

**InterCommunity Health Plans Board of Directors Meeting - Public**  
**February 19, 2025, 1:00 pm – 3:00 pm**  
**in person SHS Walnut Board Room**  
**2300 Walnut Blvd, Corvallis, OR**  
**or**

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**Board Members**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Doug Boysen      | <input type="checkbox"/> Dick Knowles  | <input type="checkbox"/> Kristy Jessop, MD |
| <input type="checkbox"/> Brecca Claitor   | <input type="checkbox"/> Elijah Stucki | <input type="checkbox"/> Will Tucker       |
| <input type="checkbox"/> Bruce Madsen, MD |  |  |

**Presenters**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alicia Bublitz | <input type="checkbox"/> Bruce Butler       | <input type="checkbox"/> Rachel Arnold |
| <input type="checkbox"/> Andi Easton    | <input type="checkbox"/> Dan Smith          | <input type="checkbox"/> Tony Verna    |
| <input type="checkbox"/> Beck Fox       | <input type="checkbox"/> Kelley Burnett, DO | <input type="checkbox"/> Trent Began   |
|   | <input type="checkbox"/> Marjan Fakki       |  |

**Invited and Other Attendees**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Gabe Shepherd   | <input type="checkbox"/> Melissa Bates         |
| <input type="checkbox"/> Annette Fowler        | <input type="checkbox"/> Jan Chambers    | <input type="checkbox"/> Rebekah Fowler, Ph.D. |
|  | <input type="checkbox"/> Kristty Polanco | <input type="checkbox"/> Todd Noble            |
|  |  | <input type="checkbox"/> Tom Loach             |

**Agenda**

	<b>Time</b>	<b>Item</b>	<b>Presenter</b>	<b>Purpose</b>
<b>1.</b>	<b>1:00</b> 5 min	<b>Call to Order and Welcome</b>	Doug Boysen	Informational
<b>2.</b>	<b>1:05</b> 5 min	<b>Reliability Moment</b>	Trent Began	Informational

	Time	Item	Presenter	Purpose
3.	1:10	<b>Introductions and Announcements</b>	Bruce Butler	Informational
4.	1:15 5 min	<b>Public Comments</b>	Doug Boysen	Informational
5.	1:20 5 min	<b><u><a href="#">IHP Board Minutes of December 4, 2024</a></u></b> <ul style="list-style-type: none"> <li>• Request motion</li> <li>• Call for vote</li> </ul>	Doug Boysen	<b>Action</b>
6.	1:25 15 min	<b><u><a href="#">CEO Report</a></u></b> <ul style="list-style-type: none"> <li>• Welcome new Directors Elijah Stucki &amp; Brecca Claitor, representing the Community Advisory Council.</li> <li>• New IHP Board Director Nominees <ul style="list-style-type: none"> <li>• Todd Noble, IHN Community Behavioral Health Representative</li> <li>• Commissioner Gabe Shepherd, Benton County</li> </ul> </li> <li>• Board Member representing Dental Health.</li> <li>• Update: OHA “Report Card” and Re-Procurement Strategy</li> </ul>	Bruce Butler	Informational  <b>Action</b>  Informational Informational
7.	1:40 15 min	<b><u><a href="#">Health Equity &amp; Community Benefit Report</a></u></b> <ul style="list-style-type: none"> <li>• Key Metrics (Community Benefit Investment &amp; HRSN utilization)</li> <li>• Health Equity Assessment Update</li> </ul>	Alica Bublitz Beck Fox	Informational
8.	1:55 15 min	<b>Population Health Report</b> <ul style="list-style-type: none"> <li>• Strategy Update</li> <li>• <u><a href="#">Utilization Management Restructuring</a></u></li> <li>• <u><a href="#">Key Metrics</a></u></li> </ul>	Dr. Kelley Burnett	Informational
9.	2:10 15 min	<b><u><a href="#">Operations Report</a></u></b> <ul style="list-style-type: none"> <li>• Provider Directory Update</li> <li>• Key Metrics</li> </ul>	Marjan Fakki Tony Verna	Informational
10.	2:25 15 min	<b>Finance Report</b> <ul style="list-style-type: none"> <li>• <u><a href="#">Financial Statements Review</a></u></li> <li>• <u><a href="#">Updated 2025 Budget</a></u></li> <li>• Key Metrics</li> </ul>	Dan Smith Trent Began	Informational <b>Action</b> Informational
11.	2:40 10 min	<b><u><a href="#">Government Relations Report</a></u></b>	Andi Easton	Informational
12.	2:50 10 min	<b><u><a href="#">Compliance Officer Report</a></u></b>	Rachel Arnold	Informational
13.	3:00	<b>Good of the Order - Adjournment</b>	Doug Boysen	
		<b>Executive Session (if needed)</b>		

\*SHS Strategic Priorities:



Quality and Service Excellence



(QSE) Community Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

*Next meeting: April 16, 2025 - in- person option: SHS Board Room  
Walnut Building – Corvallis, Oregon*

Note: Quorum is 50% of current number of Board Directors. Actions require a  $\frac{3}{4}$  vote of quorum.

**InterCommunity Health Plans Board of Directors Meeting - Public**  
**December 4, 2024, 1:00 pm – 3:00 pm**  
**in person SHS Walnut Board Room**  
**2300 Walnut Blvd, Corvallis, OR**  
**or**

**Microsoft Teams meeting**

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**Board Members**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Doug Boysen      | <input checked="" type="checkbox"/> Dick Knowles      | <input type="checkbox"/> Will Tucker            |
| <input checked="" type="checkbox"/> Bruce Madsen, MD | <input checked="" type="checkbox"/> Kristy Jessop, MD | <input checked="" type="checkbox"/> Xan Augerot |
| <input type="checkbox"/> Claire Hall                 |   |   |

**Presenters**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Alicia Bublitz | <input checked="" type="checkbox"/> Chris Norman  | <input checked="" type="checkbox"/> Rebekah Fowler, Ph.D. |
| <input checked="" type="checkbox"/> Andi Easton    | <input checked="" type="checkbox"/> Dan Smith     | <input checked="" type="checkbox"/> Todd Jeter            |
| <input checked="" type="checkbox"/> Bruce Butler   | <input checked="" type="checkbox"/> Rachel Arnold | <input checked="" type="checkbox"/> Trent Began           |

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| <input checked="" type="checkbox"/> Annette Fowler | <input checked="" type="checkbox"/> Kelley Burnett, OD | <input checked="" type="checkbox"/> Todd Noble    |
| <input checked="" type="checkbox"/> Anne Daly      | <input checked="" type="checkbox"/> Kristty Polanco    | <input checked="" type="checkbox"/> Tom Loach     |
| <input type="checkbox"/> Brent Godek, MD           | <input checked="" type="checkbox"/> Lisa Pierson       |   |

**Agenda**

**Minutes**

**Call to Order and Welcome**

Chairman Boysen called the meeting to order at 1:02pm.

**Reliability Moment**

PDM project – Bruce Butler relayed a situation encountered by the PDM team. Mr. Butler noted that the provider directory was slated to go live on December 1<sup>st</sup> but did not due to an incoming file received from the vendor, was badly corrupted. The PDM team followed the procedures put in place for instances such as these to avoid inadvertently damaging the tech infrastructure. Mr. Butler commended the team for their due diligence in following established procedures in preventing such a calamity.

**Minutes**

**Introductions and Announcements**

Bruce Butler introduced new staff member, Dr. Kelley Burnett as Health Plans new Medical Director and welcomed her to the Samaritan family.

Mr. Butler took a moment to express our collective gratitude to outgoing Board Directors, Lisa Pierson, and Commissioner Xan Augerot – highlighting their impact on IHN-CCO and wishing them well in their future endeavors.

**Public Comments**

None.

**IHP Board Minutes of August 21, 2024**

***A motion to approve the August 21, 2024, minutes was made by Dick Knowles and seconded by Dr. Kristy Jessop. There were no comments or corrections. Unanimous approval by all directors present.***

**Financial Reports**

**Income & Balance Statements**

Dan Smith reported on the October 2024 income and balance sheets. Most notably, claims expenses are exceeding revenue. Additionally, the operating margin is in the negative ~\$7.3m unfavorable to budget. The good news is investment income is still trending in the positive. In regard to the balance statement, Mr. Smith noted the presence of a significant change in “other receivables” line item for the prior year. Mr. Smith also noted that large claims is impacting the numbers with IBNR holding at \$27.7m. In comparison last year at this time, it was at \$35m so there is improvement on that front. The question was asked if the large claims are in-system member claims or member claims outside the health system. It was a mix of both; however, the larger claims are for specialized member care outside Samaritan. Lastly, Mr. Smith mentioned the upcoming annual audit with KPMG and advised that it is expected that more expenses will show up on the income statement.

**2025 IHN Budget**

Trent Began introduced the 2025 IHN Budget to the Board for approval. Mr. Began provided the Board with the background context by starting with the assumptions made by the state actuaries and then, based on those, the assumptions from the Finance teams (SHP & SHS). Along with the forecast of the potential for membership increase statewide, most notable of the assumptions centered on rates – 5.1% overall rate increase provided by OHA based on medical and Rx trends – and though there is a forecasted 1% decrease in membership due to redetermination, it is forecast that a rebound with the potential of membership increase once the redetermination winds have settled and new coverages take effect this year which will expand eligibility for some who may have lost coverage through redetermination.

***A motion to approve the 2025 budget was made by Xan Augerot and seconded by Dr. Kristy Jessop. There were no objections. Unanimous approval by all directors present.***

### **Enterprise Risk Management (ERM) Update**

Trent Began advised the Board on key institutional risks for IHN-CCO. Mr. Began restated that large claims are a pain point for the year. He noted that these dynamics are typically cyclical with the hope that they will dial down in the coming year. It was posited by Chairman Boysen that it would be of benefit for SHS to evaluate specialty care options that would make it more likely that IHN members receive the specialized care in system/network instead. Mr. Began noted actions to stay on top of matters including weekly Claims Team huddles to maintain oversight. Mr. Began moved on to metrics and the Quality pool performance – it was noted that quality metrics are at risk with a forecast of 80% quality incentive pool payout. Dr. Brent Godek noted that though 80% isn't 100% it still demonstrates an improvement with actions put in place including regular meetings with providers to keep them updated on performance and to identify and close gaps. Appeals and Grievances is also at risk – oversight actions have been put into place to address. Administrative expenses (cost of running the plan) is at risk due to \$1.2m over budget as of October. The good news is that the overage is offset by higher revenues, so it is still expected to come in at budget. Cost reduction actions were taken in September 2024 to reduce IHN's expense run rate in Q4. On the positive, Health Equity work and Provider Data Management are progressing well and on track.

### **CAC SHARE Recommendations**

Alicia Publitz reported on the SHARE recommendations (list available in board materials packet) and the selection process. A list of community organizations with the highest scores were presented within the funding range, along with an ask. The SHARE Committee, comprised of CAC members, IHN staff, and community partners requested that an additional entity, Unity Shelter, be considered to receive funding. Bruce Butler advised that management would look for alternatives for funding Unity Shelter. Dick Knowles and Xan Augerot were complimentary on Alicia and her team's work on SHARE and the selection process.

***A motion to approve the SHARE recommendations was made by Xan Augerot and seconded by Dr. Bruce Madsen. There were no objections. Unanimous approval by all directors present.***

### **Confirm CAC IHP BOD Nominees**

***A motion to approve the appointments of Dick Knowles, Brecca Claitor, and Elijah Stucki was made by Dr. Kristy Jessop and seconded by Xan Augerot and Dr. Bruce Madsen. There were no objections. Unanimous approval by all directors present.***

All will be new sitting directors for IHP BOD pending final approval of the SHS Board at their December meeting.

### **CEO Report**

Bruce Butler engaged the Board on the discussion of both the historical and future work of the CCO in the Community Investment space. Mr. Butler introduced the concept of "strategic performance grants" to spur quality improvements system wide. Noting that the Governor's goal that CCOs contribute 2% of revenue towards community investments, Mr. Butler informed that IHN-CCO has typically met this expectation (in the 1.9-2%) range consistently. Chairman Boysen noted the challenges including access in part due to provider shortages and reimbursement rates are no longer competitive. The general consensus among some of the Directors was that though SDoH initiatives are important that there is a disproportional focus on it and need to figure out ways to strike a balance given the limited resources available. It would also be helpful to know more on the member demographic that is mostly utilizing these services to suss out if we are allocating our

resources in an effective manner. Dr. Madsen advised on a possible solution for quality metrics improvement by bringing in 3<sup>rd</sup> party support that specializes in this area to recoup lost dollars. Commissioner Augerot noted as an additional resource, that Benton County clinics are accepting new patients while also hitting their quality metrics and offered to share best practices.

**OHA Contract Update**

Rachel Arnold informed the Board on the most notable OHA contract changes/updates for 2025. The key areas are 1. Non-Discrimination policy (Section 1557 of ACA); 2. Tribal Engagement; 3. PBM Contract Oversight & Auditing; 4. New HRSN Benefits and administrative responsibilities; 5. Program integrity (FWA focused); 6. Payment enhancements for specific providers. There were no questions.

**Compliance Officer Report**

Chris Norman updated the Board on happenings in the Compliance space. Mr. Norman noted the findings from the recent HSAG audit – results were an improvement from last year, however there was still some findings his team is working through. Mr. Norman also mentioned that the Compliance team is moving their incident reporting database from SharePoint to Ethics Point exclusively. Mr. Norman went into an abbreviated version of the mandatory FWA annual training, advising Directors to review the full packet of materials provided at their convenience.

**Good of the Order - Adjournment**

**Chairman Boysen adjourned into Executive Session at 3:05pm.**

\*SHS Strategic Priorities:

-  Quality and Service Excellence
-  (QSE) Community Partnerships (CP)
-  Sustainability (S)
-  Employee Engagement (EE)

*Next meeting: February 19, 2025 -hybrid and in- person option: SHS Board Room Walnut Building – Corvallis, Oregon*

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

# CEO Report

Bruce Butler, CEO Health Plans

InterCommunity   
Health Network CCO

# New Director Welcome

Representing the Community  
Advisory Council:

Brecca Claitor

Elijah Stucki

InterCommunity   
Health Network CCO

# Brecca Claitor

## CAC Representative, Benton County

Brecca is of Asian Indian /Pacific Islander/White descent. When asked why she would like to serve on the board, she told the CAC:

*“I am a member of the CAC, the Benton Local Advisory Committee, and as the Benton Liaison, I serve on the CAC Communication Coordination Committee. I am pleased to be here today, just as I have been for every meeting, to have the opportunity to amplify the diverse voices coming together to advocate for the needs and desires of our community. I joined a little over a year ago while navigating the system not only for myself but also for my two children, having recently emerged from a challenging domestic violence situation. I felt lost and alone, and it seemed as though we were falling through the gaps in a system I did not fully understand. Since becoming more involved, I have developed a genuine passion for this work. It gives me a sense of accomplishment, knowing that I am contributing not only to my own family but also to our community at large and our neighbors. Together, we are creating a united front that listens to and addresses the challenges we all face, taking our advocacy efforts to where they are truly needed.”*

In 2023 and 2024, Brecca represented Benton County (along with Lisa Pierson) on the SHARE Initiative Funding Workgroup. She dedicated a significant amount of time to this work, including assisting with developing an evaluation tool, identifying priorities, reading all the proposals, listening to their presentations, and scoring their evaluation sheets. Brecca is currently in school and looking toward a career in public health.

# Elijah Stucki (they/them)

## CAC Representative, Benton County

Elijah, as Executive Director of Mid-Willamette Trans Support Network, is a respected leader in the transgender and gender diverse community. Elijah is committed to advocating for access to care; equity, diversity, and inclusion; and fat activism. Elijah believes the work of the CAC is not only important for advocating for member voice in the community and healthcare system, but also because important funding decisions are made based on the work of the CAC. When asked about why they wanted to serve on the IHN-CCO Board, they said:

*“Healthcare is political and my trans and disabled communities are terrified of losing their right to healthcare as the incoming administration spent millions of dollars on ads about us, trying to dissuade people from letting us save lives. As a trans person who runs a nonprofit trying to help my community, I want to be in the room when decisions are made that will affect my community and my community’s health and well-being as well as my own. We need more diverse perspectives, and I hope to be one of those.”*

# Board Director Nominees

InterCommunity   
Health Network CCO





# Todd Noble, Health Administrator, Linn County

## IHN Community Behavioral Health Representative

Todd Noble is the Health Administrator for Linn County Health Services managing a staff of over 270 FTE. As the Health Administrator he is the Mental Health Director and the Public Health Director. The Health Department consists

of five programs: Mental Health, Drug and Alcohol, Developmental Disabilities, Public Health, Environmental Health, and Information Technology.

Todd is a Licensed Professional Counselor and has earned two master's degrees. He first came to Linn County as a therapist back in 1992 and rose within the department to become the Manager for Crisis services and later the Mental Health Program Manager before becoming the Health Administrator.

Todd has also worked for Accountable Behavioral Health Alliance as the Adult Systems of Care Manger managing adult behavioral health for five counties in Oregon. He has served as the clinical behavioral health supervisor for Community Outreach in Corvallis and later served on the COI Board of Directors for two terms. He has been a consultant and trainer for Samaritan Outpatient Mental Health Program and Western University of Health Sciences Psychiatry Residence Program, The Institute of Behavioral Health Integration and Lincoln County Health Services. As a consultant and trainer, he has worked with emergency departments, community mental health programs, law enforcement, jails, schools, and primary care throughout the Willamette Valley and Central Oregon. Todd's clinical specialty is in Crisis Services, Management of Suicidal Behavior and Borderline Personality Disorder.



# Comm'r. Gabe Shepherd

## Benton County

Commissioner Shepherd took office on January 2, 2025. He is currently the youngest county commissioner in the state of Oregon but already holds a wealth of knowledge about local government and the issues affecting the communities of Benton County.

Gabe Shepherd grew up in the rural community of Cheshire, Oregon, about a 20-minute drive from Monroe. He graduated from Oregon State University in 2018 with an Honors Bachelor of Science in Industrial Engineering. Discovering an interest in government in 2017, he started attending Corvallis City Council meetings. He began to look for ways to get more involved at a local level. He became a volunteer aide for the Corvallis City Legislative Committee, a Corvallis Budget Commissioner, and the Deputy City Clerk for the City of Albany.

In 2020 Shepherd ran for Corvallis City Council and was elected to represent the people of Ward 4, which then included the College Hill Neighborhood Association, all of OSU's main campus, and part of the West Hills Neighborhood Association. He was elected to a second term in 2022. During his tenure on the Corvallis City Council, he championed compensating city councilors for their work by voting to implement the first stipend for city councilors in Corvallis, he led the charge on Corvallis becoming the first city in Oregon to use Ranked Choice Voting, and he voted for both affordable and traditional housing projects.

Shepherd will be the County's liaison to the Corvallis and Albany governments and his portfolio at the County includes health care and public safety.

**Your motion to approve is appreciated.**



# OHA's Performance Assessment

Bruce Butler, CEO Health Plans

InterCommunity   
Health Network CCO

# OHA Performance Snapshot

## Overview

Draft: Not for Distribution

### Summary of Performance



ACCESS TO CARE	Measure Type
Network Development & Monitoring	Compliance
Managed Care Compliance	Compliance
Network Adequacy	Performance

SERVICE DELIVERY	Measure Type
Coverage of Services	Compliance
Grievances & Appeal System	Compliance
Quality Assessment & Performance Improvement	Compliance

■ High Performance
 ■ Moderate Performance
 ■ Low Performance

MEMBER RIGHTS & HEALTH EQUITY	Measure Type
Health Equity	Performance
Member Rights & Information	Compliance

PROGRAM INTEGRITY	Measure Type
Fraud, Waste & Abuse	Performance
Subcontracting & Delegation	Compliance
Resolution of Audit Findings	Compliance

FINANCIAL PERFORMANCE	Measure Type
Net Operating Margin	Performance
Risk-Adjusted Rate of Growth	Performance
Minimum Medical Loss Ratio	Compliance
Restricted Reserve	Compliance
Ratio of Current Assets to Current Liabilities	Performance



# OHA Performance Snapshot

## Highest Improvement Priorities

### Service Delivery

- Authorization timeliness
- Timely notification of adverse benefit determinations

### Member Rights & Health Equity

- Operational structure
- Outbound member communications
- Language access in health plan and provider network
- Health Equity Plan execution

### Program Integrity

- Fraud, Waste, and Abuse investigation activity implementation
- Subcontractor delegation oversight
- Resolution of prior audit findings

### Financial Performance

- Unfavorable operating margin
- Above-average cost growth
- Related: “Overperformance” on Minimum Medical Loss Ratio

# OHA Performance Snapshot

## Financial Performance Focus

### 4<sup>th</sup> Quarter Results

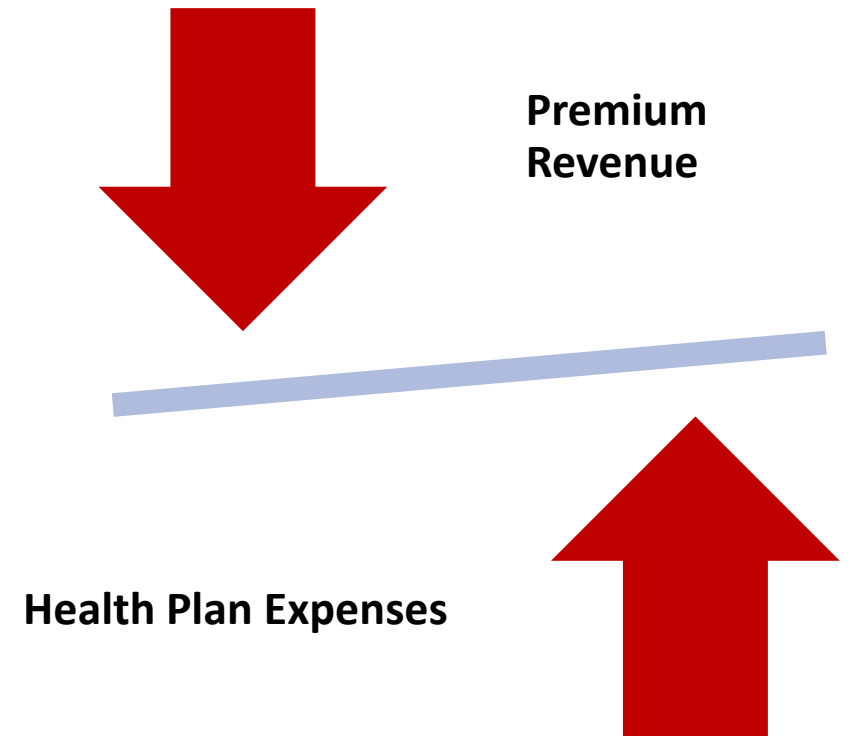
- Drastically unfavorable
- Significant draw on IHN reserves

### Downward Pressure on Premium Adequacy

- Calibration to DMAP unit costs
- Under-recognition of impact of redetermination disenrollment of lower-cost members

### Upward Pressure on Claims Expenses

- Post-pandemic utilization rebound
- New extremely-expensive therapeutics
- Above-DMAP provider reimbursement
- Future: Prioritized List sunset



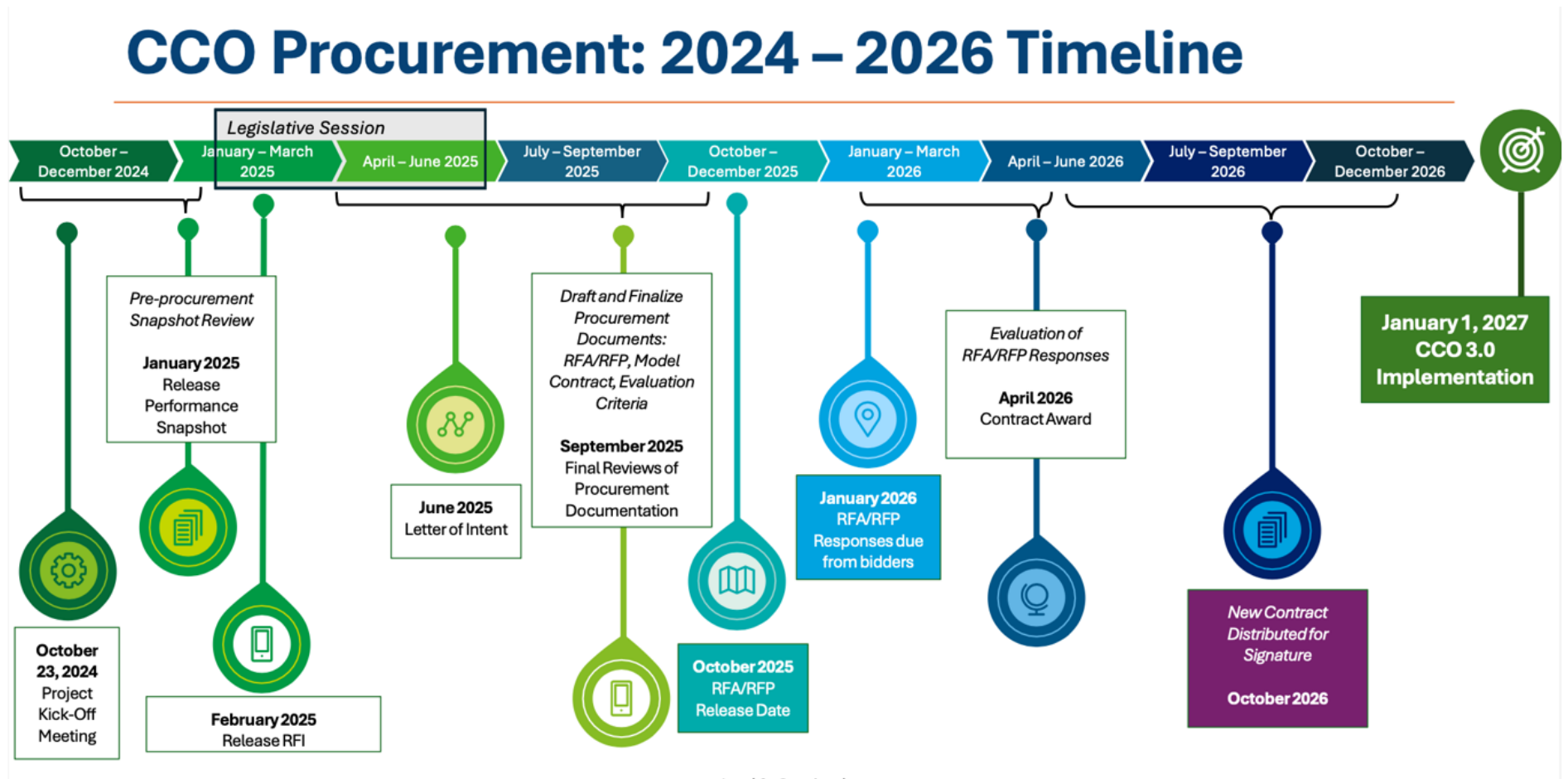
# Re- Procurement Strategy

Bruce Butler, CEO Health Plans

InterCommunity   
Health Network CCO

# Re-Procurement Strategies

## Timeline



# Re-Procurement Strategies

## 2025 Work Plan Highlights: IHN + Tenfold Group

Activity/Milestone	Due Date
• Strategic advice on reprocurement response (inc. financial stewardship)	• ongoing
• Tenfold assessment of CCO 2.0 response	• Feb. 17, 2025
• Review OHA Scorecard	• Feb. 2025
• Identify implementation gaps to go through PGC process for CCO 3.0 readiness	• Feb. 2025
• Develop detailed reprocurement workplan inclusive of IHN CCO identified gaps and “win themes”	• Feb. 17, 2025
• Launch reprocurement “Tiger Team” (RFA section leads) and establish regular meetings (every other week)	• Late Feb. – Early March 2025
• Serve project director role for CCO 3.0 response, providing oversight and support of reprocurement “Tiger Team” structure (project meeting facilitation, tracking reporting on milestones/ issues, TA/ support to RFA leads/PMs)	• Feb. – Dec. 2025
• Work with PGC to inventory co-occurring projects to assure resources available for CCO 3.0 readiness and response	• March 2025
• Update CCO 2.0 Application: Edit/ refine language for use in 3.0 response, including identifying gaps to be addressed by PGC process (see below)	• March – Sept. 2025
• Develop Tenfold AI tool for RFA response	• Jan – Oct. 2025
• Launch Tenfold AI tool for RFA response with analysis of 3.0 RFA	• Nov. 2025
• Review and edit of new 3.0 sections to assure strongest possible application response	• Oct. – Dec. 2025

# Re-Procurement Strategies

## “Tiger Team” Breakout Groups

Governance (inc. CAC)

Finance / VBP

HIT / HIE

Provider Network

Behavioral Health

Integration / Transformation of Care

Care Coordination

Member engagement /member transitions

SDoH / HRSN

Equity

Community Engagement

CHA/CHIP

Compliance

Quality (Metrics, etc.)

# Social Determinants & Transformation Update

Alicia Bublitz, SDoH Manager

Beck Fox, SHP Program Manager I

# Health Equity Assessment

In partnership with Linn Benton Lincoln Health Equity Alliance (LBLHEA), IHN-CCO will be embarking on a large-scale, comprehensive equity audit of internal institutional policies and, eventually, its external facing policies and practices.

**Goal: Integrate equity internally, enhance member experience, and promote health equity for members.**

An assessment tool will be designed through an anti-colonial, anti-racist, liberatory framework that draws from Black and Indigenous feminism scholarship. The tool will be created to identify gaps, barriers, assets, solutions, and opportunities for visioning and action to advance equity within IHN CCO, and associated structures and systems.

# Health Equity Assessment

The scope of work is framed in a multi-tiered approach that weaves in capacity building and leadership development.

- Establish a set of shared definitions for current and future use.
- Review of a smaller set of internal documents to create the assessment tool.
- Perform an environmental scan of anti-racist and decolonial planning and advocacy work.
- Workshop series to support staff development to be accountable and healthy in this work.
- Support communication and advocacy resources to build awareness and support among leaders.
- Working in partnership with a small team to help to develop IHN-CCO's capacity to assess its own practices.
- Integrating when and how to engage members and surrounding communities served by these systems.
- Technical assistance.
- Project management.

High-Level GANTT

Phase	Dec	Jan	Feb	March	April	May	June	July
Work set up/ Team Creation/ Working agreements								
Environmental scan/advocacy plan								
Capacity Building								
Tool Creation								
Tool Review and Pilot Plan								
Ally-Organizing								
Work planning								

- Red indicates shifted timeline/ delayed [activity](#)

# Health Equity Assessment

To ensure this work is impactful, meaningful, and effectively advances equity within IHN-CCO, a **working team of 6-10 individuals** from IHN-CCO will be coming together to help define, shape, and apply the health equity tool.

- **IHN-CCO Lead:** Beck Fox, Health Equity Liaison
- **Departments Needed:** At least one member from each of the following:
  - **Quality**
  - **Network/Strategy**
  - **Care Coordination/Utilization Management**
- **Additional Members Confirmed:**
  - Laurel Schwinabart, Tribal Liaison
  - Marta Francisco, THW Liaison
  - Alicia Bublitz, Manager SD&T
  - Todd Jeter, BH Director/Interim Director SD&T

# 2024 Community Spending

Total: \$8,605,115.69

Community Benefit Spending/Health Related Services funds

SHARE

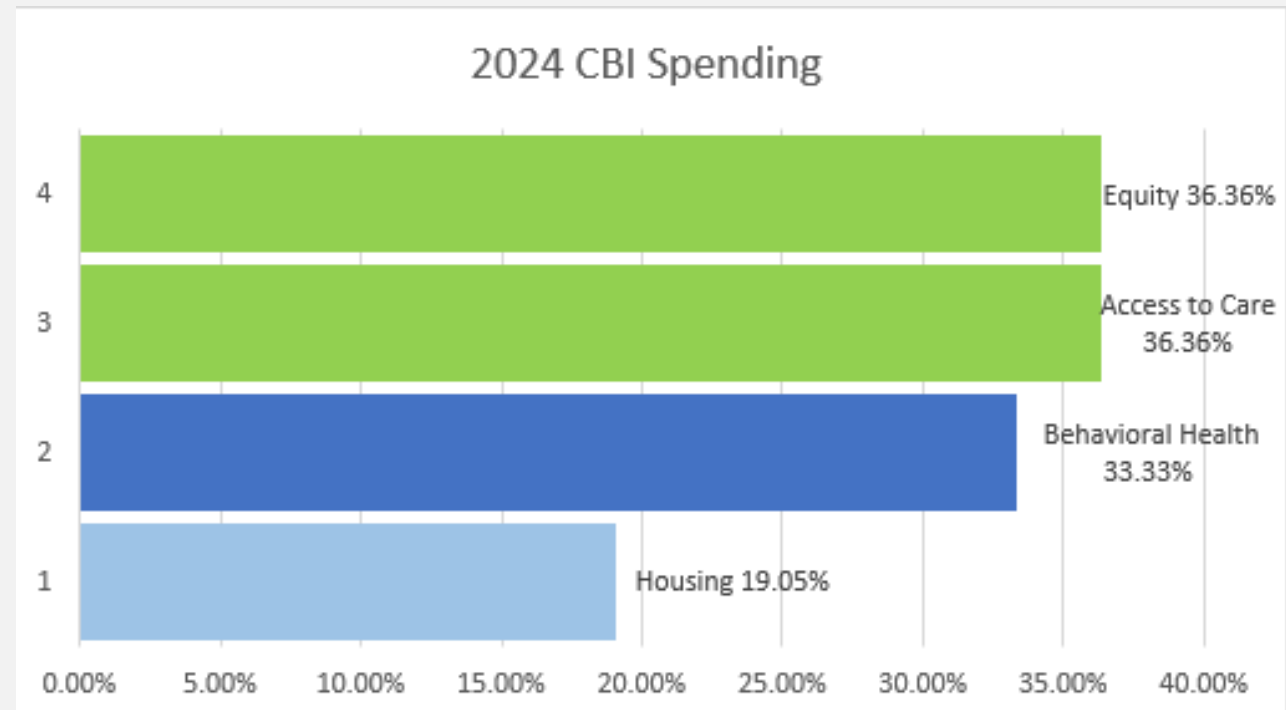
Delivery System Transformation

Community Capacity Building Funds (HRSN Specific)

# Community Benefit Initiatives

Total: 1.8 Million Focus on SDoH

Community-level interventions focused on improving population health and health care quality. These initiatives can include but are not necessarily limited to members. They may NOT include covered services



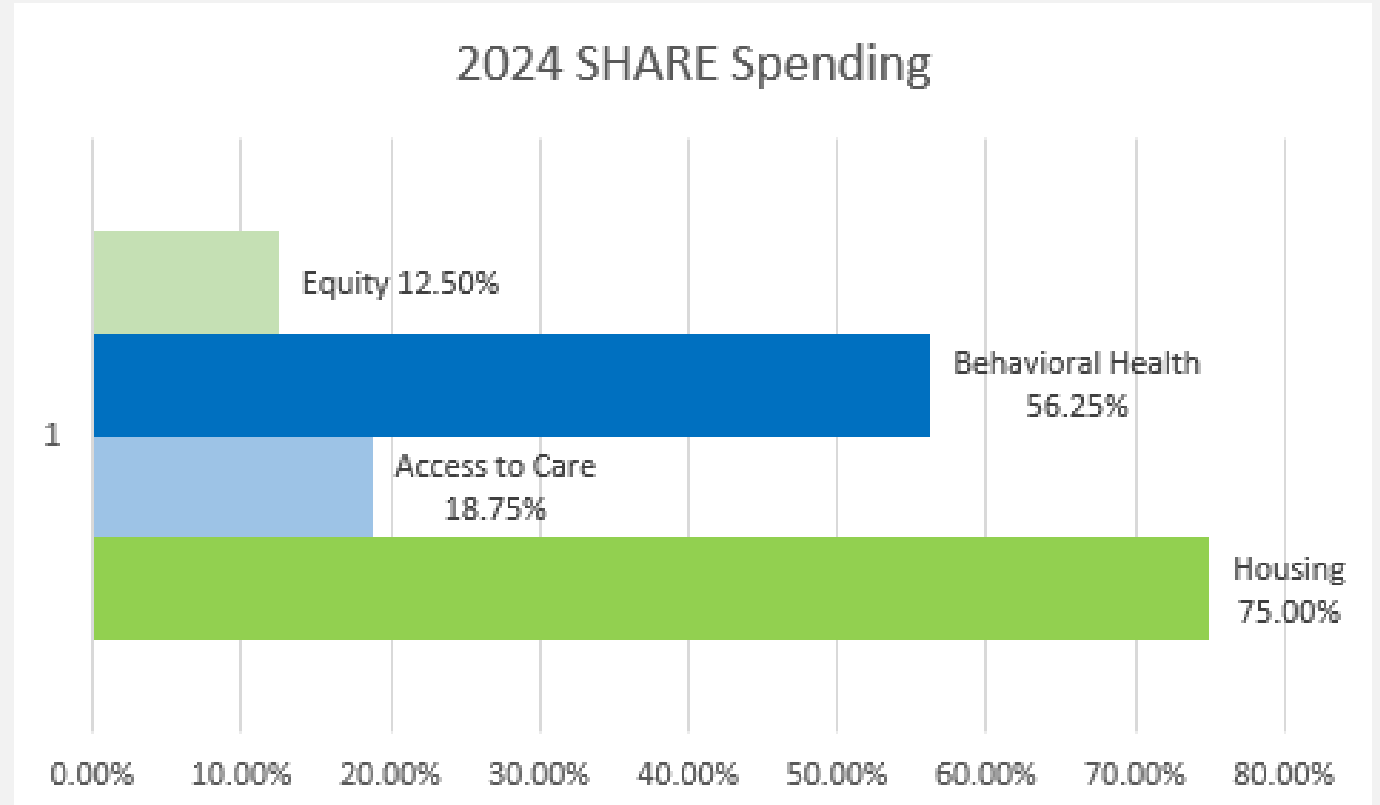
# SHARE

Total: \$2,695,048.24

Must track to CHIP Priorities

Must include housing

IHN-CCO CAC Priority  
focus on Housing



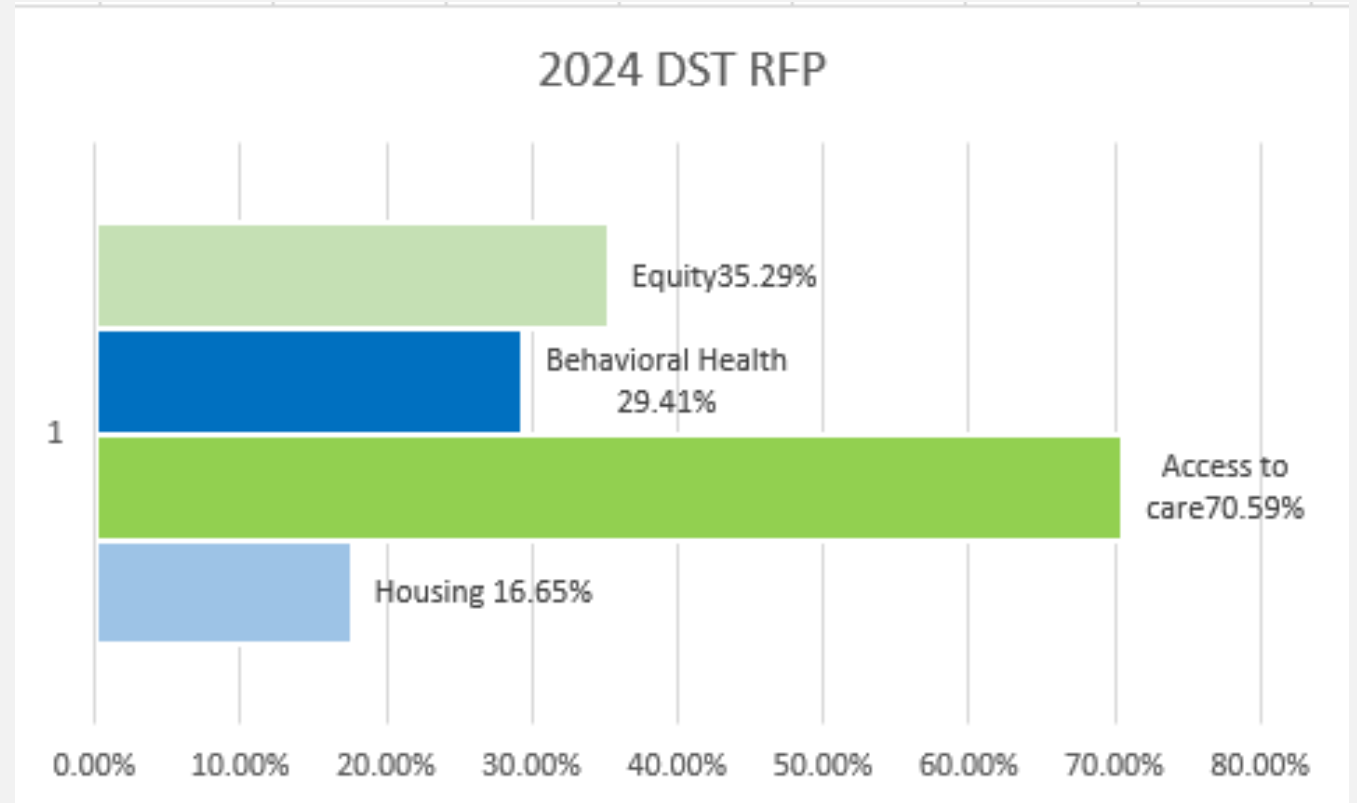
# Delivery Systems Transformation

Total \$1,795, 161

Priority Areas:

- Access to Care
- Housing
- Behavioral Health
- IDARE

13 Capacity Building Projects



# Health Related Social Needs

## Update

**Climate:** 203 devices/services

**Housing:** ~150 Active Authorizations, 93 members

~300 Screenings

**Nutrition:** Medically Tailored Meals and Nutrition Education live 1/1/25; remaining benefits expected late in 2025.

# Utilization Management Restructuring

**Brent Godek MD**

**Kelley Burnett DO**

InterCommunity   
Health Network CCO

## DEEP EXPERTISE TO OPTIMIZE UM PROGRAMS AND PROCESSES

Toney Healthcare offers deep-dive advisory services to streamline administrative complexities and transform your UM operations to deliver timely, right-sized care. Our experts will assess your utilization management operations, including systems, processes, care guidelines and staffing. Then we'll simplify and automate processes to ensure your business is optimized, your members get timely support, and your clinical resources are working at their highest level.

We're fluent with national and regional requirements and have extensive line-of-business expertise, including Medicare Advantage, Medicaid, SNP, MLTSS, TRICARE, ACA and commercial.

## QUALITY AND COMPLIANCE EXPERTS TO IMPROVE UM PERFORMANCE

Toney Healthcare's extensive knowledge of standards and best practices covers a range of requirements—CMS, NCQA, URAC, federal, state and more—to support UM benchmarks, accreditation, audits and other quality programs. Plus, we can make sure your policies, processes, systems and reporting are fully aligned with requirements so you stay in compliance.

## IMPROVE SATISFACTION AND RATINGS

Our collaborative UM and physician review services can help you reduce friction and expedite decision-making to improve trust and create a better experience for members and providers. The result? Improved outcomes and satisfaction, higher ratings and a more stable provider network.

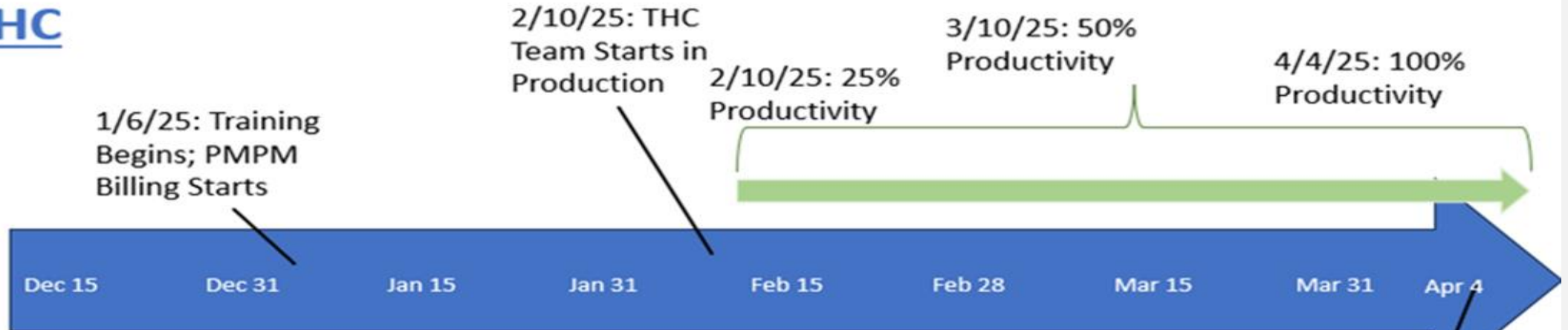
## Why Toney Healthcare?

- ✓ **Industry-leading clinical operations** with deep best practices expertise
- ✓ **National and regional perspective** on UM best practices
- ✓ **Extensive line-of-business UM expertise** (Medicare Advantage, Medicaid, SNP, MLTSS, TRICARE, Commercial/ACA, )
- ✓ **Rapid implementation, plug-and-play** health management services to ensure speed to value
- ✓ **No recruiting or hiring burden**
- ✓ **Medical and behavioral health** support
- ✓ **Complete transparency** and reporting by working within your system
- ✓ **Full accountability** for meeting performance metrics
- ✓ **No burdensome delegation** oversight
- ✓ **Nationwide coverage**
- ✓ **Platform-agnostic** with broad knowledge and experience on all UM platforms

# Toney Healthcare Implementation Timeline

## Proposed Timeline – Option 3

THC



What needs to happen for Option 3 timeline to occur:

1. ~3 full days with Jodi the week of 12/9/24 or 12/16/24
2. Confidence by Friday, 12/27, that full system access for all 12 THC resources will be in place by Friday, 1/3
3. Jodi (or a combination of Jodi + other SHP resources) is available to conduct training 40 hours a week from 1/6/25 – 2/10/25 (except NYD)

SHP

4/4: Last Day on Payroll for SHP's Team

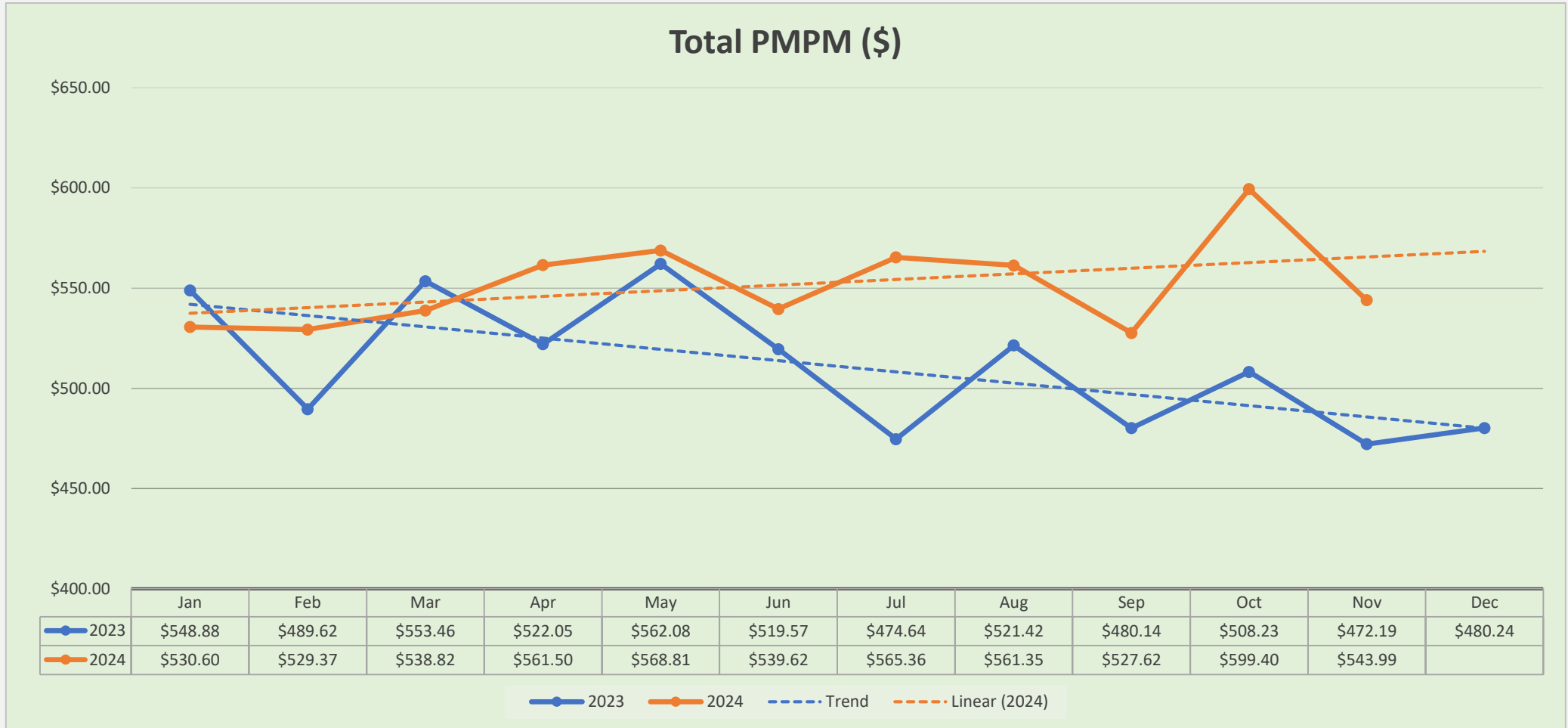
# Population Health – Key Metrics

**Brent Godek MD**

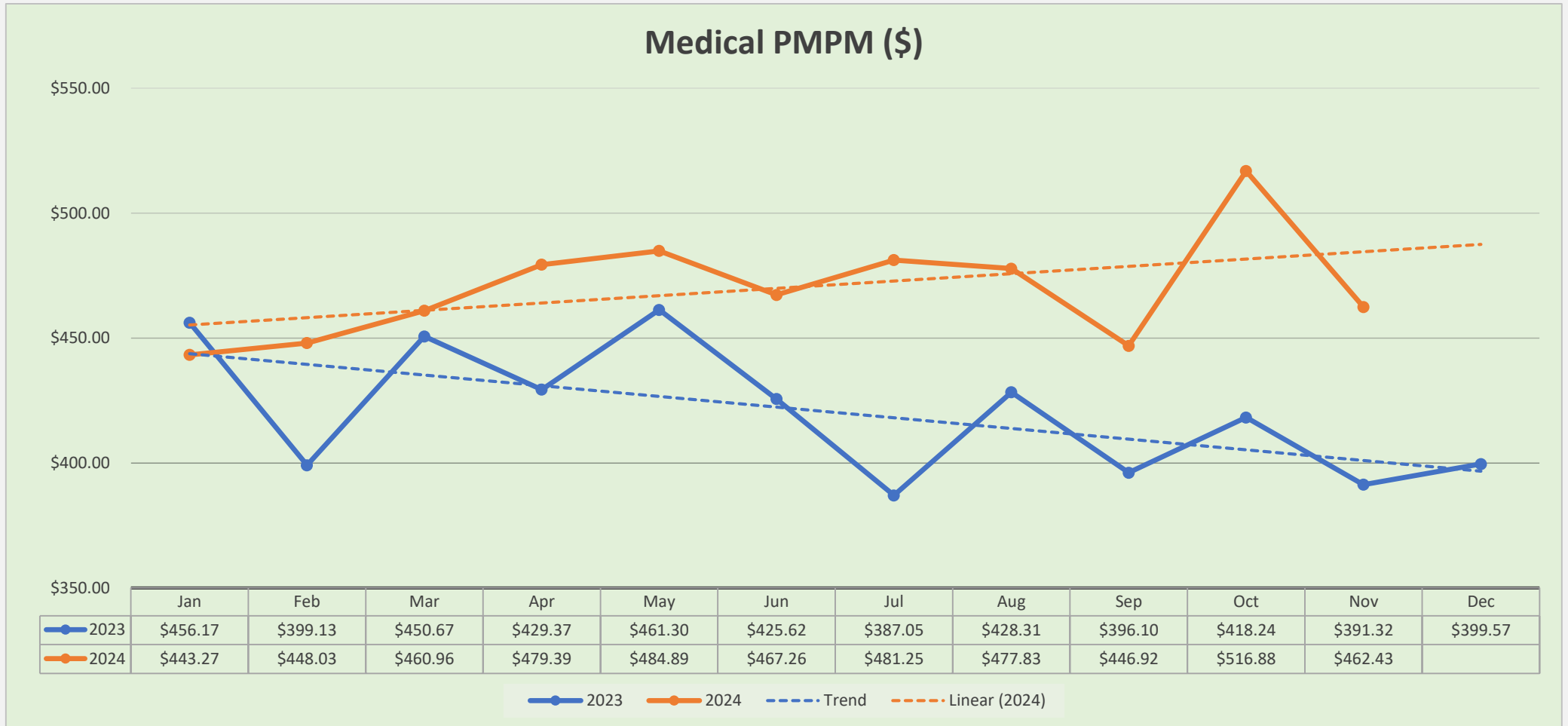
**Kelley Burnett DO**

InterCommunity   
Health Network CCO

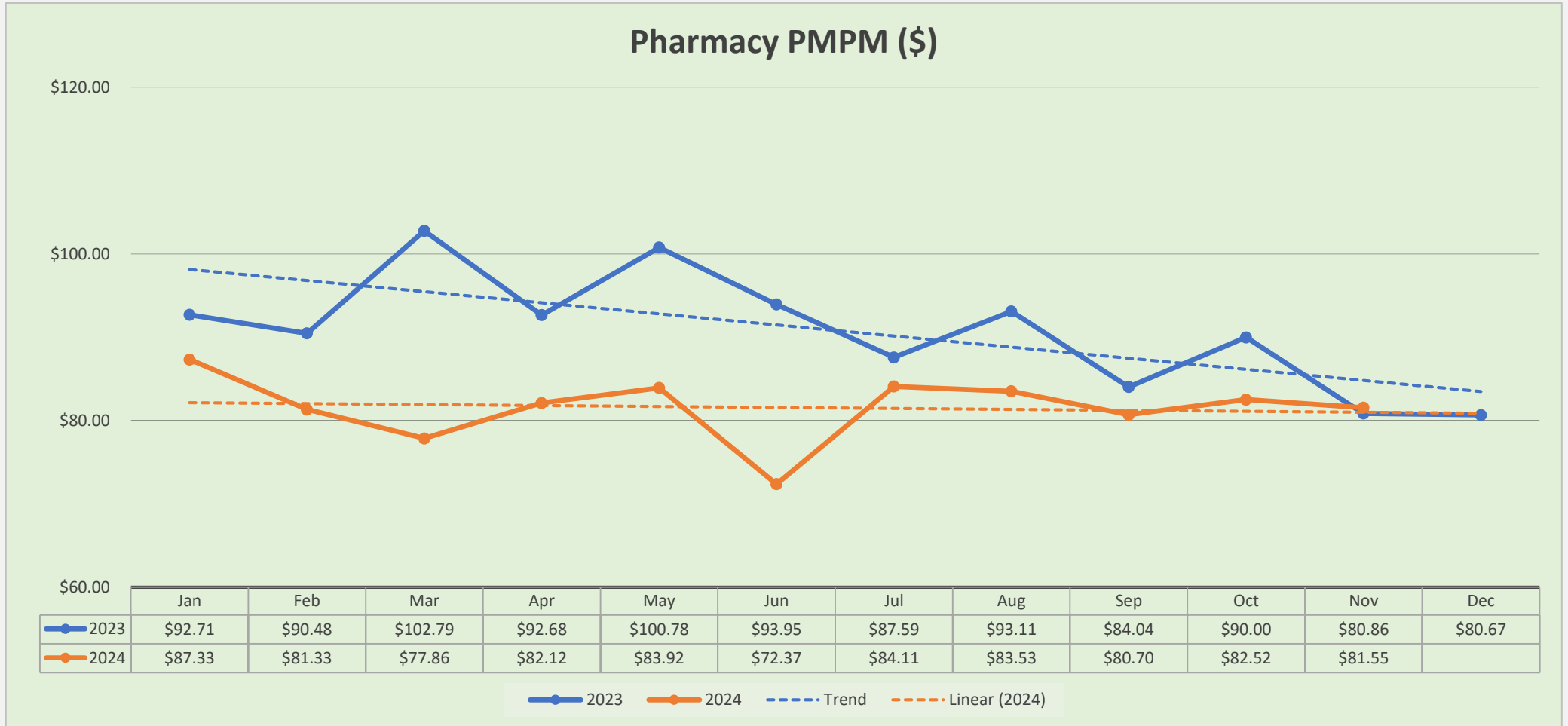
# Total PMPM



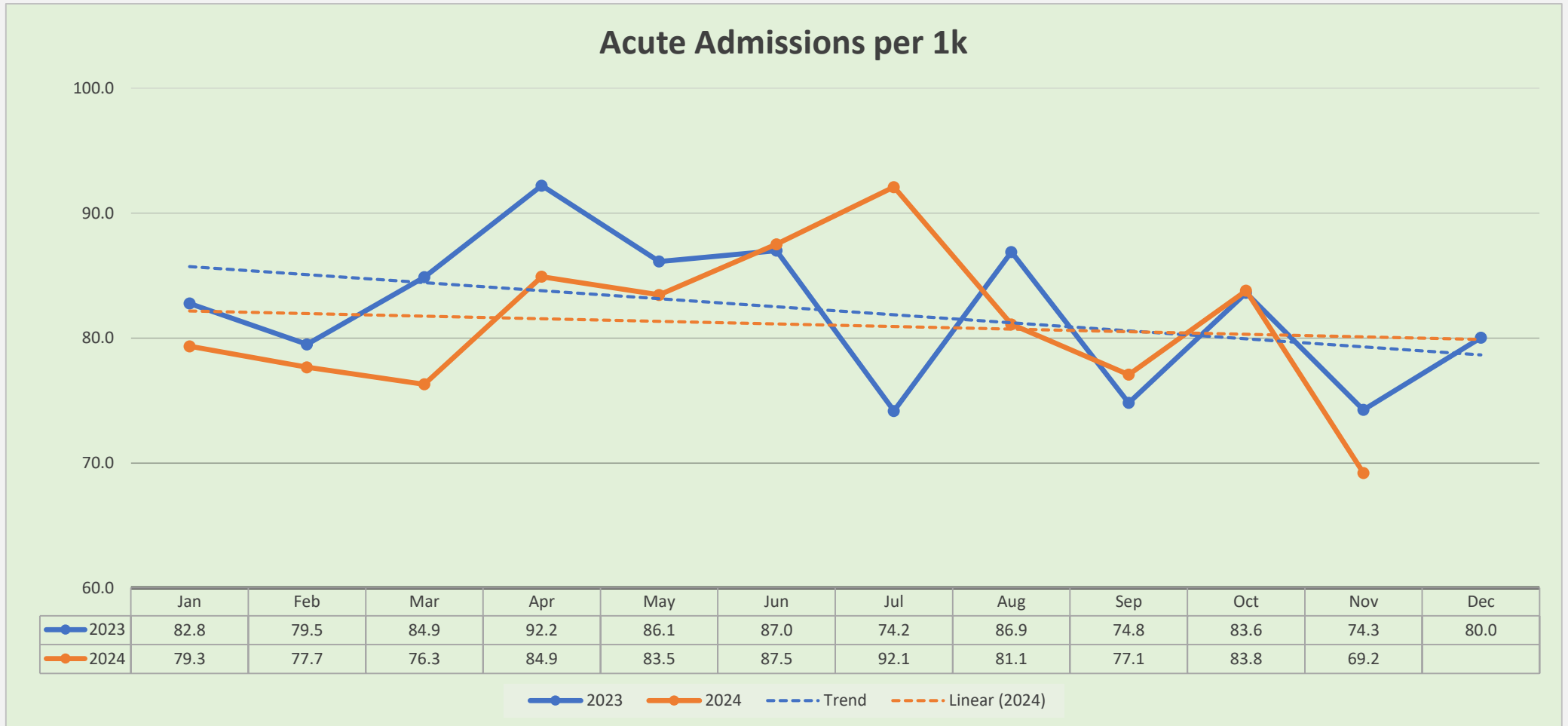
# Medical PMPM



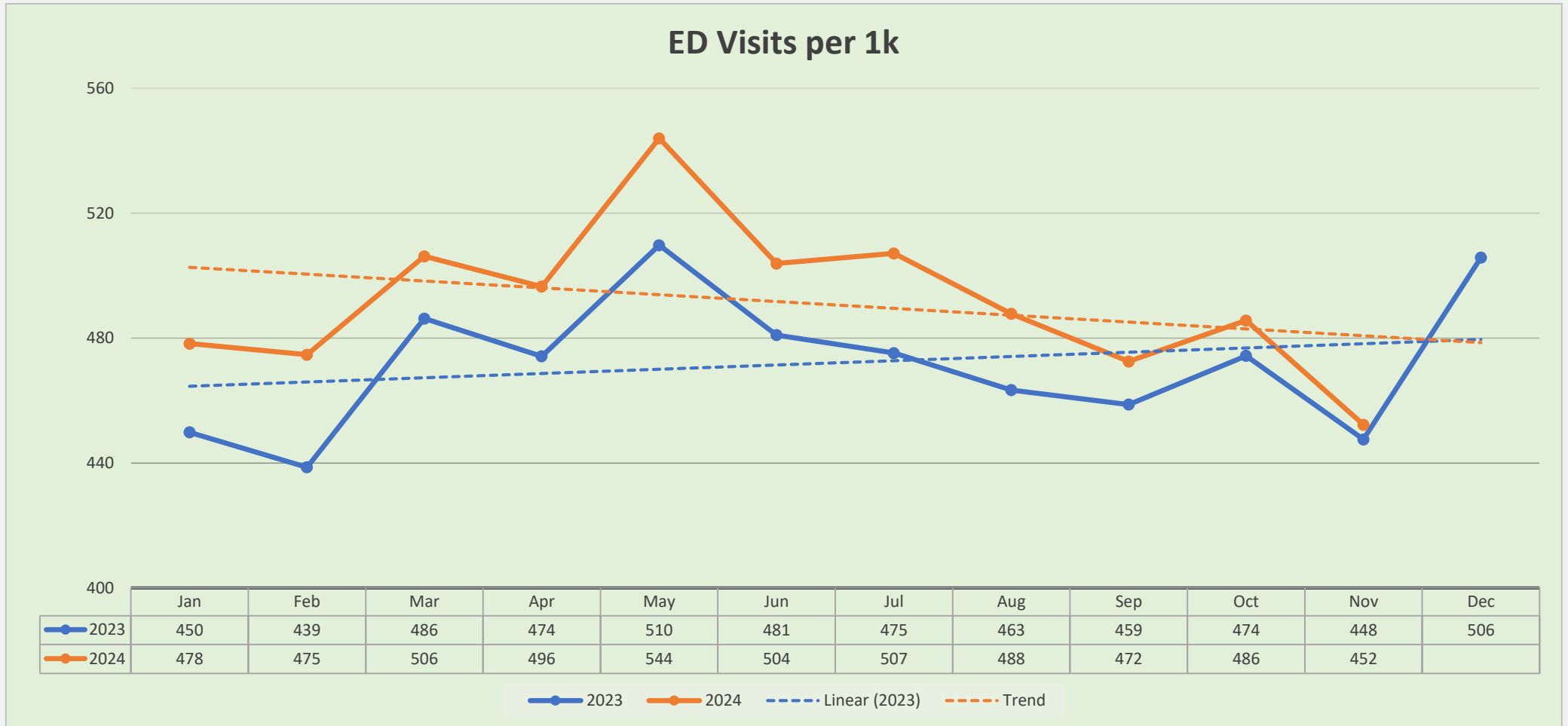
# Pharmacy PMPM



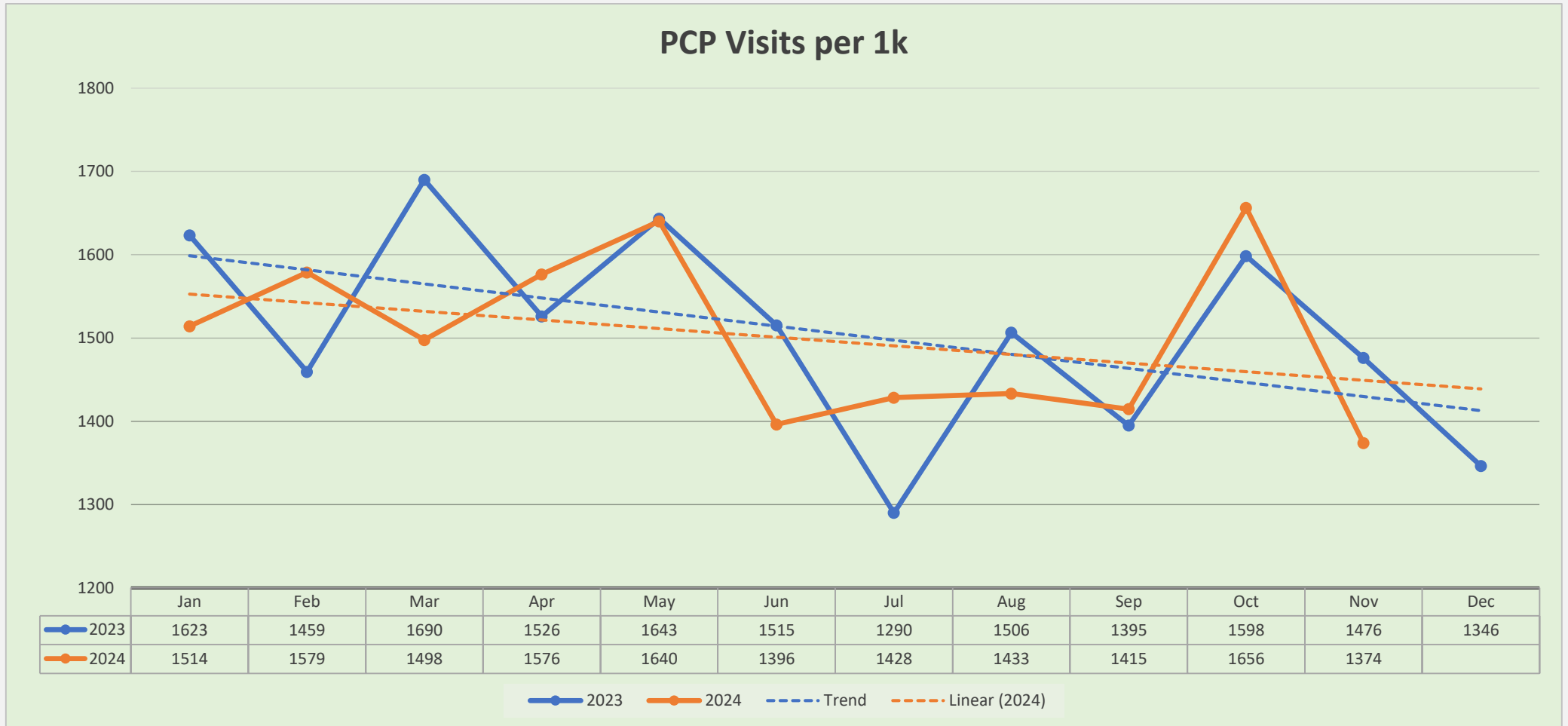
# Acute admission per 1k



# ED visits per 1k



# PCP visits per 1k



# Specialist visits per 1k



# Questions?

What else does the BOD want to see re: key metrics?

- The plan is to take a deeper dive into some of these areas as we note discrepancies in the trends
  - What is driving these differences? Cost? Increased utilization? Specific services?
  - This may drive future interventions (provider education, etc.)

We have some new tools (Arcadia platform) that will help us understand and address this information more efficiently

# Operations Update

Customer Service

Appeals and Grievance

PDM

February 2025

InterCommunity   
Health Network CCO



# Customer Service Performance

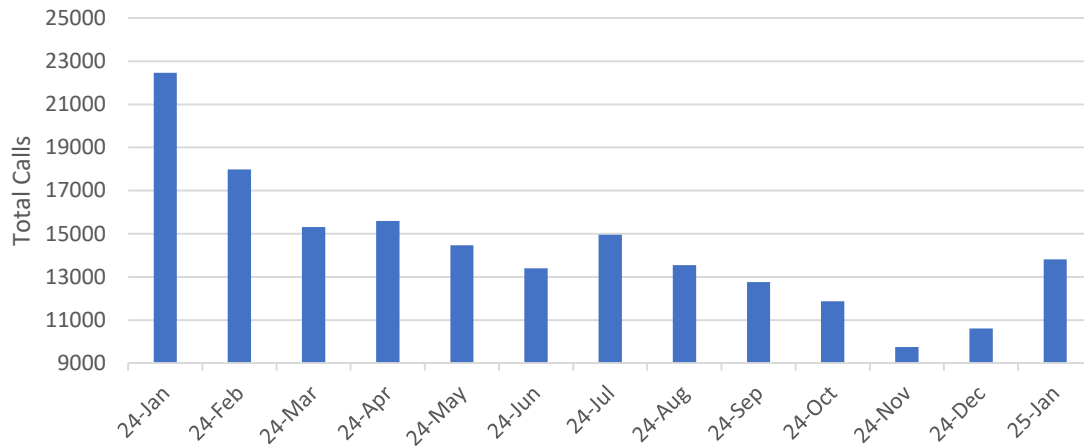
Overall	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec	25-Jan
Service Level (% w/in 30s)	50.70%	67.70%	88.10%	60.10%	81.20%	86.60%	84.90%	86.20%	77.40%	77.60%	86.60%	89.10%	88.60%
Avg. Speed of Answer (ASA)	0:05:37	0:02:34	0:00:37	0:02:26	0:00:47	0:00:31	0:00:31	0:00:20	0:00:47	0:00:51	0:00:23	0:00:26	0:00:21
Abandon Rate	14.90%	6.40%	1.50%	7.40%	2.30%	1.60%	1.90%	1.20%	2.10%	2.40%	1.30%	1.60%	1.10%
Average Handle Time Member	0:12:04	0:10:50	0:10:03	0:08:50	0:08:19	0:07:39	0:08:00	0:07:51	0:07:40	0:06:36	0:07:08	0:07:45	0:07:34
Average Handle Time Provider	0:11:46	0:11:30	0:09:56	0:09:31	0:11:02	0:09:29	0:10:32	0:09:08	0:08:30	0:08:27	0:09:55	0:10:39	0:09:53
Total Calls Offered	22461	17987	15317	15595	14463	13393	14957	13548	12763	11867	9746	10614	13808

## Remarks

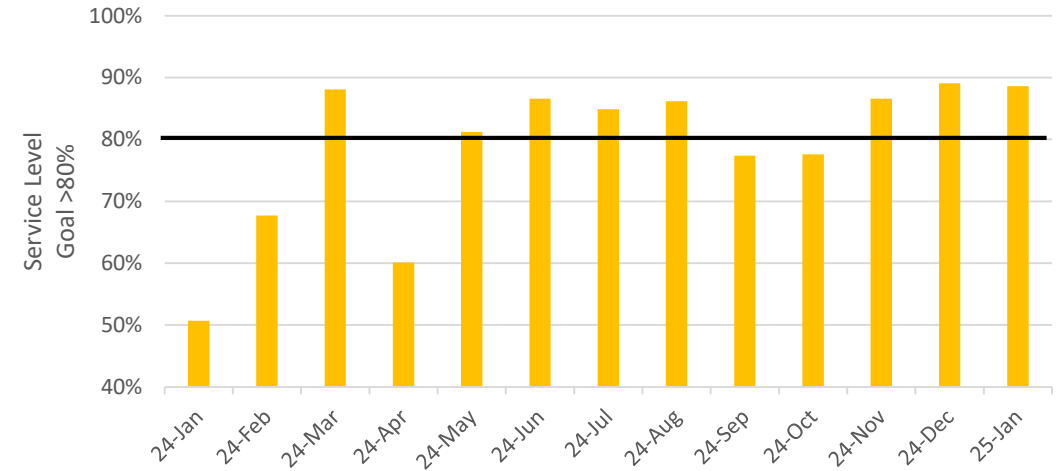
- Met January 2025 KPI's. First time in 4 years that the team met and surpassed the regulatory expectations.
- Starting in May 2024, there was marked improvement in the team's performance and KPI's began being met, month over month; due to operational changes that we made within the team.
- The September 2024 layoffs, did have a negative effect on staffing stability; however, due to early staff-modeling and efforts to ramp up for the busy season, we were able to stabilize our staffing levels by mid-October, ending the year strong and being well prepared for the January call surge. .

# Customer Service Performance

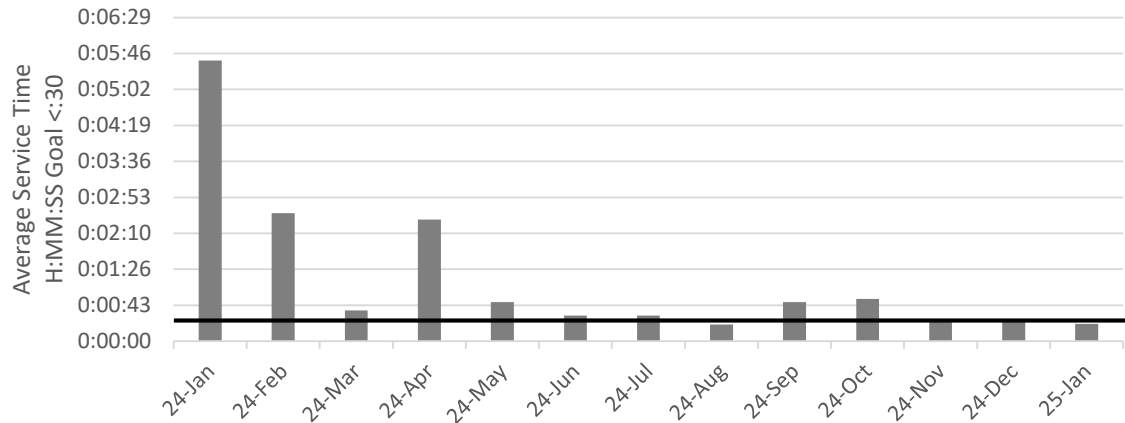
### Total Calls Offered



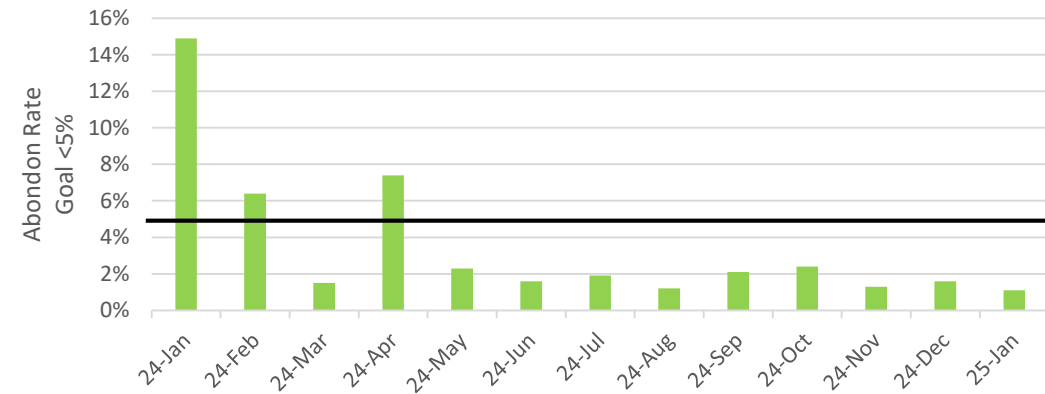
### Service Level (% w/in 30s)



### Average Speed of Answer



### Abandon Rate

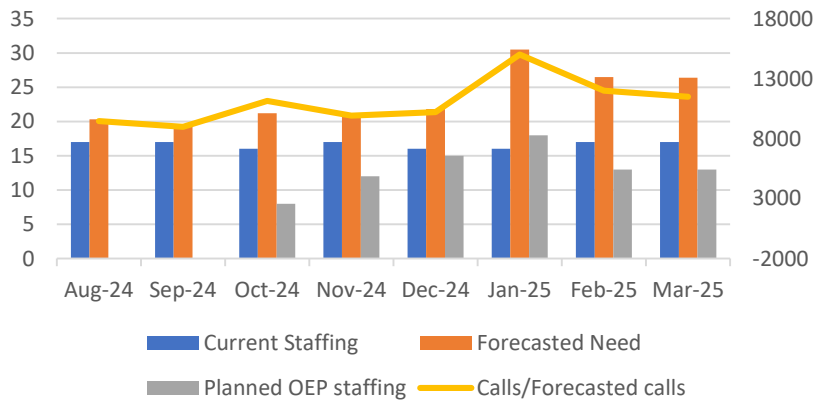


## Remarks

- Overall, we had a strong Q3 and Q4 2024 and have met our goals for the first month of 2025.
- ASA coincides with Service level. After surge staff from Q1 contract ended, ASA and Srv Level dipped due to open internal positions. Operational process changes, allowed the Call Center to gain efficiencies and begin meeting both the ASA and SL, starting in May 2024 and forward; except for Sept. & Oct. 2024.
- A focus on addressing needs that would improve "After Call Work time", allowed the CSR's to work more efficiently and be more available to take calls.
- Abandoned rates have been good and under maximum expectation of under 5%, since May 2024.

# Customer Service Inbound Staffing

2024 Actual and 2025 Staffing Readiness

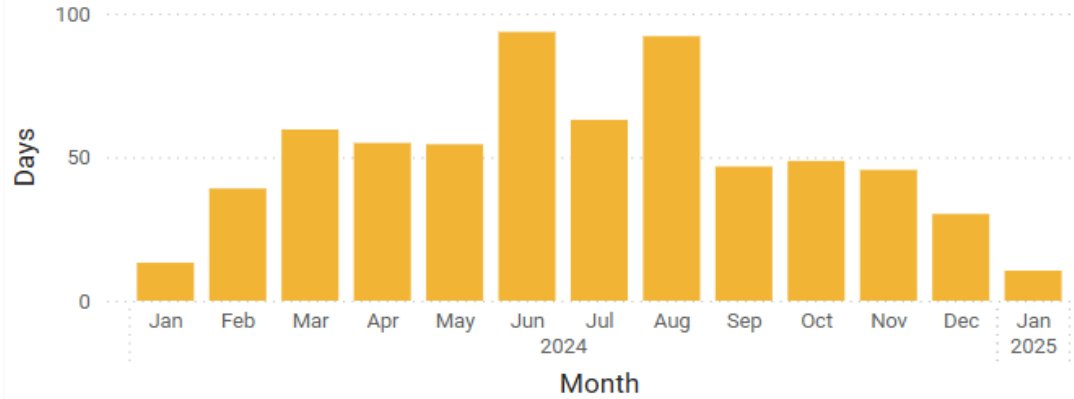


Hours of Operations supported: 8AM -8PM PT, 7 days a week October – March including required holidays

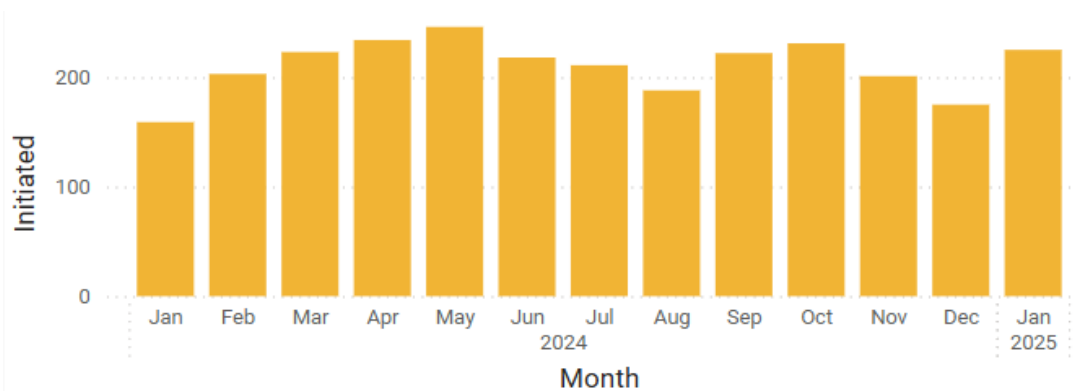
- Early surge staff planning, hiring and training positioned the Customer Service Team well, going into the busy season and allowed for a quick recovery, when higher than expected staff turnover took place in September 2024.
- Enhanced IVR to include streamlined selection options to limit misdirects and reduce transfers, resulted in greater member experience and lower grievances against the HealthPlan.
- Adoption of Real-time queue monitoring supported our ability to meet SL's.
- Enhanced new hire training, increased frequency of training and Improved resource accuracy, allowed for improved CSR call management and decreased repeat calls.
- Real-Time Updates of information and processes, set CSR's up for success.
- Implemented a new Enrollment Processing and Member Maintenance System.

Avg Days to Resolve

Case Category ● Appeal

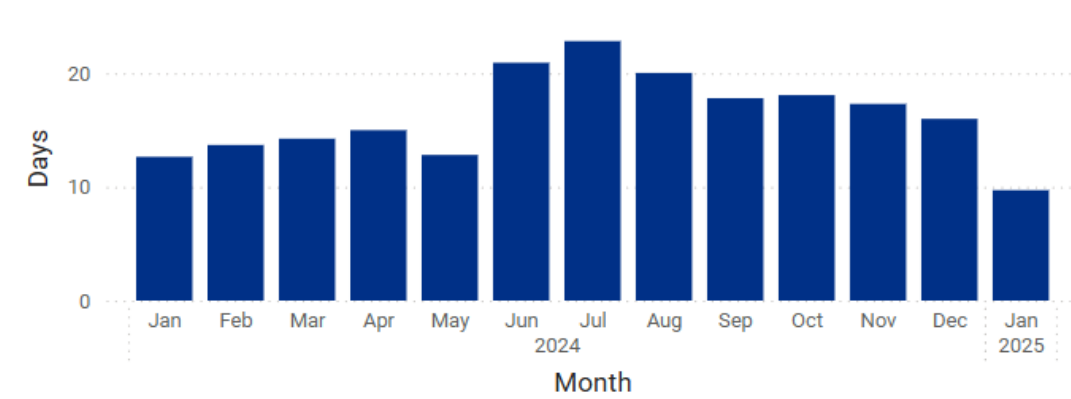


Initiated Appeal Trend

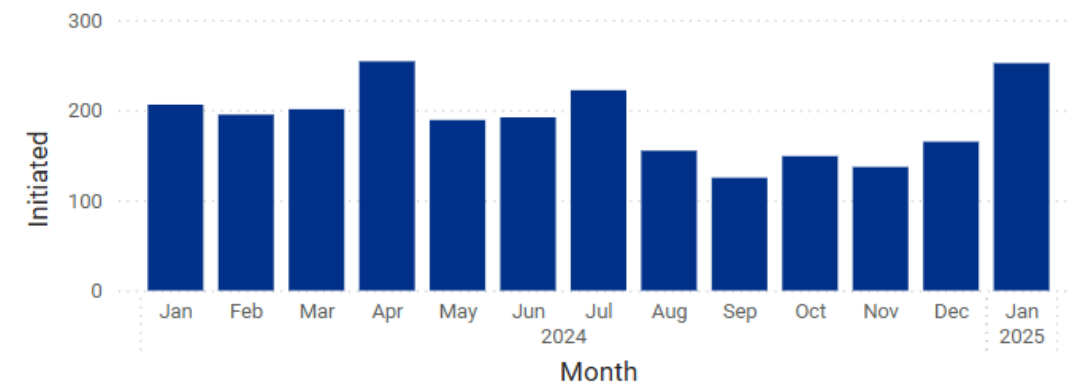


Avg Days to Resolve

Case Category ● Grievance



Initiated Appeal Trend



Remarks

- Caseload management shifted in August with the implementation of automated reporting. Over the past five months, the average case resolution time has steadily declined due to proactive leadership oversight, daily monitoring, and adherence to case type and regulatory turnaround times.
- Appeals and grievances remain elevated, as expected with the 2024 membership increase. Additionally, December saw an unexpected rise in grievances, driven by access-to-care complaints and Rideline driver shortages.

# **PDM Transformation Project (Provider Directory)**

Annette Fowler, VP-COO SHP Ops  
Marjan Fakki, AVP-SHP Operations

February 19, 2025

# Project Update

## Executive Summary

- Provider data platform went live on January 8th. Slightly delayed due to data conversion issues and available resources and holiday schedules.
- Data exchange between the two organizations is occurring daily.
- Current focus is on platform stabilization, programming corrections, system optimization, and enhancements.
- Provider data management business processes are being integrated into ProviderLenz platform.
- Establishing business protocols for the oversight of data accuracy.
- Initiating data validation process with vendor to improve data accuracy and regulatory requirements.
- Project completion targeted for end of second quarter (Q2 2025).

# QUESTIONS?

## Thank you!

InterCommunity   
Health Network CCO

# Financial Reports

**Dan Smith, SVP-CFO SHS**

InterCommunity   
Health Network CCO

**Samaritan Health Services**  
**INTERCOMMUNITY HEALTH NETWORK (53000)**  
**Balance Sheet**  
*As of December 31, 2024*

	<u>12/31/24</u>	<u>12/31/23</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 43,516,204	\$ 60,231,711
Short-term investments	4,439,131	1,065,778
Other receivables	9,543,306	4,191,906
Total current assets	\$ 57,498,641	\$ 65,489,395
Long-term investments	87,164,669	86,137,685
Statutory deposits	20,082,690	19,036,418
Total other assets	\$ 107,247,360	\$ 105,174,103
Property, plant and equipment	4,135,917	835,917
Accumulated depreciation	(900,766)	(835,917)
Property, plant and equipment, net	\$ 3,235,152	\$ -
<b>Total assets</b>	<u>\$ 167,981,152</u>	<u>\$ 170,663,498</u>
<b>Liabilities and net assets</b>		
Accounts payable	19,129,807	8,453,085
Due to SHS	601,298	11,467,179
Estimated third-party payor settlements	-	-
Liability for unpaid medical claims	44,790,156	35,814,078
Accrued interest	-	-
Other current liabilities	13,560,270	14,424,598
Total current liabilities	\$ 78,081,531	\$ 70,158,941
<b>Total liabilities</b>	<u>\$ 78,081,531</u>	<u>\$ 70,158,941</u>
Unrestricted net assets - controlling interest	89,899,621	100,504,557
<b>Total net assets</b>	<u>\$ 89,899,621</u>	<u>\$ 100,504,557</u>
<b>Total liabilities and net assets</b>	<u>\$ 167,981,152</u>	<u>\$ 170,663,498</u>

**Samaritan Health Services**  
**INTERCOMMUNITY HEALTH NETWORK**  
**Income Statement**  
**Year Ended December 31, 2024 (Pre-Audit)**

	Y-T-D		
	Dec 2024 Actual	Dec 2024 Budget	Act - Bud Variance
<b>Revenues:</b>			
Premium revenue	\$ 566,648,003	\$ 541,223,291	\$ 25,424,711
Other operating revenue	2,648,259	200,004	2,448,255
Total revenue	<u>569,296,261</u>	<u>541,423,295</u>	<u>27,872,966</u>
<b>Expenses:</b>			
Salaries	15,609,145	16,124,420	515,274
Employee benefits	5,436,825	5,871,313	434,488
Supplies	324,216	352,600	28,384
Purchased services	24,103,264	23,914,670	(188,594)
Agency	1,960,943	2,268,000	307,057
Depreciation	64,848	129,695	64,846
Insurance	4,372,035	5,104,061	732,026
Claims expense	523,332,916	474,668,715	(48,664,201)
Other	13,582,627	10,217,188	(3,365,439)
Total expenses	<u>588,786,819</u>	<u>538,650,661</u>	<u>(50,136,158)</u>
<b>Excess of revenues over expenses from operations</b>	<u>(19,490,558)</u>	<u>2,772,635</u>	<u>(22,263,192)</u>
<b>Non-operating income:</b>			
Investment income	7,397,917	5,088,441	2,309,476
Other income (loss)	-	-	-
Total non-operating income	<u>7,397,917</u>	<u>5,088,441</u>	<u>2,309,476</u>
<b>Excess of revenues over expenses</b>	<u>\$ (12,092,641)</u>	<u>\$ 7,861,076</u>	<u>\$ (19,953,717)</u>
Net operating margin	-3.4%	0.5%	
Total margin	-2.1%	1.5%	
Administrative % (Admin Costs/Total Prem Revenue)	8.7%	9.2%	
Medical Loss Ratio (Claims/Premium Revenue)	92.9%	88.4%	

**Samaritan Health Services**  
**INTERCOMMUNITY HEALTH NETWORK (53000)**  
**Balance Sheet**  
*As of January 31, 2025*

	<u>01/31/25</u>	<u>12/31/24</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 37,526,620	\$ 43,516,204
Short-term investments	4,680,794	4,439,131
Other receivables	10,981,731	9,543,306
Total current assets	\$ 53,189,145	\$ 57,498,641
Long-term investments	87,339,239	87,164,669
Statutory deposits	20,182,962	20,082,690
Total other assets	\$107,522,201	\$107,247,360
Property, plant and equipment	4,135,917	4,135,917
Accumulated depreciation	(906,661)	(900,766)
Property, plant and equipment, net	<u>\$ 3,229,256</u>	<u>\$ 3,235,152</u>
<b>Total assets</b>	<u><u>\$163,940,603</u></u>	<u><u>\$167,981,152</u></u>
<b>Liabilities and net assets</b>		
Accounts payable	4,769,376	19,129,807
Intercompany receivables (payables)	372,045	601,298
Liability for unpaid medical claims	39,436,416	44,790,156
Other current liabilities	28,565,222	13,560,270
Total current liabilities	<u>\$ 73,143,060</u>	<u>\$ 78,081,531</u>
<b>Total liabilities</b>	<u><u>\$ 73,143,060</u></u>	<u><u>\$ 78,081,531</u></u>
Unrestricted net assets - controlling interest	<u>90,797,543</u>	<u>89,899,621</u>
<b>Total net assets</b>	<u><u>\$ 90,797,543</u></u>	<u><u>\$ 89,899,621</u></u>
<b>Total liabilities and net assets</b>	<u><u>\$163,940,603</u></u>	<u><u>\$167,981,152</u></u>

**Samaritan Health Services  
INTERCOMMUNITY HEALTH NETWORK (53000)**

**Income Statement  
Month Ending January 31, 2025**

	Y-T-D		
	Jan 2025 Actual	Jan 2025 Budget	Act - Bud Variance
<b>Revenues:</b>			
Premium revenue	\$ 49,452,480	\$ 47,171,807	\$ 2,280,673
Other operating revenue	75,907	17,250	58,657
Total revenue	<u>49,528,386</u>	<u>47,189,057</u>	<u>2,339,330</u>
<b>Expenses:</b>			
Salaries	1,669,326	1,573,624	(95,702)
Employee benefits	560,438	559,677	(761)
Supplies	71,391	36,579	(34,813)
Purchased services	1,570,489	1,831,049	260,560
Agency	73,990	223,205	149,215
Depreciation	7,699	5,895	(1,804)
Interest and amortization	-	-	-
Insurance	291,309	433,357	142,048
Claims expense	44,074,948	41,524,216	(2,550,732)
Other	975,437	937,180	(38,256)
Total expenses	<u>49,295,026</u>	<u>47,124,781</u>	<u>(2,170,245)</u>
<b>Excess of revenues over expenses from operations</b>	<u>233,361</u>	<u>64,276</u>	<u>169,085</u>
<b>Non-operating income:</b>			
Investment income	525,675	622,381	(96,706)
Other income (loss)	-	-	-
Total non-operating income	<u>525,675</u>	<u>622,381</u>	<u>(96,706)</u>
<b>Excess of revenues over expenses</b>	<u>\$ 759,036</u>	<u>\$ 686,657</u>	<u>\$ 72,379</u>
Net operating margin	0.5%	0.1%	
Total margin	1.5%	1.5%	
Administrative % (Admin Costs/Total Prem Revenue)	8.2%	9.5%	
Medical Loss Ratio (Claims/Premium Revenue)	89.5%	88.4%	

# Finance Reports

Trent Began AVP Finance

# 2025 Budget Revisions

IHN				
	Initial 2025	Revised 2025	Change	Comments
	Budget	Budget		
Revenue	567,419,972	567,419,972	-	
Quality Bonus	18,018,311	18,018,311	-	
Reinsurance Premium	(5,053,168)	(5,053,168)	-	
Total Revenue	580,385,115	580,385,115	-	
Claims Expense	503,337,471	504,017,471	680,000	Moved \$1.4M CBI/ Flex from Admin to Claims, (\$0.7)M in Claims actions
Quality Bonus Payment	17,657,945	17,657,945	-	
Reinsurance Recovery	(3,537,218)	(3,537,218)	-	
Total Claims Expense	517,458,198	518,138,198	680,000	
Administrative Expense	52,273,034	48,753,669	(3,519,365)	(\$1.4M) in Flex moved to Claims, Additionl (\$2.1M) in cost reduction actions
Investment Income	7,815,580	7,815,580	-	
Grant Income	207,000	207,000	-	
Premium Tax	11,200,380	11,200,380	-	
Net Income before SHARE	7,476,083	10,315,448	2,839,365	
Less SHARE initiative	1,354,870	1,654,870	300,000	Adjusted SHARE for additional income
Net Income	6,121,213	8,660,578	2,539,365	Net Income derived from Investment Income w/ cost reductions
Medical Loss Ratio (MLR - Claims/Revenue)	89.2%	89.3%	0.1%	
Admininstrative Expense Ratio (Admin/Revenue)	9.3%	8.7%	-0.6%	
Margin w/o SHARE	1.3%	1.8%	0.5%	
Margin w/ SHARE	1.1%	1.5%	0.4%	
Members (Year End)	86,509	86,509		
Members (Avg)	85,918	85,918		

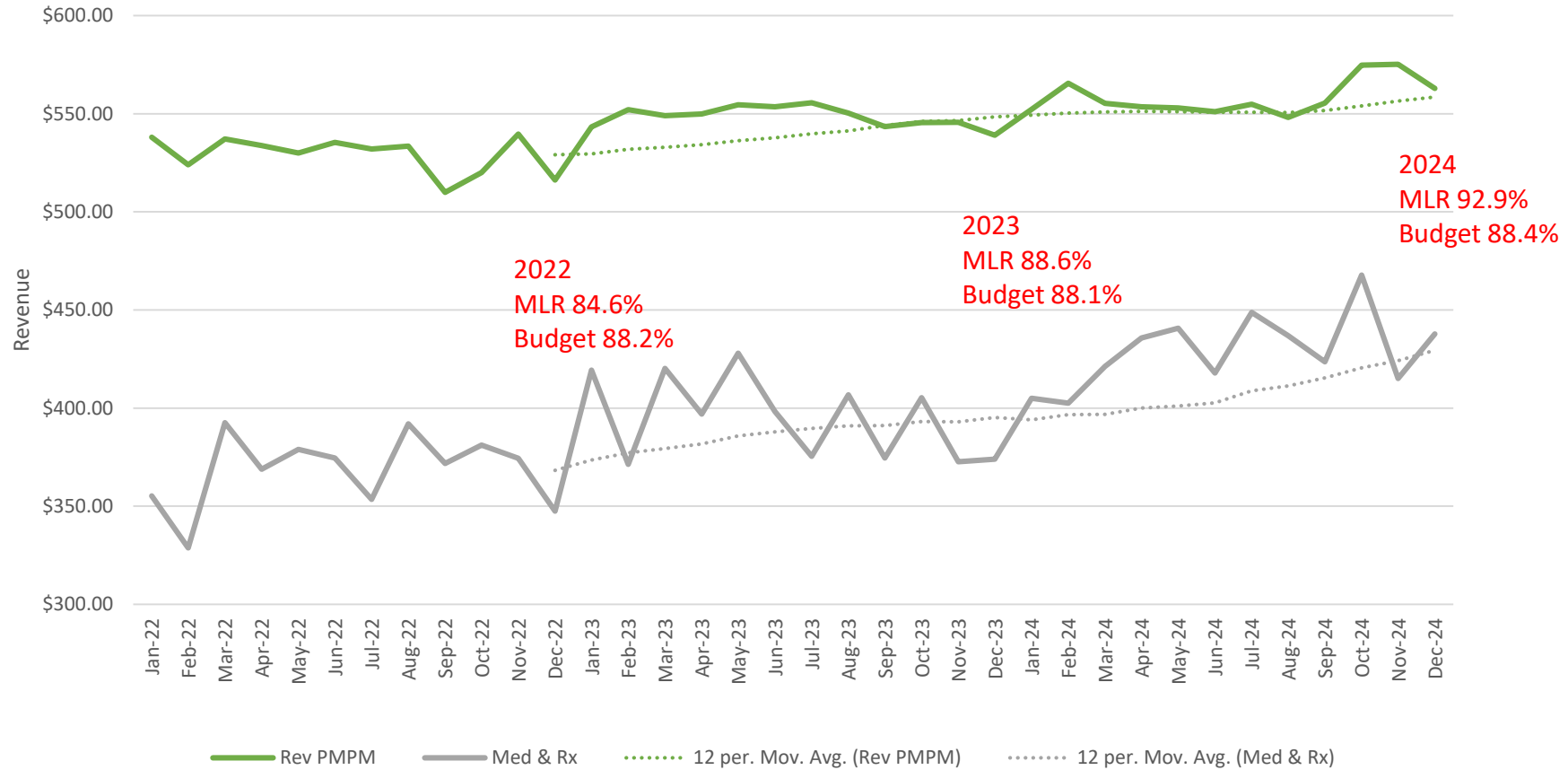
# Finance Metrics

	2024	2024 Budget	2023
<b>MLR</b>	<b>92.9%</b>	<b>88.4%</b>	<b>88.6%</b>
FFS PMPM	\$ 364.21	\$ 330.26	\$ 319.81
Rx PMPM	\$ 82.35	\$ 75.41	\$ 82.37
Claims \$100K-\$399K PMPM	\$ 39.96	N/A	\$ 33.64
Claims \$400K+ PMPM	\$ 8.73	N/A	\$ 6.30
Medical Trend (2 Year)	8.6%	1.4%	

<b>Admin Ratio</b>	<b>8.7%</b>	<b>9.2%</b>	<b>9.6%</b>
FTEs (Health Plan Depts)	321	343	299
Community Investment %	1.6%	1.5%-2.0%	1.1%

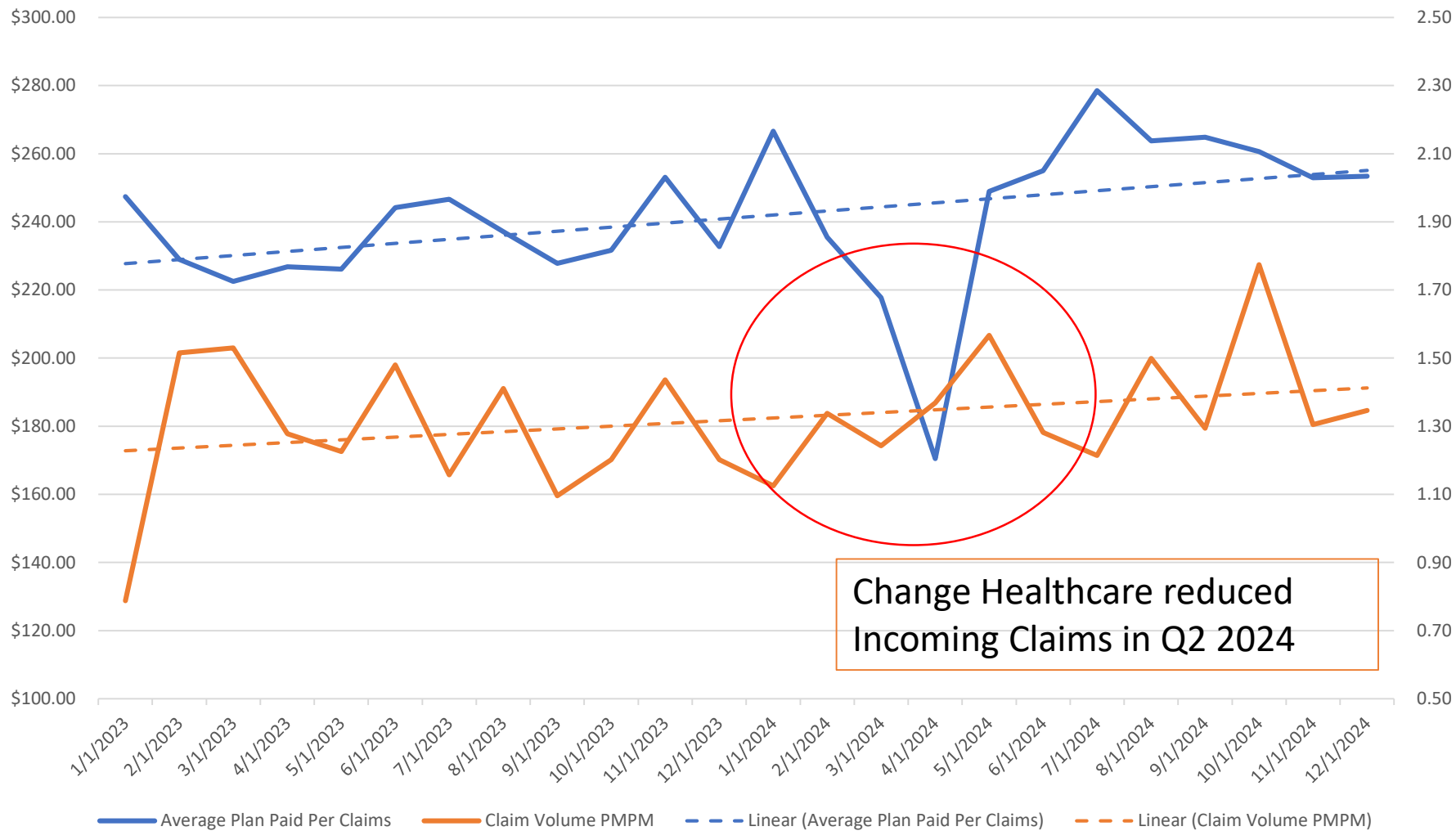
# 2024 Experience

### IHN Premium and FFS Claims PMPM by Month



Premiums on Medicaid plans did not increase in proportion to FFS Claims growth. Average Premium PMPM has increase \$19.35 and \$9.99 in 2023 and 2024, while claims PMPM increased \$26.99 and \$34.19 in the same period.

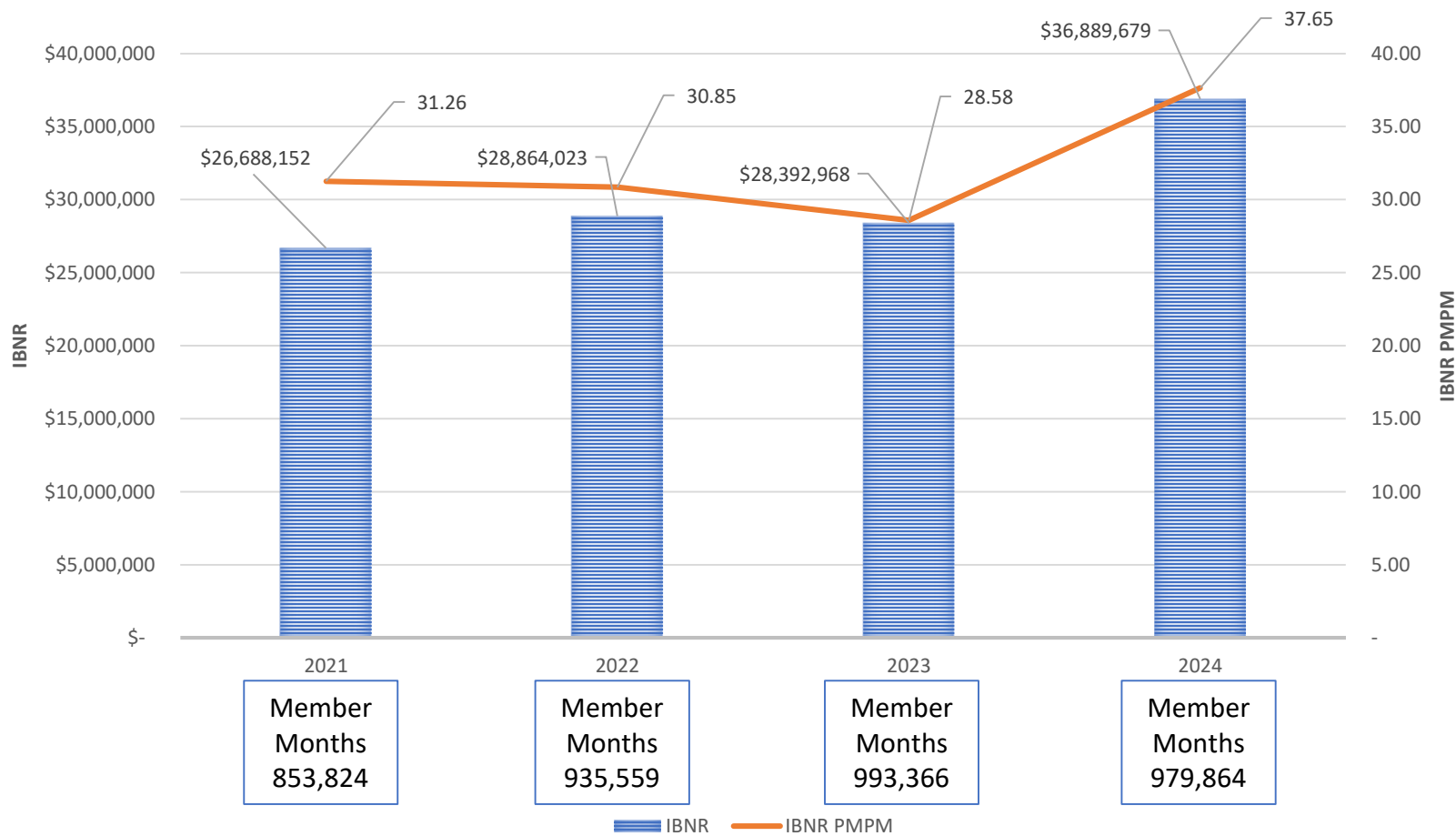
### IHN Claims Volume and Payment Trend



Change Healthcare reduced Incoming Claims in Q2 2024

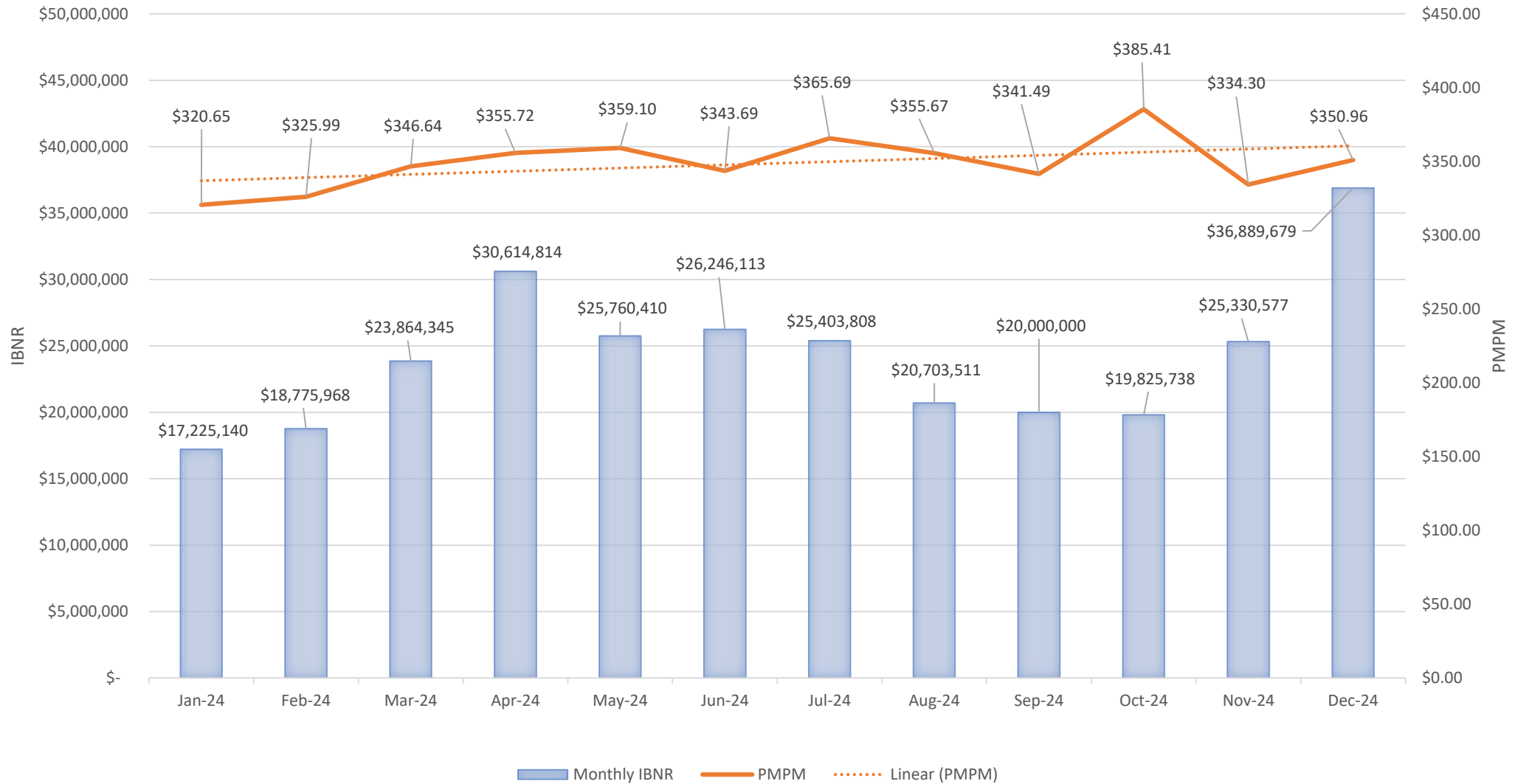
IHN experienced both an increase in average cost/claim and # of claims per member.  
 The volatility of incoming claims made IBNR reserves difficult to forecast.

### IHN IBNR

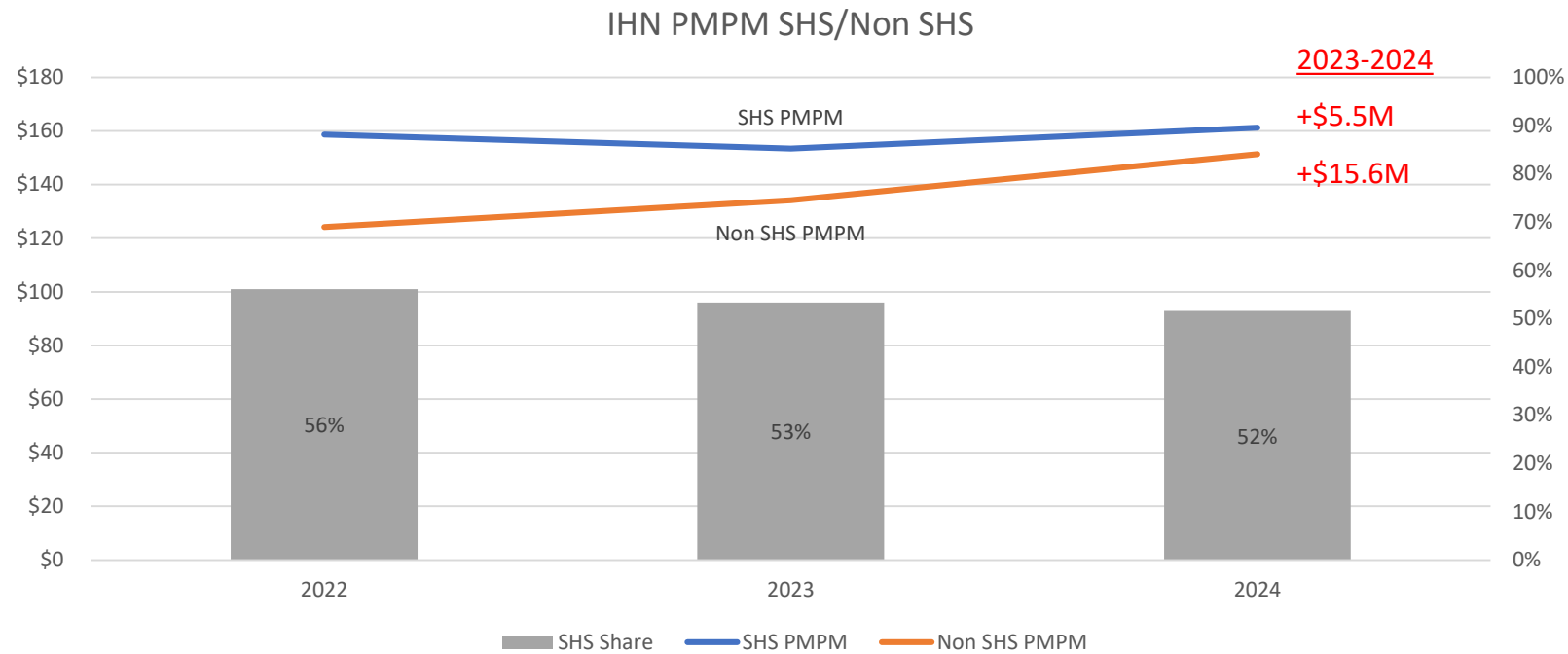


The increase in IHN's IBNR is driven by an increase in utilization and high average claims expense per member.

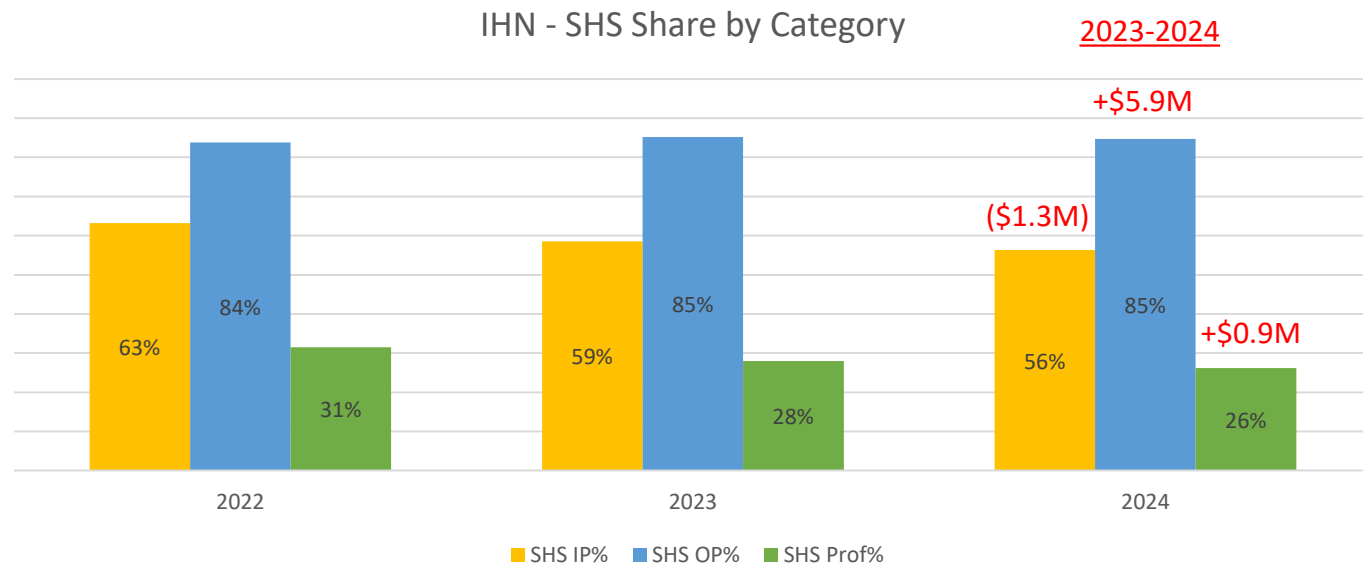
### IHN 2024 Change in IBNR



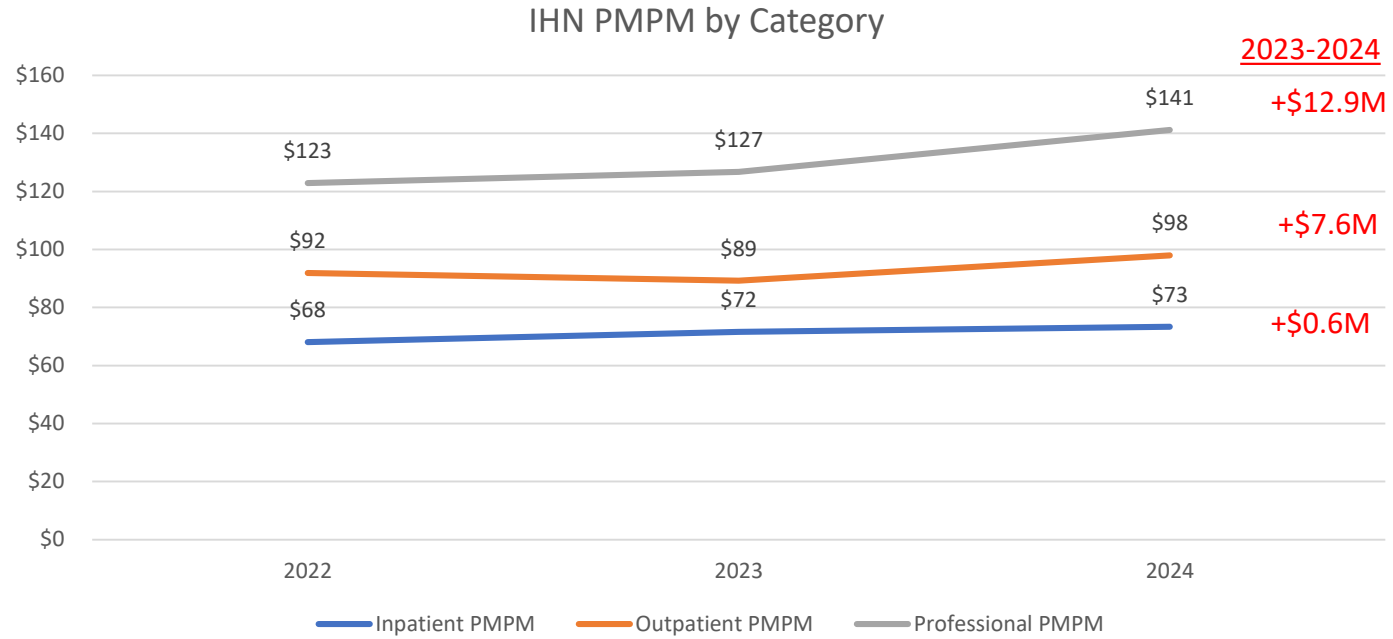
IHN IBNR was reserved at a high point in April during the Change outage but was depleted the remainder of the year.



SHS spend has remained flat while growth occurred in the Non SHS network. Some of this would be related to Behavioral Health Directed payments



SHS's share of Inpatient and Professional has slipped since 2022

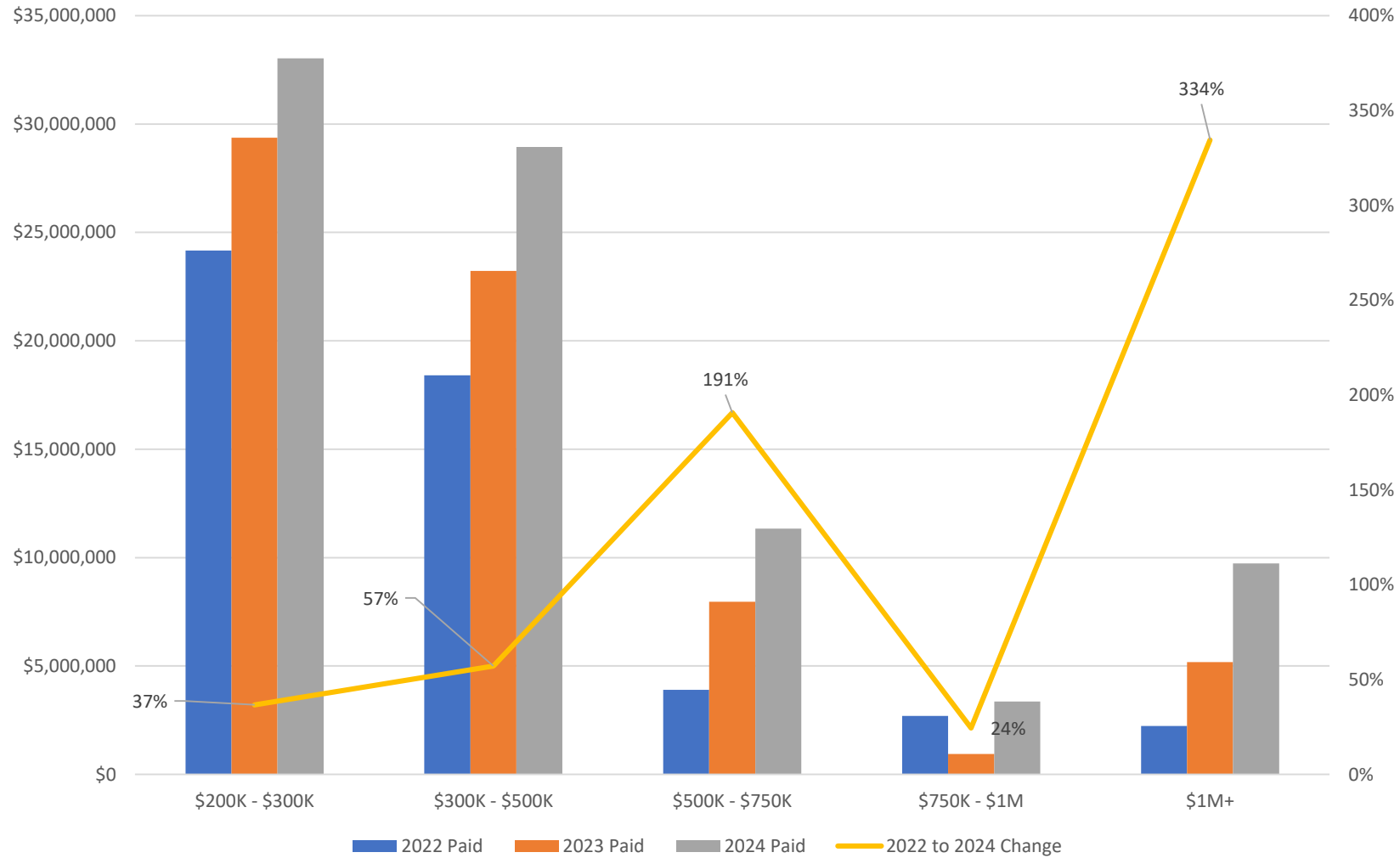


PMPM Growth was predominately in Professional Services

### 2023-2024

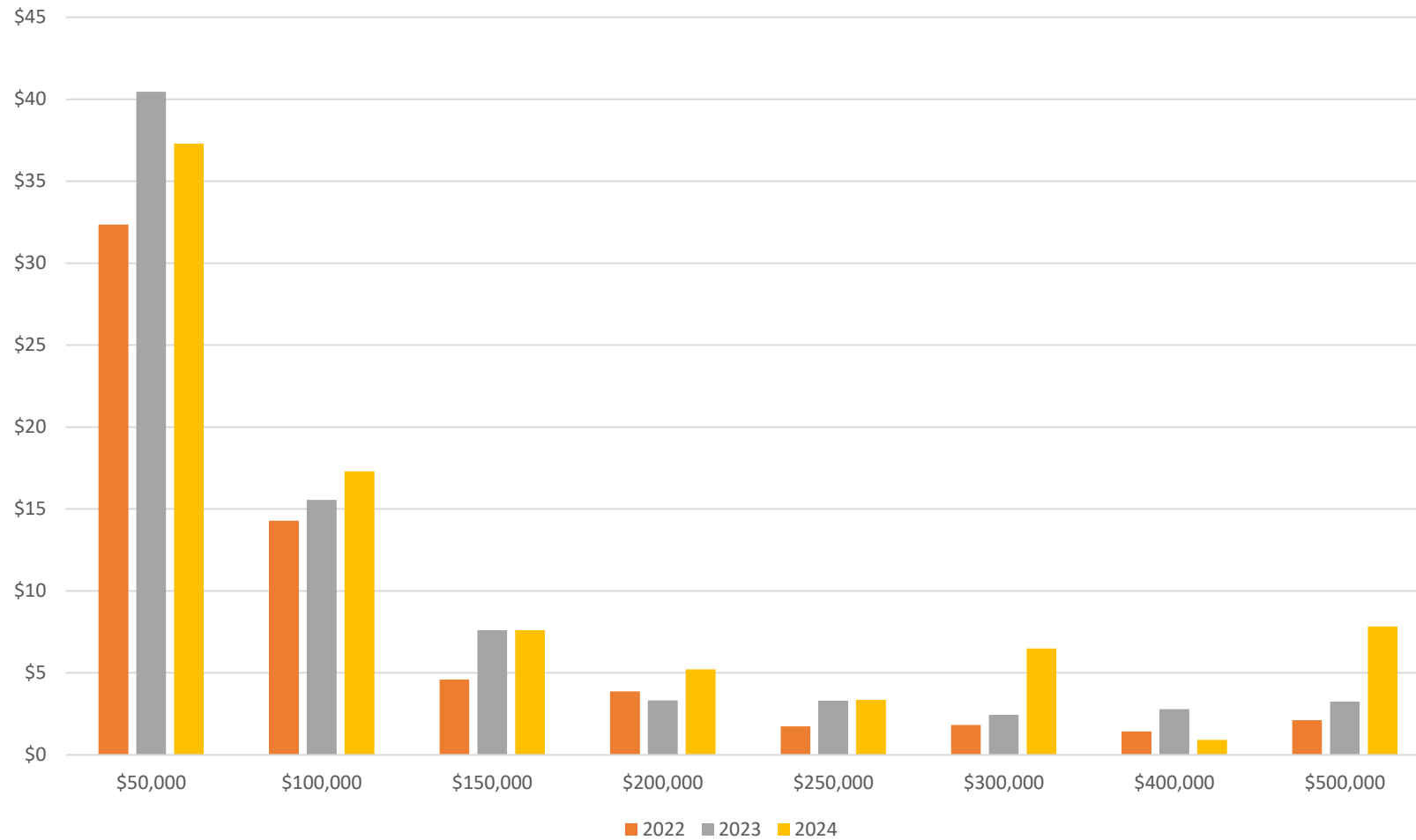
IHN	Utilization Increase	Cost Increase
Inpatient	2%	0%
Outpatient	4%	6%
Professional	12%	(3%)

### High Dollar Claims Bucketed



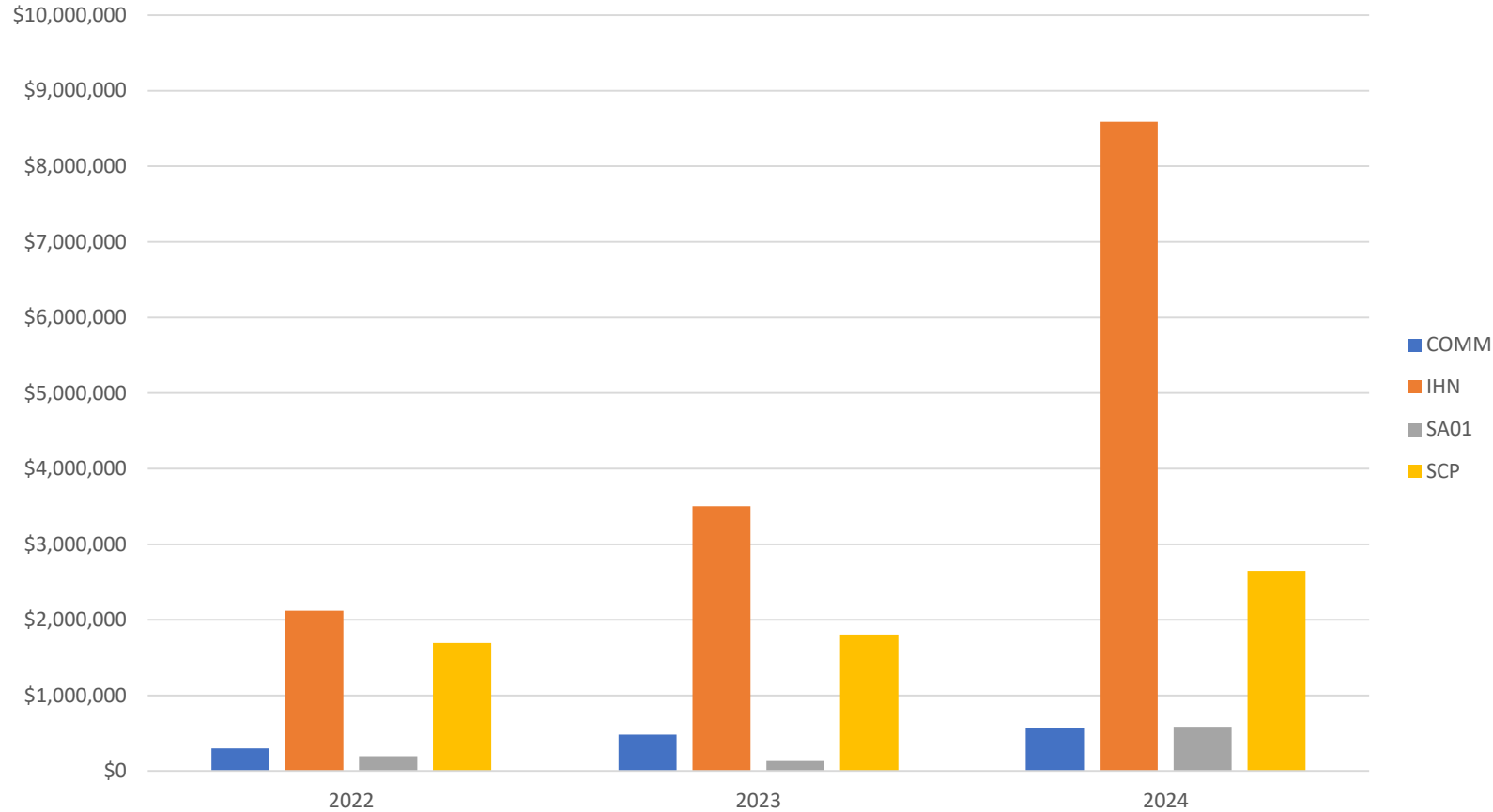
Claims have been increasing in the Higher cost/claimant tiers across all Plans

IHN PMPM by Layer



IHN has seen growth in the \$100K, \$300K, and \$500K+ groups of claims. Claims under \$50K decreased from 2023.

### Reinsurance Recoveries



Corresponding with more members reaching stop loss, IHN and Choice will have a large increase in amounts due back from the Reinsurance carrier.

This has driven an increase in 2025 reinsurance premiums.

# Stop Loss Claimants

1. Our highest cost claimant is on IHN, with \$2.7M paid in 2024. Infusion therapy for Duchenne disease is taking place at Option Care at Legacy Health in Portland. IHN is looking into home infusion options.
2. IHN member currently inpatient at Seattle Children's Hospital, with nearly \$1.6M in claims paid in 2024, and nearly \$1M paid in 2023. This member is currently waiting on a heart transplant.
3. IHN member with \$1M in claims in 2024. The cost is infusion drive, which is treating a rare blood disorder.

# Government Relations Report

IHP Board of Directors  
February 19, 2025

Andi Easton, Government Relations Director

InterCommunity   
Health Network CCO

Legislative Session, Prioritized List,  
CCO Procurement, New Federal  
Administration...  
Oh My!

# CCO bills of interest

## Funding for Medicaid

- HB 2010 Provider Assessment
- HB 5025 OHA Budget

## CCO Funding & Spending

- HB 2215 Rate Review
- HB 2213 MMLR
- HB 2214 SHARE

## Prioritized List

- HB 2212 Prioritized List Task Force
- HB 2917 Prioritized List Preservation bill

## Metrics & Standards

- HB 2218 Metrics and Scoring (SB 966 study)
- HB 2207 National Accreditation Standards

## CCO Contracts

- HB 2209 Annual Contract Amendments
- HB 2205 10-yr Contract

## CCO Administration

- HB 2210 Provider Credentialing Database
- HB 2208 Streamline Community Planning
- Board and committee membership requirements

## Behavioral Health

- HB 2206 Adult MH Residential Workgroup

## Health Equity Coalitions

- SBs 528, 530 Regional Health Equity Coalitions

## Children & Youth

- SB 695 Raising the Bar for CCOs (Momnibus)

# Prioritized List

The state's waiver of amount, duration, and scope related to the Prioritized List, authorized in the original 1994 approval, **will be phased out of the OHP demonstration by January 1, 2027.**

# Procurement

- CCO performance “snap shots”
- OHPB: Seeking feedback
  - Next public hearing is Feb 21st
  - Survey: [OHPB CCO Feedback Survey](#)

# New Administration...



# 2025 Calendar

- Feb 21 IHN-CCO meeting with Emma Sandoe, SAGH/IHN Clinic
- Jun 29 **Constitutional Sine Die**
- Aug OHA Submits “Strawman Proposal” for CCO Procurement
- Sep OHPB Reviews Public Comments
- Oct OHA Starts Writing new RFA for CCO
- Nov OHA Submits Final Policy Recommendations
- Dec OHA Releases RFA



SHS | CCO Procurement Dates | Legislative Dates

# Questions?

Andi Easton

[Aeaston@samhealth.org](mailto:Aeaston@samhealth.org)

# IHP Compliance Program Update

IHP Board Meeting  
February 19, 2025

InterCommunity   
Health Network CCO

# Agenda

- Compliance Program Updates
- Current Auditing Activities
- Recent External Audits/Investigation
- Annual External Quality Review (HSAG Audit)

# Compliance Program Updates

- **Personnel**
  - Interim Health Plan Compliance Officer
  
- **Compliance Program Review**
  - Policies and Procedures
  - Committees and Charters
  - Corrective Action Plans
  - Compliance Incident Reporting: Ethics Point

# Current Auditing Activities

- **Internal Program Audits (IHN and Medicare Advantage)**
  - Focus Areas: *Utilization Management and Appeals*
  - Scope of Audits:
    - Timeliness
    - Accuracy and appropriateness of member notifications
    - Linguistic standards (IHN)
    - Required letter inserts (IHN)
  
- Final Report expected: end of March

# Recent External Audit/Investigation

- **Qlarent Audit**
  - CMS Contractor: audit, oversight and fraud, waste and abuse detection, deterrence and prevention for Medicare and Medicaid claims
  - Extensive audit requiring information and documentation across all operational areas (10 CCOs selected)
  - Submission: January 6, 2025; results expected late 2025
- **Indian Health Care Provider Payment Investigation**
  - OHA reviewed claims for payment to Indian Health Care Providers in 2023 and 2024 (medical and pharmacy).
  - Identified claims that were not paid appropriately (All CCOs selected)
  - Requested response to questions related to contracts with IHCPs and process for adjudicating IHCP claims.

# Recent External Audit/Investigation

- **IHN Financial Examination**
  - OHA Contractor: Myers and Stauffer Accountants
  - Examination covers calendar year ending December 31, 2023
  - Examination to begin approximately March 30; examination planning questionnaire due March 31.

# Annual External Quality Review

- **Annual OHA Compliance Audit**
  - 2024 Improvements
  - 2025 Standards
    - **Member rights and protections**
    - Confidentiality
    - Disenrollment
    - Quality Assessment and Performance Improvement
    - Health Information Systems
    - **Member Information**
      - **Member Handbook Checklist**
      - **Provider Directory Checklist**
    - **Information Systems Capabilities Assessment Tool**