

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

**December 9, 2020
Teleconference only due to COVID-19**

**BOARD MEMBERS
PRESENT:**

Dr. Bruce Carlson, Lannie Checketts, Jeremy Davis, Larry Davy, Harold Geller, Oceana Gonzales-Banuelos, Dr. Renee Grandi, Diane Kilkenny, Carlos Olivares, Dr. Curtis Peters, Robin Richardson, Chris Siegner, Brian Sims, Alisha Southwick, Karen Wheeler, James Williams and Christopher Zadeh.

OTHERS PRESENT:

Mark Danburg-Wyld, Bill Dwyer, Dave Evans, Debra Florence, Nick Gross, Sean Jessup, Kayla Jones, Marilyn McGraffin, Summer Prantl Nudelman, Courtney Whidden-Rivera, Astrid Sosa, Courtney Vanuzuela, Mina Zargin, Moda/ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant. Bob Seymour, Grande Ronde Hospital. Charles Tveit, Lake District Hospital. Troy Soenen, Jeanne McCarty, Jorge Ramirez Garcia, Lauri Waggner, GOBHI. Glenn Davis, Yakima Valley Farm Workers Clinic. Estela Gomez, EOCCO Innovator Agent. Derek Daly, Blue Mountain Hospital District. Dan Grigg, Harney District Hospital. Priscilla Lynn, Saint Alphonsus Medical Center. .

**WELCOME AND
INTRODUCTION:**

Mr. Richardson welcomed everyone to the teleconference Board meeting. He commented that he was disappointed that circumstances did not allow us to have the December meeting in person.

CALL TO ORDER:

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

APPROVAL OF MINUTES:

Upon a motion by Dr. Grandi and seconded by Mr. Checketts, the Board unanimously approved the minutes of the meetings of the Board on November 5, 2020

**OHA PROGRAM
UPDATES:**

Ms. Gomez presented the OHA updates. She provided several announcements that were not included in the report sent to the Board in advance of the meeting.

She advised that www.oregon.gov/oha/ included a link to the new Corona Virus updates and included a wealth of information. She presented various upcoming trainings for primary care providers focused on managing primary care for members with diabetes. Additionally, she noted that new marketing materials from OHA were available promoting well child visits.

Ms. Gomez explained that information sessions for all health care providers were still ongoing every month regarding COVID.

She presented the Sector Level Guidance chart published by OHA which detailed prohibited and permitted activities by Risk Level. As of 11/30/2020, twenty-three of thirty-six Oregon counties were in the extreme risk category. The chart was available at Coronavirus.gov.

Mr. Richardson provided an overview of the reports on COVID activities that the hospitals discussed during a previous owners meeting. He noted that all the hospitals were holding steady but noted widespread concerns regarding the availability of tertiary beds. He explained that the hospitals had a hard time locating tertiary beds when needed. The systems expected these limited beds to become less and less available over the holidays. He also noted that health care systems were struggling with staffing challenges with exhausted staff, staff exposed off duty and maintaining staffing while pulling exposed employees out of the pool. Additionally, he noted the hospitals' concerns regarding upcoming super spreader events including Christmas, New Years, Superbowl.

Dr. Grandi noted that her county was in a vortex with only one case in the recent past. Mr. Richardson congratulated her and the county on its management and wished them luck maintaining it.

RCAC UPDATE:

Ms. Lundgren provided an update on the activities of the RCAC. She noted that the next meeting on Dec 16, 2020 would focus on health equity. She explained that there would be breakout sessions with the goal of applying a health equity lens to the grant applications and activities.

CCO 2.0 OPERATIONAL UPDATE:

Ms. Jones introduced herself to the Board as the operations manager for EOCCO on the Moda side. She summarized her areas of oversight and noted that she works with their colleagues at GOBHI to assist the various subcommittees.

She presented the operational review of 2020. She summarized the landscape in the fourth quarter of 2019 in preparation for the 2020 CCO 2.0 rollout. She noted significant process improvements were made including integration of medical and behavioral health authorization processes and case management processes. The provider directory was updated to make it more seamless and easier to navigate for EOCCO's members. The Directory is updated every 30 days.

She explained claim processing updates that were made to accommodate the increase in telehealth services. She explained additional reporting that was developed during the year to provide transparency across the system given the changes in the landscape caused by the COVID pandemic.

She presented a claims summary comparing the 2019/2020 claims volumes. She noted that more claims have been submitted in 2020 than 2019, even in light of the pandemic. She noted that EOCCO continues to meet the claim processing guidelines and has not been subject to claim processing delay fines under CCO 2.0 due to continued compliance with the processing guidelines.

She noted that the medical referrals process was updated to account for changes in the 2.0 requirements. A policy was implemented which waived referral requirements for members with special health care needs to see a specialist. This has decreased the overall volume of referrals processed while increasing ease of access for members.

She summarized Customer Service responsibilities and trends over the course of the year. The Customer Service team experienced a significant uptick in calls in March due to the uncertainties during the initial COVID-19 shutdown. After members' initial concerns were addressed, call returned to normal levels.

Mr. Richardson thanked Ms. Jones and her team for the work that they undertook to get EOCCO compliant with all the 2.0 requirements. He noted the sheer volume of new requirements.

**EOCCO HEALTH EQUITY
PLAN OVERVIEW:**

Mr. Richardson introduced Ms. Whidden-Rivera and Ms. Sosa. He explained that they would present an overview of the Health Equity plan and the processes behind its development. He noted that the Board would be voting to approve a near final draft version.

Ms. Whidden-Rivera acknowledged Jorge and his efforts on the report as well as other GOBHI employees.

Ms. Whidden Rivera explained the GOBHI staff conducted a health equity assessment across the organizations. EOCCO also charted a new committee focused on Diversity and Equity which reviewed the sections of the report. The report was reviewed by the committee as well as subject matter experts to ensure it was comprehensive.

Ms. Sosa explained that there were multiple reviews and revisions made to the report to ensure it meets all needs for the organization. She noted that it has been presented to EOCCO leadership and the RCAC. She noted that there were a variety of initiatives detailed in each area to align with the OHA criteria for the area.

She asked the Board for their continued support and engagement with the health equity plan. Ms. Wheeler noted her appreciation for the intensive collaboration between GOBHI and Moda to put together a thoughtful and important plan for EOCCO's future.

Mr. Richardson reminded the Board that an executive summary would be circulated soon and that the Board

would be informed of any changes in the event they were made in response to OHA's feedback.

Upon a motion Ms. Wheeler by and seconded by Dr. Grandi, the Board unanimously approved the draft Health Equity Plan.

**EOCCO BEHAVIORAL
HEALTH PLAN
OVERVIEW, CCO 2.0
REQUIREMENTS:**

Ms. Wheeler reminded the Board of her previous presentation regarding the Behavioral Health Plan. She noted that OHA had not released guidance on the requirements, but the plan was still scheduled to be due in January.

In response to feedback across the CCO community, OHA pushed the delivery of the report to June 2021. For January, OHA required all CCOs to submit a status report only. She advised that EOCCO's response was submitted to OHA earlier in the week, a copy of which was included in the Board packet.

Ms. Wheeler summarized the 2.0 and contractual requirements for the Behavioral Health Plan, including that the plan align with local mental health authority plans. She explained that her team have been unable to identify any current plans from the local mental health authorities in EOCCO geography. She expected OHA would issue guidance to the local mental health authorities to guide their development of plans that ultimately impact the EOCCO's plan. She summarized the questions asked by OHA and its potential targeted focus areas including the EOCCO's financial structure for behavioral health services in light of global budget requirements.

She encouraged the Board to review the status report submitted for EOCCO and reach out with any thoughts or recommendations for inclusion in the formal plan due in June, 2021.

**EOCCO COMPLIANCE
UPDATE:**

Mr. Gross directed the Board to the EOCCO Compliance Plan provided in advance of the meeting. He noted that the Board members that participate on the Compliance Committee approved the compliance plan on behalf of the Board earlier in the year. He encouraged the Board to review the Compliance Plan and be familiar with the components.

Upon a motion by Mr. Geller and seconded by Mr. Williams, the Board unanimously approved the Compliance Plan.

Mr. Gross directed the Board to review the Conflict of Interest Policy included in the Board materials distributed in advance of the meeting. He requested each Board member complete the annual attestation and return it no later than the end of the year.

Mr. Gross summarized the annual External Quality Review activities. He explained that the oversight obligations apply to all managed care Medicaid entities across the country.

Mr. Gross provided a bit of background on HSAG, OHA's contracted auditor, who serves approximately 45% of the United States' Medicaid population. He noted that working with HSAG had been smooth and efficient.

He presented the compliance monitoring process, a six week process during which all materials were assembled. After submission of the materials, he explained that an onsite audit would normally occur. For 2020, the onsite portion was conducted virtually.

Ms. Jones provided an overview of the compliance program components. She noted that HSAG's initial feedback was positive, specifically that EOCCO was highly member centric. HSAG also commended the grievance resolution process. She advised the preliminary report would be released in early January with a final report in late January.

**COST AND UTILIZATION
UPDATE:**

Mr. Dwyer provided an overview of costs and utilization in a rolling 12-month period, from August 2019 to July 2020. Overall EOCCO's per member per month claims cost was down due to deferred care resulting from COVID 19. Further, membership numbers climbed throughout 2020. He noted that there was a new focus on race and ethnicity in the dashboard reporting in order to ensure EOCCO was responding to the needs of its membership.

He noted an increase in the enrollment of dual benefit eligible members and these members utilized a significant number of services. He explained, however, that the dual eligible member population was not a significant cost driver due to primary coverage with Medicare.

He explained that a focused pharmacy utilization report would be presented at a future Board meeting.

Mr. Dwyer advised that emergency department utilization increased, with certain members utilizing emergency departments multiple times. He noted that these cases were being closely monitored for care interventions in a more appropriate care setting.

He explained the alternative payment methodologies had resulted in consistent, though slightly decreased, payments. While members were obtaining fewer services, the payment models allowed revenue streams to remain relatively consistent and financially insulate clinics and keeping those clinics open. Mr. Richardson congratulated the Board on its investments which were critical in providing assistance to primary care facilities through such a challenging time. Mr. Dwyer added that the number of members without a PCP visit within the year increased but noted that this was likely due to the healthy members deferring care for safety reasons. He explained that members who use PCPs more frequently continued to schedule PCP visits. These members were more likely to have chronic or ongoing health concerns requiring management regardless of the COVID risk.

Mr. Dwyer noted that the utilization of generic medications increased, which resulted in cost savings. Mr. Glenn Davis requested upcoming pharmacy data presentation include breakdowns by county and system so each could see where it was successful and unsuccessful.

Dr. Grandi noted that telehealth continued to be restricted in the particularly rural counties as many members did not have access to video services. She indicated that providers were not compensated the same for telephone versus video visits. She also noted that the Oregon Medical Board lagged behind other

states in approving telehealth and setting requirements. Dr. Grandi clarified that the reimbursement issue was a federal rural payment structure issue. Mr. Jessup and Mr. Richardson offered to work with their federal regulatory team to determine if advocacy was the appropriate next step.

The Board discussed the challenges with bandwidth access as a major barrier to use of telehealth. He noted that telehealth appears to be beneficial in the behavioral health space and that some clinics were being creative in getting people access to services and internet.

FINANCIAL UPDATES:

Mr. Evans presented current EOCCO financials as of October 31, 2020. He noted that cash has continued to grow given the suppressed utilization. He indicated the IBNR was up \$6 million, which included half a million set aside for COVID risk.

He summarized the risk pool payable and noted that EOCCO was above capital requirements for the end of 2020. He advised that 2020 owners capital call would not be required based on projections at the time of the meeting.

Mr. Evans explained that total revenue increased by 16%, which was caused by the rate increase for 2020 and increased enrollment. The loss ratio was approximately 90%, below last year's loss ratio of 91%. Overall, EOCCO performed well financially given the less than ideal COVID conditions. The primary drivers of the profitability were the rate increase and increased membership.

Mr. Evans reminded the Board about its previous approval of three investment tranches of \$4 million each, which were held due to market instability resulting from COVID. After the market stabilized, the Board re-approved 2 tranches during previous Board meetings. Mr. Evans asked for the Board's approval to complete the 3rd investment tranche.

Upon a motion by Mr. Geller and seconded by Ms. Wheeler, the Board unanimously approved the third investment tranche.

Mr. Evans explained that additional cash reserves remained uninvested above the required reserves. As a result, he recommended putting additional cash into investments to earn returns. He recommended investment of \$10 million in cash in December.

Upon a motion by Mr. Geller and seconded by Mr. Checketts, the Board unanimously approved the additional \$10 million into EOCCO investment portfolio.

Mr. Geller inquired if it was possible to financially quantify the additional 2.0 requirements and unfunded mandates that resulted from the new requirements. Mr. Richardson noted that there were significant incremental costs for the new requirements.

ACTUARIAL UPDATES:

Mr. Danburg-Wyld provided brief update on the shared saving model's performance. He explained that the PCP fund is running at a deficit which is exactly as intended. It signaled that it was performing close to break even and indicated EOCCO was adequately funding primary care. Additionally, he summarized the performance of the non-primary care fund including the impact of members obtaining care which they deferred during 2020.

He noted that both the mental health and the carve out funds performed as expected. Further, he noted that the amounts seen in the presentation would likely decrease before then end of the measurement period.

**2020 CLINICAL
REPORTING PAYMENT
RECOMMENDATION:**

Dr. Hofmann reminded the Board of its previous authorization to release \$2 million of the quality bonus payment funding to PCPs under the program. He indicated that 2020 was a reporting only year. He explained that \$1.5 million was set to be distributed in September, with \$500,000 withheld to incentivize PCPs to continue to report on the metrics through the year.

Ms. Whidden-Rivera explained that the Quality Committee recommended set amounts for each reporting quality measure instead of the amounts being

based on the size of the clinics. She explained the calculation methodology.

Dr. Hofmann noted that the recommendation was reviewed by the Clinical Advisory Panel, who approved it prior to the bringing the recommendation to the Board.

Upon a motion by Dr. Grandi and seconded by Mr. J. Davis, the Board unanimously approved the recommendations for payment of the remaining \$500,000 according to measure reporting by PCPs.

PUBLIC COMMENT:

Mr. Richardson opened the meeting for public comment. There being none, Mr. Richardson moved onto informational reports and updates.

**INFORMATIONAL
REPORTS & UPDATES:**

Mr. Jessup walked through the reports that were provided in advance of the meeting.

ADJOURN:

There being no further business, the meeting was adjourned.



Assistant Secretary