Work Session Minutes
March 20th, 2024

In Attendance:

☐Hammad Qadir, MD	☐Anushi Bulumulle, MD	☒Wallace Webster, MD
☒Paavani Atluri, MD	☐Charles Toledo, MD	☒Jeffrey Lang
☒Mike Rowley	☒Molly Johnson	☒Gregory Brigham, PhD
☒Brian Moore	☒Linet Samson	☒David Rupkalvis
☐Jason Bell, MD	☒Matt Vorderstrasse	
☒Andrea Zamora	☐Becky Armistead	

Guest: Bevin Ankrom(OHA); Katie Gonzalez, (public guest),

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, Executive Program Director; Samyukta Vendrathi, COO; Mike Hale, CCO; Ben Sachdeva, Senior Financial Analyst; Erica Tesdahl-Hubbard, CITO/IT; Wendy Haack, CMO; Evelyn Bryant, Executive Administrative Coordinator; Ross Acker, Director of Care Coordination

Work Session called to order at 7:02 A.M. by Dr. Wallace Webster for the purpose of discussion, but no action upon the Committee updates, including discussion of confidential and proprietary information constituting trade secrets under ORS 192.345.

Quorum established 7:02 am.

Meeting Minutes:

- **Financials:** Ben S. begins by presenting on the Advanced Health Financial summary for December 2023 Vs. December 2022.

Western Oregon Advanced Health, LLC.
STATEMENTS OF OPERATIONS
For the Months Ended December 31, 2023

	2023 Actual	2022 Actual	Variance Actual	2023 Budget	Variance Budget
	December '23	December '22		December '23	
REVENUES:					
Medical	161,279,754	158,511,801	2,767,953	161,178,523	101,231
Dental Health	9,409,298	8,329,208	1,080,090	9,051,567	357,731
NEMT	4,884,487	4,683,954	200,533	4,783,231	101,256
Quality Withhold	-	-	-	-	-
Investment Income	30,482	167,967	(137,485)	190,000	(159,518)
Other	6,659,155	11,373,273	(4,714,118)	-	6,659,155
Total	182,263,176	183,066,203	(803,027)	175,203,321	7,059,856
COGS:					
Medical	157,515,199	154,990,370	2,524,829	157,621,146	(105,947)
Dental Health	9,197,958	8,142,631	1,055,327	8,851,789	346,169
NEMT	3,614,661	3,285,244	329,417	3,582,287	32,374
Quality Withhold	-	-	-	-	-
Health Related Spending	1,353,617	1,982,528	(628,912)	1,229,000	124,617
Other	5,394,787	11,372,520	(5,977,733)	-	5,394,787
Total	177,076,222	179,773,292	(2,697,071)	171,284,222	5,792,000
Total revenues	5,186,955	3,292,911	1,894,044	3,919,099	1,267,856
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	1,744,496	1,562,712	181,784	1,834,834	90,338
Legal, accounting and professional	344,471	194,858	149,613	191,400	(153,071)
Employee benefits	308,346	232,957	75,390	357,365	49,018
Dues, membership, contributions	429,166	349,525	79,640	278,500	(150,666)
RFA	-	-	-	-	-
Office Supplies and Postage	165	1,763	(1,599)	1,000	835
Meals, travel and seminars	60,000	28,753	31,247	65,000	5,000
Other expenses	32,811	218,819	(186,008)	1,000	(31,811)
Total administrative expenses	2,919,454	2,589,387	330,067	2,729,099	(190,355)
Net Expenses $	2,267,501	703,524	1,563,977	1,190,000	1,077,501

Summary	2023	2022	Budget	Varience to PY	Variance to Budget
Revenue	$ 182,263,176	$ 183,066,203	$ 175,203,321	$ (803,027)	$ 7,059,856
COGS	$ 177,076,222	$ 179,773,292	$ 171,284,222	$ (2,697,071)	$ 5,792,000
Admin Expenses	$ 2,919,454	$ 2,589,387	$ 2,729,099	$ 330,067	$ 190,355
Income Tax & Investment Expense	$ (11,487)	$ (40,650)	$ (20,000)	$ 29,163	$ 8,513
Net Income	$ 2,256,014	$ 662,874	$ 1,170,000	$ 1,593,140	$ 1,086,014

Western Oregon Advanced Health, LLC.
December 31, 2023 and December 31, 2022

	December '23	December '22
ASSETS		
Cash and cash equivalents	$ 3,400,138	$ 399,199
Restricted Reserve	7,485,078	7,422,572
Cash Suspense	142,480	(118,317)
Investments	3,905,967	3,870,496
Physical Health Receivable	1,923,731	3,010,980
Quality Pool Receivable	6,794,450	7,705,942
Accrued Interest Receivable	108,516	55,522
Accounts Receivable, net (Related party)	296,455	131,011
Other assets	14,443	37,199
Total Assets	$ 24,091,258	$ 22,537,044
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	1,078,342	195,548
DOCS Management Admin Payable	11,863	1,464
Dental Health Payable	4,836	764
HRA Payable	-	-
MCO Payable	131,976	1,074,043
Mental Health Payable	12,695	-
Other Accrued Expenses	955,403	1,251,845
Payroll and Related Liabilities	$ 149,163	$ 153,669
Physical Health Payable	379,216	245,958
QDP Payable	1,636	4,675
Quality Pool	6,659,179	7,551,823
Capital Share Obligation	907,000	1,183,200
VBP Payable	282,175	249,960
Dividends Payable	-	-
Total Liabilities	10,573,484	11,912,950
Equity		
Southwest Oregon IPA	6,422,940	5,902,285
North Bend Medical Center	1,070,490	983,714
Coos County	1,070,490	983,714
Advantage Dental	642,294	590,228
Bay Area Hospital	535,245	491,857
Coquille Valley Hospital	428,196	393,486
Bay Clinic	214,098	196,743
ADAPT	160,573	147,557
South Coast Orthopedic Associates	160,573	147,557
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	2,256,424	868,168
Capital Gain (loss)	556,452	($1,215)
Total stockholders' equity	13,517,774	10,624,094
TOTAL LIABILITIES AND EQUITY	$ 24,091,258	$ 22,537,044

Prepared for management and board of directors and to be used for internal purposes only

- **MOTION:** Motion made by Dr. Webster to approve December 2023 Financials and seconded by Dr. Brigham.
- **VOTE:** Unanimous approval. (End 7:17 A.M.)

Public Meeting

Public Comment:

- Ben M. transitions by giving Katie Gonzalez the floor to make a public comment.

- **Public Comment:** Katie Gonzalez, caregiver for an Advanced Health member provides a verbal public comment regarding a barrier with the NEMT benefit and about Bay City Brokerage paying for out of town trips and reimbursing for food. She wanted to bring it up to the board because as she believes it's in Advanced Health's best interest to figure this out because the cost of reimbursement for the CCO is substantially less for vehicle provided rides. She states she has put in another grievance about it; however, it's not getting addressed and she's had the same concern since July 2023. She concludes by stating that it's important for members to get to their appointments and cost effectively for the CCO. She finalizes by thanking the board for their time.
- Ben M. thanks Katie and states that they will follow up with Katie and that it gets resolved. If there's barriers for her there's likely barriers for other individuals.
- With no other public comments, the meeting moves to the other agenda topic items.

Ben transitions over to Chris H. for the Approval of the 2023 SHARE Designation

- Chris gives some background on the Shared Designation provided below in his presentation document.

BOARD ACTION ITEM:

2023 SHARE Designation

Background: Advanced Health reports strong 2023 financial performance due to savings realized on administration expenses and continued elevated enrollment under the Oregon Health Authority's (OHA) emergency enrollment policy. Advanced Health generated $2,256,014 in 2023 earnings.

SHARE Designation: Under the CCO contract, Advanced Health is required to designate a portion of 2023 earnings and/or surplus capital to SHARE Initiative projects and investments aimed at improving social determinants of health (SDOH) of its Members. Beginning in contract year 2022, a formula determines the minimum SHARE Designation based on Advanced Health's capital position, any dividends issued, and the earnings of its sub-capitated affiliates.

Advanced Health's minimum SHARE Designation is driven primarily by earnings generated by its sub-capitated affiliates (SWOIPA and Advantage Dental).

Management recommends the Board approve a SHARE designation of $320,000.

Management recommends the Board request payment from SWOIPA and Advantage Dental to cover the cost of this designation.

Action Needed:

Shall Advanced Health designate $320,000 for SHARE Initiative projects and investments?

Shall Advanced Health request payment from SWOIPA and Advantage Dental to cover the cost of the 2023 SHARE designation?

- Chris continues by stating that Shared Designation is less than last year and that is primarily due to earnings from SWOIPA declining. The Shared Designation depends on a few things such as Advanced Health's earnings, Advanced Health's RBC, and its earnings of its subcontractors. Last year and this year, the real driving force of the shared designation minimum has been earnings generated at SWOIPA. The minimum formula places us at around $300,000, so they are requesting $320,000 to create a small buffer.
- Like last year they are asking the board to request payment from SWOIPA and Advantage Dental to cover the cost of this shared designation. What this translates to is to primarily ask SWOIPA to cover the cost of that designation. He states that Anna, Executive Program Director, will later be working with the board to assign those to specific projects.
- Anna agrees and states that this will set their budget for those Share Awards that they will be able to determine this year.

- **MOTION:** Motion made by Dr. Brigham to approve the Action Item of Advanced Health to designate $320,000 for Share Initiatives projects and investments and request payment from SWOIPA and Advantage Dental to cover the cost of the 2023 Shared Designation and seconded by Dr. Lang.
- **VOTE:** Unanimous approval. (End 7:56 A.M.)

Approval for the 2024 Audit Work Plan

- **MOTION:** Motion made by Dr. Brigham to accept the 2024 Audit Work Plan presented by Mike Hale, Chief Compliance Officer and seconded by Molly Johnson.
- **VOTE:** Unanimous approval. (End 7:56 A.M.)

Care Coordination Update

BOARD ACTION ITEM:

New Care Coordination Oregon Administrative Rules (OARs)

Background:
CCOs are responsible for the delivery of appropriate and coordinated health care services for members. In 2020, the Care Coordination OARs established rules for Care Coordination and Intensive Care Coordination, including priority populations, triggering events, and contact frequency and mode requirements. Advanced Health developed an Intensive Care Coordination program with some direct staff as well as some contracted services. Advanced Health also developed a contracted Primary Care Case Management program and required additional training and education for Customer Service staff who assist members with Care Coordination.

On February 1, 2024, Oregon adopted revised OARs governing Care Coordination requirements for CCOs. The previous rules were completely rewritten, though the new rules still use the same OAR numbers. Advanced Health is working to revise existing programs and contracts to meet the new requirements. Some of the larger changes will also require OHA review and approval prior to implementation. Criteria for these review and approval elements have not yet been released to CCOs.

- Ross Acker provides a brief introduction that he is the Director of the Care Coordination Department of Advanced Health. He provides some background information that he oversees a team of RN's, LPN's, and traditional health workers to help provide care coordination services to our members. He continues by inputting that the state wanted them to focus in on certain priority population groups, for example children in child welfare, or adults with serious and persistent mental illness, new

behavioral health diagnosis or hospitalization that would qualify one of our members for care coordination services.

- Since 2020 they have been building a stand-up team, which they have been through two audits and have successfully gotten through both of those audits.

- Some of their staff are at the CCO level and they have also contracted with ADAPT and Coos Health and Wellness to help provide additional health care coordination services.

- OHA has revised the Care Coordination Rules and they have re-written all of them. Anna has a meeting with OHA to really understand the implications of these new rule sets and how they are going to be able to respond. They are set up really well internally at the CCO, as he mentioned that have ten staff now and more traditional healthcare workers than most CCO's have providing direct care coordination.
- Ross addresses the three OAR's Below:

Full text of the Care Coordination OARs can be found here:

410-141-3860 Care Coordination: Administration, Systems and Infrastructure
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310323

410-141-3865 Care Coordination: Identification of Member Needs
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310325

410-141-3870 Care Coordination: Service Coordination
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310330

- He states to learn more about the OAR's to click on the links provided.
- Below he provides basic definitions for the board to review at their leisure.

Summary:

Relevant definitions

Care Coordination means the act and responsibility of CCOs to coordinate services that scale in complexity relative to the physical, behavioral, dental and social needs (including Health Related Social Needs and Social Determinants of Health and Equity) of their members to achieve optimal health and wellness outcomes. Care Coordination requirements are described in OAR 410-141-3860, 410-141-3865, and 410-141-3870, in accordance with CFR 438.208.

Care Plan means a person-centered Care or Service Plan that is developed for and in collaboration with the member, their family, representatives or guardian; and in consultation

with the members providers, community supports and services, where applicable, to ensure continuity and coordination of a member's care according to their needs. Care Plan requirements is developed as are described in OAR 410-141-3870.

Health Risk Assessment (HRA) means a survey or questionnaire to collect information about a member's key areas of their health, including their physical, developmental, behavioral, dental and social needs (including Health Related Social Needs and Social Determinants of Health). The HRA is intended to inform the coordination of services and supports that meet the members individualized needs as described in OAR 410-141-3860, 410-141-3865 and 410-141-3870.

Special Health Care Needs means individuals who have high health care needs, multiple chronic conditions, mental illness or substance use disorders and either:

(a) Have a disability (functional, intellectual or developmental); or
(b) Live with health or social conditions that places them at risk for developing disabilities.

- Ross includes that they have their own health base system called Activate Care System they've been using since 2020. What's unique to this system is that individual members can log in to view their care plan and he can control the permission levels in that system, and he can also invite in other care providers with members' consent.
- The HRA (Health Risk Assessment) is given out to all their members upon enrollment, this is a survey of their needs which essentially what they're doing is identifying at our level what are our members needs, how can we best meet them with the staff that we have at the CCO and our contracted partners. Most of our members, during his time here, have special healthcare needs. Essentially special heath care needs are a mix of chronic medical conditions, behavioral health, social needs etc.
- Below he provides a condensed version of the OAR's Rule Sets:

New Care Coordination rule summary

Administration, Systems, and Infrastructure OAR 410-141-3860

1) CCO is primarily responsible for coordinating the member's care (physical, developmental, behavioral, dental, and social) and/or take the lead of other coordinating entities, as deemed required by the CCO
2) Goal is to improve member outcomes, satisfaction, reduce health inequities, and eliminate barriers to accessing healthcare
3) Person centered, trauma informed, accessible to all members
4) Utilize software platform (Activate Care) to track and monitor care coordination activities
5) Develop a risk stratification model and tool to stratify members into risk categories: (1) no to low risk, (2) moderate risk, (3) high risk
6) OHA must approve CCO's risk stratification mechanisms and algorithms before implementation

Identification of Member Needs OAR 410-141-3865

1) Mechanisms in place to identify member's physical, developmental, behavioral, dental, and social needs, goals, and preferences
2) Conduct a health risk survey of each members within 90 days (no or low risk), 60 days (moderate risk) and 45 days (high risk)
3) Share health risk survey with other entities or providers serving the member to prevent duplication
4) Develop either a Care Profile and/or Care Plan which is dependent on the member's risk level, includes:
    a. Progress notes, assessments, diagnoses, social needs, utilization of services
    b. Change in health related circumstances such as Hospital ER visit, mobile crisis response, pregnancy diagnosis, chronic disease diagnosis, etc.

5) Implement mechanisms to "comprehensively" assess members with special health care needs and/or needing long term service and supports (LTSS)

Service Coordination **OAR 410-141-3870**

1) CCOs must coordination all services by members according to member needs
2) CCOs must formally designate a person or team as primarily responsible to coordinate services.
3) CCOs must develop and maintain a Care Profile
    a. Person or team responsible for the member's care
    b. PCP, other care team members, including role and contact information
    c. Member needs, goals, preferences (initial and ongoing)
    d. Member's risk score
    e. Supports, services, activities, resources that have or planned to be deployed to member's identified needs
    f. Will be updated upon a change in health related circumstances
4) CCOs will utilize member's risk category to determine if a Care Plan is needed
    a. No or low risk do not require a Care Plan unless risk category changes
    b. Moderate to high risk require a Care Plan
5) Ensure care coordination for all members, regardless of where member is receiving services
6) Oversee transition of care services
7) LTSS and/or SHCN members have direct access to a specialist, as appropriate for member's condition
8) Ensure IDT meetings are convened and provide a forum for discussion of clinical interventions, member feedback, identification of gaps, strategies to improve coordination

- He continues to say that overall, the CCO is responsible for the member's overall care. The goal is to improve the members' outcome satisfaction and eliminate any healthcare barriers, and in some cases, there are many.
- His staff use a trauma informed approach, and all his staff are all first aid trained. Most of the members they work with have some level of mental health symptomology. What individuals may find interesting, which he and Anna have been working on, is that OHA wants us to risk stratify their population. OHA does not have a solution, but they are looking for one and looking for CCO's to provide a solution. Ross states he's been doing some risk stratification model shopping. They have met with a couple of companies, Arcadia being one of them, they look to have the most comprehensive risk stratification algorithm as well as provide impacted ability direction. Even though we have a risk score, who do I still focus my efforts on? Due to having so many members, having the score plus the impacted direction for his staff is ideal. The score is calculated by AI (artificial intelligence).
- They will be meeting with OHA this year over the next couple of months and a dozen selected care coordination directors, and they will be talking with OHA directly on how they will be solving this problem with risk stratification, ultimately OHA must approve the algorithm, and they will likely standardize it across the state. More to come on that.

- Ross emphasizes that their goal is to identify the members' needs. They do that through the health risk survey, there are some time constraints there, depending on members' risks which they still don't know yet, so that will be a work in progress.

- What is the overall product? Every member has a care profile, and they have one now in Activate Care. Some of those members will have a plan and that will be required based on members risk level. Most of the members that they do see have a high risk, and those are the individuals that will have a care plan and Activate Care has the ability to store all the information that they need to provide services to their members and their care.
- He points out that some of their coordinators do convene in their disciplinary team meetings with a variety of partners in our network, they do very well, and they receive referrals on a daily basis. They are well established here in the community. Now, people know about their services and lean on them heavily. What you will hear about in the next year is that he and his team have developed a solid and robust model at the CCO level and in turn will be working with the four major clinics to help them do the same, because they are going to have to provide support for them at the clinic level in managing their members. He concludes by asking the board if they have any questions.

Discussion:

- David Rupkalvis, CAC member, states that this is a topic that has come up multiple times at CAC meetings. He inputs that they have discussed this in depth and voted on it and the CAC is suggesting that the board consider hiring more people for their Care Coordination because for way too many of our members, trying to navigate their way through their provider, and a secondary provider, and a specialist is just so confusing that they get lost. Hearing from Katie Gonzalez earlier, sometimes it's as simple as can we get reimbursed. A majority of members don't read through the members' handbook, they just go to the doctor and have their forms turned in. This is an area where Advanced Health could improve and help members make their lives better, especially when it comes to getting the right care from the right providers. He acknowledges that Ross has been able to fill a few vacancies recently which is going to help, however when you look at their workload for their staff, there is a lot of work for a limited number.
- Ben M. inputs that he knows that Ross has been an advocate to build his team to the level that it's at. They continue to build as they can afford is where they're at. From the state reports that he's seen Advanced Health is pretty solid towards the top in the state ratio of our care coordinators to members, but they know that even the top performing CCO's are scratching the surface since the demand for these services are so great for these individuals to help navigate. The CCO is not designed to generate profit, just the necessary to bring that RBC, and those reserves requirements go up very moderately every year, and that money is spent in our

- community. This is our top growing expense, and it needs to continue, we hear you and we'll make sure it stays there.
- With no further input or questions, Ben thanks everyone for being there.

The work session was adjourned by common consensus at 8:10 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 03202024