

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

**December 6, 2021
Teleconference only due to COVID-19**

BOARD MEMBERS PRESENT:	Oceana Gonzales-Banuelos, Alisha Lundgren, , Dr. Curtis Peters, Robin Richardson, Chris Siegner, Brian Sims, Lannie Checketts, James Williams, Christopher Zadeh, Dr. Renee Grandi, Harry Geller, Jen Goodman-Hammans and Jeremy Davis
OTHERS PRESENT:	Dave Evans, Sean Jessup, Kayla Jones, Summer Prantl Nudelman, Audrey Thomas, Courtney Whidden-Rivera, Nick Gross, Jenna Grantham, Carly Rodriguez and Mina Zarnegin, Moda/ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant. Dennis Burke, Lifeways. Bob Seymour, Grande Ronde Hospital. Charles Tveit, Lake District Hospital. Jeanne McCarty, Troy Soenen, Ari Wagner and Linda Watson, GOBHI. Glen Davis, Yakima Valley Farm Workers Clinic. Estela Gomez, EOCCO Innovator Agent. Paul McGinnis, Lake Health. Dan Grigg, Harney District Hospital. Tim Heinze, Valley Family Health Care. Dina Ellwanger, Saint Alphonsus Medical Center, Ontario; Derek Daly, Blue Mountain hospital; Timothy Goldbfarb Oregon Wellness Program.
WELCOME AND INTRODUCTION:	Mr. Richardson welcomed everyone to the teleconference Board meeting.
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. Zadeh, the Board unanimously approved the minutes of the meeting of the Board of October 20, 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 the 1115 OHA waiver process. She continued by providing detail regarding the equity funding opportunities for community-based organizations in the waiver. OHA has set a timeline to inform CMS 1115 waiver submission for approval

	<p>prior to new CCO contracts effective in 2023. Goals: easier enrollment, extended enrollment with less re-enrollment, reduce risk of losing coverage. She provided an overview of what's to come regarding the waiver including opportunities for public comment and feedback incorporation. OHA will submit its draft waiver by February 22 with a goal of obtaining acceptance by CMS by July 22. Finally, she shared information and resources of use to Board members and their communities, including multiple webinars that are available to OHP members, providers and community participants. Training and education for CAC members and committees focused on health equity topics.</p>
<p>COMPLIANCE UPDATES:</p>	<p>Nick Gross, Kayla Jones, and Mina Zarnegin provided an update on the status of EOCCO's compliance program key performance initiatives. First, External Quality Reviews were addressed. External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to health care services that a managed care plan, or its contractors furnish to Medicaid beneficiaries. Over 1.4 million encounters were analyzed. Encounter data validation results showed high accuracy rates in all service types and above 99% in three of four. Mental Health Parity Final Results showed EOCCO's overall compliance of sections identified on the MHP attestation form were 4/4 compliant with parity standards. Ms. Zarnegin provided an overview of planned audits in 2022 with the highlighted areas of focus to include mental health parity and DSN evaluation & narrative. Several other areas of standard compliance monitoring subject to audit were also evaluated. Finally, Mr. Gross provided an overview of the annual compliance plan and conflict of interest disclosure of EOCCO. This includes the formal EOCCO plan to commit to ethical and compliant operations. EOCCO has a regulatory compliance committee that approved the plan. A motion was requested from the board to approve an updated compliance plan. Mr. Gellar so moved with Mr. Williams as a second. The motion passed with unanimous consent. Next, conflict of interest policy review is requested annually. BOD members were asked to review policy and memo and sign the attestation before the end of 2021.</p>

<p>FINANCIAL DISCUSSION:</p>	<p>Mr. Evans presented the company’s balance sheet and income statement as of October 31, 2021, copies of which were presented to the Board in advance of the meeting. He highlighted the growth in Cash and Investments, describing the positive impact on the company’s liquidity and identifying the return on invested funds. Mr. Evans reported on loss ratio trends, an increase in enrollment and premium, and an overall higher income from operations in comparison to the same period last year. He then updated the Board on capital and RBC levels. He shared that he is currently working on the 2022 forecast and assessing the investment portfolio. Deloitte currently conducting the audit. The 2022 forecast will be presented at the next board meeting.</p> <p>Ms. Grantham provided an update on the prior shared savings model. Looking at performance in the categories of care, only the primary care fund ran at a small deficit. Other funds ran at a significant surplus. The current year shows similar trends. Finally, medical claims and membership trends were discussed. Membership continues a trend of steady growth. Claims PMPM has maintained a generally consistent trend over the past four years amidst temporary fluctuations.</p>
<p>PBM Transition – MedImpact to Navitus:</p>	<p>Ms. Rodriguez provided an overview of EOCCO’s PBM transition. Navitus is the EOCCO PBM effective January 1, 2022. Navitus offers a flat admin fee transparent pharmacy offering pass-through compensation. Processing claims at the point of service subject to pharmacy network and rebate contracts. The primary rationale for PBM transition is tied to the NW drug consortium decision to bring on Navitus as the new PBM. Navitus transparency and pass-through pricing are seen as ideal partner qualifications. The pharmacy network in 2022 will now include Walgreens, with CVS now out of the network. Net gain of 51 eligible pharmacies. Members who have PA approvals will not have to obtain a new PA, the existing PA migrates to Navitus. Roughly 100 members will be impacted by the formulary change. Navitus is expected to deliver program savings. EOCCO staff has created a communication plan for members, pharmacies, and providers.</p>
<p>COMMUNITY ADVISORY COUNCIL 51%</p>	<p>Mr. Soenen provided a historical overview of EOCCO’s community advisory council organization</p>

<p>CONSUMER REQUIREMENT:</p>	<p>and process. EOCCO has 13 CACs and they have been beneficial to creating local engagement. OHA reporting requirements and compliance standard has changed. OHA requires CAC has its membership selected by a committee composed of equal numbers of county representatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization. EOCCO will maintain a singular CAC that work with advisory groups at the local level. The EOCCO CAC will report directly to the EOCCO Board. This reorganization is driven by OHA’s laws and regulations. Several of EOCCO’s LCACs ran the risk of going out of compliance with OHA due to the requirement that every LCAC have over 50% consumer membership on each LCAC. A single compliant CAC will continue to work with local communities. CAC selection committee will consist of 12 CCO BOD and 12 county commissioners to approve the roster of the CCO CAC. Selection of EOCCO CAC to occur in January 2022. Additionally, EOCCO will continue to operate LCAC’s, but the name will be changed to Local Community Health Partnerships (RCHP’s)</p> <p>Mr. Soenen indicated that a Board resolution is necessary to effectuate these changes and avoid OHA corrective action sanctions. Single EOCCO CAC Authorization requested and CAC selection committee. Dr. Grandi so moved and Ms. Lundgren seconded. Resolution adopted with unanimous consent.</p>
<p>OREGON WELLNESS PROGRAM:</p>	<p>Mr. Goldfarb provided a presentation on the Oregon Wellness Program (OWP). OWP is a program of The Foundation For Medical Excellence (TFME) which acts as the “administrative hub.” OWP is designed to be a state wide effort to provide highly confidential urgent mental health services to active clinical providers who self refer. OWP is served by 18 mental health providers (all vetted PhD, PsyD , Psychiatrist, or MSW) nominated by their local community providers, licensed in Oregon, experienced in providing care to their health care colleagues and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth. OWP has a statewide call service provided by Cascade Health in Eugene. From its</p>

	inception in 2018, 2200 counseling sessions have been delivered by the OWP team. The OWP pays the mental health providers \$200 per one hour session. OWP requested \$25,000 from EOCCO dedicated to services to EOCCO clinical providers in the CCO service area. Mr. Geller moved to support OWP at the requested funding level, Mr. Zadeh seconded. Motion passed with unanimous consent.
ANNOUNCEMENTS :	Mr. Richardson shared that the next scheduled Board meeting scheduled for February 4, 2022 has as its goal an in-person attendance option, with the meeting taking place in the Moda Tower in Portland, Oregon as well as virtually.
PUBLIC COMMENT:	Mr. Richardson opened the meeting for public comment.
ADJOURN:	There being no further business, the meeting was adjourned at 3:42 PM

Thomas J. Beble

Secretary