

**InterCommunity Health Plans  
Board of Directors Meeting – Public**  
October 20, 2021; 1:00 p.m. – 3:00 p.m.

Microsoft Teams Meeting

**MINUTES**

**Attendees:**

**Board Directors**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Doug Boysen – Chair  | <input checked="" type="checkbox"/> Kärün Virtue | <input checked="" type="checkbox"/> Roger Nyquist |
| <input type="checkbox"/> Bruce Madsen, MD                | <input type="checkbox"/> Kristy Jessop, MD       | <input type="checkbox"/> Tyra Jansson             |
| <input checked="" type="checkbox"/> Claire Hall          | <input 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"/> Andrew Corrigan - KPMG | <input checked="" type="checkbox"/> Dan Smith           | <input checked="" type="checkbox"/> Melissa Isavoran |
| <input checked="" type="checkbox"/> Annette Fowler         | <input checked="" type="checkbox"/> Gabriel Parra       | <input checked="" type="checkbox"/> Nana Ama Kuffour |
| <input checked="" type="checkbox"/> Bill Bouska            | <input checked="" type="checkbox"/> Kevin Ewanchyna, MD | <input type="checkbox"/> Nancy Bao - KPMG            |
| <input checked="" type="checkbox"/> Chris Norman           | <input checked="" type="checkbox"/> Logan Garner - KPMG | <input checked="" type="checkbox"/> Trent Began      |

**Invited and Other Attendees**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Janessa Thom    | <input checked="" type="checkbox"/> Rebekah Fowler, PhD |
| <input checked="" type="checkbox"/> Carla Jones  | <input checked="" type="checkbox"/> Janice Crayk    | <input type="checkbox"/> Sheryl Fisher                  |
| <input checked="" type="checkbox"/> Dana Pham    | <input checked="" type="checkbox"/> Jayne Romero    | <input checked="" type="checkbox"/> Suzanne Hoffman     |
| <input checked="" type="checkbox"/> Dick Knowles | <input checked="" type="checkbox"/> Joell Archibald | <input checked="" type="checkbox"/> Todd Noble          |
| <input type="checkbox"/> Florence Pourtal        | <input type="checkbox"/> Nancy Fry                  |   |

Agenda 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 1:01 p.m.</p>	
<p><b>2. Introductions and Announcements</b> – Presenter: Janice Crayk</p> <ul style="list-style-type: none"> <li>In this virtual environment, it is much more difficult to identify who is speaking based solely on a person’s voice. Please state your name before making a motion or a second, so the minutes can accurately reflect those actions.</li> <li>The November meeting currently scheduled for the Wednesday afternoon before Thanksgiving is being moved to December 8. A new meeting invite will be sent. This is also being changed to a public meeting, and an update will be posted to our website.</li> <li>2022 IHP BOD meeting invites will be sent soon. They will continue to be the third Wednesday of even months with one exception. The October 2022 meeting will be the fourth Wednesday due to a schedule conflict.</li> </ul>	

<p><b>3. Reliability Moment</b> – Presenter: Nana Ama Kuffour</p> <p>Bi-Mart pharmacies are closing across the northwest, which affects about 10% of our members. Prescriptions are being transferred either to the closest Walgreens, or, for areas without a Walgreens within a reasonable distance, those Bi-Mart pharmacies will become a Walgreens pharmacy within the Bi-Mart store.</p> <p>An action plan to assist affected members includes:</p> <ul style="list-style-type: none"> <li>• Sending notifications to all impacted members.</li> <li>• Working with our provider relations team to ensure the closures are communicated to providers with affected members.</li> <li>• The care coordination team making outreach calls to high-risk members in areas that do not have a Walgreens in town, such as Sweet Home.</li> </ul> <p>The ability for pharmacies to fill prescriptions has also been impacted with pharmacy staff providing Covid vaccines. This is a challenge nationwide. We are working with the state in ways to support the pharmacy workforce.</p>	<p><b>ACTION:</b> None</p>
<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><b>5. IHP Board Minutes of August 18, 2021</b> – Chair: Doug Boysen</p> <p>Following review of the minutes, Mr. Boysen asked if there were any changes, corrections, or questions. There being none, Xan Augerot moved to approve the Minutes; the motion was seconded by Claire Hall.</p>	<p><b>ACTION:</b> The minutes were approved unanimously.</p>
<p><b>6. KPMG Planning Presentation</b> – Presenter: KPMG</p> <p>KPMG presented their 2021 audit plan. It included:</p> <ul style="list-style-type: none"> <li>• Identifying the KPMG staff that comprise their audit committee.</li> <li>• Specifying deliverables: audit reports on statutory financial statements, required communications, internal controls communications and the qualification letter.</li> <li>• Explaining the objective of an audit.</li> <li>• Providing the audit timeline and areas of focus.</li> </ul> <p>The goal is to have the audit completed by March/April to present to the board at the following meeting.</p> <p>Mr. Boysen asked for a motion to initiate the audit process. Mr. Nyquist moved to initiate the audit process; the motion was seconded by Claire Hall.</p>	<p><b>ACTION:</b> Initiating the audit was approved unanimously.</p>

<p><b>7. Compliance Officer Report</b> – Presenter: Chris Norman</p> <p>Mr. Norman provided the following compliance updates:</p> <ul style="list-style-type: none"> <li>• Two new positions have been created and more positions requested.</li> <li>• Plans to create a Joint Audit and Compliance Committee by Q1, 2022 to focus more in-depth on audit and compliance topics are in progress. This model is an effective way to make process improvements.</li> <li>• First draft of a Compliance dashboards will be ready for Q1, 2022.</li> <li>• Fraud Waste and Abuse (FWA) training for board directors will be delivered in Q4, 2021.</li> </ul> <p>Two major compliance activities were reported on:</p> <ul style="list-style-type: none"> <li>• The findings from the OHA FWA contract deliverables report and the actions taken to address them were presented.</li> <li>• The HSAG audit was a success, in large part due to the staff that organized materials, performed quality reviews, and presented during the day long session with the auditors.</li> </ul> <p>Mr. Butler asked board directors to provide any feedback on Mr. Norman’s recommendations, including board committee structure, so it can be considered in planning activities.</p>	<p><b>ACTION:</b> None</p>
<p><b>8. Financial Reports</b></p> <p><b>Chief Financial Officer Report</b> – Presenter: Dan Smith</p> <p><b>Income Statement (Year-to-Date)</b></p> <ul style="list-style-type: none"> <li>• Premium revenue is exceeding the budgeted amount due to an increase in membership.</li> <li>• Claims expense is also exceeding the budgeted amount, as increased membership results in increased medical care.</li> <li>• The premium revenue variance was slightly higher than the claims expense variance, which leaves a small positive margin for the nine-month period.</li> <li>• Non-operating income is close to budget.</li> <li>• Administrative expense was budgeted at 10.2%, but spending was only at 8.3%.</li> </ul> <p><b>Balance Sheet</b></p> <p>KPMG audits every amount on the balance sheet, and it is where they focus the majority of their time.</p>	

<p>The “Liability for unpaid medical claims” category (IBNR – Incurred But Not Reported) is the most difficult number to predict accurately. Unlike cash (which can be seen on the bank statement) or investments (which the investment company can provide an exact number), IBNR is an estimate of what we think we are going to pay. We use a proven methodology, as well as outside actuaries, to estimate IBNR. KPMG also uses actuaries to confirm this number.</p>	
<p><b>9. Enterprise Risk Management (ERM) – Presenter: Trent Began</b></p> <p>ERM reports are presented twice a year to keep board directors informed about critical risks that might jeopardize IHN.</p> <ul style="list-style-type: none"> <li>• Medical Loss Ratio was at 86% in August, compared to the budgeted 87%. The increase in membership impacted this ratio positively.</li> <li>• Administrative expenses were less than budgeted.</li> <li>• Quality Measures are being monitored closely. In 2019, IHN achieved 11 metrics out of a minimum of 12. Gap lists are being provided to Oregon Health Authority (OHA). The Arcadia Metric platform will improve monitoring and help mitigate gaps.</li> <li>• IHN specialty drug spending was 11% higher than Optum Nationwide peer benchmark in quarter 2. Overall, specialty pharmacy costs are up 20%. This is not a cost issue, it’s a volume issue.</li> <li>• COVID vaccination rates have been monitored for nearly two years. IHN COVID vaccination rates surpassed the 49% overall target. Benton and Lincoln Counties both passed the 70% threshold. Our partners in Linn County are essential in helping to raise their vaccination rates. Costs just for COVID services have not been significantly high, but monitoring continues as there could be other long-term impacts. We are looking at data to see if members on the plan before COVID are getting the same level of services.</li> </ul> <p>Kärun Virtue commented that lower utilization does not necessarily mean that we have healthy members. Her comment was acknowledged and appreciated.</p>	<p><b>ACTION: None</b></p>
<p><b>10. Regulatory &amp; Legislative Updates</b></p> <p><b>Government Relations Director Report – Presenter: Bill Bouska</b></p> <p>The focus of our government relations work has moved to issues surrounding implementation of laws passed during the last legislative session. This includes rule writing and developing plans for the investments OHA is making in the health care system. During the last session, the legislature was very focused on the redistricting process. We have also been doing a lot of work developing and</p>	<p><b>ACTION: None</b></p>

maintaining relationships with local legislators, as well as orienting legislators throughout the state about Samaritan and health care policy concerns.

OHA unveiled a 3-year strategy for achieving universal coverage. Six percent (250,000) of residents in Oregon are uninsured. Cover all People (a new law) will cover residents who do not meet the immigration eligibility requirement but are otherwise eligible. About 130,000 residents are eligible for marketplace subsidies, 66,000 eligible for OHP but are not enrolled, and 53,000 residents fall under the current health emergency. The federal government has expanded subsidies up to 400%. Almost all people not insured have some ability to get covered, either fully or subsidized.

There is a lot of benefit in maintaining members on OHP. Reducing the number of times people cycle on and off IHN is important and can be accomplished by making it simpler to get enrolled and stay enrolled. Ideas include a 2-year, self-attested enrollment and extending eligibility for children up to 5 years old. Almost everyone who is uninsured can get assistance. We want to let people know about coverage opportunities and hear ideas about how to expand the distribution of information.

The federal government is looking at maintaining some of what was put in place during the public health emergency, such as supporting the Affordable Care Act and getting as many people enrolled in coverage as possible. But having health insurance is only one piece of the puzzle. There also needs to be a delivery system based on cost containment and quality.

Significant laws have passed in Oregon to implement the following:

- The Sustainable Health Care Cost Growth Target Program sets a cap on health care costs at 3.4% for the CCO, which the legislature expanded to all payers and providers.
- Value-Based Payment Compact, changes how payment goes from payers to providers. It's no longer just about what services are provided, but the outcomes of those services.
- Public Option or Medicaid Buy-In Plan. Currently, a consultant is creating a plan to present to the legislature in February.
- Regional Global Budget Pilot gets everyone in a region under one umbrella, similar to a one payer semi-Kaiser model. This is very important from health policy perspective.

The CCO model provides some very good opportunities in these areas. We want to provide high quality and accessible health care for everyone in our region.

One piece that seems to be missing in the scenario is social structure. It's possible that the ability of payers and providers to deliver on Social Determinants of Health is within the areas mentioned above. That is a huge

<p>effort of OHA, but they are limited in what they can do outside the payer-provider system that is not under OHA. Community-based organizations may need to help.</p> <p>The state has pushed a number of efforts forward in the past several years to engage the community more. For example, placing nurses with women who have recently given birth to get them services they need, working on social determinants of health, focusing on population health. Maybe it is built into the initiatives above, but if not, it's happening all around them.</p> <p>Lisa Pierson raised the issue of limited access to services, especially behavioral health, but even inpatient care. The Behavioral Director is working on expanding training opportunities and seeking grant money. The biggest hurdle is not enough behavioral health providers. During COVID providers have left their employment to look for less stressful opportunities.</p> <p>The legislature approved \$500 million for behavioral health. Some funding will support residential housing. It is hard to invest in a system where there is inadequate infrastructure and workforce. Our region was awarded a planning grant to determine how the dollars should be spent. A consultant is being hired to focus on regional planning with partners in all of our communities to develop a comprehensive and inclusive plan. Lisa is very interested in knowing more about the grant and recommends some money go to retention. Behavioral health providers are burning out and leaving IHN.</p> <p>Recruitment and retention are both important. We have seen turnover within Samaritan, as well as across the state.</p>	
<p><b>11. IHN-CCO Update – Presenter: Melissa Isavoran</b></p> <p>We are using a collaborative approach for completing our required Regional Health Needs Assessment (RHNA). All three counties, each hospital and IHN-CCO are required to complete individual assessments, but on different timelines. These entities have agreed to work together on one assessment that will allow data breakouts specific to each entity. It takes 9-12 months to analyze the data, seek community input, and identify specific needs. The Community Advisory Council (CAC) is heavily involved in this process, as well as community partners across the region. A structure that will accomplish this work was presented.</p> <p>The IHN-CCO contract with the state includes many requirements and reporting deliverables. One requirement is a yearly audit completed by the Health Services Advisory Group (HSAG). Our day long audit session was successfully completed</p>	<p><b>ACTION:</b> None</p>

<p>last month with an excellent outcome. The auditors praised our work in several areas. We anticipate receiving a final report by December.</p> <p>In August, the Delivery System Transformation (DST) recommended approval of 10 pilots. The Regional Planning Council (RPC) approved them in October. Although the total funding needed surpassed the amount available, all were approved and IHN is funding the deficit.</p> <p>The IHN-CCO is getting creative in how we support and work with community partners. Initiatives include:</p> <ul style="list-style-type: none"> <li>• Collaborative community training, especially for behavioral health providers and traditional health workers who need periodic education credits to keep their certifications.</li> <li>• Partnering with United Way on the Unite Us platform to facilitate community referrals.</li> <li>• Developing a stronger metrics program focused on wellness and services for our members.</li> <li>• Working to strengthen our Health Information Technology Roadmap to implement the right technology at the right time.</li> <li>• Assessing opportunities to improve access to language services and bilingual staff for member when they need them.</li> </ul> <p>There is also work being done related to our CCO 2.0 contract renewal, the OHA waiver and streamlining deliverables. We plan to participate in the public comment period for the waiver. We are collaborating with other Coordinated Care Organizations to present proposals to OHA for streamlining reporting requirements that take time and are costly.</p>	
<p><b>12. Executive Reports</b></p> <p><b>Chief Operations Officer Report</b> – Presenter: Annette Fowler</p> <p>Annette Fowler presented on project governance. This is our new process to look at all project initiatives and determine priorities. We need to focus on the right projects, at the right time to achieve our organizational goals. Project requests must align with our strategy and vision.</p> <p>A project request cycle has been developed and a committee formed that will evaluate and either approve or reject a project proposal. The committee will also be responsible for prioritizing, monitoring and establishing performance indicators to measure success. A project will be monitored for one year after implementation to ensure sustainability.</p> <p>A description of how projects are prioritized, and an explanation of the criteria and ranking was presented. Executive leadership is the key to long-term</p>	<p><b>ACTION:</b> None</p>

success of this process. This process requires a paradigm shift from implementing projects in silos, to looking at a project from beginning to end and identifying all the impacts.

Project governance is not just a process within Health Plans but is a system-wide initiative. It is methodical and process heavy. But for IHN this means by the time a proposed project makes it through all the steps, it is not only aligned with Health Plans, but is also an SHS priority, which will ensure it will be completed effectively.

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

Board Member Reappointment

Mr. Parra presented the names of two individuals to be nominated for reappointments to the board. If approved, their names will be submitted to the SHS Board of Directors for election. Mr. Parra requested a motion to nominate Commissioner Augerot and Dr. Madsen for reappointments to the IHP Board of Directors. Commissioner Hall motioned to approve, and Dr. Courtney Miller seconded.

- Commissioner Xan Augerot – new 3-year term from January 01, 2022 to December 31, 2024
- Dr. Bruce Madsen – new 3-year term from January 01, 2022 to December 31, 2024

Audit and Compliance Committee

Boards of Directors often have committees that meet and present to the full board. The IHN By-laws gives the board the authority to establish committees. Doug, as chairman, appoints members, with approval of the Board. At the next meeting we will be asking for a formal approval to create an Audit and Compliance Committee.

Trauma Informed Organization

Recently some CCO staff attended a training focused on increasing awareness about organizational trauma. We would like to begin incorporating a few principles into our meetings but wanted to let board directors know in advance. Also, there is no pressure to participate if it makes anyone uncomfortable.

The idea received positive response, but also a comment was made that training should be provided by an individual skilled and trained in trauma informed approaches. It was suggested that a training be available to providers. Small providers can become isolated and could use this help.

**ACTION:** The nomination for reappointment to the IHP Board of Directors was approved unanimously.

<p>Dr. Ewanchyna shared that through a grant, IHN has partnered with Trillium to disseminate trauma-informed classes and trainings. He requested if board directors know of providers that did not receive the training, to let us know.</p> <p><b>Chief Medical Officer Report</b> – Presenter: Kevin Ewanchyna, MD</p> <p>Dr. Ewanchyna presented a high-level overview of the CCO incentive metrics just received from OHA last week:</p> <ul style="list-style-type: none"> <li>• Due to COVID, all CCOs received credit on the 13 incentivized measures.</li> <li>• All 15 CCOs reported on the metrics for 2020 and 100% of the quality pool earnings was distributed by June 30.</li> </ul> <p>A chart showing the total quality pool dollars earned by CCO and the percent of total enrollment was shared.</p> <p>Statewide bright spots included:</p> <ul style="list-style-type: none"> <li>• 13 of 15 CCOs reporting improvements in cigarette smoking, and an overall smoking rate decreasing 5% from 2019.</li> <li>• Since 2014 the percentage of children in foster care who received timely assessments has tripled.</li> <li>• Emergency department utilization by members with mental health diagnoses has declined, but it is challenging to determine the cause.</li> </ul> <p>Positive movement on six IHN-CCO metrics were presented and opportunities on ten metrics were presented.</p>	
<p><b>11. Other Business</b></p> <p>Mr. Boysen confirmed there was no other business.</p>	
<p><b>12. Meeting adjourned</b></p> <p>Mr. Boysen adjourned the meeting at 2:55 p.m.</p>	

Respectfully submitted,  
Gabriel Parra

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Doug Boysen, President and Chair,  
Samaritan Health Plans Board of Directors  
Minutes approved on October 20, 2021