**Lane Community Health Council Board**
**September 10, 2024**
**7:00am-9:00am**
**Hybrid Meeting**
**Minutes**

**Present:** Dr. Patrick Luedtke, Lane County Health, and Human Services; Dr. Catherine York, Northwest Surgical Specialists; Mr. David Butler, McKenzie Willamette Medical Center; Ms. Tannya Devorak, Community Advisory Council; Ms. Eve Gray, Lane County Health, and Human Services; Dr. Lana Gee-Gott, Northwest Medical Homes; Ms. Lindsey Hopper, PacificSource; Ms. Molly Johnson, Advantage Dental; Ms. Jamie Louie-Smith, Heritage Bank; Ms. Melanie Maples, Willamette Family Inc.; Dr. Robin Virgin, PeaceHealth Medical Group; Mr. Chad Westphal, Looking Glass
**Absent:** Dr. Philip Capp, Optum; Ms. Ali Canino, South Lane Mental Health; Mr. Tony Scurto, Lane Education Service District
**Staff:** Ms. Rhonda Busek, Lane Community Health Council; Ms. Suzy Kropf, Lane Community Health Council; Ms. Lauriene Madrigal, Lane Community Health Council
**Guests:** Dr. Mark Buchholz, PacificSource; Ms. Kellie DeVore, PacificSource; Ms. Erin Fair-Taylor, PacificSource; Ms. Megan Romero, PacificSource; Ms. Tricia Wilder, PacificSource; Ms. Kayla Watford, Lane County Public Health; Mr. Dustin Zimmerman, Oregon Health Authority

## I. Call to Order, Welcome & Introductions, Public Comment

Dr. Luedtke called the meeting to order at 7:03 am.
**Public Comment:** There was no public comment.

## II. Consent Agenda

Dr. Luedtke presented the consent agenda including the following actions. **A motion was moved and seconded to approve the consent agenda. The motion passed unanimously.**

- **Approval of August 13, 2024, Minutes Lane Community Health Council Board:** No questions or discussion.
- **LCHC Financials:** No questions or discussion.
- **CCO Director Report:** No questions or discussion.

## III. Finance Committee Update

PacificSource Financials: Ms. DeVore presented the PacificSource Lane CCO Finance Report. The report noted a year-to-date operating gain of $3.9M, ahead of the budgeted loss of $5.4M. The financials include $5.8M of positive adjustments related to the prior year. There is nothing reserved for large cases with no estimated reinsurance recovery. Ms. DeVore presented the May 2024 Financial Results Gross Dollar Basis, PMPM Basis, Claims Expense – Paid / Accrued & IBNR, trailing 12 Months Results, Withholds,

Membership, and the Joint Management Agreement. The current estimate of the 2024 JMA calculates out to be a net recapture of $6.7M. The estimated 2024 SHARE Designation of $442k is excluded from this recapture amount. Questions were raised regarding the HOP expansion and redetermination impacts on total population. Ms. DeVore clarified that due to the waiver, members do not need to apply every year, but every two years and the total population is not yet known. In the next couple of months, the estimate of members should be more accurate for 2024. Ms. Hopper further noted that these numbers accrue month to month, year-to-date. Dr. Luedtke asked for clarification about the Hep C column on the report. Ms. Hopper confirmed that members who qualify for Hep C treatment were initially in a specific high-risk category, and it is not yet built into general rate setting. Ms. Gray asked if financial performance changes are due to membership or expenses. Ms. Fair-Taylor responded that the changes are almost exclusively driven by expenses, including cost of care and utilization versus membership. Ms. Hopper further noted additional factors to rate setting, including Exhibit L reporting and Quality Incentive Metrics performance. Dr. Luedtke noted this topic for further discussion at the next Board meeting. Dr. Gee-Gott asked about coding for acuity for Medicaid, and that it is different than Medicare. Dr. Virgin stated that this would be a good topic for the Clinical Advisory Panel. Ms. Hopper noted that there are many factors impacting Medicaid rates, and it is less about specific coding and more on the combination of multiple factors.

## IV. 2023 QIM Distribution

Ms. Busek presented the Quality Incentive Metrics methodology. The Finance Committee recommendation is to use the same distribution methodology for the 2023 distribution as was used for 2022, which includes equal weighting for each metric. Each metric met receives one point, any not met receives 0.5 points. Ms. Busek then presented the Distribution Model Framework, noting that some metrics are met through claims and others through CCO attestation. All providers who performed in the metrics distribution will receive some funding. She then presented the distribution percentages by provider type as proposed by the Clinical Advisory Panel and approved by the Quality Metrics Committee:

- Adolescent Immunizations: 85% PCP, 15% Public Health
- Childhood Immunizations: 85% PCP, 15% Public Health
- Assessment for Children in DHS Custody: 33% PCP, 33% Oral Health, 34% Behavioral Health
- SUD Treatment Initiation and Engagement: 40% PCP, 60% Behavioral Health
- Timeliness of Postpartum Care: 10% Public Health, 90% OBG
- Cigarette Smoking Prevalence: 60% PCP, 15% Public Health, 10% Oral Health, 5% Behavioral Health
- Well Child Visits: 100% PCP
- SBIRT Rate 1 Screening: 80% PCP, 20% Behavioral Health
- SBIRT Rate 2 Referral/Intervention: 80% PCP, 20% Behavioral Health
- Preventive Dental Services Ages 1-5: 20% PCP, 80% Oral Health
- Preventive Dental Services Ages 6-14: 20% PCP, 80% Oral Health
- Depression Screening and Follow Up: 80% PCP, 20% Behavioral Health
- Diabetes HbA1c Poor Control: 85% PCP, 10% OB/Specialty, 5% Behavioral Health

- Oral Evaluation for Adults with Diabetes: 10% PCP, 90% Oral Health
- Health Equity: Meaningful Language Access: N/A Upstream and non-claims-based Quality Incentive Metric
- Kindergarten Readiness: Social Emotional Health - N/A Upstream and non-claims-based Quality Incentive Metric
- Social Determinants of Health: Social Needs Screening and Referral: N/A Upstream and non-claims-based Quality Incentive Metric

Ms. Busek stated that of the total 2023 funds, 90% goes to LCHC and 10% in retained by the CCO. Of the 90% distributed to LCHC, 10% is distributed through the SDOH-E process (historically a grant cycle), 10% distributed to the Lane County Prevention programs, and 90% distributed to CCO providers.

Mr. Westphal asked for clarification on the methodology of using 0.5 points for unmet metrics. Ms. Busek responded that this methodology was based off the method used by the Columbia Gorge Health Council and was a way to incentivize providers to meet metrics to reach full point to receive additional funds.

Further discussion included challenges for providers in meeting the metrics, and an interest in assigning metrics at the provider level to reward those that are doing the work to meet the metric. Ms. Busek shared that several provider groups have expressed interest in this, and we want to ensure enough time to transition systems for provider offices if we move to that approach. Further discussion included provider concerns about the timing of payouts in relation to the performance and an interest in having the board respond to this feedback. Ms. Busek shared that the intent is to have a methodology by early 2025 to provide sufficient notice of process changes to provider offices. Dr. Luedtke confirmed the Board's interest in having practice-level data and a timeline for 2025 disbursement. **A motion was moved and seconded to approve the 2023 QIM Distribution as recommended by the Finance Committee. The motion passed unanimously.**

## V. Naming – Bushnell University

Ms. Busek shared that Bushnell University would like to extend the naming rights to LCHC for a room on campus for the investment made through Shared Savings. **After discussion, a motion was made to waive naming rights as there was not consensus. The motion passed.**

## VI. Community Impact Committee

Ms. Gray presented the Community Impact Committee Fall 2024 Grant process recommendation, which would braid together Shared Savings, CBI, and SDOH-E funds into one grant process to make the process simpler for applicants. With this approach, staff will assign applications to the best fitting funding stream. The focus areas recommended by the CIC are food insecurity, housing supports (non-covered benefits, including the HRSN benefits) and youth behavioral health, with a focus on prevention. Funding sources would be $405k from CBI, $2M from SDOH-E portion of the Quality Pool, and $5,095,000 from Shared Savings, for a total of $7.5M to distribute via a grant process that would run September 11 – October 18. Review would include partnership with PacificSource staff to ensure Health Related Services (HRS) alignment. A slate for

approval is planned for the December Board meeting and the funds would be distributed early 2025. If the review committee identifies need beyond the $7.5M upon review, additional recommendations would be brought forward to the Board for consideration. A concern was raised about the short timeframe. Ms. Madrigal shared that the application is intended to be low barrier to account for the shorter timeframe. Ms. Gray shared that the Oregon Community Foundation maintains a nonprofit list that could be useful in advertising this opportunity. **A motion was moved and seconded to approve the Fall 2024 Grant Process using Shared Savings, CBI, and SDOH-E Quality Pool funds. A comment was shared about additional needs for the aging SPMI population. After discussion, the motion passed unanimously.**

Ms. Busek shared about an opportunity to fund a community organization to provide menstrual supplies for unhoused community members and requested permission from the Board to proceed with pursuing this opportunity as a concept for possible Shared Savings investment. Concerns were raised in terms of an equitable process, as other organizations may not have known they could have put forward an ask for funds to meet this need. The Board discussed the need for an established and equitable process for one-off funding requests. Ms. Gray suggested that the Community Impact Committee have conversations to differentiate community need from the conversation of direct giving processes. She further suggested that opportunities be posted to the LCHC website for equitable transparency to the community. **A motion was made for staff to bring back a proposed process to the Board for one-off requested funds, and for staff to work with Kate Budd (Lane County) to involve the MAC and Poverty and Homelessness Boards as overseeing bodies for the All-In Initiative prior to the Menstrual Product Proposal being brought forward to the Board for approval. The motion passed unanimously.**

**VII. Board Training – MLR in Funding Decisions**

Ms. DeVore presented an overview of Medical Loss Ratio. CCO Medical Loss Ratio is a financial metric that measures the percentage of a health insurance premium that an insurer uses to pay medical claims and quality improvement activities. The MLR is calculated by dividing the amount spent on clinical services and quality improvement by the total amount of premiums collected. CCO Contract includes a provision that requires CCOs achieve or exceed an 85% medical loss ratio for the total Member population. If a lower rate occurs, CCOs are required to rebate the difference back to the OHA. Ms. DeVore presented how LCHC investments contribute to MLR, as well as potential results if LCHC investments do not meet MLR. She reviewed the activities that meet MLR, which must improve health care quality and include, but are not limited to, CCO Specific Activities established by OHA such as Health Related Services, Flex Fund Investments, and CBI Qualifying Investments. She then presented activities that do not meet MLR, including Administrative Activities/Staffing, Infrastructure, Coalitions, Provider training costs, and built environment or capital investments, among others. She noted that on slide six, Examples of HRS Approved and Rejected expenditures are linked for further learning. Ms. DeVore then presented examples of LCHC investments that did and did not meet MLR guidelines, providing OHA's feedback. She concluded with an Investment Procedure Recommendation, noting the LCHC and CCO's role in stewardship of Medicaid funds. A question was raised regarding how often the OHA reassesses HRS relative to the needs of the community. Ms. DeVore shared that in the past three years,

there have been updates to HRS guidance every 6-9 months. Mr. Zimmerman confirmed that there is not a scheduled timeline for updating HRS guidance. The Board shared their interest in being made aware in the future if there are concerns from staff about a project not meeting MLR.

**VIII. Clinical Advisory Panel**

Dr. Virgin presented the CAP update, including a brief update on the Prescribing Parks pilot program, which continues to have incredible engagement with the CAP and partners engaged in the project. A question was raised if both City and County parks are involved. Ms. Busek confirmed that both are involved. Dr. Virgin then shared that the CAP's focus is on improving QIM performance, paying particular attention to the Well Child Visit Metrics, Immunization Metrics, and Assessments for Children in DHS Custody metric.

**IX. Community Advisory Council**

Ms. Devorak shared that the CAC is onboarding 11 new members in the next few months, including a new organizational partnership with Lane and Douglas County Regional Health Equity Coalition (RHEC), Rise of the Umpqua and Willamette Valleys. The CAC has also been partnering closely with Live Healthy Lane to engage in the 2024 Community Health Assessment. The Community Partner Survey is now active through the end of September. Ms. Devorak then shared updates about the CAC's community engagement, including the Black Cultural Initiative, NAACP, and Our Journey: An Intertribal Quarterly Cultural Collective. She then noted the Motivational Interviewing Tobacco Treatment training that will take place at the end of September. More information is available in the Board packet.

**X. Adjournment**

There being no further business, the meeting was adjourned at 9:03 am.

Respectfully submitted,

Suzy Kropf

Suzy Kropf (she, her)
Community Health Program Manager
Lane Community Health Council