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EASTERN OREGON
COORDINATED CARE
ORGANIZATION



Disclosure statement

- I do have a relevant financial relationship with commercial interest whose products or services relate to the content of the educational presentation.
 - Company: Moda Health, Inc./EOCCO/Summit Health
 - To ensure independence and balance of content, current conflicts of interest were resolved by basing recommendations on structured review for best evidence.



EOCCO COVID-19 Updates

Sean Jessup, CEO

COVID-19 Response

EOCCO response to COVID-19

- Communication and engagement
- Provider advocacy
- Direct financial support
- Utilization impacts as a result of COVID-19

Communication and Engagement

Communication and engagement

- EOCCO Board weekly/bi-weekly meetings
 - March-May 2020
 - Information sharing with OHA
- Direct provider outreach
 - Hospitals, primary care, behavioral health, dental partners
- Internal COVID-19 task force
 - Ensure EOCCO operations were maintained
 - Expanding access to telehealth including reimbursement
 - Proactive outreach to high-risk members
 - Easing member access to medications and equipment
 - Refill to soon, implemented mail order
 - Easing provider administrative burdens
 - Extending approved date ranges for prior authorizations
 - Provisional credentialing
 - Extending submission timelines
- Member/Provider communication examples
 - <https://www.eocco.com/news?category=Providers,Members>

Member mailings

Protecting yourself and others against COVID-19

We care about you and your family and want to make sure you stay safe and healthy. Here are a few important reminders:



1 If you are sick, stay home.



2 Wash your hands with soap and water often for at least 20 seconds.



3 Wear a mask or face covering in public places.



4 Do not touch your eyes, nose or mouth if you haven't washed your hands first.



5 Keep a 6-foot physical distance.



6 If you think you have COVID-19, call your Primary Care Provider (PCP).

We care about your health and we are here for you.



Governor Kate Brown has lifted the ban on non-emergency care. This means that medical, behavioral health and dental offices will start to re-open on May 1, 2020.

To keep everyone safe, providers may:

- Keep following social distancing rules
- Ask patients to wear masks
- Check all patients' temperatures

If you need care that was delayed because of COVID-19, call your provider to schedule an appointment. Your provider may also call you to schedule treatment.

If you already have a provider and need to get care from home, call them to learn about:

- Phone visits
- Video visits
- Email visits

These are all **free**. If you do not have Internet or video access, talk to your provider about what will work for you.

Su salud es muy importante para nosotros y estamos aquí para ayudarle



La gobernadora Kate Brown eliminó la prohibición que impedía recibir servicios de salud que no fueran emergencias. Esto quiere decir que los consultorios médicos, de salud mental y dentales, empezarán su reapertura el primero de mayo del 2020.

Para mantener la seguridad de todos, los proveedores podrían:

- Pedirle seguir las reglas de distanciamiento físico
- Pedir a los pacientes usar cubrebocas
- Revisar la temperatura de todos los pacientes


Si requiere de cuidados de salud que fueron pospuestos por COVID-19, llame a su proveedor para agendar una cita. También puede ser que reciba una llamada de su proveedor para agendar su tratamiento.

Si ya cuenta con un proveedor, y necesita recibir ayuda desde su casa, comuníquese con él para saber cómo tener:

- Visitas telefónicas
- Visitas por video
- Visitas por correo electrónico

Estos servicios son gratuitos. Si no tiene acceso a Internet o video, comuníquese con su proveedor para que le recomiende que hacer.

Provider emails and articles



We have received several questions and concerns about the novel Coronavirus (respiratory illness), called COVID-19. We are gathering resources to keep you informed, as well as help you understand what we're doing to ensure that services will continue to be provided to EOCCO members and their families if the outbreak were to worsen.


3/17/20 Updates

Changes to covered pharmacy benefits

In response to the COVID-19 outbreak, EOCCO is currently allowing operational "refill too soon" override up to the benefit maximum within 30 days.

Updated telemedicine and telehealth guidance is now available

As of March 13, 2020, the Oregon Health Authority has updated the telemedicine and telehealth to allow members and providers more flexibility accessing services in response to the COVID-19 outbreak. The intent



PROVIDERS


Further coronavirus updates and guidance

We have received several questions and concerns about the novel Coronavirus (respiratory illness), called COVID-19. We are gathering resources to keep you informed, as well as help you understand what we're doing to ensure that services will continue to be provided to EOCCO members and their families if the outbreak were to worsen.

3/26/2020 Updates

New billing procedures

Access to the EOCCO website is provided by the Oregon Health Authority. The EOCCO website is not a part of the EOCCO website.



Hello.

We want to keep you up to date on changes to coverage and billing procedures for COVID-19 testing.

Antibody testing

EOCCO covers antibody testing. To ensure clinically appropriate use of antibody/serology testing, Oregon Health Authority (OHA) has released a [memo](#) stating that Oregon Health Plan will only cover COVID-19 antibody testing (serology testing) to diagnose COVID-19.

Tests that have FDA Emergency Use Authorization (EUA) or FDA approval for the purpose of testing is to evaluate a hospitalized person under age 21 for multisystem inflammatory syndrome in children (MIS-C).

Codes must be used for billing antibody tests that meet the above OHA:

Immunosay for infectious agent antibody(ies), qualitative or quantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Provider Advocacy

Provider advocacy

- Support in getting EOCCO providers back to work
 - Facilitated discussions between OHA Medicaid Director & Dr. Dean Sidelinger with each of the 10 hospital CEO's within our geography
- Federal advocacy to revise the Paycheck Protection Program (PPP) funding that allows health districts and hospitals to qualify for PPP funding

Direct Financial Support

Early quality pool funding from OHA

- Early release of 2019 quality funding
 - Normally earned in July 2020
 - \$6,145,938 (60%) received in April 2020
- Suspension of 2020 quality withhold
 - Normally earned in July 2021
 - *April-June 2020: Approximately \$3.3 received
- Intent for early release of quality funding is to support the delivery system
 - Monthly reporting to OHA about each CCO's plans
 - Reporting will be made public

**OHA later announced suspension of the 2020 quality pool through remainder of 2020*

Principles for early quality distributions

- Get quality funds to key sectors within the delivery system
 - Funds are intended to support delivery systems and providers in alignment with OHA's goals.
- Providers had the option to receive funding early or defer payments until our normal time for distribution (late Summer 2020)
- Set aside funding should a provider in our service area require additional financial support that is in serious financial jeopardy
 - Any set aside funding not used would be distributed back through our typical process and vetted through the *Risk Contract Surplus Incentive Measure Settlement* subcommittee
- Ensure we can maintain PCPCH funding at current levels and fund our typical programs in the future (LCAC's, Grants, etc.)

Historical use of quality funds

| | Formula* | 2015 | 2016 | 2017 | 2018 |
|----------------------------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Quality Funding Earned/Available | 100% | \$10,578,929 (100%) ¹ | \$12,659,235 (100%) ² | \$13,256,398 (100%) ³ | \$12,659,437 (100%) ⁵ |
| PCPCH Payments | 40% | \$4,186,704 (40%) | \$5,750,000 (45%) | \$5,472,158 (42%) | \$6,300,000 (50%) |
| Quality Bonus Payments | 30% | \$3,000,000 (27%) | \$4,250,000 (34%) | \$5,000,000 (38%) | \$4,000,000 (31%) |
| Transformation Grant CBIs | 10% | \$1,000,000 (10%) | \$1,069,233 (8%) | \$1,210,539 (9%) | \$750,000 (6%) |
| LCAC CBIs | 6% | \$593,744 (6%) | \$641,539 (5%) | \$726,323 (5%) | \$742,817 (6%) |
| DCOs | 7% | \$750,000 (7%) | \$748,463 (6%) | \$847,378 (6%) | \$866,620 (7%) ⁴ |
| Other | 7% | | | | |
| Technical Assistance | | \$500,000 (5%) | \$200,000 (2%) | | |
| CHWs | | | | | |
| New Initiatives | | \$548,481 (5%) | | | |

Board approved early distribution

| | 2019 Phase (1) <i>Received</i> | 2020 Phase (1) <i>(April to June 2020)</i> |
|---|---|--|
| Quality Funding Earned/Available PCPCH Pmts | \$6,145,404 | \$3,300,000 |
| Quality Bonus Payments | \$3,416,390 <i>(Paid May 15th)</i> <i>(33% of total 2019 quality pool)</i> | \$2,000,000 <i>(Paid May 15th)</i> 1. 50% based on 2019 performance 2. 50% based on membership |
| Transformation CBIs | - | - |
| LCAC CBIs | - | - |
| DCOs | \$512,080 <i>(Paid May 15th)</i> <i>(5% of total 2019 quality pool)</i> | - |
| Behavioral Health Support | \$512,080 <i>(Paid May 15th)</i> <i>(5% of total 2019 quality pool)</i> | |
| Total Remaining Available | \$1,704,854 | \$1,300,000 |

Unfunded items after early distribution

- From 2019 quality pool funding
 - PCPCH funding through 6/30/21
 - 2021 LCAC funding
 - 2021 Transformation CBI funding
- From 2020 quality pool funding
 - PCPCH funding through 6/30/22
 - 2022 LCAC funding
 - 2022 Transformation CBI funding
 - 2022 DCO funding
 - 2022 Behavioral Health Support
- EOCCO Board Incentive Measure Distribution Subcommittee had to get to work.....

Final board approved 2019 spend

| | 2019 Phase (1) | 2019 Phase (2) recommendations | Total |
|-------------------------------------|---|-----------------------------------|--------------|
| Quality Funding Earned/Available | \$6,145,404 | \$6,658,881 | \$12,804,285 |
| PCPCH Pmts | - | \$6,500,000 (7/1/20 – 6/30/21) | \$6,500,000 |
| Qual Bonus Payments | \$3,416,390 <i>(33% of total 2019 quality pool)</i> | \$425,000 (Paid Sept 2020) | \$3,841,390 |
| Transformation CBIs | - | \$603,735 (Paid Feb 2021) | \$603,735 |
| LCAC CBIs | - | \$835,000 (Paid Feb 2021) | \$835,000 |
| DCOs | \$512,080 <i>(5% of total 2019 quality pool)</i> | - | \$512,080 |
| Behavioral Health Support | \$512,080 <i>(5% of total 2019 quality pool)</i> | - | \$512,080 |
| Other | - | - | - |
| Total Remaining Available | \$1,704,854 | -\$1,704,854 | \$0 |

Final board approved 2020 spend

| | 2020 Phase (1) <i>(April to June 2020)</i> | 2020 Phase (2) <i>Recommendations</i> | Total |
|----------------------------------|--|--|--------------|
| Quality Funding Earned/Available | \$3,300,000 | \$9,900,000 | \$13,200,000 |
| PCPCH Pmts | - | \$7,000,000 (7/1/21 – 6/30/22) | \$7,000,000 |
| Qual Bonus Payments | \$2,000,000 <i>(Paid May 15th)</i> 1. 50% based on 2019 performance 2. 50% based on membership | \$2,000,000 1. 75% based on membership (Paid Sept 2020) 2. 25% primary care reporting (Paid Sept 2021) | \$4,000,000 |
| Transformation CBI Reserve | - | \$750,000 (Paid Feb 2022) | \$750,000 |
| LCAC CBI Reserve | - | \$835,000 (Paid Feb 2022) | \$835,000 |
| DCOs | - | \$660,000 (Paid Sept 2021) | \$660,000 |
| Behavioral Health Support | - | \$660,000 (Paid Sept 2021) | \$660,000 |
| Other | - | - | |
| Total Remaining Available | \$1,300,000 | -\$2,005,000 | -\$705,000 |

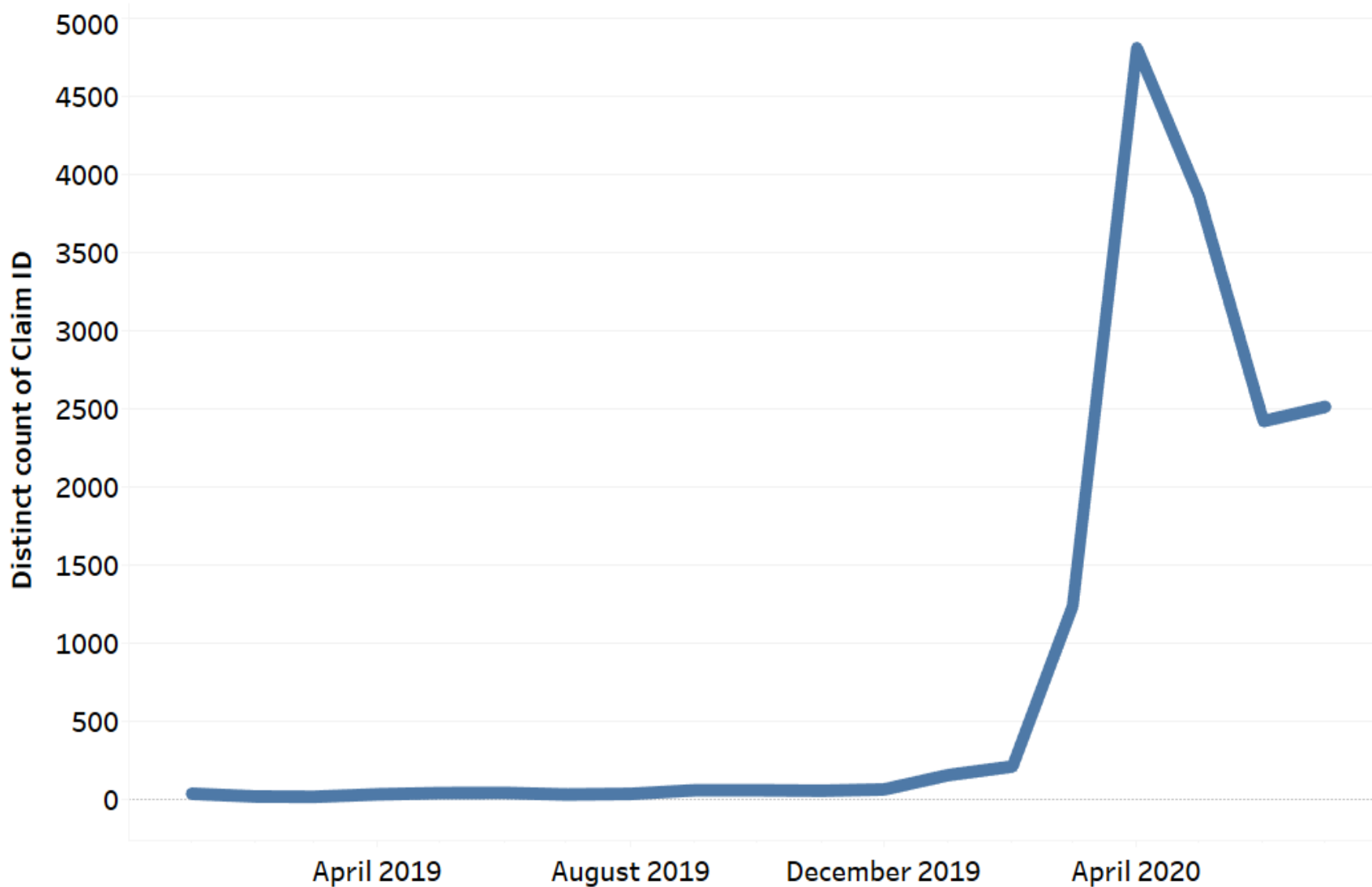
EOCCO investments in the community through June 2020

(in Millions)

- PCPCH payments: \$51.3
- EOCCO shared savings/VBP: \$37.3
- EOCCO Community Benefit Initiatives: \$6.0
- EOCCO quality measure investments: \$37.5
 - PCP quality bonus payments
 - LCAC funding
 - DCO funding
- **Total investments to date: \$132.1 Million**

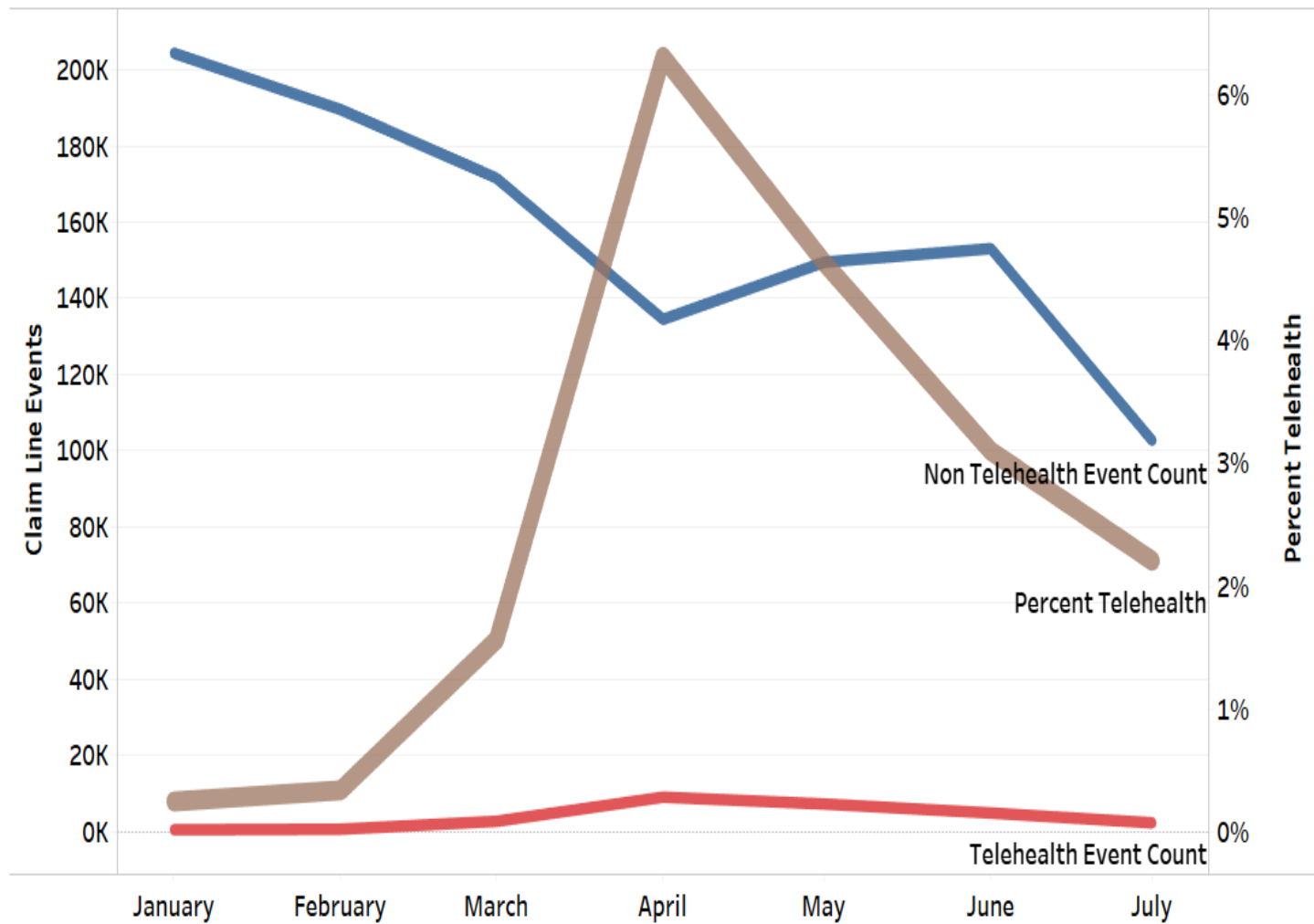
Utilization impacts as a result of COVID-19

Telehealth Claims Count



Overall Telehealth Utilization by Month

EOCCO

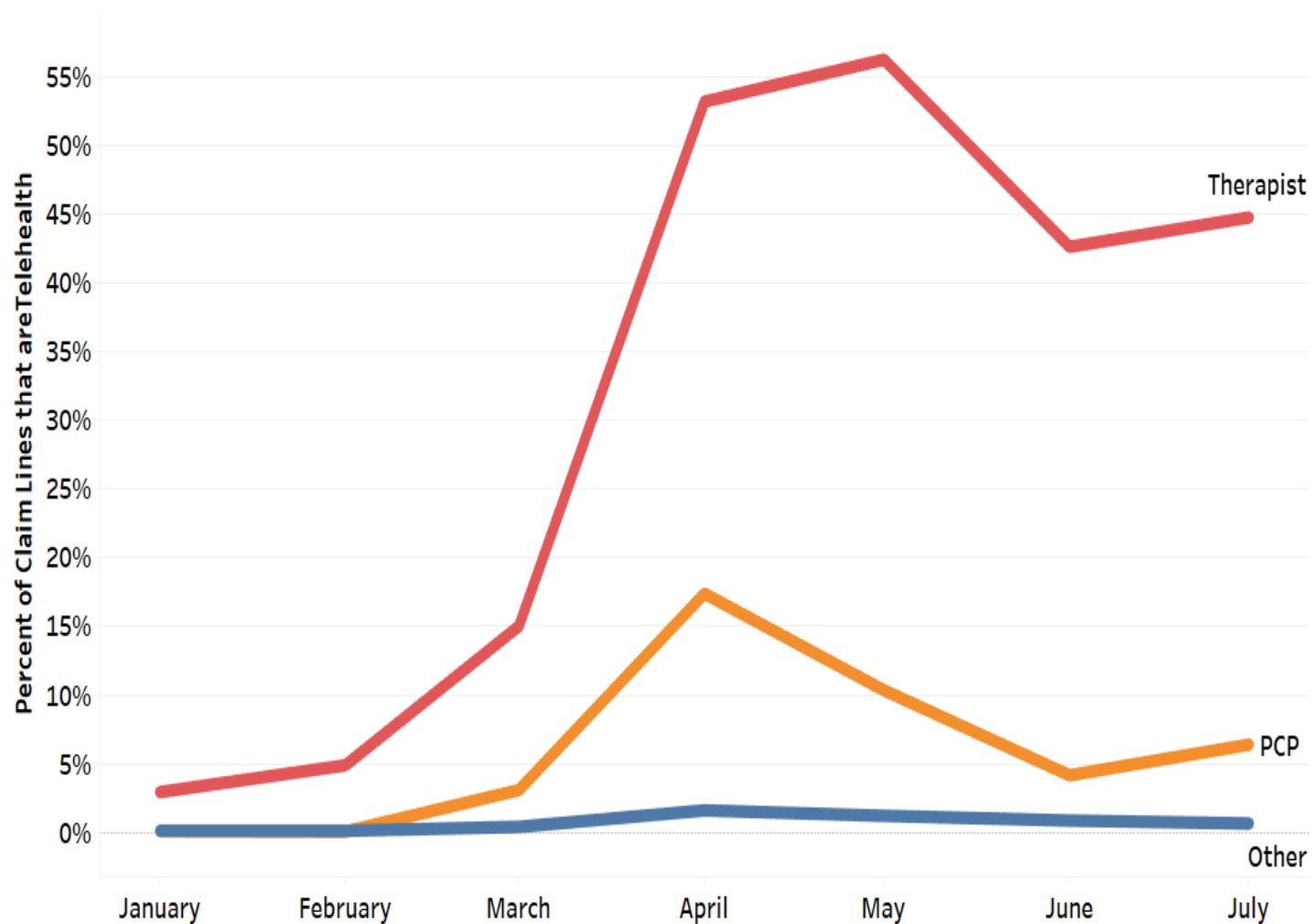


Measure Names

- Telehealth Event Count
- Non Telehealth Event ..
- Percent Telehealth

Percent Telehealth by Provider Type

EOCO



Provider Type

Other

PCP

Therapist

EOCCO COVID-19 testing

| | As of 8/30/2020 | As of 7/27/2020 | Change |
|---------------------------------|--------------------|--------------------|--------|
| Active Test – Member Count | 4,947 | 3,107 | +1,840 |
| Active Test – Test Count | 5,657 | 3,383 | +2,274 |
| Antibody Test – Member Count | 84 | 55 | +29 |
| Antibody Test – Test Count | 85 | 55 | +30 |

EOCCO COVID-19 case count/hospitalizations

| | As of 8/30/2020 | As of 7/27/2020 | Change |
|--------------------------|--------------------|--------------------|--------|
| Total Case Count | 528 | 254 | +274 |
| ER Count | 174 | 100 | +74 |
| Hospitalization Count | 36 | 12 | +24 |
| ICU Count | 16 | 7 | +9 |





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