



Work Session Minutes Public Meeting May 21st, 2025

In Attendance:

- | | | |
|--|--|---|
| ☐ Hammad Qadir, MD | ☐ Dacey Brooke, MD | ☒ Wallace Webster, MD |
| ☒ Paavani Atluri, MD | ☒ Charles Toledo, MD | ☒ Jeffrey Lang |
| ☒ Mike Rowley | ☒ Molly Johnson | ☒ Gregory Brigham, PhD |
| ☒ Linet Samson | ☐ | ☐ Jason Bell, MD |
| ☐ Andrea Zamora | ☐ | ☒ Tracy Lang ☐ |

Guest: Paul Peterson, Superintendent

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, Executive Program Director; Wendy Haack, DO, CMO; Samyukta Vendrathi, COO; Erica Tesdahl-Hubbard, CITO/IT; Naomi Brazille, Quality and Risk Adjustment Manager; Kera Hood, Director of Behavioral Health; Sam Baugh, Community Engagement Manager; Evelyn Bryant, Executive Administrative Coordinator

Work Session called to order at 7:01 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:

- Dr. Wallace Webster presented the meeting minutes from March 19th, 2025, Work Session.

- ❖ **MOTION:** Motion made by Molly Johnson, to approve the March 19th, 2025, meeting minutes as presented and seconded by Mike Rowley.
- ❖ **VOTE:** Unanimous approval. (End 7:02 A.M.)

Financials:

- Chris Hogan begins by going over the risk based capital document below:

RBC REPORT FOR THE YEAR 2024 OF THE Western Oregon Advanced Health, LLC

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

		(1) <u>RBC Amount</u>
H0 - INSURANCE AFFILIATES AND MISC. OTHER AMOUNTS		
(1) Off-Balance Sheet Items	XR005, Off-Balance Sheet Page, Line (21)	
(2) Directly Owned Health Insurance Companies or Health Entities	XR003, Affiliates Page, Column (2), Line (1)	
(3) Directly Owned Property and Casualty Insurance Affiliates	XR003, Affiliates Page, Column (2), Line (2)	
(4) Directly Owned Life Insurance Affiliates	XR003, Affiliates Page, Column (2), Line (3)	
(5) Indirectly Owned Health Insurance Companies or Health Entities	XR003, Affiliates Page, Column (2), Line (4)	
(6) Indirectly Owned Property and Casualty Insurance Affiliates	XR003, Affiliates Page, Column (2), Line (5)	
(7) Indirectly Owned Life Insurance Affiliates	XR003, Affiliates Page, Column (2), Line (6)	
(8) Affiliated Alien Insurers - Directly Owned	XR003, Affiliates Page, Column (2), Line (9) + (10) + (11)	
(9) Affiliated Alien Insurers - Indirectly Owned	XR003, Affiliates Page, Column (2), Line (12) + (13) + (14)	
(10) Total H0	Sum Lines (1) through (9)	
H1 - ASSET RISK - OTHER		
(11) Holding Company in Excess of Indirect Subs	XR003, Affiliates Page, Column (2), Line (7)	
(12) Investment Subsidiary	XR003, Affiliates Page, Column (2), Line (8)	
(13) Investment in Upstream Affiliate (Parent)	XR003, Affiliates Page, Column (2), Line (15)	
(14) Directly Owned Health Insurance Companies or Health Entities Not Subject to RBC	XR003, Affiliates Page, Column (2), Line (16)	
(15) Directly Owned Property and Casualty Insurance Companies Not Subject to RBC	XR003, Affiliates Page, Column (2), Line (17)	
(16) Directly Owned Life Insurance Companies Not Subject to RBC	XR003, Affiliates Page, Column (2), Line (18)	
(17) Affiliated Non-Insurer	XR003, Affiliates Page, Column (2), Line (19) + (20) + (21)	
(18) Fixed Income Assets	XR006, Off-Balance Sheet Collateral, Lines (27) + (37) + (38) + (39) + XR007, Fixed Income Assets - Bonds, Line (27) + XR008, Fixed Income Assets - Miscellaneous, Line (25)	68,665
(19) Replication & Mandatory Convertible Securities	XR009, Replication/MCS Page, Line (99999999)	
(20) Unaffiliated Preferred Stock	XR006, Off-Balance Sheet Collateral, Line (34) + XR010, Equity Assets Page, Line (7)	
(21) Unaffiliated Common Stock & Market Value Excess Affiliated Stocks	XR006, Off-Balance Sheet Collateral, Line (35) + XR010, Equity Assets Page, Line (13)	542,971
(22) Property & Equipment	XR006, Off-Balance Sheet Collateral, Line (36) + XR011, Prop/Equip Assets Page, Line (9)	
(23) Asset Concentration	XR012, Grand Total Asset Concentration Page, Line (27)	71,887
(24) Total H1	Sum Lines (11) through (23)	683,523
H2 - UNDERWRITING RISK		
(25) Net Underwriting Risk	XR013, Underwriting Risk Page, Line (21)	5,991,710
(26) Other Underwriting Risk	XR015, Underwriting Risk Page, Line (25.3)	
(27) Disability Income	XR015, Underwriting Risk Page, Lines (26.3) + (27.3) + (28.3) + (29.3) + (30.6) + (31.3) + (32.3)	
(28) Long-Term Care	XR016, Underwriting Risk Page, Line (41)	
(29) Limited Benefit Plans	XR017, Underwriting Risk Page, Lines (42.2) + (43.6) + (44)	
(30) Premium Stabilization Reserve	XR017, Underwriting Risk Page, Line (45)	
(31) Total H2	Sum Lines (25) through (30)	5,991,710

Page XR024

NAIC CONFIDENTIAL

RBC REPORT FOR THE YEAR 2024 OF THE Western Oregon Advanced Health, LLC

CALCULATION OF TOTAL RISK-BASED CAPITAL AFTER COVARIANCE

		(1) <u>RBC Amount</u>
H3 - CREDIT RISK		
(32) Total Reinsurance RBC	XR020, Credit Risk Page, Line (17)	
(33) Intermediaries Credit Risk RBC	XR020, Credit Risk Page, Line (24)	<u>3,167,962</u>
(34) Total Other Receivables RBC	XR021, Credit Risk Page, Line (30)	<u>547,836</u>
(35) Total H3	Sum Lines (32) through (34)	<u><u>3,715,798</u></u>
H4 - BUSINESS RISK		
(36) Administrative Expense RBC	XR022, Business Risk Page, Line (7)	<u>705,762</u>
(37) Non-Underwritten and Limited Risk Business RBC	XR022, Business Risk Page, Line (11)	
(38) Premiums Subject to Guaranty Fund Assessments	XR022, Business Risk Page, Line (12)	
(39) Excessive Growth RBC	XR022, Business Risk Page, Line (19)	
(40) Total H4	Sum Lines (36) through (39)	<u><u>705,762</u></u>
(41) RBC after Covariance Before Basic Operational Risk	$H0 + \text{Square Root of } (H1^2 + H2^2 + H3^2 + H4^2)$	<u>7,118,500</u>
(42) Basic Operational Risk	$0.030 \times \text{Line (41)}$	<u>213,555</u>
(43) C-4a of U.S. Life Insurance Subsidiaries	Company Records	
(44) Net Basic Operational Risk	Line (42) - (43) (Not less than zero)	<u>213,555</u>
(45) RBC After Covariance Including Basic Operational Risk	Lines (41) + (44)	<u>7,332,055</u>
(46) Authorized Control Level RBC	.50 x Line (45)	<u><u>3,666,028</u></u>

RBC REPORT FOR THE YEAR 2024 OF THE Western Oregon Advanced Health, LLC

CALCULATION OF TOTAL ADJUSTED CAPITAL

	Annual Statement Source	(1) <u>Amount</u>	Factor	(2) <u>Adjusted Capital</u>
Company Amounts				
(1) Capital and Surplus	Page 3, Column (3), Line (33)	<u>15,973,025</u>	1.000	<u>15,973,025</u>
Subsidiary Adjustments				
(2) AVR - Life Subsidiaries	Affiliate's Statement §		1.000	
(3) Dividend Liability - Life Subsidiaries	Affiliate's Statement		0.500	
(4) Tabular Discounts - P&C Subsidiaries	Affiliate's Statement		-1.000	
(5) Non-Tabular Discounts - P&C Subsidiaries	Affiliate's Statement		-1.000	
(6) Carrying Value of Non-Admitted Insurance Affiliates	Included in XR002 Column (5) and Column (9)		1.000	
(7) Total Adjusted Capital, Post-deferred Tax				<u><u>15,973,025</u></u>

SENSITIVITY TEST:

(8) DTA Value for Company	Page 2, Column (3), Line (18.2)		1.000	
(9) DTL Value for Company	Page 3, Column (3), Line (10.2)		1.000	
(10) DTA Value for Insurance Subsidiaries	Company Records		1.000	
(11) DTL Value for Insurance Subsidiaries	Company Records		1.000	
(12) Total Adjusted Capital, Pre-Deferred Tax (Sensitivity)	Lines (7) - (8) + (9) - (10) + (11)			<u><u>15,973,025</u></u>

Ex DTA ACL RBC Ratio Sensitivity Test

(13) Deferred Tax Asset	Page 2 Column (3) Line (18.2)		1.000	
(14) Total Adjusted Capital Less Deferred Tax Asset	Lines (7) less (13)			<u><u>15,973,025</u></u>
(15) Authorized Control Level RBC	XR027 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			<u>3,666,028</u>
(16) Ex DTA ACL RBC Ratio	Line (14) / (15)			<u><u>435.704%</u></u>

§The portion of the AVR that can be counted as capital is limited to the amount not utilized in asset adequacy testing in support of the Actuarial Opinion for reserves.

Western Oregon Advanced Health, LLC.
STATEMENTS OF OPERATIONS
For the Year Ended March 31, 2025

	2025 Actual	2024 Actual	Variance Actual	2025 Budget	Variance Budget
	March '25	March '24		March '25	
REVENUES:					
Medical	41,840,926	40,978,610	862,316	41,562,607	278,319
Dental Health	3,181,587	2,260,920	920,667	3,140,396	41,191
NEMT	1,123,931	1,198,218	(74,287)	1,181,904	(57,973)
Investment Income	108,640	(32,861)	141,500	-	108,640
Total	46,266,425	44,404,887	1,861,537	45,884,907	381,518
MEMBER SERVICES EXPENSES:					
Medical	40,686,125	39,700,077	986,048	40,487,564	198,561
Dental Health	3,099,184	2,190,379	908,805	3,059,166	40,018
NEMT	1,053,456	893,832	159,625	964,438	89,018
Health Related Spending	430,726	156,227	274,500	303,917	126,810
Other	-	-	-	-	-
Total	45,269,492	42,940,514	2,328,977	44,815,085	454,407
Total revenues	996,933	1,464,373	(467,440)	1,069,822	(72,889)
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	546,418	449,522	96,896	563,054	16,636
Legal, accounting and professional	31,584	108,903	(77,319)	63,844	32,260
Employee benefits	104,337	107,582	(3,245)	112,525	8,188
Dues, membership, contributions	32,373	153,139	(120,766)	91,065	58,692
Office Supplies and Postage	-	-	-	50	50
Meals, travel and seminars	4,989	20,192	(15,203)	18,512	13,523
Other expenses	-	522,065	(522,065)	100	100
Total administrative expenses	719,700	1,361,402	(641,702)	849,150	129,449
Net Expenses	\$ 277,232	102,971	174,261	220,672	56,560
Summary	2025	2024	Budget	Variance to PY	Variance to Budget
Revenue	\$ 46,266,425	\$ 44,404,887	\$ 45,884,907	\$ 1,861,537	\$ 381,518
COGS	\$ 45,269,492	\$ 42,940,514	\$ 44,815,085	\$ 2,328,977	\$ 454,407
Admin Expenses	\$ 719,700	\$ 1,361,402	\$ 849,150	\$ (641,702)	\$ (129,449)
Income Tax & Investment Expense	\$ (3,300)	\$ (2,966)	\$ (3,125)	\$ (334)	\$ (175)
Net Income	\$ 273,932	\$ 100,005	\$ 217,547	\$ 173,928	\$ 56,385

Western Oregon Advanced Health, LLC.
January 31, 2025 and March 31, 2024

	March '25	March '24
ASSETS		
Cash and cash equivalents	\$ 6,587,171	\$ 8,167,714
Restricted Reserve	7,462,519	7,460,521
Cash Suspense	49,329	49,104
Investments	3,544,894	4,117,748
Physical Health Receivable	4,476,812	1,033,415
Mental Health Receivable	100,000	-
Dental Health Receivable	853,267	298,907
HRSN Receivable	93,603	-
Quality Pool Receivable	5,136,307	7,131,897
Accrued Interest Receivable	115,383	83,235
Accounts Receivable, net (Related party)	9,098	1,942
Other assets	42,917	219,418
Total Assets	\$ 28,471,299	\$ 28,563,901

Equity		
Southwest Oregon IPA	8,813,700	7,776,794
North Bend Medical Center	-	1,296,132
Coos County	1,296,132	1,296,132
Advantage Dental	777,679	777,679
Bay Area Hospital	648,066	648,066
Coquille Valley Hospital	518,453	518,453
Bay Clinic	259,226	259,226
ADAPT	194,420	194,420
South Coast Orthopedic Associates	194,420	194,420
Waterfall	259,226	-
Dividends Declared	(710,931)	-
Prior Period Adjustment	-	-
Retained earnings	2,305,163	100,005
Capital Gain (loss)	897,104	754,403
Total stockholders' equity	15,452,659	13,815,730
TOTAL LIABILITIES AND EQUITY	\$ 28,471,299	\$ 28,563,901

- ❖ **MOTION:** Motion made by Greg Brigham, to approve the Financials for March 2024 Vs. March 2025, as presented and seconded by Dr. Atluri.
- ❖ **VOTE:** Unanimous approval. (End 7:25 A.M.)

-With no public comment at this time they move on to the next agenda item.

Joyce Merchant Legacy Award

- Superintendent of South Coast ESD, Paul Peterson joins to present the Joyce Merchant Legacy Award to Advanced Health.
- He begins by stating he is here to present this award to Advanced Health. He talks about who Joyce Merchant was, a special professional educator who worked with some of the most vulnerable children in their schools and she had a way or uplifting and bringing out the best in other people, which is the spirit behind which the ESD would like to honor and recognize Advanced Health today.
- He states that this is the first time they've given this award, they do this once a year and so this is the inaugural award, because Advanced Health has done so much to help kids and community in partnership with the ESD. There has been funding for social emotional learning curriculum that is in place in most schools of the South Coast. He continues to say that there has been recurring financial contribution for education work and even some of their community work with parent cafes where families come together and connect and learn together.
- So on behalf of the Board of Directors of the ESD and on behalf of Mike Merchant, the husband of Joyce who passed in 2023, he is honored and pleased to say thank you to Advanced Health for all their contribution to the kids in schools of the South Coast. He awards Advanced Health with a plaque, saying that he hopes they can hang it on their wall with pride. The plaque reads, The Joyce Merchant

Legacy Award, honoring those who uplift, empower and walk beside our youth as presented to Advanced Health Systems of Care in May 2025.

- With that he thanks everyone again.
- Dr. Webster responds stating that it's great to see the tangible benefits that this entity can do. He concludes by thanking Superintendent Paul.
- With that they move on to the next agenda item.

Credentialing

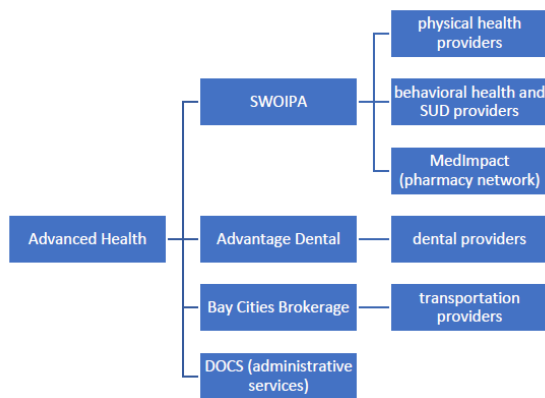
- Anna begins by stating that she will talk about credentialing and how those responsibilities are situated for Advanced Health and then a proposal for some additional board oversight and information to start bringing to the board regularly about their credentialing process. She begins by going over the documents below:

BOARD INFORMATION ITEM:

Credentialing Oversight

Background:

Credentialing is one of several responsibilities Advanced Health delegates to its subcontractors. The credentialing process must follow federal, state, and contractual requirements. It is also a critical element in the process of contracting and maintaining an adequate provider network. The diagram below summarizes Advanced Health's contracting structure.



SWOIPA is responsible for credentialing and contracting with a network of physical, behavioral, SUD, and pharmacy providers.

Advantage Dental is responsible for credentialing and contracting with a network of dental providers.

Bay Cities Brokerage is responsible for credentialing and contracting with a network of transportation providers. Note the process and requirements for credentialing transportation providers is different than for clinical providers.

Summary:

External Compliance Monitoring Review

Credentialing is one of the areas reviewed for compliance by the Health Services Advisory Group (HSAG), the external quality review organization contracted with OHA to perform required evaluation activities. This standard was reviewed by HSAG in 2024.

Standard	Total Elements	Elements Met	Elements Partially Met	Elements Not Met	Compliance Score	Statewide Compliance Score
Standard V – Provider Selection	6	5	1	0	91.7%	78.1%

Three CCOs received a compliance score of 91.7%. No CCOs scored 100%.

The finding from the review requires Advanced Health to update policy and procedures to describe the strategies the CCO uses to select and retain providers.

Advanced Health Monitoring

Credentialing processes and outcomes are part of Advanced Health’s subcontractor monitoring process. In an effort to improve monitoring and transparency related to network adequacy, the compliance department will begin reporting some key measures to this board of directors.

For physical health, BH/SUD, and dental providers:

- Number of providers credentialed

-
- Number of providers recredentialed
 - Number of providers terminated

For transportation providers:

- Total number of contracted providers
- Compliance with OIG exclusion checks and criminal background checks
- Compliance with training requirements

-
- Ben adds that in their previous meeting when this board formed a separate committee due to a credentialing concern, it was brought to light what Advanced Health is truly accountable for. In this process to OHA, it has been contracted out, but you can’t contract accountability so they kind of found a hole in their process. They had difficult conversations when thinking about this should their delegated providers, Advantage Dental, SWOIPA, Bay Cities. Should Advanced Health be doing the credentialing since they’re held accountable? If they’re requiring those entities to build networks and holding them accountable for the network they really need also then control of credentialing, it goes hand in hand with contracting of providers, it’s that initial part when entering into a contract. What they are trying to do to Advanced Health instead of a way to take that away from those organization, which would be extremely costly and difficult, they are aiming to provide greater oversight from this board, so they can see what’s going on and you can meet those standards of that accountability. Ben



concludes that they are going to pledge to bring more information to this board, so they can have that oversight, that is their goal in this process.

- Jeff Lang inputs that he fully supports and understands Advanced Health delegating the function or work to other entities, they're the ones with the expertise and they can really do that, but he also agrees that they can delegate the overall responsibility for it. If there is something that is done inappropriately it is Advanced Health Board that ultimately gets held accountable. They just haven't received any information about their credentialing. He does agree that there has to be some oversight of whatever credentialing body they have doing the credentialing. The items suggested during this presentation to be tracked here are good, but those can really come to them through the network adequacy report. They don't really address any of the risk areas that they as a board take on with credentialing. When he thinks about the types of things that he would like to see, are very similar to what the types of things their hospital credentialing committee provides to the hospital's board, such as who came up for credentialing, what their specialty is, file status whether it was clean or were there issues with it, things like that. A conversation relative to the risks and maybe some background on what the credentialing committee felt was important or not important with files that weren't clean, also a report on denial. So if they're going to deny credentials to somebody, the board should be acutely aware of that, because that's really where the risk is.
- Jeff continues by stating that any reports that they might receive through NPDB regarding credential providers, there should be a process in place to provide appropriate oversight. There should be more information on this and he feels they aren't doing their job as a board in providing oversight and they're the ones with the totality of the accountability for mistakes.
- Ben suggests that that they could require these organizations to report out on that additional layer of any adverse actions, like those things Jeff Lang talked about.
- Jeff Lang emphasizes that he's not suggesting the board take over the function, he just wants reports and understanding of what's happening with the people they've engaged to do this for them.
- Ben agrees and comments that that's reasonable.
- Molly Johnson inputs that speaking for Advantage Dental, they have a peer review and credentialing committee that meets quarterly, something that they could provide as a delegated entity could be like rollout of the minutes or a summary of any action taken. That is something they have available and can provide to the board as requested.
- Ben comments that they'll work on this and bring this back up.
- Dr. Webster comments that he does believe overall adequacy of their panel is important oversight. However, at this level he's not sure some of the details are appropriate to be presented to this sort of committee or board.
- Jeff Lang comments it would not be in an open session.
- Dr. Webster concludes stating that a bit more information for all of them would be beneficial, since they are tasked with oversight and being delegated.
- Ben replies saying that they'll dig in and see what they can do and meet Jeff's suggestions.

- With no more comments or questions they move on to the next agenda item.

HSAG Audit Report

- Anna begins by stating that this next agenda item is a summary of all of their external quality review activities from 2024, a set of audits and reviews that they conduct with Health Services Advisory Group or HSAG. She goes over the documents below:

BOARD INFORMATION ITEM:

External Quality Review (EQR) Activities in 2024

Background:

Oregon contracts with Health Services Advisory Group (HSAG) to perform a number of monitoring and evaluation activities related to CCO and OHA compliance. HSAG is an External Quality Review Organization, meeting federal requirements to review and evaluate managed care organization compliance with Medicaid regulations and State requirements.

The External Quality Review (EQR) is designed to assess:

- Timeliness: the ability to increase the desired health outcomes for members through the provision of effective health care services
- Access: the ability to make services available and accessible for the entire Medicaid population
- Quality: impacts and improves the effectiveness of care

In 2024, HSAG performed the following EQR-related activities with OHA and CCOs.

Federally mandated activities:

- Compliance monitoring review (CMR) – CCOs
- Performance Improvement Projects (PIP) – CCOs
- Delivery System Network Evaluation (DSN) – CCOs
- Performance Measure Validation – OHA
- Annual Technical Report – OHA

State-selected activities:

- Mental Health Parity (MHP) – CCOs and OHP FFS
- Access and Availability Survey – CCOs
- Encounter Data Validation (EDV) – CCOs
- Fraud, Waste, and Abuse (FWA) prevention program evaluation – CCOs

Additional information about HSAG and their EQRO activities in Oregon:

<https://www.hsag.com/myoregonearo>

OHA's CCO Quality Assurance page will host the Annual Technical Report for 2024 was published in April, 2025: <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-QA.aspx>. The Annual Technical Report summarizes performance of all CCOs across all monitoring activities in 2024.

Summary:

Fraud, Waste and Abuse prevention program evaluation

Advanced Health submitted program documents in January and May 2024, and received feedback in April and July 2024.

Result:

- Fraud, Waste, and Abuse Prevention Policies and Procedures: 100%
- Annual FWA Prevention Plan: 100%
- Assessment of Annual FWA Activities: 63.6%
 - Clarify document references when submitting information to HSAG
 - Clarify when audits are conducted due to suspected noncompliance, referrals, and investigations
 - Demonstrate training for board of directors, providers, subcontractors
 - Provide auditors with summaries of each audit and findings

Compliance Monitoring Review

Advanced Health submitted documents in April 2024. HSAG conducted a virtual 2-day review with key staff in August 2024. The final report was issued in January 2025.

The review covered the following areas:

- Assurance of Adequate Capacity and Availability of Services
- Provider Selection
- Subcontractual Relationships and Delegation
- Practice Guidelines

Result:



Standard	Total # of Elements	# Met	# Partially Met	# Not Met	Compliance Score	Statewide Compliance Score
Standard I—Assurance of Adequate Capacity and Availability of Services	19	14	5	0	86.8%	81.9%
Standard V—Provider Selection	6	5	1	0	91.7%	78.1%
Standard VI—Subcontractual Relationships and Delegation	4	3	1	0	87.5%	79.7%
Standard XI—Practice Guidelines	3	3	0	0	100%	83.3%
Overall Compliance Score	32	25	7	0	89.1%	81.1%
Level of Confidence					Moderate	-

Total # of Elements: The total number of elements in each standard.

Compliance Score: By standard and overall, the sum of the number of *Met* (1 point), *Partially Met* (0.5 points), *Not Met* (0 points) elements divided by the total number of applicable elements for that standard and overall.

Advanced Health also resolved 72.7% of previous years' findings. Findings remained open in the following standards:

- Coverage and Authorization of Services
- Member Information

Delivery System Network (DSN) Evaluation

Advanced Health submitted the annual DSN Narrative Report in July 2023. HSAG issued a final report in December 2023.

The review covered the following areas:

- DSN Governance Structure
- Member Needs and Population Monitoring
- DSN Monitoring and Analysis
- Network Response Strategy

Result:



Domain	Total Applicable	Met	Partially Met	Not Met	Narrative Template Score ¹
DSN Governance Structure	2	2	0	0	100%
Member Needs and Population Management	8	8	0	0	100%
DSN Monitoring and Analysis	10	8	2	0	90.0%
Network Response Strategy	6	6	0	0	100%
Overall	26	24	2	0	96.2%

¹ The percentage of compliant elements was based on the following formula:
$$\frac{\sum \text{Total Points Earned}}{[(\text{Maximum Points Possible}) - (\text{Total 'N/A'})]}$$

The CCO's overall narrative template score (96.2 percent) was higher than the CCO aggregate score (i.e., 94.1 percent) and indicates a high level of compliance with network monitoring requirements. The CCO received findings within the *DSN Monitoring and Analysis* domain related to the use of information on wait time to appointment availability and the availability of physical accessibility accommodations to inform its network adequacy monitoring and decision making. The CCO addressed and resolved all follow-up items identified in the 2023 DSN Evaluation.

Network Adequacy Validation

Advanced Health submitted data and documents in October 2024. HSAG issued a final report in March 2025.

The review covered

- Data collection procedures
- Network adequacy methods
- Network adequacy results

Result: All areas were compliant, receiving an overall rating of "high confidence".

Mental Health Parity Evaluation

Advanced Health submitted data and documents in June 2024. HSAG issued a final report in December 2024.

The review covered the following areas:

- Treatment Limitation Review
- Claims, Utilization Management, and Provider Enrollment data
- Adequacy of Mental Health and Substance Use Disorder Provider Network

Results: Fully compliant with requirements. No recommendations.

Performance Improvement Project (PIP) Validation

Advanced Health submitted two PIP reports in July 2024. HSAG issued final reports in October 2024.

The review covered the following areas:

- Mental Health Service Access Monitoring
- Initiation, Engagement, and Treatment of Alcohol and Other Drug Use Disorders

Results: 62 elements evaluated; 61 elements fully met. All critical elements were met.

Access and Availability Survey

HSAG pulled a random sample of primary care providers and outpatient substance use disorder providers from the CCO's first quarter 2024 DSN Provider Capacity Report and called those providers in July/August 2024 to conduct a scripted Revealed Shopper survey.

The analysis covered the following areas:

- Provider response rates
- Provider data accuracy
- Accepting new patients
- Appointment availability and wait times
- Translation or interpreter services available

Results: For both PCP and SUD providers, Advanced Health performed above the statewide average for provider response rates, provider data accuracy, and accepting new patients. Advanced Health generally performed at or below the statewide average for appointment wait times and availability of interpreter services.

Encounter Data Validation

Advanced Health submitted data files, questionnaire, and attachments in August 2024. HSAG has not yet provided a final report.

The review covered the following areas:

- Administration, payment, and processing of pharmacy claims
- EDV Study Overview
- Targeted Information Systems Review
- Comparative Analysis

Results: The results of this activity will be included in the 2025 Annual Technical Report.

- Anna asks if anyone has any questions on what she's presented on?
- Dr. Toledo asks how poorly did they do in terms of provider availability or access?
- Anna clarifies for the wait time to appointment, they weren't the worst in any of the categories, but they were usually below average, sometimes they were right below the state average, sometimes they were a quarter of the way down. So, they did have longer than average wait times and they definitely had more providers that had longer than the standard wait times that are required.
- Dr. Toledo comments that that should be pretty predictable as they've had such a loss of providers especially in adult medicine. He is not surprised they did poorly in that metric. He mentions that they've brought this point up already, but if there were some ways practices could get some help with trying to bring in necessary providers, that would be really helpful because when practices have to take that completely on themselves, especially when there is a deficit it makes recruiting retention really difficult.
- Anna inputs that they are doing work to try to get a better idea directly from providers and offices on how they're doing with that timeless access to care, so that they can do a better job at monitoring those wait times at various areas and trying to see if there's a way that they can help the offices to make improvements to that.
- Ben comments that it's a difficult thing for Advanced Health to impact recruitment when they're very limited in how they can pay for it. However he does hear a lot of clinics wanting support for recruitment dollars, and he knows that they haven't been successful yet, but he's open to any ideas or suggestions too.
- Dr. Webster comments that recruitment is one thing, but the retention is the bigger thing. What could really help with that?
- Dr. Toledo agrees with Dr. Webster's point. Understanding the elements of retention that are necessary are important. He states that he believes they're in the process of being able to reimburse doctors for their medical expenses which is very significant in order to bring in doctors.
- Ben suggests bringing this topic to the clinical advisory panel to work through these issues with more dedicated efforts. Ben states that he will bring this topic to them to explore some ideas.
- Dr. Webster and Dr. Toledo thank Ben.
- With no further comments or questions, they move to the last agenda item.

2025 Quality Measure Performance Improvement-Member Incentive Pool

- Naomi Brazille, Quality and Risk Adjustment Manager takes the floor. She goes over her presentation below providing an update on the 2025 Quality Measure Performance Improvement-Member Incentive Pool.

2025 Quality Measure Performance Improvement- Member Incentive Pool

Bridging the Future of Healthcare

Gift Card Incentive

Introduction

To help close care gaps associated with low-performing quality metrics, this incentive program offers gift cards to patients. By encouraging patient engagement, Advanced Health seeks to improve its 2025 CCO quality metric performance.

Background

In November 2024, the Advanced Health Board approved a gift card incentive program in which providers would purchase and distribute gift cards during qualifying appointments. After the Quality Department verified that care gaps had been addressed, Advanced Health would reimburse the providers. While this was the initial approved process, updates to the program are currently under consideration.



Gift Card Incentive

Issues Identified:

As the program approached implementation, Adam Martin, Director of Corporate Risk & Business Development, conducted a review of the logistics involved in reimbursing providers for gift card distribution.

Analysis Summary:

The analysis of the proposed provider reimbursement model suggests that a direct-to-member gift card program, managed solely by Advanced Health, would be a more effective and efficient approach



Gift Card Incentive

Key Considerations:

Provider Reimbursement Risks: Reimbursing providers introduces elevated compliance risks, including limitations on disclosures and the \$50 annual cap per patient. It may also create contractual complications with network partners such as SWOIPA and Advantage Dental.

Direct-to-Member Advantages: A direct-to-member model offers greater oversight and control, reduces administrative burden on providers, and minimizes compliance-related concerns.

Gift Card Design: Gift cards should support health-related goals—such as those redeemable at grocery stores like Safeway for healthy food access—rather than unrestricted cash equivalents, to better align with federal guidelines.

Contingency if Rejected: If the direct-to-member approach is not approved, any provider involvement should be limited strictly to reimbursement, excluding formal program participation, in order to preserve flexibility and maintain an opt-in structure.

Gift Card Incentive

Suggested Changes

Anna Warner, Executive Program Director and corporate sponsor of the incentive program, has decided to adopt the recommendations of the Director of Corporate Risk & Business Development. Moving forward, gift cards will be distributed directly to members by Quality Department staff at Advanced Health.

Gift Card Incentive

Member Incentive Program Overview Objective: Encourage preventive healthcare engagement through member incentives.

Targeted Services: Childhood and adolescent immunizations, well-child visits, diabetes HbA1c screenings, and postpartum visits.

Eligibility: Specific age groups and health conditions; verify member eligibility before submission.

Reward: Gift cards of \$50

Redemption Process: Members submit completed forms via electronic form or by mail. Gift cards will be emailed out within 1–3 weeks of the data required to validate the care gap has been closed is received.

Gift Card Incentive

Provider Action Items:

Ensure services are provided to the correct member within the calendar year.

Submit incentive forms to Advanced Health electronically.

Confirm that all services are rendered within the calendar year, and that both forms and claims/EHR data are received by Advanced Health no later than March 1 of the following year.

Gift Card Incentive

Resources Coming Soon: Detailed guidelines and forms will be available on Advanced Health's Provider and Quality & Incentive Measures pages.

Contact Information:

For questions, guidelines, forms, or staff training, contact:

Naomi Brazille, Quality and Risk Adjustment Manager, at naomi.brazille@advancedhealth.com.



Any Questions?

- Naomi concludes stating that if they have any specific questions or want to get staff training regarding this program to reach out and she'd be happy to meet with office staff and do one on one training. They hope to use these incentives to improve their performance for 2025.

- 
- With no comments or questions from the Board, Ben thanks everyone and meeting ends.

The work session was adjourned by common consensus at 8:05 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 05212025