

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

**July 23, 2020
Teleconference only due to COVID-19**

BOARD MEMBERS PRESENT: Dennis Burke, Dr. Bruce Carlson, Jeremy Davis, Harold Geller, Oceana Gonzales-Banuelos, Dr. Renee Grandi, Ken Hart, Diane Kilkenny, Robin Richardson, Chris Siegner, Alisha Southwick, Karen Wheeler and Christopher Zadeh.

OTHERS PRESENT: Mark Danburg-Wyld, Dave Evans, Debra Florence, Sean Jessup, Marilyn McGraffin, Summer Prantl Nudelman, and Courtney Whidden-Rivera, Moda/ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant. Bob Seymour, Grande Ronde Hospital. Charles Tveit, Lake District Hospital. Troy Soenen, Peter Davidson, Henry O’Keefe and Arie Wagner, GOBHI. Chris Wall, Blue Mountain Hospital District. Glenn Davis, Yakima Valley Farm Workers Clinic. Estela Gomez, EOCCO Innovator Agent. Jenny Word, Wallowa Memorial Hospital. Paul McGinnis, Lake Health.

WELCOME AND INTRODUCTION: Mr. Richardson welcomed everyone to the teleconference Board meeting. He thanked everyone for their patience in working with the video conference format.

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. Hart, the Board unanimously approved the minutes of the meeting of the Board on April 16, 2020.

APPOINTMENT OF NEW MEMBERS: Ms. Wheeler introduced Ms. Gonzales-Banuelos, an LCAC member who is a consumer of EOCCO services. Mr. Soenen introduced Ms. Southwick, a registered nurse and deputy director of the Umatilla County public health department.

Ms. Southwick was appointed by the RCAC as its chair. As the RCAC chair, Ms. Southwick fills the position held by the previous RCAC Chair, Ms. Brenaman. Ms. Southwick provided a summary of her background in public health and expressed her excitement and thanks for appointment to the EOCCO Board.

Ms. Gonzales-Banuelos introduced herself to the Board and thanked the Board for the opportunity to serve and represent her community. She noted that she is a member of the Aztec.

Upon a motion by Mr. Siegner and seconded by Mr. Hart, the Board unanimously approved the following: (i) creation of a Board member position for a OHP consumer; (ii) appointment of Ms. Gonzales-Banuelos to the OHP consumer Board position; and (iii) appointment of Ms. Southwick to the Board position for RCAC chair.

Mr. Richardson welcomed both women to the Board and thanked them for their service to the Eastern Oregon community.

**RCAC CHARTER
UPDATES:**

Mr. Soenen introduced the new RCAC charter, which was last updated in 2013 when the RCAC was initially formed. He explained that the reason for the update was to bring the RCAC charter current with CCO 2.0 requirements. He provided details on the various meetings that had been held to solicit feedback on the charter and the role of the RCAC in EOCCO's geography.

Ms. Southwick summarized the updates to the RCAC charter that were driven by the CCO 2.0 requirements including the CAC consumer, Tribal representative and the role in reviewing SDOH investments. The RCAC will serve as the official community advisory council for EOCCO and will serve as the point of contact to the Board and OHA. RCAC elections will be held every three years.. A chair elect process will be used so members terms overlap to allow more experience within RCAC prior to taking chair role. (see slide). Mr. Soenen referred the Board to the RCAC update document disseminated in advance of the meeting for additional details.

Dr. Hofmann noted that there were some grammatical errors and requested some additional language to clarify certain language in the charter.

Upon a motion by Ms. Wheeler and seconded by Dr. Grandi, the Board unanimously approved the RCAC Charter subject to minor grammatical and clarification edits.

COVID-19 UPDATE:

Mr. Richardson opened the floor for discussion of the COVID-19 situation in Oregon. Mr. Geller summarized a recent call regarding some potential predictions for increasing COVID-19 cases based on current modeling.

Mr. Burke explained the current conditions at Good Shepherd Health Care System and Umatilla county's experience to date. He noted that his supply chains are much more robust than in March and voiced his confidence in the ability to respond to and increase the resolution time of cases. He noted that his hospital dedicated a vacant unit to be used in the event of a significant spike occurs in his geography.

Mr. Zadeh noted that an EOIPA Board member had tested positive. He explained that the EOIPA practices, as a whole, have not experienced any significant increase in COVID cases. Dr. Carlson noted that Hermiston clinic volumes had dropped about 70% as demand appears to be recovering slowly.

Dr. Grandi indicated that her clinics were operating at approximately 80% of pre-COVID volume. Patients are taking advantage of the telehealth opportunities and expressing positive feedback. She noted that her facilities saw a delayed response on send-away COVID tests, which impacted some of the elective surgeries.

Ms. Southwick spoke from a public health perspective and noted that the outbreaks were now occurring in a younger population, specifically the 20-49 demographic. She summarized the most recent mortality figures and commented that spread was occurring in the front-line populations and hitting some of the long-term care facilities.

Mr. G. Davis noted YVFWC was offering drive-thru testing and had seen an uptick in their clinics. YVFWC launched telehealth and has hit a 90% pre-COVID volume when telehealth was factored into their numbers.

Ms. Kilkenny commented that her counties' experience was in line with the trends explained by Ms. Southwick. She provided some statistics for Morrow County but noted that it shares facilities and social groups with Umatilla County.

Mr. J. Davis noted that Grande Ronde Hospital was at the end of a large outbreak which began several weeks prior. The hospitalization rate was below 4% compared to the 10% state rate. He noted that there was a workplace outbreak associated with the hospital but those subject to the 14-day quarantine were now back at work.

Mr. Hart noted Malheur County was experiencing increases in COVID cases and, as a result, was moving back to Phase 1 protocols. He explained that modeling predicted the peak for Idaho/Malheur in late August. He noted that many of the cases are routed to Boise's hospital, but it was nearing capacity. He explained that his hospital was conducting elective outpatient procedures only but were monitoring the situation closely.

Mr. Tviet explained that Lake County was experiencing an uptick with 30 positive COVID cases. At the time of the meeting, he noted that none of the cases required in-patient hospital care.

Mr. Wall indicated that Grant County was, comparatively, isolate and had not experienced any significant COVID outbreaks.

Mr. Seigner indicated that Harney County was still quiet and had experienced a drop in cases through May and June.

Ms. Wheeler explained that there was increased stressors and pressure within the populations affected by behavioral health concerns. GOBHI providers were utilizing telehealth solutions but there were limitations

for individuals without access to appropriate technology. GOBHI distributed funds to providers to in residential settings under FFS programs to help expand access in the current restricted landscape. She continued indicating an increasing demand for mental health services related to the stress of COVID, protests, economic pressures.

Mr. Williams commented generally on the political side of the COVID coverage.

Mr. Richardson thanked everyone for sharing their experience thus far in such an unprecedented time.

OHA UPDATES:

Ms. Gomez summarized the content of her report, provided to the Board in advance of the meeting. She explained the ECHO opportunities.

Mr. Jessup advised the Board that EOCCO was tracking and reporting on the CCO's membership as of June. EOCCO had experienced an 8% increase in membership since January. Additionally, OHA announced that it would not preform enrollment verifications or conduct retroactive terminations through 12/31/2020. He advised that EOCCO should expect to sustain and increase its membership for the remainder of the year, though the scope of the increase would be based on the continued impacts of COVID and the job market.

Mr. Jessup reminded the Board that there would be a 2020 rate adjustment for all CCOs to account for the movement of membership under the new CCO 2.0. He noted that rate adjustment also accounted for the health acuity of the populations. Additionally, OHA incorporated an adjustment for the increased enrollment noting that, in general, the population staying on OHP due to lack of enrollment verifications were generally a less risky population to insure. He explained that there would be a rate reduction of 1.9%. The rate reduction was spread across claims and administrative rates.

OHA announced that it intended to release the quality withhold for the remainder of the year resulting in no performance-based requirements for the quality metrics for 2020 other than reporting. Mr. Jessup

advised that the Board will be presented with recommendations for the use of the funds later in the meeting.

Mr. Jessup noted that there was a 1-year MLR requirement for 2020 meaning that if there is an MLR lower than 85%, the CCO may need to issue premiums back to OHA. The 1-year MLR requirement is one of the risk mitigation strategies approved by CMS that OHA selected.

ACTUARIAL UPDATES:

Mr. Danburg-Wyld provided a brief update on the statewide COVID numbers and claims trend. He noted that EOCCO expected cases to double by August 1, 2020. He noted the 10-19 age band was growing the fastest based on the OHA reporting, followed by the 20-49 age band. Overall hospitalizations were down which reflects the younger population experience less severe outcomes than their aged counterparts. Mr. Danburg-Wyld noted that his team was tracking COVID specific diagnosis codes but also tracked a larger subset of codes to get a better picture of the dispersal of cases. He noted that, as of the meeting, COVID related costs are modest for EOCCO but expected these costs to increase significantly as the year went on.

Mr. Danburg-Wyld provided an update on the Shared Savings Program for the 2019-2020 period. He explained it was running at a small deficit for the year.. He noted the YVFWC pilot program was excluded from the deficit. Mr. Richardson explained that, in the case of a deficit, EOCCO would retain the claims withhold instead of returning the withhold to the risk share providers under normal conditions. He asked the Board for their thoughts on distributing the withhold money. He noted that distributions of the funds would not significantly negatively impact the overall financial stability of EOCCO. The Board discussed the benefits and downsides of returning the claims withhold in light of the COVID-19 pandemic and the goal to support providers financially.

Upon a motion by Mr. Geller and seconded by Dr. Carlson, the Board unanimously approved the distribution of the full claims withhold as presented.

Mr. Danburg-Wyld summarized the results from the YVFWC pilot program. Mr. Richardson explained, at a high level, the investments that were made by YVFWC to shift the costs of care downward overall. He noted that YVFWC would conduct a presentation to the Board at a later date. Mr. Danburg-Wyld noted that the pilot would remain in force for 2020/2021 but that the terms may change as a result of current negotiation with YVFWC.

Mr. Danburg-Wyld summarized the rate change announced by OHA. He reiterated the comments made earlier in the meeting by Mr. Jessup. He explained the components that went into the 1.9% rate decrease and noted it was the middle of the pack in terms of rate adjustments compared with all other CCOs. He clarified that the adjustment was not budget neutral and resulted in overall spend from OHA decreasing significantly. Mr. Danburg-Wyld explained that a portion of the rate change was directly apportioned to administrative spend, which will result in decreased payments to ODSCH and GOBHI. The remaining rate decrease resulted in an impact on the risk model with providers. To account for these reductions, he proposed a change to the risk fund of the Shared Savings model and the GOBHI premiums. He noted that the PCP Fund and the Carve Out Fund would be unaffected by the rate decrease.

Mr. Jessup explained that, because of the administrative rate reduction, all DCOs would experience a rate reduction as well.

Ms. Wheeler explained that she would prefer to refrain from voting on the proposed rate adjustments until the Board had more time to consider the potential impacts of each of the rate adjustments. She noted that the information had only been made available to the Board shortly before the meeting.

Mr. J. Davis inquired regarding the availability additional reporting after the adjustments were made to see if additional premium from the membership increases ultimately balanced out the decreased rates

by the end of the year. Ms. Wheeler mirrored Mr. J Davis' request for additional reporting.

After a motion by Mr. Geller and seconded by Mr. Hart, the Board approved, with Mr. Siegner and Ms. Wheeler opposed and Dr. Grandi and Mr. Williams abstaining, the proposed rate adjustments as presented by Mr. Danburg-Wyld.

FINANCIAL UPDATES:

Mr. Evans presented current EOCCO financials. He reminded the Board of the January approval of three investment tranches for a total of \$12,000,000. After the Board's January approval, Mr. Evans elected to delay the initial investment due to the rise of COVID and the significant market instability that resulted.

Mr. Evans noted that the overall liabilities were up to account for increased COVID costs as well as the OHA rate reduction. He explained that the accounts payable and accrued expenses was established as a bucket of funds intended to insulate against the costs in the event EOCCO's claims experience was worse than expected. He updated the Board on the capital requirements required under the CCO 2.0 requirements and indicated EOCCO was currently well ahead of the next tier requirement prior to the end of 2020. Mr. Evans noted that, as EOCCO's membership increases, the capital reserve requirements also increase. He explained that, while EOCCO is experiencing membership increases, the current capital levels remained sufficient to meet the requirements.

Dr. Grandi asked if there is anything else that can be done by the Board members to help push the issue of the increased reserves. She noted that there may be an opportunity to communicate how the money could be used in the community if it did not have to be set aside for the reserves.

Mr. Evans requested the Board re-authorize the \$12,000,000/three tranche investment strategy given the stabilization of the market.

Upon a motion by Mr. Burke and seconded by Ms. Wheeler, the Board unanimously approved the re-

authorization of the \$12,000,000/three tranche investments.

2019 QUALITY RESULTS:

Ms. Whidden-Rivera presented the results for EOCCO for the 2019 quality measures. She presented the quality measure results by county and compared the results across the geography. She noted that most counties experienced improvements over previous years. EOCCO received a total of 125% of the eligible quality pool funding by meeting fourteen out of nineteen measures. She noted that EOCCO met four out of four challenge measures which resulted in 45% additional funding totaling \$4,600,000. She reminded the Board that the challenge pool funding was based on how all the CCOs do based on performance. She highlighted the success and challenges facing EOCCO in 2019.

Ms. Prantl Nudelman thanked Ms. Whidden-Rivera and the provider partners who worked tirelessly to meet the 2019 metrics. She explained that 2020 was a report only year. She noted that EOCCO would be pushing providers to continue with the programs that led to 2019's success. By keeping all the reporting and programs in place, even though there was less funding available, Ms. Prantl Nudelman and the quality team was hoping that it will set EOCCO up for success moving into 2021 year.

Dr. Hofmann asked about the issue of reporting versus at risk. Ms. Whidden-Rivera explained that EOCCO will receive all 2020 withheld funds back if it meets the reporting requirements. However, Ms. Whidden-Rivera explained, the overall performance of each metric would not impact the distribution of the funds.

Mr. Richardson thanked the quality metrics team and the providers for the amount of work and collaboration it took to meet these measures, including being willing to challenge the data used by OHA when it was not analyzed properly.

RCSIMSD SUBCOMMITTEE UPDATE:

Dr. Hofmann thanked the committee for their work. He noted that every measure for 2019 was worth approximately \$2,000,000. Further, he noted that the medical home payments increased as a percentage which did not include the carve out funds. Dr

Hofmann explained that Phase Two was ready for approval and noted that no additional funding is needed in the event the proposal was approved.

Mr. Siegner noted that GOBHI took a hit on the rate reduction overall. Dr. Hofmann noted that the Board approved a range which included the worse-case scenario so the impact may not be as big as needed. He also explained that the funding was based on quality measure performance. This was historically based solely on primary care performance. He noted that this was the first time that there was a behavioral health component being compensated out of the quality pool.

Dr. Grandi asked for clarification of the funding mechanisms for behavioral health. Dr. Hofmann noted that funds discussed were specific to quality measure performance which was not done historically and was separate from other funds paid to GOBHI. Mr. Jessup provided some additional clarification as to how the rates were bucketed based on the rules set by OHA.

Dr. Grandi noted that, in the event that we have providers that are struggling, it may make sense to cut transformational funding to help keep providers open and providing services to EOCCO members.

Upon a motion by Mr. Geller and seconded by Mr. Hart, the Board unanimously approved the 2019/2020 quality spending recommendation presented by Dr. Hofmann.

**INFORMATIONAL
ANNOUNCEMENT:**

Ms. Wheeler announced several new behavioral health resources that would be opening in the eastern Oregon geography.

She also noted that GOBHI was launching an online cultural competency and ethics training which met the requirements set by the OHA. She also noted that GOBHI was currently finalizing a report of operations and intended to present it at a future Board meeting.

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