Meeting adjourned**

Mr. Boysen adjourned the meeting at 2:47 p.m.

**Next IHP Board of Directors Meeting is in-person on February 15<sup>th</sup>, 2023 @ Boulder Falls Convention Center. More information to be provided prior to meeting.**



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: 2/15/2023