



Lane Community Health Council

Lane Community Health Council Board

December 12, 2023

7:00am-9:00am

Virtual Meeting

Minutes

Present: Dr. Patrick Luedtke, Lane County Health, and Human Services; Dr. Catherine York, Northwest Surgical Specialists; Ms. Isis Barone, Community Advisory Council; Dr. Pilar Bradshaw, Eugene Pediatrics; David Butler, McKenzie Willamette Medical Center; Ms. Ali Canino, South Lane Mental Health Ms. Eve Gray, Lane County Health, and Human Services; Ms. Lindsey Hopper, PacificSource; Mr. Tony Scurto, Lane Education Service District; Ms. Kristin Soto, Capitol Dental Care; Dr. Robin Virgin, PeaceHealth Medical Group; Mr. Chad Westphal, Looking Glass; Dr. Vipul Lakhani, Oregon Medical Group

Absent: Ms. Melanie Maples, Willamette Family Inc.

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. Tannya Devorak, Community Advisory Council; Ms. Kellie DeVore, PacificSource; Ms. Erin Fair Taylor, PacificSource; Ms. Jamie Louie-Smith, Heritage Bank; Ms. Jacqueline Moreno, Lane County Health & Human Services; Ms. Leslie Neugebauer, PacificSource; Ms. Megan Romero, PacificSource; Ms. Kayla Watford, Lane County Health & Human Services; Mr. Dustin Zimmerman, Oregon Health Authority

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

Dr. Luedtke called the meeting to order at 7:00 am. Introductions were made.

Public Comment: There was no public comment.

January Board meeting reminder: Dr. Luedtke reminded the Board that the January Board meeting is scheduled for Tuesday, January 9, 7:00 am – 9:00 am. The meeting will be fully virtual and will include members of the Community Advisory Council.

LCHC Board Retreat: Ms. Busek reminded the Board that the Annual Board Retreat is scheduled for Tuesday, February 13, 7:00 am – 10:30 am at PacificSource. The retreat will replace the February Board meeting. The agenda will include a presentation from LCHC's attorney, Lance LaFever, regarding responsibilities of nonprofit board members.

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 November 14, 2023, Minutes Lane Community Health Council Board:** No questions or discussion.
- **CCO Director Report:** No questions or discussion.
- **LCHC Financials:** No questions or discussion.

III. Nominating Committee

Dr. Bradshaw presented the Nominating Committee recommendations for the following nominations:

- **Finance Committee Member:** Richard Boggess, CFO, McKenzie Willamette Medical Center. This is an organizational seat for McKenzie Willamette Medical Center on the Lane Community Health Council Finance Committee previously held by Meredith Nelson.
- **Finance Committee Co-Chair/LCHC Board Member and Treasurer:** Jamie Louie-Smith, Senior Vice President, Heritage Bank. The co-chair position of the Finance Committee has been vacant since Meredith Nelson moved out of the area. In addition, the co-chair of the Finance Committee also serves as Treasurer of the LCHC Board.
- **A motion was moved and seconded to approve Richard Boggess as Finance Committee Member. The motion passed unanimously.**
- **A motion was moved and second to approve Jamie Louie-Smith as Co-Chair of the Finance Committee and Treasurer of the LCHC Board. After discussion, the motion passed unanimously.**

IV. Finance Committee Update

- **LCHC Budget:** Ms. Busek presented the 2024 LCHC Budget, which was based on the 2023 budget and included a 7% adjustment for inflation. Additionally, LCHC recently signed up for a Sweep Account with Umpqua Bank. A line item was added for sweep account fees. An additional increase of \$32,000 total is projected for CAC, with the expansion of in-person meetings and other projected program expenses. Additional line items included \$26,500 for social media, for LCHC's contract with Funk/Levis; \$30,000 for LHL Lane Collaboration. A note was made by our accountant that the Community Benefit Initiative (CBI) budget will equal revenue. An estimate of \$120k/month is expected for the Prevention Program, which is based on Per Member/Per Month, as well as staffing costs. Depending on the development of Shared Savings work there is the potential to add 1 FTE. A question was asked regarding the type of position. Ms. Busek shared that the position would either be an administrative assistant or an additional community health program manager. A further question was asked regarding whether the position would be brought forward to the Board for approval. Ms. Busek noted that as it is accounted for in the budget, it would not need to be brought back for approval. **After discussion, a motion was moved and seconded to approve the LCHC 2024 Budget. The motion passed unanimously.**
- **PacificSource Financials:** Ms. Fair Taylor presented the PacificSource Financials. September financials report a year-to-date operating income of \$20M, ahead of the budgeted amount of \$12M. This includes \$2M of positive adjustments related to prior years. There was \$1M reserved for large cases this month with \$49k in estimated reinsurance recovery. The Financials were presented for Gross Dollar Basis and Per Member Per Month (PMPM) basis. Cover All Kids (CAK) and Healthier Oregon Program (HOP) revenue was overstated for the months of July and August due to overpayment from OHA. This was adjusted and recouped in September. She then presented the total Claims volume, including paid, accrued,

and incurred but not recovered (IBNR) and a snapshot of the last 12 months, including a loss in June. As discussed in the 2023 budget presentation, Behavioral Health Directed Payments started on January 1, 2023, increasing revenue ~15M-~20M PMPM, with the expectation claims payments will increase by a similar amount. In addition to this, DRG hospital rates increased from 80% of base Medicare to 85%. There were other smaller increases related to additional program changes. Ms. Fair Taylor further noted that membership as of September 30, 2023, was 92,748 actual members compared to a budget of 88,742. She concluded her presentation with reviewing the 2022 Quality Incentive Metrics highlights, including that 9 of the 14 quality measures were met, earning 80% of the quality pool dollars for which it was eligible, equaling \$17,199,797. The 2022 JMA calculates out to be a shared savings of \$16.9M, net of the 2022 SHAE Designation (\$515k). As discussed at prior meetings, only the SHARE attributable to the CCO operations was deducted from the JMA. The full 2022 SHARE amount to be distributed is \$906,383.55. The current estimate of the 2023 JMA calculates out to be a net for distribution of \$4.2M, net of the estimated 2023 SHARE Designation (\$657k). Discussion included learnings from other PCS regions and projections for 2024 regarding redeterminations and the Basic Health Plan which will go into effect July 1, 2024. This program, also called “Bridge Program,” will support members currently retained on Medicaid who will move into the program who are 138%-200% of the Federal Poverty Line on July 1. The Board discussed access trends with changes to emergency departments, primary care access, and urgent care.

V. Community Impact Committee

- Mr. Scurto reminded the Board that as was approved at the November meeting, a portion of the SDOH-E Quality Pool distribution was buckled with Community Benefit Initiatives to fund food security efforts. The remaining funds for the SDOH-E portion of the Quality Pool was allocated for the Community Initiative Grant process. 23 applications were received and reviewed by an independent panel. He then presented a summary of the Community Initiative Grants recommended by the Community Impact Committee for funding:
 - C.O.R.E, Behavioral Health Access for Underserved Young People, \$140,528.90
 - Network Charter School, Building A Policy of Equity and Inclusivity, \$110,079.90
 - Grand Rising, Unlimited, Grand Rising Unlimited Health in Lane County, \$132,919.90
 - H.O.N.E.Y, Inc., Journey to Holistic Wellness and Healing, \$261,153.90
 - Ophelia’s Place, Inclusive Behavioral Health to Empower Youth, \$116,153.90
 - NAACP Eugene/Springfield, The Deepest Well: Changing the Inequitable Mental Health and Social Services Landscape, \$150,885.90
 - White Bird Clinic, Expanding Access to Youth Behavioral Health in Lane County, \$82,603.90
 - **Total Recommended Funding: \$994,326.31**
- A question was asked about the meaning of “additional disbursement” as noted on the grant summary. Ms. Madrigal clarified that this was in response to

information provided by a reviewer on the panel who flagged the eligibility requirements for this funding pool, which indicated that clinical services, direct behavioral health, and staffing are not eligible for funding from the SDOH-E Quality Pool distribution. This indicated that portions of some applications were not eligible for funding due to the updated eligibility requirements. The review panel reviewed the updated criteria and applications, which resulted in a remainder of funds. The Review Panel recommended distributing the remaining funds evenly to each eligible project.

- **After discussion, a motion was moved and second to approve the Community Initiative Grant projects as presented. The motion passed unanimously.**

VI. Shared Savings

- Ms. DeVore presented the Shared Savings Overview. Shared Savings are a community health improvement and reinvestment funding stream unique to the PacificSource CCO model, using Medicaid rate dollars to fund community priorities. Shared Savings are generated by multiple stakeholders working together to bend the cost curve and promoting upstream prevention and producing better, lower-cost outcomes.
- In contrast to years where there is a positive margin, when the CCO's costs exceed its capitation revenue, PacificSource absorbs that loss. The results of operations in the Lane CCO in 2020 and 2021 would have triggered the recapture provision. PacificSource waived the recapture for the Health Council for both years and absorbed those losses.
- Result of performance from 2022 = first year PacificSource's Lane CCO has generated Shared Savings. PCS will send \$16.9M in Shared Savings to LCHC in 2023. LCHC is responsible for investing Shared Savings in the community to meet contract requirements, supporting community health and healthcare improvements. Ms. DeVore presented a timeline of discussions and board decisions regarding policies and contract requirements, including positive impacts to the CCO's Medical Loss Ratio (MLR). Ms. DeVore noted that PCS will have future interest in exploring the Reinvestment Policy with LCHC to commit to 75% toward MLR qualified investments. It was noted that in November 2023, LCHC voted to support utilizing a portion of Shared Savings for the Governor's Ask to invest \$25M statewide in Youth BH Services.
- Federal regulations require that CCOs meet or exceed a minimum medical loss ratio (MLR) of 85%. If a CCO spends less than 85%, it must rebate the differences to the OHA. Failing to meet a minimum MLR has other significant downstream impacts, including a high likelihood of lower rates for the region going forward, fewer monies for community investments, and impacts on trust from the OHA and Governor's office.
- Ms. DeVore then shared the allowable and not allowable expenses and Medical Loss Ratio, including a visual to demonstrate the complicated funding streams that the Health Council and PCS are responsible for. Discussions are in motion to streamline processes. It was noted that regulations are federal requirements.
- Ms. DeVore concluded the presentation noting the importance of stewardship, and the opportunity to work together to focus investments on what will drive health outcomes and reduce disparities in our community.

- Ms. Busek shared the 2023 Funding Priorities and Opportunities Update. She noted that there have been efforts to evaluate the feasibility of meeting the MLR with current project opportunities related to the four strategic priorities.
- Dr. York reviewed the Food Insecurity priority, which was presented in detail at the November meeting. This priority entails the creation of the Lane County Food System to support higher production of culturally preferred, fresh, and local foods from local and secondarily Oregon-based producers. This project has proposed funding of \$5M. The Board discussed a proposed breakdown of the spending plan, which is estimated to be \$1M to Lane Soil and Water Conservation for grants to farmers, \$2M to Food for Lane County grants to expand food pantries including mobile pantries, and \$1M to convene an annual coalition of systems partners over five years, including consultation with Katrina Van Dis out of Central Oregon, who has experience working with MLR criteria through the Central Oregon Health Council. The board discussed the sustainability of this investment strategy, alignment opportunities with the 1115 Waiver, collaborating opportunities with community-based organizations, and ways to measure impact.
- Dr. Lakhani reviewed the Youth Behavioral Health Access including Access to Healthcare Resources priority, which was presented in detail at the November meeting. The priority entails the creation of a Traditional Health Worker (THW) Coalition with a program to support THWs focusing on Youth Support Specialists (YSS) and Community Health Workers (CHW). This could include access to continuing education and certification opportunities, as well as supporting connection for best practices and collaboration. This project has proposed funding of \$2M. The board discussed challenges of needing an in-patient facility for youth and limits on funding to supporting bricks and mortar, such as the stabilization center or efforts for in-patient care through Looking Glass. Additionally, discussion included the high need for interventions in the community, as well as more therapists and improved emergency interventions for youth. A follow-up discussion will be scheduled to discuss the best use of these funds to address these concerns while meeting requirements.
- Dr. Virgin reviewed the House and Homelessness priority, which entails the creation of a program to provide a “ramp-up” for organizations to collaboratively implement the 1115 Waiver Services including Climate and Housing Benefits. The proposed funding for this priority is \$2M.
- Dr. Luedtke shared the Healthcare Workforce priority which includes nursing, behavioral health work, and other healthcare careers program expansion. The priority project entails working with higher education institutions to support expansion of class sizes and accessibility to programs, as well as allowing increased enrollment to address workforce gaps with a focus on BIPOC students to expand culturally sensitive and responsive healthcare options. The proposed funding for this priority is \$3.5M.
- **A motion was moved and seconded to approve the following adjusted distribution:**
 - **Food Security: \$4.5M**
 - **Youth Behavioral Health: \$ 3M**
 - **Housing and Homelessness: \$2M**
 - **Healthcare Workforce: \$3M**

- **After discussion, the motion passed unanimously.**

VII. Clinical Advisory Panel

- This update was not provided due to time constraints.

VIII. Community Advisory Council

- This update was not provided due to time constraints. The CAC Report was made available in the Board Meeting Packet, pages 50-51.

IX. Adjournment

There being no further business, the meeting was adjourned at 8:58 am.

Respectfully submitted,



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