

**InterCommunity Health Plans  
Board of Directors Meeting – Public**  
June 16th, 2021; 1:00 pm – 3:00 pm

Microsoft Teams Meeting

**MINUTES**

**Attendees:**

**Board Members**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Doug Boysen – Chair  | <input checked="" type="checkbox"/> Kärün Virtue      | <input type="checkbox"/> Roger Nyquist           |
| <input type="checkbox"/> Bruce Madsen, MD                | <input checked="" type="checkbox"/> Kristy Jessop, MD | <input checked="" type="checkbox"/> Tyra Jansson |
| <input type="checkbox"/> Claire Hall                     | <input checked="" type="checkbox"/> Lara Gamelin, MD  | <input type="checkbox"/> William McCarthy, REV   |
| <input checked="" type="checkbox"/> Courtney Miller, DMD | <input checked="" type="checkbox"/> Lisa Pierson      | <input checked="" type="checkbox"/> Xan Augerot  |

**Quorum:** Yes

**Presenters**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Bill Bouska  | <input checked="" type="checkbox"/> Dan Smith           | <input checked="" type="checkbox"/> Trent Began |
| <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Gabriel Parra       |   |
| <input checked="" type="checkbox"/> Colleen Fair | <input checked="" type="checkbox"/> Kevin Ewanchyna, MD |   |

**Invited Attendees**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Annette Fowler       | <input checked="" type="checkbox"/> Janice Crayk        | <input type="checkbox"/> Sheryl Fisher              |
| <input checked="" type="checkbox"/> Carla Jones          | <input checked="" type="checkbox"/> Jeannette Campbell  | <input checked="" type="checkbox"/> Suzanne Hoffman |
| <input checked="" type="checkbox"/> Charissa Young-White | <input checked="" type="checkbox"/> Joell Archibald     | <input checked="" type="checkbox"/> Todd Noble      |
| <input checked="" type="checkbox"/> Dana Pham            | <input type="checkbox"/> Nancy Fry                      |   |
| <input type="checkbox"/> Florence Pourtal                | <input checked="" type="checkbox"/> Rebekah Fowler, PhD |   |

Items/Discussion	Action
<p><b>1. Call to Order and Welcome</b> – Chair: Doug Boysen</p> <p>Mr. Boysen called the meeting to order at 1:03 pm.</p>	
<p><b>2. Introductions and Announcements</b> – Presenter: Janice Crayk</p> <p>Janice Crayk thanked everyone for providing their Conflict of Interest (COI) statements, Form 990s and middle names. For those who have not sent them in yet, we will send a reminder if we have not received them within a week.</p>	
<p><b>3. Safety Moment</b> – Presenter: Dr. Ewanchyna</p> <p>A member who had been in OHSU’s Intensive Care Unit (ICU) was abruptly discharged to a Corvallis assisted living facility.</p> <p>The member’s needs after discharge included home health, PT/OT, speech, nursing, a wheelchair ramp, a Home Care Worker (HCW), increased hours from Senior Disabled Services (SDS), etc.</p>	

Health Plans Care Management assisted the member with establishing care with a new provider, increased home health care hours from 20 to 50, and provided other support. Negative outcomes at home or re-hospitalization could have occurred without care management support.

<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>	<p>Action: None</p>
<p><b>5. IHP Board Minutes of April 21, 2021</b> – Chair: Doug Boysen</p> <p>Following review of the minutes by Mr. Boysen, he asked if there were any changes, corrections, or questions. There being none, Tyra Jansson moved to approve the Minutes; the motion was seconded by Xan Augerot.</p>	<p><b>Action:</b> The minutes were unanimously approved.</p>
<p><b>6. Enterprise Risk Management follow-up</b> – Presenter: Trent Began</p> <p>Mr. Began covered the Enterprise Risk Management (ERM) report at the April 21, 2021 meeting with a general overview. Due to time issues, the board agreed to give Mr. Began an opportunity to provide additional detail at this meeting.</p> <p>Mr. Began’s ERM report mentioned the following risks:</p> <ul style="list-style-type: none"> <li>• Medical Loss Ratio (MLR) is within the target range, likely due to an increase in IHN members.</li> <li>• Administration Expense was within the target range.</li> <li>• We achieved 11 metrics out of the targeted 12 quality measures. Mitigation is in place to improve performance (i.e. aligning value-based payments with quality metrics).</li> <li>• High Cost/Specialty Pharmacy drug spending was 9.1% higher than Optum’s benchmark, but within the variance threshold. IHN-CCO does not have a lot of bargaining power to help reduce drug prices as those prices are set at the federal level.</li> <li>• COVID-19 risks are addressed in other categories.</li> </ul>	<p>Action: None</p>

Two additional areas of risk were discussed:

- Business continuity responded well to emergencies and disasters. Last year there were two major emergencies which required rapid response. We were able to shift our entire workforce offsite within a week due to the pandemic. Annette Fowler will continue to work on this risk.
- Cybersecurity is ranked as a lower risk because we have numerous prevention measures in place.

**Action item:** Invite Jim Kelly to discuss this topic at the next board meeting.

**7. Chief Financial Officer Report – Presenter: Dan Smith**

The April Income Statement shows revenue excess over expenses is slightly ahead of budget by \$2.7 million. Our administrative cost percentage is 10.3% and MLR is 87.1%. There is no real concern on the income statement side for the first four months.

The April Balance Sheet shows total assets increased. The single largest liability is unpaid medical claims.

None of the revenue for the Health Plans came from the Cares Act. The vast majority comes from premiums. Increased membership due to the pandemic has increased premium revenue. As those members stay on the plan, costs will increase.

Action: None

**8. Regulatory & Legislative Updates – Presenter: Bill Bouska**

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) joined the Coalition for a Healthy Oregon (COHO). COHO is a statewide association of smaller, rural CCOs. It is an advocacy organization for CCOs to support each other to improve access and quality healthcare for members.

Samaritan supported 6 legislative bills. The following were highlighted:

Action: None

- **HB 2164/HB3352: Cover All People** extends Medicaid coverage to all people regardless of immigration status. This could add 30,000 people to CCOs statewide in the next biennium.
- **SB629: Telepharmacy** is a great opportunity to get medications to rural areas.
- **HB 5024: Fully funds the Medicaid budget** to maintain coverage, benefits, and rates. The CCOs will continue to be funded at 3.4% of growth.

**SB781: Patient-centered Lab Results/Reporting** is the first bill Samaritan has sponsored. It passed through the entire process without a single “no” vote.

There are 12 additional bills of interest. The following were highlighted:

- **HB 2508: Telehealth Parity** for services that were expanded during COVID will be codified in this legislation.
- **HB 2010: Public option** requires two state agencies to work together to present a plan at the next legislative session.
- **HB 3046: Behavioral Health pkg** is investing \$521 million into the behavioral health system, including funding regional health planning. \$50 million is budgeted for transformation and system alignment. Significant funding for substance use disorder services and money dedicated for children’s mental health services is included in the bill.
- **HB 3069: “988” Behavioral Health Response System** will be like the 911 system, but for behavioral health emergencies. The federal law implements a nationwide 988 number next July.
- **HB 3159: REALD/SOGI Data Collection (race, ethnicity, language and disability/sexual orientation and gender identity)** passed. It requires this data be collected once every year for every CCO member. OHA is adding 42 positions associated with implementing this bill.
- **HB 2469: Behavioral Health Wellness Visits** require 3 or more behavioral health wellness visits as part of the OHP benefit.

**1115 Medicaid Waiver**

The current waiver expires June 2022. The renewal is for 5 years (2022-2027). OHA's goal is to advance health equity and is developing concept papers on the following topics:

- Ensuring access to coverage for all people in Oregon
- Creating an equity-centered system of health
- Encouraging smart, flexible spending
- Reinvesting government savings across systems

This is a good opportunity for the public to provide comment.

**9. Executive Reports**

Action: None

**A. Chief Strategy Officer Report – Presenter: Gabriel Parra**

**Membership**

There has been a dramatic increase in member enrollment since April 2020. We currently have over 71,000 members, the highest on record. Our contract with OHA includes a maximum enrollment limit. We will continue to monitor our enrollment to determine if an adjustment will be needed to our contract. One challenge we may face is when enrollment starts to drop.

**Quality Pool Funds**

OHA is changing the disbursement of quality pool funds. Coalition for a Healthy Oregon (COHO) was effective in advocating for adjustments to OHA's original metric requirement. The governor's goal is 70% of Oregonians vaccinated against COVID-19. A half percent of total quality pool funds will go toward this metric.

We must reach 42% for each race/ethnicity groups to qualify for any payout. If we do not meet this goal, then we will receive \$0. If we can improve 60% from the baseline for each race/ethnicity, then we will receive 100% payout. We are making good progress for most groups. American Indian/Alaska Native numbers are low for COVID-19 vaccinations, at only 37.5%

**Vaccination Efforts**

We currently have vaccination outreach in place. We will send a postcard to members inviting them to fill out a survey. Members who complete the survey will receive a \$20 Amazon gift card. We are

trying to understand why members may not be getting vaccinated and offer resources if they want to get vaccinated. We are piloting this initiative in Lincoln county and will analyze data to measure its success. Immunization rates in Linn County tend to be low.

**B. Chief Medical Officer Report – Presenter: Kevin Ewanchyna, MD**

**Pharmacy**

Pharmacy has fully implemented transitioning members from one CCO to another. A member’s medication will be covered without prior approval, which brings us into compliance for continuity of care.

Our Pharmacy Benefit Manager, OptumRx can now indicate when another payor is primary and IHN is secondary. This will help pharmacies receive the correct reject message so they can rebill the claim with corrected information.

To increase access to medication, IHN added generic Crestor (rosuvastatin) to the formulary, removing the prior approval (PA) requirement. In the past, IHN received seven PAs a week for this generic. It will also be available as a 90-day supply for members starting in July.

The Drug Utilization Review (DUR) Survey Report was submitted to the state on May 27<sup>th</sup>, before the June 1 deadline.

**Population Health and Quality**

During COVID-19 our strategy focused on facilitating member access to care and services. We worked with providers, clinics, and Unite Us (Connect Oregon at the state level) to connect members to care and address social factors. Primary care coordinators help patients by referring them for housing, behavioral health, and other community services.

In the area of accreditation and standards, we developed and submitted 8 reports to OHA, as well as worked on 18 program policies.

Action: None

IHN scored 101 out of 135 on OHA’s assessment of the 2021 Transformation and Quality Strategy (TQS) submission. We are working on continuous improvement to be ready for the next TQS submission due March 2022.

Member Outreach activities included launching education campaigns to support members in getting care and vaccinations.

**Behavioral Health**

Currently, the behavioral health (BH) staff report to care coordination management, but will be transitioned to report to Sheryl Fisher, as the BH Director. She has been visiting sites throughout the region to develop relationships that will help her better understand the needs of members. Sheryl is co-chair for the DST work group that is operationalizing Unite Us. She has been supporting Measure 110.

**Care Coordination**

Utilization Management has been working to improve communication with providers through the provider portal related to prior approvals.

A new screening tool is being implemented to trigger ICC (Intensive Care Coordination) cases for referral. ICC is transitioning back from the vendor requiring additional staff.

There was a suggestion to include the Community Services Consortium in the Unite Us 2.0 implementation.

**C. Chief Executive Officer Report – Presenter: Bruce Butler**

Mr. Butler formally introduced our new COO, Annette Fowler. Over the last two months, she has taken responsibility for a number of initiatives related to CCO 2.0 requirements.

Mr. Parra briefly described the COVID-19 vaccination survey project, using texting as a method to gather data. This technology will be evaluated for use in future projects.

Customer Service is initiating outbound calls to members, mainly to support screening and participation in ICC.

The provider data management project will ultimately produce a provider directory that is up to date. This will improve member experience, access to care, and patient safety. Improvements require

Action: None

a complex, multi-step process. Challenges in this area are common across many health plans. We have heard the concerns that have been expressed. We have engaged an experienced consultant to evaluate and make recommendations for improvement. The outcome will be a sustainable and accurate process.

**10. Compliance Update** – Presenter: Colleen Fair

Action: None

Erick Edtl left Samaritan last month. Colleen will fill the role in the interim. We have a highly qualified candidate (who previously worked in Health Plans) going through the group interview process.

The department has two other vacancies, an internal auditor, and a compliance integrity analyst.

We are focusing on the highest priority tasks, which include the compliance monitoring review (CMR) and the HSAG audit. The CMR is an audit of policies and procedures.

The HSAG audit on our IHN-CCO runs on a 3-year cycle.

- We are finalizing year 1 by submitting documentation to respond to findings by the June 30<sup>th</sup> deadline.
- Year 2 also has a June 30<sup>th</sup> deadline for submitting documents for the 2021 audit.
- The HSAG web conference to present their review is on September 16.

**11. Other Business**

Action: None

Mr. Boysen asked if there was any additional business to discuss.

Lisa Pierson raised a concern related to member experience. Some smaller behavioral health providers are not getting their claims processed timely and this is causing frustration. Because of their size, they do not have a lot of administrative support and this is causing a burden. There may be an issue with them submitting electronic claims. The provider support email address was given out in May's Benton Local Advisory Committee (BLAC) meeting. The responses from the email received by providers are not adequate to resolve the problem. Lisa's concern is providers potentially dropping IHN-CCO clients due to too much struggle to get paid.

**Action Item:** Mr. Parra will follow-up with Ms. Pierson to work on a resolution.

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**12. Meeting adjourned**

Mr. Boysen adjourned the meeting at 2:46 PM.

Respectfully submitted,  
Gabriel Parra

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Doug Boysen, President and Chair,  
Samaritan Health Plans Board of Directors  
Minutes approved August 18, 2021