

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

May 26, 2021

Teleconference only due to COVID-19

**BOARD MEMBERS
PRESENT:**

Lannie Checketts, Jeremy Davis, Larry Davy, Harold Geller, Jen Goodman, Oceana Gonzales-Banuelos, Dr. Renee Grandi, Dr. Curtis Peters, Robin Richardson, Chris Siegner, Brian Sims, Karen Wheeler, James Williams and Christopher Zadeh.

OTHERS PRESENT:

Mark Danburg-Wyld, Dave Evans, Debra Florence, Nick Gross, Greg Hansen, Kathryn Hart, Sean Jessup, Kayla Jones, Marilyn McGraffin, Kali Paine, Dr. Robin Singh, Audrey Thomas, Courtney Vanzuela, Courtney Whidden-Rivera and Mina Zarnegin, Moda/ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant. Dennis Burke, EOCCO consultant. Bob Seymour, Grande Ronde Hospital. Charles Tveit, Lake District Hospital. Troy Soenen, Jeanne McCarty, Ari Waggner, GOBHI. Glen Davis, Yakima Valley Farm Workers Clinic. Estela Gomez, EOCCO Innovator Agent. Paul McGinnis, Lake Health. Dan Grigg, Harney District Hospital. Derek Daly, Blue Mountain Hospital District. Tim Hines, Valley Healthcare.

**WELCOME AND
INTRODUCTION:**

Mr. Richardson welcomed everyone to the meeting. He introduced Ms. Kathryn Hart to the Board as EOCCO's new Traditional Health Worker Liaison. She provided a brief overview of her professional background and thanked the Board and EOCCO staff for helping to bring her up to speed with EOCCO's current initiatives.

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. Sims, the Board unanimously approved the minutes of the meeting of the Board on February 25, 2021.

**NEW BOARD MEMBER
NOMINATIONS:**

Mr. Richardson reminded the Board that it had vacancies on the Board which needed to be filled. He asked the two nominees to provide a brief professional background.

Ms. Lundgren reviewed her professional background and thanked the Board for its continued support of her participation on the Board as the Public Health Representative.

Ms. Goodman introduced herself to the Board. She explained that she currently held the Union County LCAC chair role and was vice chair on the RCAC until her recent appointment as the RCAC Chair. She provided a brief overview of her professional background. Mr. Richardson thanked her for service as both the Union County representative and for her expanded role as RCAC Chair.

Upon a motion by Ms. Wheeler and seconded by Mr. Zadeh, the Board unanimously approved the appointment of Ms. Lundgren as the Public Health Representative and Ms. Goodman as the RCAC Chair Representative.

RCAC UPDATE:

Ms. Goodman provided an overview of the activities of the RCAC. She explained that, under the new CCO 2.0 requirements, all CACs must be comprised of 51% OHP members. The change of requirement resulted in a shift from engagement with OHP membership to better serve their needs to recruiting current OHP members to serve on the RCAC to meet the new requirement.

Further, Ms. Goodman explained that it was challenging to find members who were interested in stepping into an advocacy role. She noted that many OHP members who come to their LCAC do so to share their personal experience and a situation specific to himself/herself. The experiences shared were deeply personal to the member and could be painful to share in a recorded context.

Ms. Gonzales explained her experience with serving on the Malheur County LCAC. She noted that the structure of the meeting and the time limitations can

prevent meaningful discussion and resolution of the issues presented.

Mr. Williams summarized his experience working with the RCAC. He explained that the RCAC was designed as a vehicle through which issues raised at the LCACs could be reviewed, analyzed and presented to the Board. As an advocacy vehicle, the requirement of maintaining 51% OHP member representation was limiting its core function.

He explained that the RCAC needed to change its name to remove it from under the CCO 2.0 composition requirements. He advised the name change would ensure that the LCACs continue to engage with OHP members consistent with the requirements of CCO 2.0 while allowing the RCAC to maintain an oversight and advocacy for all LCACs to the Board.

Ms. Goodman agreed that the name change was an important step needed to ensure the RCAC could continue to provide the most value to the Board and the LCACs.

Mr. Richardson provided background on the formation of the RCAC and LCACs at the commencement of CCOs in Oregon. He noted the disconnect between inviting a member to share his/her personal experience and inviting a member to advocate for improvements for all OHP members. Mr. Burke agreed with Mr. Richardson's summary of the historic reasons behind the existing CAC structure.

The Board discussed the history of the structure and benefits of the existing structure. The Board agreed that with the maintenance of the current structure and expressed their alignment with a name change proposal in the future to allow the structure to continue without running contrary to the CCO 2.0 requirement.

Ms. Goodman thanked the Board for its ongoing support and its acknowledgment that each of the counties has different needs. She mirrored the sentiments of the Board that the structure has allowed each county to participate, be represented and heard.

Mr. Richardson thanked everyone for their participation in the important discussion and noted the Board would be happy to review a new name proposal at a future meeting.

**OHA PROGRAM
UPDATES:**

Ms. Gomez presented the OHA Update Report, a copy of which was provided to the Board in advance of the meeting.

Ms. Gomez indicated that the Federal 1115 waiver that Oregon received was coming up for renewal in 2022. She reminded the Board that the waiver allowed for the creation of the CCOs in the past as well as a variety of Oregon specific Medicaid program requirements.

She summarized the work of the OHA workgroup in preparation for the renewal of the waiver. She detailed the main focus areas for the waiver application.

She provided a summary of the upcoming webinars and resources available to CCOs, community partners and providers. She referred the Board to her report which included additional details for each topic.

Mr. Richardson noted the broadband access issue facing rural areas across the country with recent reports indication that three counties have areas with no broadband access while others have extensive access.

**HEALTH EQUITY PLAN
UPDATE:**

Ms. Valenzuela provided an update of EOCCO's Health Equity Plan. She noted that EOCCO's Health Equity Plan update received a very high score from OHA and the team was very proud of its performance on the new requirement.

She noted that the areas of focus of the Plan were well underway and anticipated meeting the deadlines in line with timelines for submission for future Health Equity Plan filings with OHA.

**NEW PEDIATRIC
DENTAL ACCESS POINT,
HERMISTON:**

Mr. Jessup introduced Mr. Hansen and his role at Moda and Arrow Dental.

Mr. Hansen introduced himself and his role with Arrow Dental and Moda's dental subsidiaries. He also provided a summary of the history of Arrow Dental

and its clinics throughout Oregon. He noted that these clinics serve approximately 70,000 members across all clinics.

He noted the identified need for an access point for dental services, specifically pediatric dentistry, in Hermiston. Upon identification, Arrow Dental reviewed potential locations to open a new clinic to serve OHP members. He explained that the Hermiston Arrow Dental Clinic was now open and serving members.

**COVID-19 VACCINATION
UPDATE & OUTREACH
EFFORTS:**

Dr. Singh provided an update on COVID-19 numbers globally, nationally and in Oregon. He also provided an overview of EOCCO population's experience with COVID-19 to date. He summarized the results by county for Eastern Oregon.

He noted that vaccination rates in the United States have hit approximately 50% of adults. He noted that there appeared to be challenges in getting younger individuals vaccinated based on the data available.

Ms. Zarnegin presented the COVID-19 education initiatives that EOCCO undertook over the past year during the pandemic. She noted that EOCCO's engagement structure with providers and community organizations in Eastern Oregon was a key element of the education initiatives. She directed the Board to the websites that were developed for use by members and providers to ensure the communities had access to the information needed to obtain vaccines.

Mr. Williams asked about the numbers presented for Lake County. Dr. Singh noted that the data was pulled from claims and ALERT data which was subject to delays and incomplete information. He advised that OHP eligibility was not always presented at the point of vaccination resulting in a lack of claims data received by EOCCO.

**PROPOSED COVID-19
VACCINATION METRIC:**

Mr. Jessup referred the Board to the Board packet regarding EOCCO's response to the proposed COVID-19 vaccination quality metric. He noted that the proposal from OHA required an 80% vaccination rate for all EOCCO members including an 80% vaccination rate for each race and ethnic group within

the population. Additionally, he explained that OHA proposed putting 50% of 2021 quality measure dollars, totaling approximately \$7 million, at stake for CCOs.

Mr. Jessup noted that EOCCO participated in the CCO/OHA meeting in the past week discussing the proposed metric. He noted that OHA indicated it would likely reduce the metric to 70% and that 50% of the quality money at stake was potentially too high. He further explained that OHA was assessing the possibility of setting metrics to be based on improvements in a county at incremental levels in place of a hard number.

EOCCO proposed that the OHA use stimulus money to reward CCOs for investments to increase vaccination rates. OHA responded that this was not possible as it was prevented from using federal funds for these efforts.

The Board discussed the measure at length. Dr. Grandi opined from a medical perspective. She noted that she had a number of reticent patients concerned about getting a vaccine that is under emergency use authorization with the FDA.

Mr. Burke asked about whether OHA considered including the COVID-19 vaccine in the challenge pool metric instead of the standard quality metrics. Mr. Jessup advised that he was not aware of a shift in their position on making the vaccine measure a challenge pool metric.

Mr. Williams noted his concern with the same metric target being placed on all counties instead of taking into account the individual rates of the counties composing EOCCO's service area. He noted that there was nothing he, as a politician, could say to encourage people to get the vaccine who are not comfortable with getting the vaccine currently. He also noted that it was unfair to implement a metric at the midpoint of a measurement year, outside of all the other concerns. He supported the goal of getting people vaccinated but disagreed with the approach of OHA.

Mr. Richardson agreed with the comments of the Board and noted the significant impact of an

unachievable metric which would impact EOCCO's ability to reinvest in the provider and community infrastructure it has built over the years.

**CLINICAL CONSULTANT
UPDATES:**

Dr. Hofmann presented his report which was provided to the Board in advance of the meeting.

He summarized the requirements for the SHARE/GRANT program funds as structured by OHA. He reminded the Board that the OHA focus area was housing and investment. He noted that the original 30-day timeline was unreasonable and CCOs pushed back. The new deadline was shifted to September 30. He explained that they were diligently working to meeting the deadline.

Upon a motion by Ms. Wheeler and seconded by Mr. Sims, the Board unanimously approved the distribution of funds to Malheur County LCAC totaling \$71,000.

Dr. Hofmann noted that the Grant Subcommittee was in the process of reviewing EOCCO's grant program in order to update its procedures and goals to align with the CCO 2.0 SHARE program requirements. He explained that the grant subcommittee was seeking two additional members. He encouraged anyone on the Board who was interested to reach out. Mr. Richardson encouraged everyone to consider volunteering to serve as this committee is a critical component of EOCCO's structure.

Mr. Richardson thanked Dr. Hofmann for representing EOCCO in many different forums including with regulators.

**HEALTH CARE
INTERPRETER (HCI)
TRAINING PROGRAM:**

Ms. Whidden-Rivera introduced the Health Care Interpreter (HCI) Training Program. She explained that the reason for the new program was two-fold. First, it helped EOCCO meet the new requirements for access to interpreter services. Second, there was a new quality measure for language access which was a glide path metric that will get more difficult over time.

Ms. Oralia Mendez provided a background of her role with OSU and the background of the Community Health Worker (CHW) Training Program. She

explained the that Health Care Interpreter program mirrored the successful structure established for the CHW program.

She provided an overview of the CHW program and enrollment year over year. She reminded and thanked the Board for its generous financial contributions to the program. Mr. Burke voiced his support of the program and congratulated the program on its many successes.

Ms. Whidden-Rivera summarized the HCI program components and costs. She noted that they hope to offer scholarships for students who qualify to increase access. She advised that the request to the Board was to approve the shift of previously approved funding for CHW to HCI as well as additional funding. She noted that new funding for the CHW program was not expected as it was now a self-sustaining program.

Upon a motion Dr. Grandi by and seconded by Mr. Zadeh, the Board unanimously approved the (i) partnership with OSU to develop the HCI program and (ii) allocation of the quality dollars up to \$500,000 over three years.

**EOCCO
COMPREHENSIVE
BEHAVIORAL HEALTH
PLAN UPDATE:**

Ms. Wheeler provided a summary of the work behind the Behavioral Health Plan (BHP). She introduced Ms. Meyer, who provided a background of her organization.

Her organization closely reviewed data from OHA, GOBHI and EOCCO. Upon the completion of the environmental scan, it identified the gaps in the provision of care model. This process led to the identification of key priority areas to address in the Behavioral Health Plan.

Ms. Meyer summarized the strengths of EOCCO's programs which supplement the behavioral health benefits. She noted that these accomplishments speak to EOCCO's commitment to servicing Eastern Oregon. She summarized the weakness, gaps and threats to behavioral health services in Eastern Oregon.

Ms. Wagner summarized the feedback gathering and survey process to obtain responses from the community being served. She noted that the response to the survey was significant and represented a strong cross-section of the Eastern Oregon communities. She provided a high-level overview and noted that the full report would be available to the Board and the community.

Ms. Wheeler summarized the three action points that were the focus of the BHP. These included workforce development, network evaluation and access to affordable housing. Mr. Williams inquired as to behavioral health access for youth in the school setting. He asked if EOCCO was going to consider looking into this area as a touchpoint and safe space to access these services.

Ms. Wheeler requested that the Board carefully review the draft report and respond with any comments no later than the end of June.

Dr. Grandi requested a separate, one-hour Board meeting to go over the detailed report. Mr. Richardson confirmed he would set up a future meeting for the Board to attend to discuss the report in more detail.

FINANCIAL DISCUSSION: Mr. Evans provided an overview of EOCCO's financials as of March 31, 2021. He summarized the investment performance and the risk model payables.

He noted that EOCCO's capital and revenues continue to grow given the additional enrollment which would continue through the end of 2021. He indicated that the 2020 financial audit was complete, and no issues were identified. He noted that risk-based capital would be discussed in more detail at a future meeting.

Upon a motion by Mr. Williams and seconded by Mr. J. Davis, the Board unanimously approved the investment actions consistent with EOCCO's approved investment policy.

**ACTUARIAL
DISCUSSION:**

Mr. Richardson noted that Mr. Danburg-Wyld's presentation would be moved to the next meeting given time constraints.

PUBLIC COMMENT:

Mr. Richardson opened the meeting for public comment.

ADJOURN:

There being none, the meeting was adjourned.

A handwritten signature in black ink, appearing to be a stylized 'D' followed by a long horizontal flourish.

Assistant Secretary