

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

**June 20, 2019
Harney District Hospital, Burns**

**BOARD MEMBERS
PRESENT:**

Kevin Campbell, Jeremy Davis, Larry Davy, Ken Hart, Robin Richardson, Chris Siegner, Mike Smith, and James Williams.

Catie Brenaman, Dennis Burke, Carlos Olivares, Diane Kilkenny, Harold Geller, and Christopher Zadeh attended via telephone.

OTHERS PRESENT:

Mark Danburg-Wyld, Dave Evans, Debra Florence, Sean Jessup, Marilyn McGaffin, Sarah Patterson, Summer Prantl Nudelman, Katie Stalsberg, Courtney Whidden, Moda/ODS Community Health. Dr. Chuck Hofmann and Dr. Sarah Laoisa, EOCCO clinical consultants. Glen Davis, Yakima Valley Farm Workers. Derek Daly, Blue Mountain Hospital District. Dan Grigg, Harney District Hospital. Bob Seymour, Grande Ronde Hospital. Tim Heinze, Valley Family Health Care. Bob Houser, Morrow County Health District.

Charles Tveit, Lake District Hospital, Estela Gomez, EOCCO Innovator Agent, Troy Soenen, GOBHI, and Ray Gibbons attended via telephone.

**WELCOME AND
INTRODUCTION**

Mr. Richardson welcomed everyone to the meeting and thanked everyone for making the journey to Burns, Oregon. He further thanked Mr. Grigg for hosting the meeting.

CALL TO ORDER:

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

APPROVAL OF MINUTES:

Upon a motion made by Mr. Hart and seconded by Mr. Smith, the Board unanimously approved the minutes from the Board meeting of January 18, 2019. Copies of the minutes were distributed to the Board in advance of the meeting.

APPOINTMENT OF NEW BOARD MEMBER:

Mr. Richardson introduced Mr. James Williams to the Board. He noted that Mr. Williams is currently a county commissioner for Lake County. The Board discussed Mr. Williams qualifications and, upon a motion by Mr. Campbell and seconded by Mr. Davy, unanimously approved Mr. Williams appointment to the Board.

OREGON HEALTH AUTHORITY UPDATE:

Ms. Gomez walked the Board through her report, copies of which were provided to the Board in advance of the meeting. Ms. Gomez reviewed a series of staffing changes at the Oregon Health Authority (OHA). She further commented that the OHA is expected to announce its intent to contract for CCO 2.0 on July 9, 2019. Ms. Gomez advised that the 2018 Transformation Center report was now available, a link to which was included in her report. The Transformation Center undertook a deep dive into 2018 emergency department usage with a focus on the utilization for individuals with mental health diagnoses and substance abuse disorders. Ms. Gomez advised that social determinants of health, specifically lack of consistent housing, is a major factor affecting recovery for individuals with substance abuse disorders. Ms. Gomez concluded her report reminding the Board that the national diabetes prevention program was now a covered benefit for Medicaid recipients and that guidance on training, billing and benefits is available for interested providers.

Mr. Richardson updated the Board on the OHA budget that was submitted to for approval by the State. He noted that the budget only contemplates a 3.3% increase instead of the OHA target of 3.4% which could result in a significant decrease in funding to EOCCO. Mr. Richardson advised that he was not optimistic it would be changed back to 3.4% for 2019. Ms. Gomez responded that she would see if any additional information as to why the 3.3% was used for the budget was available and follow up with Mr. Richardson.

FINANCIAL UPDATES:

Mr. Evans presented the EOCCO's balance sheet as of May 31, 2019. He provided context for the shifts in the cash investments and marketable securities. Mr. Evans

further provided details on the changes to the Profits & Losses statement advising that the loss ratio is higher than it was in previous years. The increasing trend in claims costs in addition to fewer claims reaching the attachment point for payment by EOCCO's reinsurer was contributing to the higher loss ratio.

The Board questioned Mr. Evans and Mr. Danburg-Wyld regarding the claims cost increases. Mr. Danburg-Wyld advised that EOCCO experienced an unusual spike in claims for premature infants. However, the costs for care of the premature infants was not rising to the reinsurance attachment point which suggests that hospitals were coordinating the challenging cases efficiently. Mr. Danburg-Wyld noted that, with the exception of the premature infant claims, there was no specific trend driving the claims cost increases coming out of the emergency department usage. Mr. Danburg-Wyld added that the population driving a significant portion of the emergency department claims cost increase is the ACA adult populations. Mr. Danburg-Wyld further explained that this population experienced the highest payment rate cut from OHA and the current payment rate does not sustain the expense of the population. Mr. Danburg-Wyld noted that EOCCO may be experiencing some of the deferred maintenance that was a concern several years ago when the ACA expanded Medicaid eligibility.

The Board moved on to a discussion regarding potential capital reserve requirements listed in the CCO 2.0 RFA. Mr. Richardson advised the Board that current capital reserves are adequate but EOCCO will need to increase the capital reserves to meet the 200% requirement by 2021. Mr. Richardson warned that he did not expect the OHA to shift its position on this requirement as it has done in the past.

**EOCCO SHARED
SAVINGS MODEL
UPDATE:**

Mr. Danburg-Wyld presented the results of the 2018 EOCCO Shared Saving Model. He advised there was technically one month remaining in the claim runoff period. Mr. Danburg-Wyld advised that the model had performed as projected. Mr. Danburg-Wyld indicated that the payouts out of the PCP Fund under

the model reflect EOCCO's heavy investment in PCP development and noted that the amounts do not include separate PCPCH payments. Mr. Danburg-Wyld commented that risk payments are also growing well and will be distributed to providers consistent with the Shared Savings Model. Mr. Danburg-Wyld continued onto say that the Carve Out Fund was also performing to expectations and advised that the fund should be sufficient to cover any risk sharing payments to the OHA for Hepatitis C therapy payments.

**VALUE BASED PAYMENT
MODEL PILOT
PROGRAM:**

Mr. Richardson congratulated the CCO on the development of the most advanced value based payment models of the current CCOs. Mr. Richardson then explained that while EOCCO has made significant strides in value based payment models, EOCCO will need to further innovate and expand this model to meet the CCO 2.0 requirements. With this in mind, Mr. Richardson presented to the group a new value based payment model pilot with Yakima Valley Farm Workers Clinic (YVFWC). Mr. Davis confirmed that YVFWC has experience with more intensive risk sharing payment models and feels confident in YVFWC's capacity to manage the pilot EOCCO population. Mr. Danburg-Wyld provided details on the specific aspects of the value based payment model pilot while Mr. Richardson noted that the model would be tracked closely and adjusted as necessary based on YVFWC's performance. The Board questioned Mr. Danburg-Wyld, Mr. Glen Davis and Mr. Olivares, and Mr. Richardson on specific aspects of the pilot including a discussion of timing, intersections with the non-pilot value based payment/shared saving program, and adjustments for hospitals in the impacted geographies. The Board engaged in further discussion after the presenters answered all questions to its satisfaction.

Upon a motion by Mr. Hart and seconded by Mr. Jeremy Davis, the Board unanimously approved the pilot program for a period of one year with a reassessment by the Board prior to a multi-year continuation.

CCO 2.0 UPDATES:

Mr. Jessup thanked the group for the letters of support from the community that the EOCCO received to accompany its CCO 2.0 application. Mr. Jessup explained that OHA will announce which applicants it intends to contract with on July 9, 2019. After this announcement, all chosen applicants will undergo a readiness review by OHA. Mr. Jessup noted that social determinants of health, namely housing support and services, are a major of CCO 2.0 but the required spend on these determinants have not been disclosed. Mr. Davy asked about the impact of funding from the tobacco tax on CCO 2.0 funding. Mr. Richardson explained that the tax is designed to close the funding gap and that it will be voted on in November 2020.

HEALTH INTEGRATED UPDATE:

Mr. Jessup updated the Board on EOCCO's Health Integrated partnership. Mr. Jessup summarized the telephonic outreach work that Health Integrated conducted. He advised that Health Integrated had been purchased by a larger organization which had chosen not to continue the telephonic outreach line of business. Mr. Jessup continued explaining that Health Integrated had failed to meet its return on investment target and EOCCO will recoup the fees paid to Health Integrated. The Board discussed the options to develop a program internally that would meet the need to connect individuals with community health workers more successfully. Dr. Kilkenny noted that any program should focus on robust case management including education for community health workers about proper documentation. She further added that these efforts in each community should be overseen by a registered nurse. Ms. Brenaman noted that registered nurse full oversight may not be possible in all communities. The group agreed that face to face meetings would be more successful than the previous telephonic outreach.

EOCCO CLINICAL COORDINATOR UPDATE:

Dr. Laiosa reminded the Board of EOCCO's original participation in Project ECHO (Extension for Community Health Outcomes). The project was an education program that used video-conferencing to connect primary care providers, clinical teams and other health care professionals to specialists in order to expand their skills and knowledge in areas they

would typically refer to specialty care. Dr. Laiosa explained that Project ECHO approached EOCCO requesting that EOCCO become a member of the program. Dr. Laiosa noted that the Clinical Advisory Panel recommended membership to the Board. The Board discussed the potential benefits of becoming a member of Project ECHO as well as the potential sources of funding for the membership fee.

Upon a motion made by Mr. Campbell and seconded by Ms. Kilkenny, the Board unanimously approved a two year membership for a total of \$62,500 to be withdrawn from the New Ideas Fund.

Dr. Hofmann provided an update to the Board regarding the Behavioral Health Subcommittee previously established by the Board. Dr. Hofmann presented the list of potential committee members. The Board discussed the potential committee members and, upon a motion by Mr. Davis and seconded by Mr. Hart, unanimously approved the six named individuals to the Behavioral Health Subcommittee.

Dr. Hofmann reviewed the funding proposals for the EOCCO grants. The EOCCO Grant subcommittee recommended approval of two new grants and the extension of three existing grants. The Board discussed the specific grant projects. Upon a motion by Mr. Hart and seconded by Mr. Campbell, the Board unanimously approved the two new grants and three grant extensions.

Mr. Richardson thanked Dr. Hofmann and Dr. Laiosa on their efforts and work on behalf of the Board.

**2018 EOCCO CLINICAL
UPDATES:**

Ms. Patterson and Ms. Whidden-Rivera presented an update on the 2018 OHA quality and performance measures. They were happy to report that EOCCO had met 14 of the 17 quality measures. Additionally, they noted that EOCCO met two of four of the challenge measures. Ms. Patterson advised that the ultimate amount paid out for the measures is dependent on how the other CCOs performed on the measures. Ms. Patterson highlighted that EOCCO met all of the emergency department utilization measures. The Board

applauded the hard work of the hospitals in engaging their respective communities to facilitate getting members care in more appropriate settings.

Ms. Patterson and Ms. Whidden-Rivera discussed the 2019 quality and performance measures. They noted a new oral health care for adults with diabetes measure. Ms. Whidden-Rivera explains that the Arcadia system has been very useful in identifying members for targeted outreach and allowed EOCCO to address gaps in care in a more comprehensive manner. Mr. Richardson recognized the work of both Ms. Patterson and Ms. Whidden-Rivera in engaging and educating clinics and the results show in the metrics. Ms. Brenaman recognized the work of each of the Local Community Action Councils in reaching members who are not served by more traditional methods.

**COMMUNITY HEALTH
WORKER SUPPORT:**

Mr. Jessup reminded the Board that EOCCO engaged with Oregon State University, College of Public Health and Human Services in 2015 and made a significant investment in the training and education of Community Health Workers. Mr. Jessup explained that the group created a program, mainly online, to train Community Health Workers as well as a set of leadership courses. Mr. Jessup noted that 115 Community Health Workers have been trained through the program. Oregon State University approached EOCCO to provide a new investment into the program to allow it to continue for an additional three years. The Board discussed the program and all questions were answered to its satisfaction.

Upon a motion by Mr. Siegner and seconded by Mr. Campbell, the Board unanimously approved a maximum investment of \$450,000 over three years with the money to be withdrawn from the Community Health Services Claims Payment Fund.

**INFORMATIONAL
REPORTS & UPDATES:**

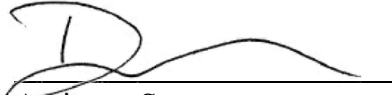
Mr. Jessup walked through the reports that were provided in advance of the meeting.

PUBLIC COMMENT:

The Board opened the meeting to the public for comments. No public comment was made.

ADJOURN:

There being no further business, the meeting was adjourned.

A handwritten signature in black ink, consisting of a large, stylized 'D' followed by a long, sweeping horizontal line that extends to the right.

Assistant Secretary