



**Board Meeting  
September 27, 2022  
Via Videoconference and In Person**

**Directors:** Neal Brown  
Bart Bruns, MD  
Chuck Chappell  
Jason Gray, MD  
Jerry O’Sullivan  
Tim Freeman  
Gary Allen  
KC Bolton  
Aden Bliss

Rodney Todd, MD  
Brenda Tibbetts  
Layne Jorgensen, DO  
Chris Spence, MD  
Kelly Morgan  
Tim Powell, MD  
Aric Groshong, MD  
Michael Krnacik, MD

**Not Preset:** Greg Brigham, PhD  
Sharon Stanphill, DrPH

**Staff:** Brent Eichman  
Nancy Rickenbach  
Michael von Arx  
Lindsey Baker

Doug Carr, MD  
Keith Lowther

**Guests:** Bevin Ankrom, OHA Innovator Agent  
Sue Goldberg  
Kimetha Stallings

**Public:** None present

**Call to Order**

The meeting was called to order by Bart Bruns, UHA Board Chair, at 6:30 am.

**I. Consent Agenda**

**The following items were presented on the consent agenda:**

- Minutes from the June 28, 2022 UHA Board meeting, one correction was note to the CMO report, in the second sentence add treatment to HCV.
- UHA Investment Policy
- UHA Conflict of Interest Policy



- Subcommittee Reports, including CAC, Executive, Compliance, Delivery System Advisory

***The motion was made by Neal Brown, and seconded by Tim Freeman, to approve the Consent Agenda. The motion passed unanimously.***

## **II. CEO Report**

Brent outlined that most of the legislature will turn over in the next year. The next 1115 waiver is currently before CMS, awaiting review and approval.

Brent shared a video developed by COHO and UHA video with the Board outlining the work of UHA to improve the health of OHP members, even outside of the doctor's office.

New Dental Benefit starting in January 2023; UHA will be responsible for administering a limited dental benefit for 3,500 beneficiaries. OHA's rationale for the change is administrative burden for CCO 2.0 was overwhelming the Dental Care Organizations. The Limited benefit will include Dental Services and Non-Emergent Transportation. The additional administrative work requirements will be insignificant. *Dr. Allen commented that the provider network in Douglas County (as well as other rural communities) is tough to expand access with recruitment, etc. Advantage has reached an agreement with Aviva to increase access. Advantage has been seeing Open Card, so not necessarily an increase in membership from their perspective.*

Oregon State Hospital – OHA received a Federal Order regarding placement and discharges at the Oregon State Hospital. This aims to reduce time to admission for people waiting for psychiatric hospital care in jail. This limits time of treatment. The impact will be significant in monthly discharges for individuals with misdemeanors, non M11 felonies and M 11 felonies. Likely to result in more stress on local community. No care coordination as OHA will assign to FFS, the assign to CCO weeks or months later.

*Why would OHA put a policy in place that would negatively impacts the hospital? Bevin will take concerns back to OHA. Suggest OHA put some additional resources in place to assist the ED, county and Sheriff's office.*

UHA Global Budget; current Network Risk Model (MLR) set at 87%, proposing to move to 86% to reach UHA capital adequacy risk-based capital (RBC) of 800. 1% MLR represents approximately \$2.1M (annually). UHA may recommend placing a cap on the 2022 global risk pool (December UHA Board determination). Also recommending an additional \$200,000



specifically earmarked for Health Equity investments. Targeted investments will be coordinated with UHA's Community Advisory Council. First investment recommendation is to repair the Senior Center Elevator at approximately \$75,000 – warming and cooling center.

Behavioral Health Rates – part of OHA's \$300M+ reinvestment in Behavioral Health; rates for CCO's are set to increase by 30% effective 1/1/2023. In addition, CCO's will be required to make supplemental "directed payments" to certain BH providers and / or BH categories. Significant administrative burden for UHA. No increase in administrative funding to support this work.

*While the increase in rates is helpful, the community needs additional investment from OHA in supporting educational / training opportunities for behavioral health professionals. Bevin will get an update and report back. Kelly will send current proposal for Allied Health Training facility to Bevin.*

### **III. Quality Metrics**

Nancy, Mike and Dr. Carr discussed the history of quality metrics, the vision of the metrics, OHA metrics goals, with a strategic goal of eliminating health inequities by 2030. UHA's performance for the 2021 metrics was 60%, which means UHA ranked last – not achieving incentive pool funding. Additionally, the added COVID vaccination metric was not favorable and UHA did not achieve the metric. This is not consistent with UHA's historical performance of the metrics. Dr. Carr presented the 2022 Metrics, including the Challenge Pool measures.

Nancy discussed UHA's 2022 workplan and expectations, including shifting focus to support provider network by establishing a Tiger Team and Supporting Provider Organizations on Quality (SPOQ), member incentives, and frequent meetings with providers. UHA's Customer Care team is proactively calling members identified as needing gaps closed; 6 members away from closing the vaccine metric.

Dr. Carr discussed the 2023 Metrics, and Mike discussed the related contractual changes – provider must meet 70% quality metrics, with MLR and metrics performance as gate. UHA remains committed to paying for quality. UHA will use the next few months to evaluate what modifications, if any, may be needed to Withhold and Quality payment strategy. Adding additional funds into quality metrics program, expanding the Quality Metrics program to other relevant providers, CBO's and public health. And restricting PCP's from being assigned new members when quality performance are below standards.



Working with providers to ensure data feeds are reflective of the work the providers are doing.

UHA will advance the available HIT bonus to help with the Reliance interface and will also fund the backup plan for direct interface from Athena.

*Whatever UHA and / or DCIPA can do to support Evergreen to get this interface, we are here and ready to assist.*

***The Board agreed to create small subcommittee of the Board to ensure visibility and success on quality metrics – Lindsey will send an email to solicit volunteers for the subcommittee.***

#### **IV. CHIP Recipient Presentation: Onward Roseburg**

Kimetha Stallings of Onward Roseburg discussed the CHIP award Onward received. She provided a history of her work with the unsheltered, including establishing a 501 c3, nonprofit, in 2020. Approximately 70% of Onward’s clients are unsheltered. Onward reduces common barriers by helping people to get ID’s, establish medical care, etc. Kimetha discussed the weekly mobile outreach efforts of Onward, as well as the 2022 Outcomes, in the areas of Housing, Primary Care Connect, BH/SUD Connect, State ID or license, and assisting with mail service.

Kimetha shared a success story of a local Veteran; Onward assisted the individual in getting medical care, housing, case management and assisting to get the individual social security and maintain sobriety for 8 months.

The Board thanked Kimetha for her support of the unsheltered.

#### **V. Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) Presentation**

Sue Goldberg discussed the IMPACTS grant, a partnership including Adapt, Douglas County, UHA, Mercy Medical Center, the Cow Creek Band of Umpqua Tribe of Indians, Roseburg City Police, Douglas County Mental Health Court and Juvenile Department, and Chadwick Clubhouse. Sue discussed the grant milestones, success stories, and shared the Tableau Dashboard that is used to track the information related to Jail Bookings and Emergency Department utilization.



Formal member of local public safety council, partnering with County, State Police, local police, etc., this model is being looked at from the State level, as a success.

*Bevin inquired about capacity of the program; don't think the work is at capacity. Difficulty in finding those that want to engage in receiving help.*

**VI. Finance Report**

**The motion was made by Dr. Krnacik, seconded by Tim Freeman to approve the August 2022 Finance Report; the motion passed unanimously.**

**VII. Culturally and Linguistically Appropriate Services (CLAS) Training – tabled due to time constraints.**

**VIII. Public Registration**

The meeting was opened to the public; no public members were present.

**IX. Board Votes**

2022 Global Budget Target – adjust MLR from 87% to 86% and approve the \$200,000 for Health Equity funding.

*The motion was made by Dr. Mike Krnacik, and seconded by Dr. Jason Gray, to approve moving the MLR to 86%. The motion passed unanimously.*

*The motion was made by Dr. Layne Jorgensen, seconded by Aden Bliss, to approve the \$200,000 Health Equity funding. The motion passed unanimously.*

**X. Public Comment**

No public members were present.

**XI. Good of the Order**

**XII. Closing**

The meeting was adjourned by Dr. Bart Bruns, UHA Board Chair, at 8:13 am.



Respectfully Submitted by:

DocuSigned by:

*Bart Bruns*

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Dr. Bart Bruns, MD; Chair  
Approved: 12/20/2022