

**MINUTES OF THE MEETING  
OF THE BOARD OF DIRECTORS OF  
Eastern Oregon Coordinated Care Organization, LLC  
(EOCCO)**

**January 18, 2019  
Moda Tower, Portland**

**BOARD MEMBERS  
PRESENT:**

Catie Brenaman, Kevin Campbell, Dr. Bruce Carlson, Jeremy Davis, , Dr. Renee Grandi, Ken Hart, Diane Kilkenny, Robin Richardson, Chris Siegner, Mike Smith, Christopher Zadeh

**OTHERS PRESENT:**

Robert Gootee, Mark Danburg-Wyld, BethAnne Darby, Elizabeth Engbring, Dave Evans, Debra Florence, Sean Jessup, Sarah Patterson, Summer Prantl Nudelman, Courtney Whidden, & Mina Zarnegin, Moda/ODS Community Health. Paul McGinnis, Susan Montgomery, & Troy Soenen, GOBHI. Dr. Chuck Hofmann , EOCCO clinical consultants. Glen Davis, Yakima Valley Farm Workers. Derek Daly, Blue Mountain Hospital District. Charles Tveit, Lake District Hospital. Dan Grigg, Harney District Hospital. Estela Gomez, EOCCO Innovator Agent. Terrol Marshall, Eastern Oregon IPA. Bob Seymour & Tammy Winde, Grande Ronde Hospital. Jim Schlenker, Good Shepard Hospital. Gov. Kitzhaber.

**WELCOME AND  
INTRODUCTION**

Mr. Gootee welcomed everyone to the Moda Tower and thanked them for their participation in the EOCCO and their commitment to the health and care of Oregonians in Eastern Oregon. Mr. Gootee introduced former Gov. Kitzhaber. Gov. Kitzhaber thanked Mr. Gootee for his introduction and discussed the principles behind the creation of the CCO model. He congratulated the EOCCO in its commitment to eastern Oregon and its ability to meet the pillars he envisioned for CCOs.

**CALL TO ORDER:**

Mr. Richardson called the regular session of the meeting to order.

**APPROVAL OF MINUTES:**

Upon a motion made by Dr. Grandi and seconded by Mr. Hart, the Board unanimously approved the minutes from the Board meeting of December 20,

2018. Copies of the minutes were distributed to the Board in advance of the meeting.

**OREGON HEALTH  
AUTHORITY UPDATE:**

Ms. Gomez provided updates on the structure of the Oregon Health Authority (OHA). The OHA released the draft Request for Applications (RFA) for CCO 2.0 and provided an opportunity for comments. Ms. Gomez provided comments regarding documents that were cited in the RFA but not included in the released documents. Ms. Gomez provided a list of the EOCCO staff in providing information out to the various clinical practices. The Public Health Division released a survey for the state health improvement plan. Ms. Gomez advised that responses to the survey are due 1/31 and asked that all entities respond and recommend oral health for inclusion in the initiatives/priorities.

**EOCCO CLINICAL  
COORDINATOR UPDATE:**

Dr. Hofmann updated the Board regarding the online pain school program that assists patients in managing their chronic pain. Dr. Hofmann reported on the success of the program and noted the resulting decrease in opioid spend for participants. The Board, after a discussion and upon a motion by Mr. Smith and seconded by Ms. Kilkenny, unanimously approved additional funding to continue the online pain school program for an additional 6 classes for the remainder of 2019 totaling \$33,000.

Dr. Hofmann provided background on the Quality Bonus formula. After providing background on the formula, Dr. Hofmann advised that he would be recommending small adjustments to the formula at the upcoming Clinical Advisory Panel (CAP) meeting. The Board discussed the two adjustments to contraceptive (youth versus aged populations) and BMI tracking measures. Further, due to timing issues with the CAP meeting and next Board meeting, Dr. Hofmann requested the Board consider granting the CAP discretion regarding approval of the formula adjustment. The Board, upon a motion by Mr. Campbell and seconded by Mr. Davis, unanimously approved referring the formula adjustment to the CAP's discretion. Dr. Grandi requested the CAP meeting minutes be circulated to the Board members.

Dr. Hofmann advised the Board that the Behavioral Health Subcommittee was seeking new members and asked the Board to spread the word and recommend potential members. He advised that the subcommittee will be focused on behavioral health integration in light of the CCO 2.0 requirements. Ms. Brenaman volunteered and offered to follow up with Dr. Hofmann after the meeting.

**ADOLESCENT WELL CARE INCENTIVE PROGRAM**

Ms. Whidden provided an update on the increasing challenges to meet the adolescent well care measure. She presented a proposal to provide incentives for adolescents, aged 12-17 and 18-21, to complete an annual well care appointment. Ms. Whidden advised that the CAP supported the proposal for 2019 and added that funding, if approved, will be deducted from the quality bonus money carve out. The Board discussed the program and potential opportunities to expand its footprint. Ms. Brenaman asked about the potential to include the Guatemalan dialect in the materials in addition to Spanish. She advised this would help reach a larger audience. The Board, upon a motion by Dr. Carlson and seconded by Ms. Brenaman, unanimously approved the adolescent well care incentive program with a budget not to exceed \$54,000.

**EOCCO COST AND UTILIZATION UPDATE:**

Ms. Engbring presented the report, copies of which were distributed in advance of the meeting. Ms. Engbring reviewed the PCP utilization report that demonstrated that increasing PCP utilization resulted in lower overall costs including emergency department and specialist visits. The Board discussed the report and identified that some results may be skewed as a result of how the various entities were billing. Ms. Engbring advised that the PCP utilization report was based on clinic-based PCPs and would not capture PCP visits billed on a UB04 hospital billing forms. The Board requested additional, more selective reporting to attempt to capture county variance based on hospital billing practices.

Ms. Engbring identified that members who do not utilize primary care tend to have pregnancy and dental diagnosis on their emergency department

claims. Ms. Engbring noted that pregnancy and dental diagnosis were less prevalent on claims for members engaged with PCPs. She noted that the data suggests that members who do not utilize primary care (and use emergency departments instead) are unlikely to obtain appropriate dental or prenatal care. Diagnosis for substance abuse, prenatal, dental, and behavioral health are the most common for members who do not utilize PCP visits presenting at the emergency department. Ms. Engbring explained that the pie chart can be used to identify populations where targeted outreach may influence PCP utilization. The Board discussed various factors including social determinants of health that are likely to influence a member's PCP utilization. Dr. Hofmann advised that the CAP will work to further parse the data to assist with identifying targeted populations for expanded outreach. Additionally, Dr. Hofmann requested recommendations from the Board as to which reporting metrics provide the hospital systems with the most valuable insight. Mr. Davis requested reporting on the use of Nurse Practitioners and Physician Assistants as PCPs. Mr. Tveit asked to include some dental care metrics and conduct a cross comparison. The Board tasked the CAP to research the requested metric reporting in the data.

**EOCCO SHARED SAVINGS MODEL UPDATE:**

Mr. Jessup presented the challenges and goals of the shared savings program. Mr. Jessup commented that there will be a significant decrease in the OHA rate from the state for 2019. Mr. Jessup noted that EOCCO's goal is to maintain its historic capitation and incentive practices with PCPs regardless of the decrease in the 2019 OHA rate. The Board discussed the importance of keeping PCP engagement high for EOCCO's members.

Mr. Danburg-Wyld presented the per member, per month (PMPM) cost versus premium rate for a rolling 12 month period. He advised that costs for most of the PMPM rate categories have leveled off based on the 12 month trend while some categories are still experiencing an upward trend. Mr. Danburg-Wyld commented that pharmacy spend stayed flat generally across all categories with an exception for a temporary upward trend in the dual eligible member

population. Dr. Grandi asked if the average \$25 PCP cap rate is sufficient to actually care for members. Dr. Hofmann advised that this was sufficient and Mr. Jessup added that this amount is adjusted based on the member's enrollment category. After the presentation of the shared savings model budgets and adjustments, the Board evaluated the changes to the Shared Savings Model. Upon a motion by Dr. Carlson and seconded by Mr. Davis, the Board unanimously approved the shared savings model for the 2019/2020 cycle.

**FINANCIAL UPDATE:**

Mr. Evans reported on the company's financial statements as of December 31, 2018, copies of which were distributed to the Board in advance of the meeting. Mr. Evans explained that the changes to the assets and liabilities were primarily due to timing issues and noted that the amounts set aside to account for the state eligibility issues has now been paid. He noted that a limited surplus remains that can be used to protect against additional fluxes that may happen as a result of the 2019 rate cut. Mr. Evans discussed the loss ratio and that it is still performing well in the context of MLR.

Mr. Evans went on to discuss reinsurance for EOCCO for 2019. He advised that EOCCO will retain its current reinsurer, RGA, for 2019 after an evaluation of responses by a selection of reinsurer competitors. Mr. Evans advised that EOCCO stayed with RGA as the reinsurance for 2019 with an increase to the attachment point on the claims to \$350k.

Mr. Evans reviewed the 2019 budget, copies of which had been provided to the Board in advance of the meeting. He noted that the decrease in the OHA rate resulted in a reduced budget for 2019 and discussed the performance of the investment portfolio. Mr. Evans answered all questions posed by the Board regarding the impact of the 2019 OHA rate reduction on the 2019 budget to the Board's satisfaction. Upon a motion by Mr. Campbell and seconded by Dr. Carlson, the Board unanimously approved the 2019 budget and 2018 financial statement.

**CCO 2.0 UPDATE:**

Mr. Jessup updated the Board on the status of the CCO 2.0 RFA and advised that the final RFA was expected to release on January 25, 2019. Mr. Jessup walked through the four focus areas for the RFA. Mr. Jessup advised that extreme caution is needed as EOCCO proceeds with the RFA to ensure that there is no contact with OHA concerning the application. The Board discussed the application process and the potential landscape of applicants to the RFA. Additionally the Board discussed the efforts and involvement of EOCCO and its members in various communities both within and outside the EOCCO service area.

Mr. Hart suggested that a small slide deck on the success and investments made by EOCCO and its members specific to each individual county may be helpful during the RFA application drafting process. After all questions regarding CCO 2.0 being answered to the satisfaction of the Board, Dr. Carlson made a motion to approve the submission by EOCCO of a 2.0 application. Upon a second from Mr. Hart, the Board unanimously approved the submission of a 2.0 application in response to the CCO 2.0 RFA.

**EOCCO EXECUTIVE  
POSITIONS  
APPOINTMENT:**

The Board discussed the need to appoint two additional positions for the EOCCO. Upon a motion by Dr. Carlson and second by Mr. Schlenker, the Board unanimously approved the appointment of Mr. Jessup as EOCCO President and Ms. Florence as Assistant Secretary.

**PUBLIC COMMENT:**

The Board opened the meeting to the public for comments. Ms. Brenaman thanked the Moda team for taking on the CCO 2.0 application project. There being no further comments, the Board moved to informational reports and updates.

**INFORMATIONAL  
REPORTS & UPDATES:**

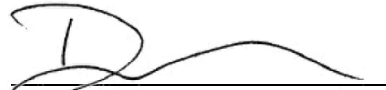
Mr. Jessup walked through the reports that were provided in advance of the meeting. The overall enrollment has increased by approximately 2,000. Among the membership covered by EOCCO, 2,800 new members were dual Medicare and Medicaid recipients as of 2019. Mr. Jessup advised that there are

approximately 50,000 members currently covered by EOCCO.

Mr. Jessup reminded the Board that HB4018 was now active and, thus, minutes will be posted on the website and all Board meetings will be scheduled 30 days in advance.

**ADJOURN:**

There being no further business, the meeting was adjourned.

A handwritten signature in black ink, consisting of a large, stylized letter 'D' followed by a long, sweeping horizontal line that tapers to the right.

Assistant Secretary