



**InterCommunity Health Plans
Board of Directors Meeting – Public**
February 15, 2023; 1:00 p.m. – 3:00 p.m.

In-person & 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: Met		
Presenters		
<input checked="" type="checkbox"/> Brent Godek, MD	<input checked="" type="checkbox"/> Bruce Butler	<input checked="" type="checkbox"/> Chris Norman
<input checked="" type="checkbox"/> Dan Smith	<input checked="" type="checkbox"/> Doug Boysen	<input checked="" type="checkbox"/> Gabe Parra
<input checked="" type="checkbox"/> Melissa Isavoran	<input checked="" type="checkbox"/> Sean Tate	<input checked="" type="checkbox"/> Trent Began
Invited and Other Attendees		
<input checked="" type="checkbox"/> Annette Fowler	<input type="checkbox"/> Kristty Zamora-Polanco	<input checked="" type="checkbox"/> Stephanna Hidalgo
<input type="checkbox"/> Carla Jones	<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, PhD	<input checked="" type="checkbox"/> Vanessa Adames
<input type="checkbox"/> Jayne Romero		

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: Bruce Madsen, MD filled in for Doug Boysen Meeting was called to order at 1:25 pm due to technical difficulties. Quorum was met.	ACTION: None
2. Introductions and Announcements – None	ACTION: None
3. Public Comments – Chair: Doug Boysen None	ACTION: None
4. IHP Board Minutes of December 7, 2022 – Chair: Bruce Madsen, MD Following review of the minutes from the previous board meeting, Dr. Madsen asked if there were any changes, corrections, or questions. There being none, moved to approve the minutes by Dr. Gamelin; the motion was seconded by Dr. Miller. All members approved.	ACTION: The minutes were approved unanimously.
5. Financial Reports & Investment Policy – Presenters: Trent Began & Dan Smith Financial Report – Presented by Dan Smith – Mr. Smith went through the Income and Balance sheets.	ACTION: Approve 2023 Budget



Investment Policy – Trent Began – Mr. Began presented changes to the investment policy for approval.

One Revisions to the 2022 Policy - Under Prohibited Assets and/or Transactions, added:

- D. Cryptocurrencies

Approved Assets

- Direct Obligations of the U.S. Government and its Agencies
- Obligations of Agencies of the U.S. Government that have an explicit full-faith-and-credit of the U.S. Government.
- Qualifying cash equivalent securities may include money market funds and short-term obligations of the U.S. Government and its Agencies.
- Corporate Bonds and Municipal Obligations with average credit quality of single A or better.
- Time Certificates of Deposit with a limit of the maximum amount allowed by law that is subject to FDIC or NCUA insurance.
- Equity Mutual Funds with an emphasis on dividend income.

Motion was made to approve the Investment Policy changes by Commissioner Augerot and 2nd by Dr. Miller. All board members in attendance approved the changes.

6. Government Relations Update – Presenter: Sean Tate

ACTION: None

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
- June 15: Target Sine Die
- June 25: Constitutional Sine Die

2023 IHN-CCO Priority 1 Bills

HB 2537	Requires Oregon Health Authority and coordinated care organization to pay reasonable per diem rate for Sen Patterson patient whose discharge from hospital is delayed due to circumstances beyond hospital's control.	Rep Dexter; Rep Nosse;	02/21/2023 5:00 PM	02/21/23 - Public Hearing scheduled. 01/13/23 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 01/09/23 - First reading. Referred to Speaker's desk.	Behavioral Health and Health Care (H)
HB 2446	Requires extension to no later than December 31, 2026, of term for contract between Oregon Health Authority and coordinated care organization.	Rep Nosse	02/22/2023 3:00 PM	02/22/23 - Public Hearing scheduled. 01/11/23 - Referred to Behavioral Health and Health Care. 01/09/23 - First reading. Referred to Speaker's desk.	Behavioral Health and Health Care (H)
HB 2741	Modifies requirements for coordinated care organization contracts.	Rep Bowman; Rep Diehl; Rep Goodwin; Sen Meek	02/22/2023 3:00 PM	02/22/23 - Public Hearing scheduled. 01/16/23 - Referred to Behavioral Health and Health Care. 01/09/23 - First reading. Referred to Speaker's desk.	Behavioral Health and Health Care (H)
HB 3040	Requires coordinated care organizations to share claims and encounter data with provider regarding patients that provider contracts with coordinated care organization to serve.	Rep Dexter	02/22/2023 3:00 PM	02/22/23 - Public Hearing scheduled. 01/20/23 - Referred to Behavioral Health and Health Care. 01/17/23 - First reading. Referred to Speaker's desk.	Behavioral Health and Health Care (H)



2023 IHN-CCO Priority 1 Bills – Senate

SB 486	Requires Oregon Health Authority and coordinated care organization to pay reasonable per diem rate for patient whose discharge from hospital is delayed due to circumstances beyond hospital's control.	Rep Goodwin; Sen Lieber; Sen Patterson		02/06/23 - Public Hearing held. 01/14/23 - Referred to Health Care, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.	Health Care (S)
SB 492	Imposes new requirements on the determination of health services to be provided in state medical assistance program.	Sen Gelsler Blouin; Sen Patterson		01/14/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.	Health Care (S)
SB 690	Creates Community Escrow Fund in State Treasury to hold coordinated care organization restricted reserves.	Sen Manning Jr		01/13/23 - Referred to Health Care, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.	Health Care (S)
SB 487	Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities.	Rep Nosse; Rep Pham H; Sen Patterson		01/30/23 - Public Hearing held. 01/14/23 - Referred to Health Care, then Ways and Means. 01/09/23 - Introduction and first reading. Referred to President's desk.	Health Care (S)
SB 497	Requires state medical assistance program and health insurance policies and certificates to cover computerized tomography coronary calcium score scans.	Sen Hayden		01/14/23 - Referred to Health Care. 01/09/23 - Introduction and first reading. Referred to President's desk.	Health Care (S)

Additional Bills of Interest

- SB704 – Universal Health Plan Governance
- SB584 – Healthcare Interpreter Portal
- HB2463 – Addresses administrative burden in Behavioral Health care
- HB2461 – Adult Mental Health Residential Services Treatment in CCO Benefit
- HB2757 – 988 Implementation

7. Compliance Offer Report – Presenter: Chris Norman

Audit & Compliance committee summary

- SB704 – Universal Health Plan Governance
- SB584 – Healthcare Interpreter Portal
- HB2463 – Addresses administrative burden in Behavioral Health care
- HB2461 – Adult Mental Health Residential Services Treatment in CCO Benefit
- HB2757 – 988 Implementation

Audit & Compliance – oversight requirements

- From Exhibit B, Section 9 – IHN-CCO Contract
 - “Establishment and identification of the members of a Regulatory Compliance Committee, which shall include Contractor’s Chief Compliance Officer, senior level management employees, and members of the Board of Directors.
 - The Regulatory Compliance Committee will be responsible for overseeing Contractor’s Fraud, Waste, and Abuse prevention program and compliance with the terms and conditions of this Contract.”

IHN – Fraud, Waste and Abuse submission to OHA - recap

- Annual Program Integrity submission to OHA
 - IHN submits documentation to OHA’s vendor HSAG documenting our Fraud, Waste and Abuse/Compliance Program Integrity plans.
 - Documents include the Compliance Program, FWA prevention Plan, and assessment of prior year activities

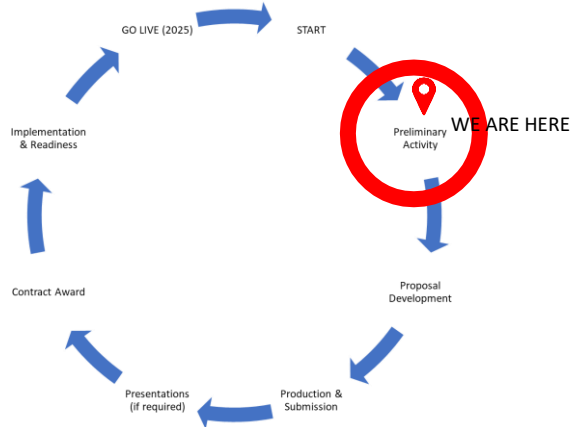
ACTION:
Informational



<ul style="list-style-type: none"> ○ This year's submission was 50+ documents, including Policies and Procedures, the Audit and Compliance committee's charter, staff certifications, and other documentation of our compliance program ○ This submission will be reviewed by the Health Services Advisory Group (HSAG) rather than OHA staff <p>IHN – Annual Compliance review by Health Systems Advisory Group</p> <ul style="list-style-type: none"> ● HSAG audit areas for this year will include: <ul style="list-style-type: none"> ○ Standard III: Coordination and Continuity of Care ○ Standard IV: Coverage and Authorization ○ Standard VII: Member Rights and Protections ○ Standard X: Grievance and Appeals ○ Standard XIV: Member Information ○ Standard XVI: Emergency and Post-stabilization services <p>Mr. Norman reviewed dashboards through December 2022.</p>	
<p>8. IHN-CCO Update – Presenter: Melissa Isavoran</p> <p>Ms. Isavoran provided an update:</p> <p>Medicaid Focus Areas</p> <ul style="list-style-type: none"> ● Ensuring sustainability, compliance, and community supports <ul style="list-style-type: none"> ○ 1115 Waiver implementation ○ Redeterminations and Bridge Plan design and implementation ○ Benefit changes and new populations ○ Legislation and rules (re-procurement, behavioral health, palliative care) ○ 2023 compliance audits and deliverables adherence ○ Community Health Improvement Plan through the Partnership for Community Health ○ Research and evaluation through the InterCommunity Health Research Institute ○ Addressing SDoH: Housing initiatives, nutritional supports, and community infrastructure <p>Social Determinants of Health</p> <ul style="list-style-type: none"> ● Addressing SDoH matters - Community partner connections and support, a recent occurrence <ul style="list-style-type: none"> ○ A community partner connected with IHN-CCO on a member need ○ Three family members on IHN-CCO were going through a housing crisis and temporary housing was ending due to cost to member ○ One of the family members underwent invasive surgery as was due to be released from the hospital with nowhere to go ○ IHN-CCO connected with SHS Care Hub who connected member to Unity Shelter to obtain funds to support three more weeks in temporary housing until more permanent solution found <p>Housing Initiatives</p> <ul style="list-style-type: none"> ● Working on access to affordable, culturally adequate, safe, and stable housing 	<p>ACTION: None</p>



<ul style="list-style-type: none"> ○ Coalition for Housing Equity: To share information and develop a regional approach to housing that leverages and aligns with current policy, resources, and funding while ensuring gaps are being addressed and met ○ First meeting February 21, 2023 ○ Email transformation@samhealth.org to be included ○ Membership will include other housing coalitions specific to counties, county health departments, healthcare insurers/providers, SDoH-E organizations, and businesses ○ FUSE (Frequent Users System Engagement): To focus on high utilizers of the emergency department and justice system ○ Requires collaboration and partnerships among many partners ○ Connects the users with resources to lead to long-term, stable housing as well as other needed supports such as behavioral health or preventative care ○ Implementation re-starting after hiatus in Lincoln County ○ Support/discussions with Linn and Benton County <p>Maternal and Child Health Focus</p> <ul style="list-style-type: none"> ● Ensuring quality of care and addressing SDoH through our partners <ul style="list-style-type: none"> ○ Maternity Case Management (MCM) + ○ Community Doula Program ○ Family Connects Oregon ○ Maternity Care Management (high-risk pregnancy care coordination) ○ Early Learning Hub and the Health Care Integration Workgroup (childcare collaboration and support, parent education) ○ Kindergarten Readiness/Social Emotional Support Metric <p>Unite Us Expansion</p> <ul style="list-style-type: none"> ● Addressing SDoH and community infrastructure by connecting providers and community support services <ul style="list-style-type: none"> ○ Unlimited number of licenses to support IHN-CCO’s providers/community partners ○ Social Care Payments Module to bring case management functionality to partners ○ Technical assistance and targeted outreach to community-based organizations ○ Full adoption by Samaritan Health Services (clinics and case managers) <p>Health Information Advisory Council</p> <ul style="list-style-type: none"> ● Reactivating a regional council focused on health information technology (HIT) and health information exchange (HIE) <ul style="list-style-type: none"> ○ The purpose of the Council is to bring organizational expertise, from the tri-county area, to facilitate strategic alignment on HIT/HIE strategies to improve the coordination of patient care and Social Determinants of Health (SDoH). <ol style="list-style-type: none"> 1. Increase rates of electronic health record adoption among providers/facilities 2. Increase rates of HIE use for care coordination, inclusive of Social Determinants of Health among contracted physical, behavioral, and oral health facilities 3. Increase rates of access to and use of hospital event notifications 4. Enhance the use of HIT tool(s) in use by providers/facilities 5. Ensure the SHP HIT Strategy and IHN-CCO HIT Roadmap is aligned 6. Comply with State and Federal requirements 	
<p>9. Procurement Update/CCO 2025 – Presenter: Gabe Parra</p> <p>Objectives</p> <ul style="list-style-type: none"> ● Update on status of procurement ● Update on IHN preparatory work ● Gather Input 	<p>ACTION: None</p>



OHA Update

- Joint Ways & Means Human Services Subcommittee – February 2, 2023

Milestones & Deadlines

Phase	Timeframe	Project Actions or Milestone
Initiation	July-December 2022	Develop procurement project plan
	January 1, 2023	Legislative report due
Planning	January-June 2023	OHPB, CCO and community engagement
	TBD (April 2023 or later)	Public health emergency ends
Execution	July-December 2023	Draft and release procurement documents
	January 1, 2024	Elements of new 1115 waiver implemented
	January-March 2024	Evaluate and select CCOs for 2025-2029
Implementation	January-June 2024	New contract development & readiness review
	July-December 2024	Communication, education, technical assistance
	October 1, 2024	New contract signed
	January 1, 2025	New contract period begins
Closeout	January-March 2025	Closeout assessment report prepared

Contract Extension

- Proposed Legislation to extend current contracts

What we CAN control – Prepare for all outcomes

- Start early and avoid contract extension discussions to create false sense of time
- Communicate widely that we need to all work together to earn the CCO contract – Minimize risk of complacency or sense of entitlement.
- Identify appropriate Resources
- Work has started both internal and external
- Lock in most talented experts with exclusivity if possible
- Complete thorough gaps & strengths assessment

<ul style="list-style-type: none"> • Review existing remediation plans • Environmental Scan • Focus on content development ideas and impact to outcomes, innovations and initiatives 			
<p>10. Reliability Moment – Brent Godek, MD</p> <p>Dr. Godek presented the reliability moment. Concerns: a 58-year-old IHN member presented with heart failure in need of a transplant. Prior authorization for the transplant received on 1/2/2023. Member was in Providence/St. Vincent’s Hospital-critical, hospital requested – Cedars Sinai, single case agreement, medical air transport required. The team did not process the request timely. Interventions: network, UM, CM, Medical Directors Finance and Re-insurance team meetings will be held. Optum Transplant Network contacted for contract. On 1/16/2023 CM coordinated with inpatient discharge planner with the process to arrange for the interfacility air transportation. Outcomes: Patient transported to Cedars Sinai for heart transplant, a contract was established with Optum transplant network, the CM referral was completed, UM will conduct frequent reviews, transplant process is being updated, staff will attend Optum training and there is a new High Dollar process being put in place. Members Matter: The member is safely in the right place, at the right time, at the right rate. Changes will improve the processes for the next request.</p>	ACTION: None		
<p>11. CEO Report – Bruce Butler</p> <p>AxisPoint/Sagility Discontinuation</p> <p>AxisPoint Health, now renamed to Sagility, is a national outsourcing service for care coordination and related activity. Effective at the beginning of April 2023, IHN’s and SHP’s multi-year contract with this organization will be terminated. This decision was based on a combination of member and provider feedback, internal performance assessment, and cost. Preparation and planning for this change has been underway for over two years, since it covers a substantial body of work encompassing 30-50 FTEs of effort and a cost of approximately \$4m per year. Internal staffing was initiated on a small pilot basis in 2021. Staffing has been scaling up significantly over the 4th quarter of 2022 and 1st quarter of 2023, in anticipation of a late-January partial cutover and a late-March full cutover. We expect a less costly and more effective solution from this internalization, with stronger performance on key outcomes such as health risk appraisal completion. We look forward to member and provider feedback over the course of the year.</p> <p>Organizational Changes</p> <p>In addition to the significant staffing reconfiguration required to accommodate the internalization of the AxisPoint/Sagility work, IHN and Samaritan Health Plans are undergoing significant modernizations of business processes and information technology, with resulting changes to the workforce and to the organizational structure needed to serve our community most effectively. Analytical, subject matter expertise, and customer interfacing roles are expanding, while manual administrative process roles have been subject to attrition that will continue. SHS’ Position Governance process recently approved a substantial package of organizational changes submitted by Health Plans leadership. Following is a review of recent changes and a preview of expected further developments in 2023.</p> <p>Review: Selected 2022 Changes</p> <table border="1" data-bbox="162 1932 1266 1969"> <thead> <tr> <th data-bbox="162 1932 730 1969">Organizational Change</th> <th data-bbox="730 1932 1266 1969">Objectives</th> </tr> </thead> </table>	Organizational Change	Objectives	
Organizational Change	Objectives		



Launch of an outbound customer call center function.	Proactive member and provider outreach on issues such as preventive care promotion, capacity for additional patients, etc.
Conversion of the health plans Clinical Services leadership structure to a dyad model comprised of a health plan operational track and a physician leadership track.	Stronger integration between health plans medical management and network providers' clinical practices; stronger integration between health plans medical management and health plans operations.
Initiation of resource redeployment from manual prior authorization processing to member-facing care coordination activity.	Take advantage of automation and business process streamlining opportunities to focus resources on highest-value activities.

Review: Recent and In-Process Organizational Changes

Organizational Change	Objectives
Transfer of Provider Network Contracting and Provider Relations functions to Health Plans Clinical Services (from Strategy)	Stronger integration between provider network management and quality/performance metric performance improvement.
Transfer of Enrollment function to Health Plans Operations (from Finance)	Combine business process improvement initiatives across Enrollment and Provider Data Management functions.
Transfer of Appeals & Grievances function to Health Plans Operations (from Strategy)	Integrate A&G function with Customer Service and Operations Performance Improvement.

Upcoming Organizational Changes

Organizational Change	Objectives & Leaders
Transitioning Strategy/Product Department to Business Development Department	Focus on business growth and product line opportunities. Chief Business Development Officer, Gabriel Parra. Other leaders: Bridgett Quest, Janice Crayk.
Establishing a Social Determinants of Health (SoDH) Team Within Clinical Services	Focus on enhancing programs, community relationships, and preparedness for Oregon Waiver provisions related to social influences on health status and new intervention measures to improve health. To be headed by Melissa Isavoran.



<p>(Re)Establishing a Contractual Performance Monitoring Team Within Operations</p>	<p>Focus on thoroughly monitoring status of key contractual deliverables (e.g. OHA, CMS, etc.), facilitating remediation of performance risks, and pursuit of high performance standards.</p>	
<p>New Leadership Positions, to be posted:</p> <ul style="list-style-type: none"> • AVP, Clinical Services • AVP, Service Operations 	<p>Permanently fill Clinical Services leadership position; Patty Kehoe has been supporting CEO on an interim basis. Augment operations and service level leadership team.</p>	
<p>Pended to mid-year: New Leadership Position</p> <ul style="list-style-type: none"> • VP, [Clinically Integrated Network; or other title TBD] 	<p>Lead the development of a highly integrated system approach to value-based care for SHS. Patty Kehoe to support CEO in interim leadership role.</p>	
<p>Pended Temporarily: Leadership Reclassifications</p>	<p>Align positions with job duties that have been assumed by various team members. NOTE: several are temporarily on hold, pending SHS-wide review of all manager-and-above reclassifications.</p>	
<p>Health Plans Performance Goals & Performance</p> <ul style="list-style-type: none"> • SHS Cascading Goals relevant to IHN and SHP are summarized below, for 2022 and transitioning to 2023. 		



2022

SHS Goal	SHP Metric	2022 Target	Baseline	YTD – December 2022
Become a Highly Reliable Organization	Train all Site Leaders in HRO Leadership Methods and Implement Weekly Rounding To Influence.	100% Leaders trained; at least 60% RTI weekly	N/A	100% of leaders eligible by 4/1 complete; 0 RTI forms in Dec (0% weekly).
	Achieve Quality Dashboard Metrics with Focus on: <ul style="list-style-type: none"> SAHP: Star Rating. IHN: CCO Quality Metrics Ranking 	4 Stars Above 25 th Percentile	4 Stars Below 25 th Percentile	SAHP 3.5 Stars IHN: Below 25 th Percentile.
Develop a Plan to Improve Workforce Recruitment & Retention	Improve Employee Engagement Scores.	>3.93	3.93	3.78, results overview provided to employees.
	Complete Cultural Transformation Leadership Work and Develop an Implementation Plan.	Implementation Plan Developed	N/A	Implementation plan developed.
Increase Donor Engagement	Increase Employee Engagement/Participation in the Samaritan Employee Caring Campaign.	>30%	27.83%	25% participation in 2022.
	Establish a Precedent for Joint Funding from IHN & SHS for a Community Benefit Purpose.	1 Project/Grant Funded & Donor Support Solicited.	N/A	Targeted SHS DST project(s) for enhancement through foundations.
Further Diversity, Equity & Inclusion	Support Samaritan Employee Resource Groups (SERGs) Participation from Site.	Cascading Communication of DEI Council Messaging	N/A	SERGs meeting monthly, communications cascaded.
	Fill Required CCO 2.0 IHN-CCO Roles: Equity & Inclusion Officer & Tribal Liaison.	Roles Filled/Designated	N/A	Completed; positions filled.
Enhance Financial Stability	Achieve Budgeted Total Margin.	1.2%	3.0%	1.7% YTD, budgeted for 1.4% through December.
Improve Alignment Between SHS & SHP	Develop an Enterprise Data Warehouse Strategy.	Plan Developed	N/A	Strategy developed; governance process & scope in development.
	Develop a Business Plan for an IHN-CCO Clinic.	Plan Developed	N/A	SHS Board finalized business plan. Implement in 2023.
	Develop and Implement 2022-Retroactive SHP/IHN/SMG Shared Risk Pool.	Risk Pool Implemented	N/A	Complete, SHP accrued for the YTD dollars in September.

2023

SHS Goal	SHP Metric	2023 Target	Baseline	YTD – January 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	
	Daily Management Operating System (DMOS) Pilot Implemented.	Pilot implemented in at least 1 department	N/A	
	Achieve Quality Dashboard Metrics with Focus on: <ul style="list-style-type: none"> SAHP: Star Rating. IHN: CCO Quality Metrics Ranking 	4 Stars Above 25 th Percentile	3.5 Stars Below 25 th Percentile	
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.	60% favorable rating on focus items	64%	
Increase Donor Engagement	Increase Employee Engagement/Participation in the Samaritan Employee Caring Campaign.	≥45%	25%	
Improve Alignment between SHS & SHP	Convert Samaritan Advantage Contract to Allow for Claims Optimization.	Conversion implemented	N/A	
	Roadmap for Enhanced Care Coordination for Patients/Members Developed.	Roadmap developed	N/A	
Enhance Financial Stability	Achieve Budgeted Operating Margin.	0.60%	1.50%	
	Develop Continuous Improvement Plan & Achieve Target.	\$674,361	N/A	

11. Other Business – Doug Boysen

None

ACTION: None

12. Meeting adjourned

Dr. Jessop (for Dr. Madsen) adjourned the meeting at 2:57 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: April 19, 2023