MINUTES OF THE MEETING
OF THE BOARD OF DIRECTORS OF

Eastern Oregon Coordinated Care Organization, LLC

(EOCCO)

February 4, 2022
601 SW 2nd Ave
Portland, OR 97204
And Teleconference due to COVID-19

BOARD MEMBERS PRESENT:	Oceana Gonzales-Banuelos, Alisha Lundgren, Bren Benzel, Dr. Curtis Peters, Robin Richardson, Chris Siegner, Harold Geller, Brian Sims, James Williams, and Christopher Zadeh, Dr. Renee Grandi, Harold Geller, Jeremy Davis, Lannie Checketts, Larry Davy, Jen Goodman-Hammans and Karen Wheeler.
OTHERS PRESENT:	Robert Gootee, Dave Evans, Sean Jessup, Kayla Jones, Summer Prantl Nudelman, Audrey Thomas, Mark Danburg-Wyld, Bill Dwyer, Courtney Whidden-Rivera, Mina Zarnegin, Jenna Grantham and Dr. Yale Popowich Moda/ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant.. Bob Seymour, Grande Ronde Hospital. Charles Tveit, Lake District Hospital. Jeanne McCarty, Ari Wagner, Dr. Satya Chandragiri and Linda Watson, GOBHI. Glen Davis and Christy Trotter, Yakima Valley Farm Workers Clinic. Estela Gomez, EOCCO Innovator Agent. Paul McGinnis, Lake Health. Dan Grigg, Harney District Hospital. Derek Daly Blue Mountain Hospital. Tim Heinze, Valley Family Health Care. Dina Ellwanger, Saint Alphonsus Medical Center, Ontario; Priscilla Lynn, Saint Alphonsus Medical Center, Baker City.
WELCOME AND INTRODUCTION:	Mr. Gootee, CEO of Moda Health Plan, Inc. opened the meeting, welcomed those in attendance, and addressed the EOCCO board and meeting guests. He congratulated the EOCCO board on their performance. He took questions on topics including Moda Health and its status.
CALL TO ORDER:	Mr. J Davis called the regular session of the meeting to order.
APPROVAL OF MINUTES:	**Upon a motion by Dr. Grandi and seconded by Mr. Zadeh, the Board unanimously approved the minutes of the meeting of the Board of December 6, 2021, a copy of which was provided to the Board in advance of the meeting.**

OHA PROGRAM UPDATES:	Ms. Gomez presented the OHA Updates, a copy of which was provided to the Board in advance of the meeting. She commenced her presentation by providing an update on impending grant funding opportunities. She highlighted the state funding opportunity for permanent supportive housing with the objective of the Permanent Supportive Housing Program to expand the state's supply of affordable housing designed to serve households experiencing chronic homelessness. She next addressed current OHA pieces of training and webinars for CCOs. Finally, she shared OHA's COVID-19 resources including treatment options for omicron variant and an immunization program update.
EOCCO STRUCTURE FOR COMMUNITY ENGAGEMENT & HEALTH EQUITY:	Ari Wagner of GOBHI next provided an overview of EOCCO's structure for Community Engagement & Health Equity which includes moving to a single CAC structure for EOCCO in order to meet the 51% consumer requirement. With respect to reconfiguration of EOCCO's CAC, there are 31 members selected by the committee, increased diversity among members, there will be a second set of members to receive approval. The CAC is now designed to maintain 51% consumer membership. The newly reconfigured CAC will build on local level efforts: local partnerships critical for building relationships in the Hispanic community. 22.6% (7) of CAC members are individuals identified as either Alaskan Native / American Indian or from the Hispanic / Latinx communities. EOCCO will continue to support the existing LCHP (Local Community Health Partnership) structure that currently operates in each county. The LCHP's will continue to create a Community Health Plan and will continue receiving funding from EOCCO for local investments selected by the LCHP's.
CBIR/GRANT APPLICATION UPDATE:	Dr. Hofmann provided an overview of grant opportunities of interest to EOCCO. These opportunities are analyzed and assessed by EOCCO's grant committee. For all grant applications selected and submitted by EOCCO, the Oregon Rural Practice-based Research Network (ORPRN) is the entity responsible for providing an assessment via assigning a score. The Grant committee will provide board recommendations by the end of February. Many current/ongoing grants also qualify under SHARE criteria. Finally, Dr. Hoffman shared an update on the

	HIT opt-in grant, indicating that small clinics struggled with new regulations so additional applications will be taken.
BEHAVIORAL HEALTH INTEGRATION UPDATE:	Ms. Summer Prantl Nudelman led a presentation on EOCCO's efforts to integrate behavioral health services within Primary Care. This initiative was lead by Dr. Hofmann and the EOCCO Behavioral Health Integration (BHI) Subcommittee. This initiative has been in development since 2019 and the go-live date was January 1, 2022. Clinical contracting occurred throughout the second half of 2021 with GOBHI primarily reviewing and providing feedback on the amended agreement. Clinics received and executed agreements. EOCCO is now involved with engaging and recruiting additional clinics. Future steps include obtaining quarterly attestations from clinics for feedback, ensuring coordination and collaboration between GOBHI and the Community Mental Health Programs and evaluating encounter data to assess reimbursement modifications.
ENROLLMENT AND REDETERMINATION UPDATE:	Mr. Jessup provided an update on Medicaid enrollment trends resulting from the postponement of redeterminations. On March 18, 2020 a Federal Public Health Emergency (PHE) was declared resulting from the COVID-19 global pandemic. All Medicaid beneficiaries who have become eligible for Medicaid have been maintained as eligible for coverage through the end of the PHE. Attestation of eligibility is accepted for initial and ongoing eligibility. The Federal PHE currently set to expire on January 16th, 2022 has been extended for 90 days until April 16th, 2022. Oregon's Medicaid program enrolment during this period has increased to over 1.3 million people, an increase of over 25%. EOCCO's enrollment growth has generally mirrored the statewide trend. Once the public health crisis concludes, Oregon will have 12 months to establish redetermination and the process will be challenging. CMS will provide States with 60 days advance notice of the end of the PHE. CMS expects states to perform a full eligibility renewal of all recipients within 12 months following the end of the PHE. OHA will take advantage of the 12-month redetermination opportunity and balance the redeterminations over 12 months. OHA plans outreach and communication efforts to OHP members − EOCCO will also support these efforts. Redetermination will impact membership, likely

	resulting in some reductions. The Oregon Legislative Assembly is expected to enact legislation that allocates state funds to create a "bridge" health benefit for people transitioning from Medicaid as a result of a redetermination. EOCCO will work closely with OHA to understand how it might participate in this initiative and provide services to members during this difficult benefit transition.
2021 YEAR-END FINANCE OVERVIEW:	Mr. Evans provided the board with an overview of EOCCO December 31, 2021, Financial Results, December 31, 2021 YTD Forecast vs Actual, Capital & RBC Update, and EOCCO Audit update & quarterly investment approval. SHARE initiative payable is "booked" for 2022 including $1M accrued for the 2022 SHARE (required to be accrued to 12/31/2021 financials) and a remaining $155k of the 2020 SHARE. In general, the EOCCO's revenue growth is attributed to increased enrollment. With respect to capital and RBC, EOY 2021 RBC is projected at 431%. **Upon a motion by Dr. Zadeh and seconded by Ms. Wheeler, the Board unanimously approved EOCCO investment transactions for Q4'2021.**
EOCCO 2.0 SHARE INITIATIVE UPDATE:	Mr. Jessup and Ms. Prantl Nudelman provided the board with an overview of OHA's effort to implement the Supporting Health for All through Reinvestment (SHARE): the SHARE Initiative was created by Oregon's legislature under House Bill 4018 in 2018. SHARE requires CCOs to spend part of their profits in their communities to address health inequities and SDOH-E. For CY 2020 and CY 2021, CCOs will decide how much of their profits will contribute to the SHARE Initiative. EOCCO chose to allocate 2% of CY 2020 net profit or $310,000 for the 2021 SHARE payment obligation. EOCCO projects were focused on housing supports and services. For CY 2023 and beyond OHA established rules and a formula for determining a CCO's SHARE contribution. OHA's regulation requires CCOs to dedicate a portion of the previous calendar year's adjusted net income or reserves toward SHARE based on the greater of: (a) The percent of average adjusted net income for the prior three calendar years on a sliding scale based on RBC percentage as of the end of the most recent calendar year or (b) A proportion of the amount recorded in dividends or similar payments or both to shareholders, affiliates or other owners in that prior

	year including adjusted net income earned by sub capitated entities who are owners or affiliates of the CCO. Mr. Jessup shared that with the calendar year methodology now established by OHA regulation, EOCCO must designate its 2022 SHARE payment based on CY 2021 income. EOCCO staff has prepared a recommended SHARE payment proposal. The 2022 proposal is less than what it would have been under the upcoming OHA methodology but it sums with other EOCCO grant programs to over $2.4M. The $1.5M must be spent by 2025. EOCCO will spend SHARE proceeds through an RFA process. Future SHARE initiatives will be aligned with the CBIR and LCHP grant program timelines. EOCCO board members exchanged ideas on how to efficiently spend SHARE proceeds. Local Community Health Partnerships will also play a role in evaluating spending. **Upon a motion by Mr. Siegner and seconded by Dr. Grandi, the Board unanimously approved a motion to designate $1.5 million to the CY 2021 SHARE Initiative constituting EOCCO's 2022 SHARE payment.**
2022 EOCCO VBP CHANGES:	Ms. Jones, Mr. Dwyer, and Dr. Hofmann provided an overview of VBP performance and upcoming requirements. Ms. Jones described the EOCCO VBP requirements for 2022. Key areas of focus as expressed by new or expanded Care Delivery Area (CDA) VBP's include quality measures for Maternity Care, Hospital Care, and Behavioral Health Care that are selected from a list of measures established by OHA . Mr. Dwyer discussed the quality bonus payment formula that will be used to compensate providers who meet or exceed VBP goals for the Maternity Care and Hospital Care CDA. Once the formula is approved, it will be measured and paid the following year. Dr. Hofmann discussed the Quality Bonus Payment formula which includes minor changes from 21 to 22 formula. **Upon a motion by Mr. Simms and seconded by Mr. Williams, the Board unanimously approved a motion to approve VBP payment changes including 1.) Care Delivery areas with a 1/1/22 implementation: Hospital CDA: All Cause In-Patient Re-admit and Maternity Care: Postpartum. 2.)2022 Quality Bonus Payment Formula and approval to discontinue the Challenge Pool Bonus Program for 2022.**

2022 CLAIMS BUDGETS AND 2022/2023 SHARED SAVINGS MODEL BUDGET:	Mr. Danburg-Wyld provided an overview of EOCCO's shared savings model. The EOCCO shared savings model is divided into four separate fund categories. Before discussing the details of each fund he provided an update on overall EOCCO medical claims and membership trends. Mr. Danburg-Wyld next described the proposed changes to each of the four funds comprised of the primary care fund, non-primary care fund, mental health fund, and the carve-out fund. Changes to the PCP fund include adding funding for PCP Bonus Program. Currently just YVFWC (~10% of members) – Projected expansion to additional clinics (~20% of members). This funding was previously not included in Shared Savings Model (held as separate accrual by finance). Move funding for PCPCH from Carve Out Fund – Increased funding from $12 to $13 PMPM. Move and Expand funding for Behavioral Health Capitation in Primary Care − Previously $4 PMPM funded by GOBHI − $10 PMPM funded by EOCCO as of January 2022 (approved at October 2021 Board meeting). Changes to the Non-Primary Care (Risk) Fund include changes to payout distribution from a reduction in Out of Area (OOA) Hospital Share and an increase in provider withhold from 5% to 10% to meet the VBP meaningful risk requirement. Changes to the mental health (GOBHI) fund include a reduction due to moving Behavioral Health Capitation in Primary Care and an addition due to the new SUD mandate. Changes to the Carve-Out Fund include Move funding for PCPCH to PCP Fund, added funding for VBP program for maternity quality Measure, corporate reinsurance raised from $350K to $400K, and shared Savings model Stop Loss level remains at $150K. Prior to consideration of a board motion, there was general discussion that recognized that providers will experience some hardship from the increased withhold even though they should expect to earn the withhold back. Dr. Grandi discussed concerns related to the overall budget proposals and the desire to provide additional dollars to the delivery system and in particular to primary care which is facing increased inflationary pressures. Significant discussion occurred on this topic with an agreement to re-evaluate funding in 6 months. **Upon a motion by Mr. Geller and seconded by Ms. Wheeler, the Board approved a motion to approve the shared savings model budget and changes to payout distributions**

	percentages, approve PCPCH fund increase, and approve increasing withhold from 5% to 10% with Dr. Grandi dissenting.
2022 EOCCO/BUDGET FORECAST:	Mr. Evans gave a presentation on the EOCCO forecasted budget. EOCCO is projected to have reduced profitability in the upcoming year resulting from numerous factors. The leading factor is a projected increase in total claims expense in 2022 in addition to impacts from enrollment losses due to redeterminations. RBC is anticipated to continue to increase if all EOCCO earnings are retained. Mr. Evans next shared the EOCCO 2022 investment proposal which consists of an investment of $7.5M in both Q1 and Q2, for a total of $15M and a reevaluation of EOCCO's cash outlook mid-year to assess whether additional funds should be recommended for investment. **Upon a motion by Mr. Sims and seconded by Mr. Geller, the Board unanimously approved a motion to approve the proposed EOCCO 2022 Investment Proposal. Upon a motion by Ms. Wheeler and seconded by Mr. Williams, the Board unanimously approved a motion to approve the EOCCO 2022 budget forecast.**
2021 EMERGENCY OUTCOME TRACKING & QUALITY MEASURE PERFORMANCE UPDATE	Ms. Whidden-Rivera opened her presentation by providing an overview of the COVID 19 Vaccine Emergency Outcome Tracking (EOT) Measure. EOCCO met or partially met targets for various age and race/ethnicity categories, but overall EOCCO did not meet the established target. This outcome was not unexpected as the target established by OHA was believed to be unattainable despite best efforts to meet the target. Ms. Whidden-Rivera next presented EOCCO's 2021 quality measure performance prediction targets and currently measured rates. EOCCO's performance in these areas is expected to result in EOCCO earning 100% of the available quality incentive bonus excluding the bonus attributed to EOT measure.. The total amount of funds is currently projected and we will learn the final amounts when OHA receives and analyzes the final reporting data.
ANNOUNCEMENTS :	There were no announcements.
PUBLIC COMMENT:	Mr. J. Davis opened the meeting for public comment.
ADJOURN:	There being no further business, the meeting was adjourned at 3:06 PM

Thomas J Bekle

Secretary