Work Session Minutes
Public Meeting
March 19th, 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	☐David Rupkalvis	☒Jason Bell, MD
☒Andrea Zamora	☒Matt Vorderstrasse	
☒Tracy Lang	☐	

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

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, Executive Program Director; Mike Hale, Chief Compliance Officer, Samyukta Vendrathi, COO; Ben Sachdeva, Senior Financial Analyst; Erica Tesdahl-Hubbard, CITO/IT; Naomi Brazille, Quality and Risk Adjustment 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 7:01 am.

Meeting Minutes:

- Dr. Wallace Webster presented the meeting minutes from January 15th, 2025, Work Session.

- **MOTION:** Motion made by Dr. Charles Toledo, to approve the January 15th , 2025, meeting minutes as presented and seconded by Greg Brigham, PhD.
- **VOTE:** Unanimous approval. (End 7:02 A.M.)

Financials:

- Ben S. begins by presenting the Advanced Health Financial summary for December 2024 Vs. November 2023.

Western Oregon Advanced Health, LLC.
STATEMENTS OF OPERATIONS
For the Year Ended December 31, 2024

	2024 Actual	2023 Actual	Variance Actual	2024 Budget	Variance Budget
	December '24	December '23		December '24	
REVENUES:					
Medical	162,824,371	161,279,754	1,544,616	156,236,262	6,588,109
Dental Health	8,925,066	9,409,298	(484,232)	8,326,025	599,041
NEMT	4,680,372	4,884,487	(204,115)	4,500,398	179,974
Investment Income	481,472	30,482	450,990	-	481,472
Total	181,993,300	182,593,874	(600,574)	169,062,685	12,930,615
COGS:					
Medical	157,729,666	157,515,199	214,467	151,360,342	6,369,324
Dental Health	8,646,604	9,197,958	(551,354)	8,066,184	580,420
NEMT	3,769,096	3,614,661	154,434	3,411,580	357,516
Health Related Spending	1,336,828	1,353,617	(16,788)	1,260,000	76,828
Other	5,033,581	5,725,485	(691,903)	-	5,033,581
Total	176,515,776	177,406,920	(891,144)	164,098,106	12,417,670
Total revenues	5,477,525	5,186,955	290,570	4,964,579	512,946
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	1,785,130	1,744,496	40,634	1,860,483	75,353
Legal, accounting and professional	245,084	344,471	(99,387)	326,040	80,956
Employee benefits	383,658	308,346	75,312	330,162	(53,496)
Dues, membership, contributions	416,159	429,166	(13,006)	387,375	(28,784)
Office Supplies and Postage	41	165	(123)	200	159
Meals, travel and seminars	51,226	60,000	(8,774)	59,170	7,944
Other expenses	522,385	32,811	489,574	501,050	(21,335)
Total administrative expenses	3,403,683	2,919,454	484,229	3,464,480	60,797
Net Expenses $	2,073,842	2,267,501	(193,659)	1,500,000	573,842

Summary	2024	2023	Budget	Varience to PY	Variance to Budget
Revenue	$ 181,993,300	$ 182,593,874	$ 169,062,685	$ (600,574)	$ 12,930,615
COGS	$ 176,515,776	$ 177,406,920	$ 164,098,106	$ (891,144)	$ 12,417,670
Admin Expenses	$ 3,403,683	$ 2,919,454	$ 3,464,480	$ 484,229	$ (60,797)
Income Tax & Investment Expense	$ (42,611)	$ (11,487)	$ (20,000)	$ (31,124)	$ (22,611)
Net Income	$ 2,031,231	$ 2,256,014	$ 1,480,100	$ (224,783)	$ 551,131

Western Oregon Advanced Health, LLC.
December 31, 2024 and Decenber 31, 2023

	December '24	December '23
ASSETS		
Cash and cash equivalents	$ 8,114,503	$ 3,400,138
Restricted Reserve	7,462,519	7,485,078
Cash Suspense	49,775	142,480
Investments	3,619,808	3,898,891
Physical Health Receivable	2,846,959	1,923,731
Quality Pool Receivable	5,136,307	7,131,897
Accrued Interest Receivable	115,383	108,516
Accounts Receivable, net (Related party)	60,834	17,548
Other assets	15,165	14,443
Total Assets	$ 27,877,359	$ 24,421,629
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	131,114	1,078,342
DOCS Management Admin Payable	103,793	11,863
Dental Health Payable	3,383	4,836
HRA Payable	-	-
MCO Payable	1,155,225	138,724
Mental Health Payable	11,282	12,695
Other Accrued Expenses	2,802,040	955,403
Payroll and Related Liabilities	$ 198,944	$ 149,163
Physical Health Payable	755,401	379,216
QDP Payable	725,929	1,636
Quality Pool	5,056,721	6,989,877
Capital Share Obligation	692,750	907,000
VBP Payable	267,752	282,175
Dividends Payable	-	-
Total Liabilities	11,904,334	10,910,930

Equity		
Southwest Oregon IPA	8,813,700	6,422,940
North Bend Medical Center	-	1,070,490
Coos County	1,296,132	1,070,490
Advantage Dental	777,679	642,294
Bay Area Hospital	648,066	535,245
Coquille Valley Hospital	518,453	428,196
Bay Clinic	259,226	214,098
ADAPT	194,420	160,573
South Coast Orthopedic Associates	194,420	160,573
Waterfall	259,226	-
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	2,031,231	2,256,424
Capital Gain (loss)	980,471	549,376
Total stockholders' equity	15,973,025	13,510,699
TOTAL LIABILITIES AND EQUITY	$ 27,877,359	$ 24,421,629

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

	2025 Actual	2024 Actual	Variance Actual	2025 Budget	Variance Budget
	January '25	January '24		January '25	
REVENUES:					
Medical	14,002,959	13,648,335	354,624	13,974,429	28,530
Dental Health	1,063,990	747,962	316,028	1,055,036	8,953
NEMT	375,010	399,166	(24,156)	395,596	(20,586)
Investment Income	44,060	2,218	41,843	-	44,060
Total	15,506,695	14,797,681	709,014	15,425,061	81,633
COGS:					
Medical	13,579,566	13,222,507	357,059	13,612,970	(33,404)
Dental Health	1,036,326	724,626	311,700	1,027,747	8,579
NEMT	352,381	298,081	54,300	323,950	28,431
Health Related Spending	128,437	85,024	43,413	101,305	27,132
Other	-	-	-	-	-
Total	15,096,710	14,330,238	766,472	15,065,972	30,738
Total revenues	409,985	467,443	(57,458)	359,089	50,896
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	197,499	168,902	28,597	206,987	9,488
Legal, accounting and professional	14,224	27,810	(13,586)	21,276	7,052
Employee benefits	31,639	57,994	(26,354)	37,508	5,869
Dues, membership, contributions	(14,037)	66,149	(80,186)	30,355	44,392
Office Supplies and Postage	-	-	-	50	50
Meals, travel and seminars	919	10,710	(9,791)	5,837	4,918
Other expenses	-	-	-	100	100
Total administrative expenses	230,244	331,565	(101,321)	302,113	71,869
Net Expenses $	179,741	135,878	43,863	56,976	122,765

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

	January '25	January '24
ASSETS		
Cash and cash equivalents	$ 21,534,217	$ 4,358,382
Restricted Reserve	7,462,519	7,485,078
Cash Suspense	48,834	252,412
Investments	3,713,324	3,914,773
Physical Health Receivable	3,426,579	1,923,731
Quality Pool Receivable	5,136,307	7,131,897
Accrued Interest Receivable	115,383	108,516
Accounts Receivable, net (Related party)	167,274	2,092
Other assets	55,396	146,702
Total Assets	$ 42,108,415	$ 25,622,490
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	191,510	1,266,156
DOCS Management Admin Payable	1,171,890	41,816
Dental Health Payable	4,006	61,323
HRA Payable	-	-
MCO Payable	1,470,765	440,673
Mental Health Payable	3,040,305	109,222
Other Accrued Expenses	3,644,403	972,711
Payroll and Related Liabilities	$ 230,240	$ 211,060
Physical Health Payable	10,034,144	649,301
QDP Payable	44,106	1,636
Quality Pool	5,056,721	6,989,877
Capital Share Obligation	680,000	894,000
VBP Payable	299,565	304,614
Dividends Payable	-	-
Total Liabilities	25,867,655	11,962,166

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	-	-
Prior Period Adjustment	-	-
Retained earnings	2,207,672	132,912
Capital Gain (loss)	1,071,765	566,088
Total stockholders' equity	16,240,760	13,660,323
TOTAL LIABILITIES AND EQUITY	$ 42,108,415	$ 25,622,490

- **MOTION:** Motion made Dr. Charles Toledo to approve Financials for December 2024 Vs. December 2023 and January 2024 V.s January 2025 and seconded by Jeff Lang.
- **VOTE:** Unanimous approval. (End 7:15 A.M.)

-There were no public comments from the audience. We moved to the next agenda item.

Formation of Credentialing Appeal Committee

- Dr. Haack takes the floor and goes over the document below:

BOARD ACTION ITEM:
March 19, 2025

Formation of a Credentialing Appeal Committee

Background

A provider's application to be credentialed by Advanced Health was recently denied by Southwest Oregon IPA's ("SWOIPA") credentialing committee, and the denial was subsequently upheld on appeal by an ad *hoc peer* review committee established by our Chief Medical Officer. Advanced Health's Credentialing Policy and Procedure in effect at the time of the denial provided additional appeal rights to Advanced Health Board of Directors. Our current Credentialing Policy and Procedure has removed appeal rights to Advanced Board of Directors; however, since such rights were effective as of the date of the denial, we should provide a mechanism for this provider to appeal directly to Advanced Health's Board of Directors.

Western Oregon Advanced Health, LLC's (Advanced Health's) Third Restated Operating Agreement (OA), effective April 1, 2019, provides, in part, that Advanced Health's Board of Directors (Board) "may establish such committees as it deems necessary and appropriate to carry out its responsibilities, in the discretion of the Board" *OA, 6.15*. Such committees may be either standing or *ad hoc*. *OA, 6.15(e)*. The chair and members of each committee are appointed the Board Chair, and no committee shall have decision-making authority unless delegated by the Board.

Staff Recommendations

Advanced Health staff recommends Advanced Health's Board of Directors approve a resolution to establish an *ad hoc* Credentialing Appeal Committee specifically for the purpose of re-considering this provider's denied credentialing application, and with the delegated authority to make a final credentialing determination. In the event this resolution is approved by the Board, we further recommend that the Board Chair appoint only and all of the MD members of the Board to this committee, along with Advanced Health's Chief Medical Officer and its Credentialing Manager; provided, however, that only the appointed Board members would have voting rights. We currently have six (6) MDs on the Board. The final credentialing determination would be decided by a quorum of voting members.

Suggested Action/Motions

1. To establish an *ad hoc* Credentialing Appeal Committee specifically for the purpose of re-considering a provider's denied credentialing application, and with the delegated authority to make a final credentialing determination.
2. Board Chair appoint only the MD and DO members of the Board to this committee, along with Advanced Health's Chief Medical Officer and its Credentialing Manager. Only the appointed Board members will have voting rights. The final credentialing determination will be decided by a quorum of voting members.

- After going through the document she points out that there are six medical doctors on this Board and the final credentialing determination would be decided by a quorum of those voting members. Dr.

Haack continues by stating that the way she manages this is basically the Credentialing Committee is always given all the data by her, to make an informed decision. She usually does not make a recommendation in advance because she likes for the Credentialing Committee to go in as unbiased as possible to make a well informed decision and she would be doing the same thing with this particular ad hoc committee should they allow it, in order for them to make an unbiased determination.

- Dr. Webster seeks clarification that she wants this ad hoc committee to consist of the medical doctors from the Advanced Health Board?
- Dr. Haack answers correct. She inputs that at the time this provider applied, the bylaws essentially state that they were allowed to come to the final appeal which would be with the Advanced Health Board.
- Dr. Toledo asks how this would all look like? They sit down together and go through the records or?
- Dr. Haack replies that they would all receive a confidential packet that will be encrypted and each of them will have time to review that packet and it will include everything that we have available, because they asks the individual who is appealing to provide them with as much information as they can to show why they shouldn't be denied and allow them to be credentialed. They'll have all the information and then when they get together they can discuss it and there they will have the opportunity to ask more questions.
- Jeff Lang asks which body has the ultimate authority or responsibility for credentialing decisions?
- Ben M. answers that it's Advanced health Board.
- Jeff Lang asks Dr. Haack is any of the members she's recommending/being requested in this ad hoc committee, participants in the original decision?
- Dr. Haack answers no.
- Jeff Lang asks if the policy in place details out what the ad hoc committee should review? Does it limit the scope of review or is it completely open in terms of scope of their review?
- Dr. Haack answers that it's completely open in terms of the scope of the review.
- Jeff Lang asks if there is any definition in terms of the ad hoc review committee? Or does it just say the Advanced Health Board will seat a committee and the committee will review?
- Ben M. answers that it gives the committee the authority to make the decision. It doesn't then come to this Board, just that this Board gives the committee that authority.
- Jeff Lang inquires about in the summary presented, the policy was changed? What was the policy changed to?
- Dr. Haack replies that she doesn't have it right in front of her but it was essentially changed to be more specific because they felt that it was not clearly outlined the entire appeals process and they wanted to be very clear. In all honestly, they had never denied anybody for credentials prior to this and this ended up being a learning experience for them and so they felt they need to make the policy more clear and the process more consistent and airtight.
- Jeff Lang asks if its possible to send out a copy of the previous credentialing policy and the new revised policy to the Board members?
- Dr. Haack and Ben M. replies yes.

- Molly inputs that this made her think of Advantage Dental, since they have their own credentialing committee. However, as a delegated entity, it also might make sense in consideration of the ad hoc committee that would be developed ,to potentially have a dental provider on there as well. Just in the case from Advantage Dental perspective, if there is a dental provider, since this hasn't happened, but on the off chance it does, if there is a dental provider that's denied a credentialing application and then wants to further appeal to the CCO, it seems like the same process would be afforded to that provider as well. If that's the case, it there would be an ad hoc committee developed, she hopes there might be consideration of including a dental provider on that committee.
- Mike Hale comments that the current policy is still being worked on. It's going to create a subcommittee of the Advanced Health's Board and Molly's suggestion of adding a dental provider is great and that's certainly something that can be done. They are working with their outside attorney tot make sure this new policies are tick and the committee that's going to be established moving forward is much more defined. As Dr. Haack mentioned, the purpose of this committee that they are asking the Board to establish now is just an ad hoc committee for this one particular provider appeal. It's possible that this provider will not appeal to this committee. Once this committee's established, they would let him know and he can then choose to appeal for it if he wants to. It certainly may be that he will choose to withdraw his application altogether.
- Jeff Lang seeks clarification that there hasn't been a change to the policy but that they are currently reviewing the policy?
- Mike answers that the change in the policy has been to remove the appeal rights to the Advanced Health Board and that has changed. What is currently being working on is a more defined approach for providers to appeal to a committee of the Advanced Health board as a final right of appeal.
- Jeff Lang asks if it's appropriate to appoint Dr. Haack and our staff members to the committee as they're not voting members? Would it not be better for you to continue to serve in a staff role and the appointed committee just be members of the Board? He's worried of the implications of potential bias.
- Ben M. answers that Dr. Haack would not be a voting member.
- Jeff Lang inputs that the resolution appoints her to the committee which to his understanding after discussion, is not what they're intending to do? Voting members that form this committee are MD's from the Advanced Health Board and Mike and Dr. Haack would serve in a staff capacity.
- Dr. Haack and Mike Hale answer correct.
- Mike inputs that they would reword that in the resolution when it's presented for signature.
- Dr. Webster emphasizes that this would just be for this particular individual?
- Dr. Haack answers correct.
- With no further questions or comments they move to approve.

❖ **MOTION:** Motion made by Dr. Jason Bell provide the MD's/DO's of the Advanced Health Board on an ad hoc credentialing appeal committee as the voting members and for the CMO and Credentialing Manager to serve only in staff capacity and seconded by Dr. Wallace Webster.

❖ **VOTE:** Unanimous approval. (End 7:35 A.M.)

-Moving on to the next agenda item.

2024 Transformation and Quality Strategy:

- Naomi takes the floor and begins by presenting on the document below:

AdvancedHealth

March 2025

BOARD ACTION ITEM:

Advanced Health 2024 Transformation and Quality Strategy (TQS)

Background:

- The Transformation and Quality Strategy (TQS) is designed to showcase CCO health care system transformation efforts by aligning with quality improvement initiatives and community priorities.
- Public document, posted online: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy.aspx

Required Components

Each of the following components must be addressed through a project or program that includes a quality assessment and performance improvement plan.

1. Behavioral Health Integration
2. CLAS Standards
3. Health Equity – Cultural Responsiveness
4. Oral Health Integration
5. PCPCH – Member Enrollment
6. PCPCH - Tier Advancement
7. Special Health Care Needs – FBDE
8. Special Health Care Needs – Non-Dual
9. Serious and Persistent Mental Illness (SPMI)

March 2025

Changes in 2025:

- In 2025, Coordinated Care Organizations (CCOs) in Oregon are required to submit an attestation confirming compliance with the Transformation and Quality Strategy (TQS) requirements, rather than providing a full TQS submission.
- Oregon Health Authority's (OHA's) Key requirements include:
  - Submission Deadline: CCOs must submit the completed TQS attestation form through the CCO Contract Deliverables Portal by May 15, 2025.
  - Attestation Process: The attestation process involves CCOs certifying that their internal TQS meets the OHA standards. While the full TQS document is not submitted, CCOs must be prepared to provide it within five business days upon OHA's request.
- Optional Planning Template: CCOs may use the optional 2025 TQS template for internal planning purposes. However, this template is not required to be submitted to OHA. CCOs should ensure they are familiar with the TQS requirements and utilize the resources provided by OHA to maintain compliance.

Alignment with other initiatives

- Performance Improvement Projects (PIPs)
  - Statewide PIP: Behavioral Health Access
  - Statewide PIP: Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorder
  - Oral Evaluations for Adults with Diabetes (retiring in 2024)
  - Meaningful Language Access
- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- Quality Incentive Measures
- State Performance Measures
- Health Equity Plan and annual Health Equity Assessment
- Health Information Technology Roadmap

Action Needed: Review and vote on approval of the 2025 Transformation and Quality Strategy.

Summary:
The Oregon Health Authority recognizes that the programs and projects included in each CCO's TQS are a showcase of current CCO work addressing TQS components that aim to make significant movement in health system transformation. Additionally, OHA recognizes that the work highlighted in the TQS is not a comprehensive catalogue or full representation of the CCO's body of work addressing each component. CCOs are understood to be continuing other work that ensures the CCO is meeting all OAR, CFR, and CCO contract requirements.

- Projects that address each of OHA's components:

March 2025

Projects/Programs to be included in 2024 TQS

1. Medical Shelter Program (continued)
   a. In collaboration with the SHARE initiative, Investment in units at Coalbank Village an extension of The Devereux Center.
   b. Collaboration with BAH discharge planning, Advanced Health ICC team and The Devereux Center.
   c. Ensure all residents complete a Health Risk Assessment and PRAPARE assessment.
   d. REACH metrics and monitoring outcomes.

Components Addressed:
8. Special Health Care Needs – Non-Dual

2. Oral Health Care Members Ages 0 -5 (continued)
   a. Facilitate 1st Tooth training for the PCP offices.
   b. Monthly progress reports and gap lists for both primary care providers and the dental care organization.
   c. Monitor utilization of routine oral health services.
   d. Additional focus on the Preventive Dental or Oral Service Utilization-Ages 1 to 5 CCO Quality Metric.

Components Addressed:
4. Oral Health Integration

3. Initiation and Engagement in Alcohol or Drug Treatment (continued)
   a. Identifying SUD in primary care through screening.
   b. Integrated Behavioral Health to bridge the gap between SUD diagnosis and treatment in primary care.
   c. Collaboration with the Coos/Curry Behavioral Health Hub

Components Addressed:
1. Behavioral Health Integration

4. Improve Language Services Access (continued)
   a. Improve CCO's ability to track and report data to OHA (quarterly data requirement).
   b. Provide education on OHA's healthcare provider language proficiency testing.
   c. Contract with a language vendor that can provide OHA Qualified and Certified interpreters.
   d. Collaboration with internal analytics to identify and utilize data sources that help identify members with interpreter needs.

Components Addressed:
2. CLAS Standards
3. Health Equity – Cultural Responsiveness

5. Roadmap to Expand Behavioral Health Integration and Access (continued)
   a. Improve access to behavioral health providers by expanding network and providing direct access
   b. Monitor SPMI population's access and utilization of services. Analyze by REALD and SOGI.
   c. Additional focus on the behavioral health CCO Quality Metrics.

Components Addressed:
9. Serious and Persistent Mental Illness (SPMI)

6. PCPCH: Member Assignment and Tier Advancement (continued)
   a. Offer technical assistance for clinics interested in becoming PCPCH recognized (Southern Coos, Curry Health Network).
   b. PMPM payments for higher tier advancemen.t
   c. Facilitate and support QI projects and data reporting initiatives that support PCPCH standard.

Components Addressed:
5. PCPCH – Member Enrollment
6. PCPCH - Tier Advancement

7. Dual Eligible- Special Health Care Needs (continued)
   a. Overview of expanded ICC services to Medicare Advantage members.
   b. Establishing frequent IDT meetings with ICC, Aging and People with Disability, and Regence Medicare Advantage.
   c. Aging and People with Disability- shared care plans through Activate Care.
   d. Identify the top medical conditions for the LTSS population and ensure a comprehensive assessment is done based on the members complex health condition.
   e. Establish a cohort within PointClick Care for LTSS members and utilize this cohort to monitor inpatient hospital utilization.

Components Addressed
7. Special Health Care Needs – FBDE

- Below she provides the scores on how they performed last year regarding how they compared to other CCO's:

2024 Performance:

CCO:	Advanced Health	AllCare	Cascade HA	Columbia Pacific	EOCCO	Health Share	IHN	JCC	Pacific Source Cental	PacificSource ColumbiaGorge	Pacific Source Lane	Pacific Source Marion/Polk	Trillium Northwest	Trillium Southwest	UHA	Yamhill
Year:	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024

March 2025

Behavioral Health Integration	9	9	7	9	8	8	8	7	9	9	9	9	9	9	9	9
CLAS Standards	9	5.5	9	9	9	9	6	9	9	9	9	9	9	9	8	9
Health Equity: Cultural Responsiveness	9	6	9	9	9	9	7.5	9	9	9	9	9	9	9	8	9
Oral Health Integration	7	7	9	9	9	9	7	9	9	9	9	9	6	6	9	5
Patient-Centered Primary Care Home: Member Enrollment	9	9	9	8	9	9	9	9	9	9	9	9	9	9	9	9
Patient-Centered Primary Care Home: Tier Advancement	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Severe and Persistent Mental Illness	9	8	7	9	9	9	9	9	9	9	9	9	9	9	9	9
Special Health Care Needs – Full Benefit Dual Eligible	5	5	5	9	8	9	5	9	9	9	9	9	7	7	7	4
Special Health Care Needs – Non-dual Medicaid Population	8	4	5	8	8	8	8	7	9	9	9	9	7	7	7	8
	74	62.5	69	79	78	79	68.5	77	81	81	81	81	74	74	75	71
Score for 2024	**91.4**	**77.2**	**84**	**97.5**	**96.3**	**97.5**	**84.6**	**95.1**	**100**	**100**	**100**	**100**	**91.4**	**91.4**	**92.6**	**87.7**

Recommended Action by Staff: Approve Transformation and Quality Strategy projects to be included in the annual report to OHA.

- Dr. Atluri asks if there is any update on Devereux Center or how that's going to work since it was under suspension by the city of Coos Bay? If it fails is there another option then can go with?
- Anna Warner answers that the Devereaux Center operated several different locations so the piece that has closed was their location on Newmark, the medical shelter program. We operate with the Devereaux Center at Coalbank Village site, which is the pallet home community that's been established and that continues to operate. That portion was not included with the business license issue that they had with the city.
- Anna continues by stating that since the Newmark Center did close, and that the Devereaux Center is in the process of selling that building, which that location they operated for some of the meals and food services they provided and some of the case management services. So what they've done, they're continuing to provide meals and case management services but they're operating in conjunction with several churches in the area and kind of rotating through different locations at different days of the week.
- Dr. Atluri inputs that that seems to be working now without any concerns for any of the patients so far?
- Anna answers yes, so far.
- Dr. Atluri asks if it doesn't is there another plan? Is there another shelter program? There seems to be a measure through the TQS.
- Anna answers that if the Devereaux Center's operation of Coalbank village was threatened, there aren't any other similar shelter programs. There are some shelter beds available through the mission. One of the things they talked about a little bit was if Devereau Center's operation of the Coalbank

village was threatened, potentially working with them to find another organization that could operate that program in that location. However, that is something that they would need to more fully explore, but it would be very challenging if the Coalbank's Village operation needed to be closed.

- Matt Vorderstrasse inputs that the only other organization that would have the capacity or bandwidth would be like Salvation Army and at this point they have their own Hope Village Program that they're coming forward with, with a capital project. So if Devereaux were to lose Coalbank Village that would definitely hurt this community.
- Dr. Webster asks if the expansion with behavioral health is primarily with providers or telehealth type of behavioral health?
- Naomi answers that it is across all types of behavioral health providers, so making sure they have access for adults, children and telehealth. They did add a lot of local providers because they have what's called an asset map where they are tracking how many behavioral health providers they have and they have to report that to the State.
- With no further questions, they move to approve:

❖ **MOTION:** Motion made Dr. Paavani Atluri to approve the Transformation and Quality Strategy projects to be included in the annual report to OHA and seconded by Matt Vorderstrasse.

❖ **VOTE:** Unanimous approval. (End 7:48 A.M.)

-Moving on to the next agenda item:

2025 Quality Assurance and Performance Improvement Workplan

- Naomi states this topic is to talk about their plan for the year to improve quality. She goes over the document below:

AdvancedHealth

BOARD ACTION ITEM:

Approval of the 2025 Quality Assurance and Performance Improvement (QAPI) Workplan

Background: Each year, in accordance with Advanced Health's Quality Assurance Program requirements, the Quality Assurance and Performance Improvement (QAPI) Workplan undergoes a thorough review and evaluation by the board. This ensures ongoing suitability, adequacy, and effectiveness in meeting the standards set forth by the Oregon Health Authority and aligning with Advanced Health's goals and objectives.

QAPI Workplan Summary: The workplan encompasses various domains related to quality improvement (QI) programs, clinical outcomes, patient feedback and satisfaction, population health management, and CCO Quality Incentives. Key activities include conducting annual QAPI impact analyses, updating the quality improvement workplan and QI program document, providing quarterly reports on performance improvement projects, updating policies and procedures, and ensuring alignment with evolving best practices and regulatory requirements

Health equity remains a significant component of the workplan, with scheduled activities including annual updates to the Health Equity Plan, CLAS Standards evaluation, and improvements in cultural and linguistic services. Additionally, the workplan emphasizes patient-centered care by enhancing patient feedback mechanisms, refining data collection methods for demographic trends, and increasing cultural competency training among service providers. These efforts are designed to ensure equitable healthcare access and improve overall patient satisfaction.

The central pillar of the 2025 workplan is improving performance on CCO Incentive Measures through a targeted gift card incentive program. This initiative is designed to close care gaps by encouraging members to complete essential screenings and appointments. The workplan provides a structured framework for the program, incorporating provider engagement, member outreach, and data-driven evaluation. By strategically leveraging this incentive, the plan aims to drive measurable improvements in key performance indicators, enhance CCO performance, and ultimately improve member health outcomes.

The workplan also encompasses activities related to CCO quality measures, behavioral health programs, kindergarten readiness initiatives, care coordination, Performance Improvement Projects (PIPs), and community health assessment and improvement planning.

Overall, the plan emphasizes ongoing monitoring, evaluation, and improvement across various domains to enhance healthcare quality, patient outcomes, and community health.

The Director of Social Determinants of Health and the Quality and Risk Adjustment Manager recommends the Board review and approve the QAPI Workplan.

Action Needed:

Shall Advanced Health approve the 2025 QAPI Workplan?

- Naomi points out that the entire plan was sent to them prior to this meeting in the board packet, but what their main focus is focusing on their gift card incentive program to improve their performance on the CCO metrics. She states that she included all of the quality required components, but she wants to focus on their CCO metric performance for this year so that is the primary focus of the work plan, but overall it does include all their Transformation Quality and Strategy (TQS) requirements, oversight of the metrics and provider education in regards to those metrics.
- Anna inputs that just like the TQS, this plan is overseen and monitored by the quality committee that meets monthly. So this already went to the Quality Committee and now it's coming to the Board.
- Jeff Lang asks how performance has been? Are they improving or declining?
- Naomi seeks clarification if he's asking how they are performing on the CCO quality metrics?
- Jeff Lang answers yes.
- Naomi answers that they are holding steady but declining a little, that is why she made it the focus of this year's work plan to try and improve performance through their gift card program, which was

approved by the Board earlier but hasn't gone into effect yet, but it will in July. She is hoping to improve their performance instead of having it remain flat.

- Ben M. inputs that he believes a lot of that is driven by the change in their local community, we know there's been a lot of difficulties within our clinics and we have seem that impact to our quality metrics. During COVID, and some of the financial troubles and provider losses in various different clinics they have seen an impact to their metrics. They are making improvements but it has been a challenge.
- With no further comments or questions they move to motion.

❖ **MOTION:** Motion made Jeff Lang to approve the 2025 Quality Assessment and Performance Improvement (QAPI) Workplan and seconded by Dr. Charles Toledo.

❖ **VOTE:** Unanimous approval. (End 7:55A.M.)

Share Designation/Dividend

- Ben provides some background information stating that it's that time of year for our issuing of potential dividends. This must be done by their Equity Members, but they are seeking a recommendation by this group and Chris and Anna will get into the details of that. With that he gives them the floor.
- Chris and Anna begin by going over the document below:

AdvancedHealth

BOARD ACTION ITEM:

2024 SHARE Designation and Cash Distribution

Background: Advanced Health reports strong 2024 financial performance due to strong quality pool performance and continued elevated enrollment related to the public health emergency. Advanced Health generated $2,031,231 in 2024 earnings.

SHARE Designation: Under the CCO contract, Advanced Health is required to designate a portion of 2024 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 $350,000.

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

Cash Distribution: Due to Advanced Health's strong 2024 operating results and capital position, Advanced Health may distribute cash to unit holders without prior OHA approval. Management recommends 35 percent of 2024 net income--$710,931—be distributed in cash to cover member taxes resulting from Advanced Health's earnings.

Action Needed:

Shall Advanced Health designate $350,000 for SHARE Initiative projects and investments?

Shall Advanced Health request payment from SWOIPA to cover the cost of the 2024 SHARE designation?

Shall Advanced Health Board approve a $710,931 cash distribution to Advanced Health unit holders?

- Ben inputs that they aim for a very small net income at the end of the year, about 1%. This is a minimalist company as far as retention and earnings are concerned, but it's a necessary thing to continue to get stronger and be a good CCO in OHA's eyes and provide stability for our members. This still keeps us in a strong position.
- With no questions from the Board, they move to approve the three asks above:

❖ **MOTION:** Motion made by Greg Brigham, PhD to approve Advanced Health designated $350,000 for Share Initiatives projects and investments; Advanced health request payment from SWOIPA to cover the cost of the 2024 SHARE designation; Advanced Health Board approve a $710,931 cash distribution to Advanced Health unit holders and seconded by Dr. Charles Toledo.

❖ **VOTE:** Unanimous approval. (End 8:06A.M.)

With that, Ben and Dr. Webster thank everyone for their time and the meeting ends.

The work session was adjourned by common consensus at 8:06 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 03192025