

Making health care work for everyone, since 1994



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CareOregon family tree

As Oregon's health care needs have evolved, CareOregon has branched out, offering new services across the state. This is the CareOregon family, united by our common DNA and current mission. Every day, we strengthen communities by making health care work for everyone.

Columbia Pacific CCO

Nonprofit CCO providing physical, dental and mental health services in Columbia, Clatsop and Tillamook counties. In 2019, it served 25,711 members with physical health care, 26,161 with dental care and 26,187 with mental health care.

CareOregon Advantage

Managed Medicare Special Needs Plan (HMO-POS SNP) that combines Medicare, Medicaid (the Oregon Health Plan), prescription drug and additional benefits. In 2019, it served 11,532 members in the Portland tri-county area.

Tribal Care Coordination

In 2019, the program served 18,929 American Indian and Alaska Natives who had acute or chronic health care needs and were on fee-for-service (Open card) Oregon Health Plan.

Jackson Care Connect

Nonprofit CCO providing physical, dental and mental health services in Jackson County. In 2019, it served 32,562 members with physical health care, and 32,956 with dental and/or mental health care.

Health Share of Oregon

Nonprofit CCO in the Portland area. CareOregon is a risk-accepting health plan within Health Share. In 2019, CareOregon served 204,031 members with physical, dental and mental health care, and an additional 75,860 with dental care alone.

Housecall Providers

Nonprofit organization that offers home-centered care integrating primary, palliative and hospice services for those who are homebound or have serious, complex medical situations. In 2019, they served 2,466 patients.



Nonprofit community benefit company based in Portland, founded in 1994 and operating in seven counties across western Oregon. We manage health care and provide other services to more than 450,000 Oregonians through three coordinated care organizations, a Medicare Advantage plan, a Tribal Care Coordination program and a dental care organization. Beyond health care, we support programs and community partners that offer housing, food, education and other supports.

ABOUT COORDINATED CARE ORGANIZATIONS: CCOs are companies that, through contracts with the Oregon Health Authority, manage OHP benefits for their members. Since Oregon introduced CCOs in 2012, they've worked with physical, dental, mental health and substance use treatment providers, and community partners. The goal is to prevent disease and improve the health of Oregonians, while being good stewards of taxpayer dollars.

WELCOME LETTER FROM THE CHAIR OF THE BOARD OF DIRECTORS

Person-centered care that benefits entire communities

CareOregon's 2019 Annual Report is special for a number of reasons: In 2019, we celebrated 25 years of service to our members, expanded our engagement with the community, and deepened commitment to innovative solutions that make health care work for everyone.

I believe that this report is special because it showcases how CareOregon has evolved to meet members' needs for a quarter century, not just the past calendar year. As the organization works diligently to meet each day's challenges, it is also good to remember our seminal role in the state's efforts to build stable, quality publicly funded health care.

I've been honored to serve as Chair of the CareOregon Board of Directors since 2016. I was a member of the original team that created CareOregon in 1994 and was drawn to rejoin the Board in 2013 because I was so proud of CareOregon's demonstrated commitment to developing person-centered care that also benefits the entire community.

Last year, CareOregon saw the imperative to keep moving forward with integrating

behavioral, oral and physical health; we did this while building on the success of a payment initiative that rewards our provider network for high-quality, cost-effective care. As a family medicine physician and native Oregonian, I am deeply pleased to see this progress toward treating the whole person, and with thoughtful stewardship of resources.

The board was humbled and proud in 2019 when the state affirmed our efforts by awarding Columbia Pacific CCO, Jackson Care Connect and Health Share of Oregon five-year contracts to continue our work. This annual report describes how CareOregon used 25 years of experience to help chart the next steps for our CCO's, and highlights the positive impact that our approach has on our members and communities.



Glenn Rodriguez, MD, has chaired the CareOregon Board since 2016, but his history with us goes back to 1994. He was part of the team that founded CareOregon.

As I write this, we are dealing with a global pandemic, the fallout from multiple devastating wildfires, and the ongoing social unrest that accompanies centuries of systemic racism. CareOregon's resiliency and commitment to support the broad community are more important now than ever. As this annual report makes clear, this work is not new for us. And over the years, acting upon our genuine belief in making health care work for everyone, we've been grateful to see the healthier individuals and stronger communities that result.

A handwritten signature in blue ink, appearing to read "Glenn Rodriguez". The signature is fluid and cursive, with a large, stylized initial "G".

Glenn Rodriguez, MD
Chair of the Board of Directors, CareOregon

TIMELINE: 1994 – 2019

A quarter century of CareOregon

In 1993, two Portland health care leaders sat down for a candid discussion. As the Oregon Health Plan took shape, Billi Odegaard, director of the Multnomah County Health Department, and Dr. Peter Kohler, president of the then-Oregon Health Sciences University, saw another need: a health plan wholly dedicated to serving Medicaid recipients under OHP's pioneering approach. Their instincts were spot on. And their strong vision turned into CareOregon.



● **Feb. 1:** Oregon Health Plan launches.



CareOregon®

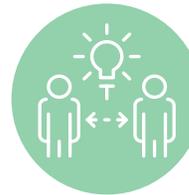
● **Feb. 1:** CareOregon launches, part of Multnomah County Health Department.

1994



● **April 1:** CareOregon gains 501(c) (3) nonprofit status.

1997



● Under our umbrella, stakeholders including Multnomah County and Oregon Primary Care Association win federal CAP grant to improve administrative systems and centralize data. Result is Oregon Community Health Information Network (OCHIN), which we administer for two years.

2000



● CareOregon confronts severe financial crisis.

2003



- With 12% of members consuming 60% of our budget, we start CareSupport — multidisciplinary care management that integrates social services and focuses on members with multiple complex conditions.



- New CEO Dave Ford, new COO/CFO Fritz Rankin and the board of directors lead major internal and external changes to create dramatic savings, improve care and secure CareOregon's future.

2004

- CareSupport evolves into CareSupport and System Innovation (CSSI) program. We work with 48 network providers to develop a payment model based on quality measures better suited to Medicaid providers than standard pay-for-performance; fund \$16M in quality-improvement projects. CSSI leads to Primary Care Renewal.

- **September:** CareOregon buys the 315 SW Fifth Ave building from ODS.



- CareOregon starts now-cherished tradition of celebrating Halloween with costumes, parties and inter-floor competitions.

2005

- Leaders travel to Anchorage to observe a progressive model of primary care at the Southcentral Foundation's Native Primary Care Center.



- CareOregon Advantage Plus launches as Medicare Special Needs Plan (SNP) for members dually eligible for OHP and Medicare.

- At five primary care clinics, CareOregon pilots Primary Care Renewal project, a team-based approach that's a forerunner to patient-centered medical homes.

- **Dec. 12:** CareOregon board convenes its 100th board meeting.

2006



- Responding to a need for additional primary care services in East County, CareOregon buys Rockwood Building, partnering with Multnomah County to site a clinic there.

2009



- CareOregon establishes consumer advisory groups, an idea proposed by community health engagement advocates.
- **2010-2012:** CareOregon invests \$11 million in community health clinics, helping create five new clinics to expand members' access to primary care services. We transfer clinic ownership to new nonprofit, Neighborhood Health Center, enabling those clinics to apply for designation as a Federally Qualified Health Center.

2010

- Oregon establishes 16 coordinated care organizations (CCOs) to transform Medicaid program. CCOs tasked with providing comprehensive care while being accountable for access, quality and cost.
- Centers for Medicare & Medicaid Services (CMS) provides first installment of \$1.9B over five years for health care transformation in exchange for Oregon "bending the cost curve."
- CareOregon helps establish five CCOs: Health Share of Oregon, Columbia Pacific CCO, Jackson Care Connect, Yamhill Community Care Organization and Primary Health of Josephine County; supports start of Oregon's Health CO-OP, private nonprofit health insurer.
- Multnomah County transfers its dental care organization to CareOregon.

2012



- Primary Health of Josephine County and Oregon's Health CO-OP become fully independent



- CareOregon celebrates 20 years of creating community well-being, with float in Rose Festival Starlight Parade, featuring Pharrell Williams's "Happy," our staff and members. Idea proposed by Community Health Engagement Advocates, the CareOregon consumer advisory group established in 2010. Clap along at: [youtube.com watch?v=ujkrPeAGHcE](https://www.youtube.com/watch?v=ujkrPeAGHcE)

2014



- Pharmacy team launches MEDS Ed, an ongoing education series featuring internal and external medical experts exploring topics relevant to clinicians caring for patients at community clinics. View topics and videos of past sessions: careoregon.org/providers/pharmacy-resources/MEDS-ed

2015



- First year we're named in Oregon Top Workplaces and 100 Best Nonprofits.

2016

- CareOregon integrates behavioral health benefit for Jackson Care Connect.



- In May, CareOregon acquires Housecall Providers, which provides at-home medical and hospice care for complex patients. *(see page 28)*

- We collaborate with Oregon's nine Federally Recognized Tribes, Native American Rehabilitation Association of the Northwest (NARA) and Oregon Health Authority to form Tribal Care Coordination to provide culturally appropriate services statewide for American Indian/Alaska Native members in OHP's fee-for-service program. Care coordination is hands-on member engagement to help OHP members with chronic or acute illnesses navigate health care options. *(see page 26)*

2017



- CareOregon onboards nearly 80,000 Family Care members — a 40% enrollment jump in six weeks — after Portland metro area's other coordinated care organization closes its doors, sending its 103,000 members to Health Share of Oregon.

2018



- We transition the behavioral health benefit in-house for CareOregon/Health Share and Columbia Pacific CCO.
- We receive award notices for five-year contracts with the Oregon Health Authority for Columbia Pacific CCO, Jackson Care Connect and Portland tri-county area's umbrella CCO, Health Share of Oregon.



- CareOregon begins work on bringing non-emergent medical transportation administration in-house in 2020.

2019



CELEBRATING OUR 25TH ANNIVERSARY

Employee appreciation events

CareOregon's 25th anniversary was a chance to celebrate a quarter century of innovation and holding members at the center of our work. None of this would have been possible without our phenomenal employees.

and Optimistic — encouraged mingling. Food, dancing, slides from our archives, a dress-up photo booth, friendly cornhole competitions, a Velcro climbing wall and prize drawings added up to an energizing break that gave us time to laugh, enjoy each other and appreciate the special calling of our company.

CareOregon President and CEO Eric C. Hunter expressed his pride and appreciation to all, and gave extra thanks to the planning committee: Amy Dowd, Heidi Hallberg Zeimentz, Bree LoRusso, Chantay Reid, Alexa Jett, Marla Clary and Laura Steiger. They got party-day help from Josue Aguirre, Ian Youngstrom, Melissa Brewster, Cathy Merge-Martin, Crystal Roberts and Denise Johnson.



A SPIRITED subcommittee planned a balloon-festooned summertime celebration at an indoor-outdoor event space near downtown Portland. The hundreds who attended included those who have been with us from the start as well as new staff. Games involving company trivia and our brand values — Caring, Genuine, Thoughtful, Brave, Steadfast

Jackson Care Connect celebrated the 25th anniversary in October at an outdoor venue in Jacksonville (left, far left). The Staff Appreciation Event included lunch, door prizes, and badminton, cornhole and other lawn games. President & CEO Eric C. Hunter stopped by for some mingling time. Big thanks to the JCC planning committee: Debbie Backstrom, Emily Gracey, Tracey Howard, Lupe Murillo, Drew Nelson, Riki Rosenthal and Heather Schaffer.





CELEBRATING OUR 25TH ANNIVERSARY

CareOregon founders and leaders: Past, present and future

It's important to remember where you came from. Our 25th anniversary was the perfect time to celebrate how CareOregon came to be in the early days of the Oregon Health Plan — and our continued evolution. In August, CareOregon President and CEO Eric C. Hunter brought together our founders, current and former executives, board members and community advisory board members for a special evening.

The room at a downtown hotel was filled with those who had invested time, talent and heart into developing CareOregon into who we are today. Rather than a corporate meeting, it felt like a family reunion: individuals bonded by the common purpose of bringing health and health care to as many people as possible.

We shared images and stories from our past and present, summarized current initiatives, and presented awards to attendees who especially exemplified CareOregon's SPIRITED values of Service, Passion, Initiative, Results, Innovation, Teamwork, Equity and Diversity.

We're forever grateful to the commitment of these founders and leaders, to our provider network, to our community partners, and — most of all — to our members, who are the reason we've worked tirelessly through the years.



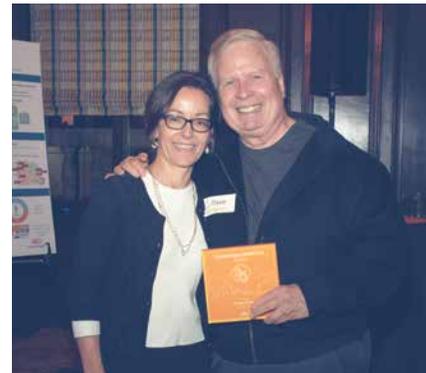
Front: Mary Lou Hennrich, Founding CEO, 1994-2002
Back, from left: David Ford, CEO 2002-2012; Patrick Curran, CEO, 2012-2015; Eric C. Hunter, CEO, 2016-present; Scott Clement, Interim CEO, 2016



Front: Teresa Learn, CFO
Back, from left: Fritz Rankin, former CFO;
Meredith Brooks, former Controller



Front, from left: Mindy Stadtlander, Erin Fair Taylor, Julia Pirani.
Back, from left: Jennifer Lind, Rebecca Ramsay, Teresa Learn, Mary Kjemperud,
Mimi Haley, Alyssa Franzen, Beatrice Yanazzo, Amy Dowd, Jill Archer



CareOregon leaders present SPIRITED awards. From left: Service – Ed Blackburn, former CEO of Central City Concern with Mindy Stadtlander, Senior Vice President, Medicaid and Network Services; **Passion** – Mary Lou Hennrich, Founding CEO with Amy Dowd, COO; **Innovation** – David Ford, former CEO with Teresa Learn, CFO; **Results & Initiative** – former Gov. John Kitzhaber (not pictured); **Teamwork** – Vickie Gates, former Board Chair with Erin Fair Taylor, Chief Strategy Officer

CareOregon family of companies unified by a 25-year mission

On February 1, 1994 — the same day the Oregon Health Plan enrolled its first clients — the brand-new CareOregon flicked on the lights in its temporary office at Oregon Health Sciences University. Three years later, CareOregon, which began as a division of Multnomah County Health Department, became its own nonprofit, on April 1, 1997.

CareOregon values talking with partners and members. So it's fitting that the company was sparked by a frank talk, in 1993, between Billi Odegaard, director of Multnomah County Health Department, and Peter Kohler, MD, then-president of OHSU. Earlier, the two had been part of a panel discussing the yet-to-launch Oregon Health Plan.

They shared a concern about whether the commercial insurers entering OHP possessed the experience or commitment to meet OHP patients' unique needs. Their conversation soon broadened to include safety net providers, the Oregon Primary Care Association and Clackamas County Public Health Division.

Their solution: Form a board of directors charged with building a nontraditional managed care plan specifically for

Oregonians who received publicly funded health care. A year later, CareOregon flicked on those lights at its first home.

'Different through and through'

From our founding days, we've supported a population we are fully invested in and suited to serve. This purpose continues to act as a compass for our decisions as we adapt to ever-changing realities. "We are different through and through," says Erin Fair-Taylor, Chief Strategy Officer, "and it's helped us succeed for the long haul."

CareOregon has grown into a family that includes CareOregon/Health Share, CareOregon Advantage Medicare plan, Housecall Providers, Columbia Pacific CCO, Jackson Care Connect and the Tribal Care Coordination program. Our 25th anniversary finds us at a new level of maturity, as we

move more fully into the cohesive health care that the state envisioned in 2012 when it instituted coordinated care organizations (CCOs) as its next evolution of health reform.

CareOregon as OHP's safety net

Back in 1993-'94, the state's health reform involved moving Medicaid to capitated managed care. Capitated care was radically different from the way health providers were paid at that time. With OHP, the state would pay insurers a set amount per Medicaid member each month.

Multnomah County and OHSU were unusual in the early 1990s in that both had experience with capitated managed care. The two entities made a pair of critical commitments as they formed their nonprofit managed care plan. OHSU agreed to bear the financial risk for providing hospital care. Multnomah County's Board of Commissioners voted to bear the risk for providing primary care. After someone at an early committee meeting suggested naming the new health plan "Oregon Care," Pam Waldman, who later became our provider relations co-manager, suggested flipping that to "CareOregon."

Our founders' foresight was affirmed five years later when multiple commercial insurers pulled out of OHP. In 1999-2000, CareOregon served as the safety net for

OHP itself. We alone remained — at our own significant financial peril — out of our unwavering commitment to provide health care to Oregonians who need it. “I believe to this day that the Oregon Health Plan would not have survived if CareOregon hadn’t been born,” Multnomah County’s Billi Odegaard said at the time of our 20th anniversary.

Outside-the-box solutions

Innovation, collaboration and courage have continued to power our mission. We are oriented to helping set the path of effective health reform, not to simply be ahead of the curve. Keeping an eye on future stability for ourselves and our partners, we take calculated risks if they enable us to better meet our mission. We look at our own challenges and ask partners about theirs — and how we can help.

In 2000, that approach led to CareOregon standing up Oregon Community Health Information Network to provide health IT support and services to six community health centers. OCHIN now serves 500 organizations across the U.S.

In 2005, when partner Central City Concern was struggling with delivering primary care at its Old Town Clinic, we paid for a consulting physician to evaluate the situation and make recommendations.

The clinic ultimately won honors from the Robert Wood Johnson Foundation.

In 2009, when East Multnomah County lacked a county clinic to serve our members — and no site was available to lease — we forged an agreement. We’d buy a building for a clinic, and Multnomah County would staff it. Rockwood Community Health Center opened the following year, in space the county continues to rent from us.

In 2011-2012, after the Oregon Legislature and Affordable Care Act transformed the Medicaid program with CCOs and expanded Medicaid eligibility, we helped establish five of the state’s 16 CCOs: Health Share of Oregon, Columbia Pacific CCO, Jackson Care Connect, Primary Health of Josephine County and Yamhill Community Care Organization.

Across the CareOregon family, our founders’ mission and values are at the heart of what we do. We are eager to see where they lead us in the next quarter century.

Examples of national attention



Managed Care & Public Health, Aspen Publishers; 1998: Multnomah County Health Department “administrators perceive that CareOregon’s role in health care provision must expand rather than diminish ... to secure its continued viability.”

Securing Medicaid’s Future: Spotlight on Managed Care, Roundtable Before the Special Committee on Aging, U.S. Senate, 2007 statement from David Ford, former CareOregon President & CEO: “It is not the care that people receive that is driving the cost of health care; it is the care that they don’t receive.”

Evaluating Primary Care Renewal in Oregon’s Safety Net Clinics: ... Findings from CareOregon’s Adult Medicaid Population, Clinical Medicine & Research; 2012: “Primary Care Renewal is an initiative, launched in early 2007, to transform Oregon safety-net clinics to the (patient-centered medical home) model of care.”

Developing Affordable and Accessible Community-Based Housing for Vulnerable Adults, National Academies of Sciences, Engineering, and Medicine; 2017: “... the reason CareOregon as a payor took an interest in housing was not because it has a dedicated community benefit fund — it does not — nor because it was required by law to do this work — it is not — but rather because CareOregon’s leaders felt it was the right thing to do ... ”



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Marquam Hill was CareOregon's first home. We opened our doors the same day the Oregon Health Plan launched.

CareOregon/Health Share: a bold approach to revolutionizing Medicaid

From as near as California and Washington, as far as New York and Florida, and a dozen states between, Erin Fair Taylor fielded calls. Day after day in 2012 and 2013, the phone on Fair Taylor's desk rang with callers asking the same question: *"How did you do this?"*

"This" was Health Share of Oregon, a coordinated care organization that was revolutionary in the health care world. Competing Portland-area hospitals and health plans, and all three counties, had joined hands in a single enterprise, formed solely to serve Medicaid recipients. Fair Taylor — today CareOregon's Chief Strategy Officer — was CareOregon's new Director of CCOs, deployed to Health Share's initial offices on the third floor of the CareOregon building.

Health Share, she told the callers, was the embodiment of the vision of CCOs putting their energy into cooperation, not competition. With some pain, each partner gave up a measure of autonomy for this first-of-its-kind health care collaborative. "We could never get competitors in our community to do that," the callers marveled.

A critical CMMI grant

It wasn't an easy birth. The umbrella organization arose from months of

challenging conversations where the partners learned about one another's priorities and concerns for Medicaid, required a full commitment to the joint CCO, and forged a structure of shared responsibility for Oregon Health Plan clients in Multnomah, Washington and Clackamas counties.

The effort was stoked by a mixture of idealism, the hard realities of a recession that was hammering the state budget for OHP, two Oregon governors' intense interest in health care transformation, expanded Medicaid under the Affordable Care Act, and, very importantly, a \$17.3 million CMMI grant that the Health Share founding members won from the CMS Innovation Center, the Health Commons Grant.

The grant application laid out “a collaboration across systems, building something bigger than any one of us could be by ourselves,” remembers Fair Taylor, who labored over the proposal during the winter 2011 holidays with then-Medical Director David Labby, MD, PhD, Rebecca Ramsay, MPH, BSN, then-Senior Manager of Care Support and Clinical Programs, and dozens of others from Health Share’s founding member organizations.

At the time, CareOregon was a nationally recognized trailblazer in innovative approaches to Medicaid. Why join an effort to form the CCO that became Health Share? “We realized we’d reached the limits of what we could do on our own,” Fair Taylor says. Even though innovation is in our DNA, as a solo insurer for only physical health services at that time, CareOregon’s ability to develop an integrated system of care to better meet the needs of the region was limited.

As part of a tri-county CCO, we saw greater potential for a health system that combined physical, dental and mental health for whole-person care. Even so, she says, “The decision to join Health Share was not made lightly.”

Readying for 2020

The Oregon Health Authority issued a broad invitation in 2018 for input into CCO 2.0, the next iteration of five-year contracts governing coordinated care organizations. We weighed in with our expertise and field experience, and encouraged community partners to do the same.

We really start with what is the right thing to do, thinking about stewardship, community focus, and what is the problem we’re trying to solve. And we figure out the dollar and cents second.

— Erin Fair Taylor, Chief Strategy Officer



CAREOREGON/HEALTH SHARE

Behavioral health

Our Behavioral Health team spent 2019 readying the transition of the mental health and substance use disorder benefits from Clackamas, Multnomah and Washington counties to CareOregon on December 16, 2019.

Bringing the benefit inhouse gives CareOregon “the opportunity to partner with providers in different ways to create payment models that support integrated care,” says Jill Archer, Vice President, Behavioral Health. Whole-person care is well-suited to behavioral health, where the return on financial investment typically accrues in other parts of the health care system. “It gives us the ability to reinvest savings,” Archer says, “back into the place that needs it.”

CareOregon devoted 2019 to creating the infrastructure to move over and service nearly 200 behavioral health provider contracts. With this change, we began serving all Health Share of Oregon members for their behavioral health benefit. We also began working with culturally specific mental health and substance treatment providers to co-design a payment model that supports their ability to deliver care that reduces health disparities.

Bringing behavioral health within CareOregon positioned us for our 2020 health initiatives, including building our provider network, particularly to draw from communities of color; partnering with providers on a vision for improving the system; and working with the Multnomah County sheriff and the Parole & Probation Department on ways to keep people out of jail for actions related to their behavioral health issues. “There’s a lot that’s working well,” says Archer, “and a lot that needs to improve.”



CAREOREGON/HEALTH SHARE

Non-emergent medical transportation (NEMT)

In summer 2019, CareOregon’s NEMT team stood in front of a room of about 40 driver-providers who’d gathered at the Ride Connection office in Northeast Portland. They had come at CareOregon’s invitation to tell us what was going on, from their view behind the wheel, with Health Share’s program to transport members to and from health care services.

The NEMT team, led by Julia Pirani, Vice President, Strategic Business Initiatives, knew it wouldn’t be pretty. The majority of member complaints related to transportation; the driver-providers were no happier than the members.

The themes from that day were repeated at three more meetings, including ones in Clackamas and Washington counties: The NEMT situation was a mess of unreliable payments, ever-changing rules imposed with little advance notice, preferential treatment for ride assignments, inequitable opportunity for smaller, mom-n-pop shops vs larger, more-established fleets, and on and on in the intricacies of the complex world of providing non-emergency transportation services.

Where there’s a need, CareOregon finds a way. CareOregon was already managing the NEMT benefit for Jackson Care Connect and Columbia Pacific CCO and felt well-positioned to step into the fraught situation at Health Share.

Those meetings were the start of a new relationship with the driver-provider network, one where we could begin building trust. As a result of the listening sessions, CareOregon:

- Devised collaborative workgroups for provider engagement.
- Increased the number and cadence of provider trainings.
- Increased the frequency and reliability of provider payments.

In spring 2020, we began managing the NEMT benefit for Health Share. Looking forward, the NEMT team will explore what clinics can do to streamline discharge planning and ride requests. Being immersed in this sphere showed Pirani that “the impact of transportation on people’s lives is more significant than we ever knew. If we have all the clinic capacity in the world, but someone doesn’t have the means to get to that service, it’s moot.”

The four priority areas that Gov. Kate Brown announced in 2019 for CCO 2.0 mirrored areas we were already building — and had advocated for including: Improve the behavioral health system, increase value and pay for performance, focus on social determinants of health and health equity, and maintain sustainable cost growth. “The state used us as the model and testbed,” says Fair-Taylor. “We’ve always been half a step ahead of where the conversation is.”

In 2019, we focused greatly on preparing for a major expansion of our scope. After seven years as a Health Share partner, we had earned the trust of the counties and fellow Health Share health plans to administer the overall dental, mental health, and non-emergent medical transportation benefits (*see “Non-emergent medical transportation,” on this page*). CareOregon continues to administer physical health benefits for nearly two-thirds of Health Share members.

With this unified responsibility, CareOregon/Health Share reached the holistic approach to Medicaid that Oregon aspired to in 2012 when it launched CCOs.

Always an innovator

Along with collaborating within Health Share, we’ve continued our own tradition of innovation. We embed staff in clinics to

provide social work services and review records, looking for care gaps. Our payment incentives support primary care providers in integrating oral and behavioral health with physical health (see “*Behavioral Health*,” page 15), and for reaching the state’s metrics. We are helping dental and primary care clinics blend their services (see “*CareOregon Dental*,” page 19) and better communicate and coordinate care across the continuum.

Our Community Advisory Boards meet regularly and weigh in on member-facing initiatives. Community Benefit funds prioritize social determinants of health and health disparities. The Pharmacy team strives to control drug costs. And our supportive services — language access and NEMT — help fill the practicality gap between access to care and actually receiving and understanding that care.

“Practically speaking, this integration was not possible at the launch of CCOs,” says Fair Taylor, noting that the state passed the CCO legislation in late March 2012. CCOs started serving members September 1 of the same year and had to use the current systems.

“Changing a tire while going 70 miles per hour takes careful planning and coordinated work,” says Fair Taylor. CareOregon is at this point, she notes, after years of reimagining

CAREOREGON/HEALTH SHARE

CareOregon Integrated Community Network (ICN) advisory committee

In 2019, we committed to changes intended to produce improvements related to health disparities and population health in 2020 and beyond. Deep, meaningful collaboration will help us succeed. To that end, our board of directors chartered the CareOregon Integrated Community Network (ICN) advisory committee to “guide our work under the Health Share umbrella,” says Robert Mcconville, Vice President, CareOregon Metro.

The advisory committee began meeting in August 2020. The committee members offer a breadth of experience in NEMT and physical, dental and behavioral health. With our expanded scope of benefits administration, their perspective is invaluable. We greatly value their helping us review the ICN performance, network, payment policies, quality, strategies and more.



Committee members

CareOregon: **Nathalie Johnson, MD, board member; Bob Stewart, board member; Alyssa Franzen, DMD, Chief Dental Officer; Amy Dowd, Chief Operations Officer**

Women’s Healthcare Associates: **Brian Kelly, CEO**

CODA: **Alison Noice, Deputy Director**

NARA: **Jackie Mercer, CEO**

Cascadia: **Jeffrey Eisen, MD, Chief Medical Officer**

Sequoia Mental Health Services: **Marcia M. Hille, Executive Director**

Washington County: **Kristin Burke, Community Mental Health Program Director**

Federally Qualified Health Centers: **Carlos Oliveras, CEO, Yakima Valley Farm Workers Clinic; Gil Muñoz, Chief Executive Officer, Virginia Garcia Memorial Health Center; Adrienne Daniels, Deputy Director, Integrated Clinical Services at Multnomah County; Jeri Weeks, CEO, Neighborhood Health Center**

Planned Parenthood Columbia Willamette: **Hayley Nunn, Vice President of Patient Services (interim)**

CAREOREGON/HEALTH SHARE

What are safety-net clinics?

The health care safety net is made up of clinics that provide health care to those who otherwise would have barriers to accessing it. The clinics include federally qualified health centers (FQHCs) in the Portland tri-county area: Central City Concern's Old Town and Bud Clark clinics, the Multnomah, Clackamas and Washington county health departments, Native American Rehabilitation Association (NARA), Neighborhood Health Center, OHSU Family Medicine at Richmond, Outside In, Prism Health, Virginia Garcia Memorial Health Center, Wallace Health and Rosewood Family Health Center. School-based health centers are also part of the safety net.



and thoughtfully re-engineering the system, and building relationships with provider networks, member advisory councils, CCO boards and community partners.

Beyond 2019

CareOregon/Health Share remains committed to a broad network, knowing that members appreciate choices. We tend the bonds with the safety-net clinics that are our roots, and the partners who helped us get where we are. We recognize that members and providers have their own distinct connection, and we are focused on supporting and enhancing that.

More than ever, we are mindful of relationships. “Our thinking 25 years later is that focusing on the clinical network is necessary but not sufficient,” says Fair Taylor. “Investing in providers, members, community-based partners and ourselves, internally, is all critical to a stable health plan.”

Tumultuous 2020 sharpened our commitment in the areas the pandemic heightened, including mental health and substance use services, and addressing health inequities that communities of color face. We hear and support the impassioned calls for racial justice, and recognize the role we can play in helping dismantle barriers that stand in the way of health, happiness,

fairness and economic opportunity. We stood by members and staff affected by the devastating September fires and smoke when we coordinated transportation, temporary housing, and connections to services for those affected. And we know we are strong enough to be a bedrock in whatever other times of distress the future may bring.

As 2020 closes, we gratefully recognize that CareOregon's mission gives us the opportunity to support our communities in ways that most health plans do not.

CareOregon is more than a safety net plan, because we do the work to make sure the safety net truly aligns with the framework established by public policy. Over time, we try to influence and shape the public policy that is produced, but regardless of the policy framework, we will always prioritize the specific needs of our members.

— Jeremiah Rigby, Chief of Staff

CAREOREGON/HEALTH SHARE

CareOregon Dental



In health care, the mouth has long been separated from the rest of the body. And CareOregon Dental's 2019 Learning Collaborative, a yearlong effort that was part of the 2-year Oral Health Integration Program, sought to remedy that. "The oral integration work was the crown jewel of 2019," says Alyssa Franzen, DMD, Chief Dental Officer.

CareOregon Dental provided \$2 million across five clinic partners. Each clinic submitted a proposal to incorporate oral health into primary care practices. The health integration projects were the answer to overriding questions within CareOregon Dental: How might we focus on incorporating oral health, and the benefits it contributes to overall health, in non-dental clinical practices? And how might we leverage dental clinic visits to improve overall member health and prevention? Some key examples of integration across this exciting collaborative include:

- At the Virginia Garcia women's clinic in Washington County, a dental hygienist provides dental care to children and pregnant patients who come for medical appointments.
- The dental team at Clackamas County Health Center, newly trained in trauma-informed care, is equipped with tools like stress balls to help calm any patients who bring anxiety, anger and agitation to the dental chair.

- As part of their inpatient treatment program, patients at the Native American Rehabilitation Center of the Northwest see a dentist onsite — for some, the first dental care of their life.
- Parents who come to Multnomah County Health Department's Dental Baby Day Clinics can update their baby's childhood vaccinations at the dental clinic.
- At Neighborhood Health Center in Tanasbourne, dental screenings and care are embedded alongside occupational therapy and doctor visits.

The clinics also took part in in-person and virtual meetings — "learning collaboratives" — with CareOregon staff and fellow awardees. "It was very collaborative from the beginning," says Alexa Jett, Oral Health Integration Manager. "We brought them together so they could learn from each other," despite each having launched a different integration project.

Yadira Martinez, Dental Hygiene Program Supervisor at Virginia Garcia, said she sees at least eight out of 10 patients who come for prenatal care, and feels fully integrated into the medical team. "When you affect mothers, you in turn also affect their children," she said on a CareOregon video about oral health integration. "By improving the mom's health, you're also improving their children's health. And that is just all around good for the community."



Oral Health Integration Project participants, top to bottom: A dental clinician speaks with a patient at the Native American Rehabilitation Association of the Northwest; Mari Jo, a member at Clackamas County Health Centers; and Maria and her family, members being seen at the Multnomah County Health Department. For more, watch our Oral Health Integration Program video: careoregon.org/ohip-video.

Columbia Pacific CCO

Since our founding in 2012, Columbia Pacific CCO has worked diligently to improve the lives of people in Clatsop, Columbia and Tillamook counties by expanding access to health care, putting members first and bringing local leaders together to solve persistent problems. Leveraging the strengths of CareOregon, but with a fiercely independent spirit, Columbia Pacific has quickly become a cornerstone of the communities it serves.

In 2012, CareOregon was uniquely poised to help fulfill the requirements of the Affordable Care Act, as the state established a coordinated care organization (CCO) model for health care. People in Oregon's north coast region were unfamiliar with coordinated care organizations, having only had fee-for-service and managed care options to that point. CareOregon saw the need on the coast and wanted to bring our skills to a region seemingly forgotten by the health care system.

By the end of 2014, Columbia Pacific more than doubled its membership, growing from around 14,000 to more than 29,000 members. The provider network, however, remained the same. This sudden growth forced Columbia Pacific to focus solely on the network, in order to provide access to health care. The turning

point occurred when Columbia Pacific hired Medical Director Safina Koreishi, MD.

Koreishi led the effort to stabilize the provider network, sending out staff for multiple days each week to advise on clinical operations, staffing templates and workflow enhancements. This led to an innovative network and clinical support model that gave providers the support they needed for the increased member load. Koreishi also helped Columbia Pacific focus on the opioid epidemic. Despite having the fourth-highest addiction rate in the nation, Oregon ranks 50th in access to treatment. The need is especially great in Clatsop and Tillamook counties.

Steadily building a hub and spoke model in partnership with OHSU-Scappoose Family Health Center, Koreishi led an effort

to increase the availability of medication-assisted treatment (MAT) to help those affected by opioid use disorder. In a major effort to address the epidemic, by 2019 Columbia Pacific partnered with CODA Inc., the state's oldest nonprofit addiction treatment program, to construct the Seaside Recovery Center, which included local methadone dispensing. A 7,000 square-foot facility was created to serve up to 300 clients each year, mostly Oregon Health Plan members from Clatsop and Tillamook counties. "The goal of our program is to be as minimally invasive as possible," says Alison Noice, executive director of CODA. "It's a life-changing event when you see patients become successful through medication-assisted treatment."

For the last four years, Columbia Pacific has also hosted an Opioid and Substance Use Summit that brings together clinics, providers and community partners to learn about the region's need for treatment and support in recovery, and plan ways to address the crisis together.

In 2019, Columbia Pacific concluded an 18-month process of engaging more than 1,300 members to share their narrative stories — their lived experiences — about barriers and supports for staying healthy to inform our five-year Regional Health Improvement Plan

(RHIP), released in June. This work, a shared product of local public health, hospitals, the CCO and others, identified eight strategic priorities focused on social determinants of health and access to services (see graphic). These priorities were also adopted by county leaders and health departments across our region, allowing for collective impact to improve community health.

Another priority area for the CCO has been in equity, diversity and inclusion (EDI) work to ensure that members’ diverse needs are understood across all areas of the CCO. Koreishi says, “We’re developing strategies by centering those who have been at the margins, as opposed to developing strategies first and then trying to fit in the people on the margins.” Columbia Pacific took a proactive stance, rallying around the issue of language access as a starting point toward cultural responsiveness. The first steps included enhancing existing interpretation assistance for members and working with the clinical advisory panel on a language access plan.

As part of this work, Koreishi suggested that the Columbia Pacific Board of Directors engage in equity and inclusion training. She and Executive Director Mimi Haley knew that if their EDI efforts were going to have a permanent, positive effect, they needed to involve the highest levels of leadership. The

culture of openness and focus on equity has allowed for broader conversations about racial justice and health inequities, both internally and with the CCO’s four Community Advisory Councils. “We had one and a half feet in before, and now we’re all in,” says Koreishi.

As Columbia Pacific’s service to Clatsop, Columbia and Tillamook counties continues, the CCO — which was formed to transform health — continues to move beyond health care. We know issues like food and housing have a dramatic impact on health, and are both humbled and invigorated by the work we have ahead in the face of a public health emergency and an economic downturn. There is always more work to be done. The greatest opportunities — focusing on members, equity and justice — remain ahead.

There are two things that make us succeed. The first is that we have an incredible team. I really believe we’re the best little CCO in the state because of them. And second, we have local leadership on our board, in our clinical advisory groups and with our community councils — they are the heart and soul of our CCO.

— **Mimi Haley**, Executive Director
Columbia Pacific CCO

Regional Health Improvement Plan: Our strategic priorities

Columbia Pacific CCO developed this graphic to show the complex relationship among our eight strategic priorities, community voices and the path to health equity.



Jackson Care Connect

As the first speaker at Jackson Care Connect's 2019 spring conference, Curtis Ziegler quickly commanded the room. His deeply personal story set the day's tone for the 200 health care, social service and community leaders in attendance.

Just four years prior, Ziegler had been homeless. He suffered from addiction and several other untreated health conditions. He recalled, "I was so wrapped up in my disease that I just stopped caring for myself."

A chance encounter with an Oregon Health Plan assister from La Clinica set Ziegler on a path of hope and recovery. As he told his story, Ziegler called out several organizations that helped him heal, including physical, mental and oral health providers, the Rogue Valley YMCA and the non-emergent transportation vendor Translink. He said, "There have been so many resources that have helped to solidify the very foundation I stand on today, and Jackson Care Connect has been there since ground zero."

Ziegler's experience illustrates the strength that comes from Jackson Care Connect's deep roots in the tightly knit Jackson County community.

While CareOregon had a long history of serving Medicaid members in Jackson County, the establishment of coordinated care organizations (CCOs) in 2012 created a new opportunity. CareOregon's Chief Strategy Officer Erin Fair Taylor recalls the creation of Jackson Care Connect resulted from dozens of conversations with local providers and community leaders who asked CareOregon to enter the local CCO landscape. Fair Taylor says our success in Jackson County is a result of that support.

When Jackson Care Connect's Executive Director Jennifer Lind, who was the organization's first employee, walked into her first board meeting in 2012, she found a powerhouse of local leaders already at the table. That group included leaders from hospitals, clinic systems and public health who had a depth of knowledge of health care in Jackson County. Their vision was essential to shaping the direction and culture for the organization.



Jackson Care Connect member Curtis Ziegler shares his story of recovery.

Being part of the CareOregon family allows Jackson Care Connect to flex the strength of our statewide administrative and health care expertise. Lind recalls, "We saw CareOregon turn itself completely inside out from a place that served members and held contracts with the Oregon Health Authority, to this parent company serving the CCOs."

Lind points to key moments in our evolution as evidence of the CCO's innovative nature. Not long after the first board formed, Jackson Care Connect member George Adams became its first member representative, a practice that wasn't common at the time. Carving out a permanent position on the board for the member voice has helped the organization be responsive to member needs.

That culture of innovation, along with our deep community ties, also allows Jackson Care Connect to be nimble in responding

to members' needs. Improving access to behavioral health has always been a priority, and in 2017, we were one of the first CCOs to integrate the behavioral health benefit. As a result of the broader focus on mental health, utilization of the behavioral health benefit has steadily increased.

In 2019 the community came together to create the community health improvement plan *All In For Health*. Informed by a recent community health assessment, *All In For Health* affirmed three priorities: behavioral health, housing and parenting support. These priorities validated the work the CCO was already focused on. They also aligned with the priorities the Oregon Health Authority established for CCOs in the 2020-2024 contracting process. Jackson Care Connect was one of two CCOs awarded a five-year contract in the county, and the only one awarded a contract without stipulations.

These health priorities are best addressed by collaboration with community partners like Rogue Retreat, which helps people who are homeless with supportive housing and case management. In 2019, Rogue Retreat completed the second phase of Hope Village, a tiny house development Jackson Care Connect supported financially. Hope Village provides people with an important first step on the pathway to secure housing. This year,



Keynote speaker Dr. Alicia Moreland Capuia (right) shares insights in a small-group discussion.

195 Jackson Care Connect members were served by Rogue Retreat's services.

Jackson Care Connect made progress on another complex community health issue in 2019: medication-assisted treatment (MAT) for opioid use disorder. Our staff convened a new learning collaborative, which provided a forum for shared learning and training on best practices. The collaborative is a monthly series with representatives from community justice, health providers, hospital staff, Veterans Administration and community organizations.

The conference that Curtis Ziegler kicked off took on housing, MAT and more, with a focus on health equity throughout. Diana Alfaro Soto, a member of the Community Advisory Council (CAC), addressed the conference in Spanish, her first language. Speaking through an interpreter, she

discussed her experience serving on the CAC. Alfaro Soto and other members like her are shaping the future priorities of Jackson Care Connect by sharing their perspectives, and we are committed to making their voices heard by continuously improving our language and interpretation services.

Keynote speaker Dr. Alicia Moreland Capuia, MD talked about racism and how health equity affects the triple aim. With her perspective as a clinician and advocate for health equity, Moreland Capuia engaged attendees in a discussion of the issues unique to Jackson County, as partners acknowledged the disparities faced in our region, and how much more work remains to be done.

By the end of 2019, Jackson Care Connect was preparing for a large increase in membership, as we learned we would absorb more than 12,000 members from two other CCOs, AllCare and Primary Health of Josephine County. The sudden growth created new challenges, but they would, of course, pale in comparison to what 2020 held in store.

With a firm foundation in place and the right partners at the table, we will continue our work toward a healthier, more stable and more inclusive Jackson County.

CareOregon Advantage

Any company worth its salt has a “why.” At CareOregon, ours is to bring health (not just health care) to those who need it most. After more than a decade of focusing on Medicaid members, we realized there was more we could do to help people in need beyond Medicaid. Regardless of risk, we knew we needed to step in.

In 2006, after 12 years of serving the Medicaid population, CareOregon launched into the Medicare space by forming CareOregon Advantage Plus, a dual-eligible special needs plan (D-SNP). Even in the face of different regulations, a mismatch in federal and state policies, new financial models, a competitive market and other challenges, CareOregon Advantage has remained committed to these members and expanded the program to the 13,000 members it now serves.

Teresa Learn, Chief Financial Officer, who has been the executive lead on CareOregon Advantage since 2015, remarked, “There aren’t a lot of plans that only focus on this population — the fully integrated dual-eligible members. It’s a really hard model to make work, but we’ve stuck with it to support our members.”

Members who are “dual-eligible” are entitled to both Medicare and Medicaid coverage, while “special needs” plans are designed for members with specific and chronic health needs that require additional care. By establishing CareOregon Advantage as a D-SNP, we were able to offer health care to the most underserved members, “people who have fallen through the cracks among a population that



Participants in CareOregon Advantage's focus groups, who represent the diverse perspectives and experiences among our membership.

has already fallen through the cracks,” as CareOregon Chief of Staff Jeremiah Rigsby puts it.

Committed to serving our members no matter the challenge, we strove to figure out how to make CareOregon Advantage work on multiple levels:

1. Logically, to influence policy on a national and state level.
2. Thoughtfully, by gaining a deep understanding of our members’ and providers’ realities so we could address their needs.
3. Financially, to create a sustainable plan.

Our public policy team quickly discovered that, on the federal level, Medicare reimbursement didn’t consider differing state rules or the realities of dual-eligible special needs plans like CareOregon Advantage. Simply put, the reimbursement the government provided did not cover the medical costs of special needs plan members. The turning point came in 2015, when CareOregon staff met with Oregon Senator Ron Wyden. His advocacy with the Obama administration

led to a change in the Centers for Medicare and Medicaid Services' (CMS) policies that changed the rules around reimbursement.

In 2019, the CareOregon Advantage team sought to expand its understanding of member needs and experiences by conducting seven focus groups comprised of members speaking four different languages: English, Chinese, Spanish and Vietnamese. Staff received feedback on a range of topics including member communication, provider experience, benefits and services, and thoughts on plan improvements.

“These groups really helped us identify what members love about us and where the program could use some improvements,” says Stefanie Cao, Senior Manager of Marketing and Sales for CareOregon Advantage, “We stopped guessing and actually asked what they needed — and then acted on it.”

Member insights gained in the focus groups led to the following plan improvements:

- Adding funds and increased coverage to our popular over-the-counter debit card for health-related items.
- Offering two weeks of meals delivered at home after a hospital stay.
- Providing a free gym membership through Silver & Fit.

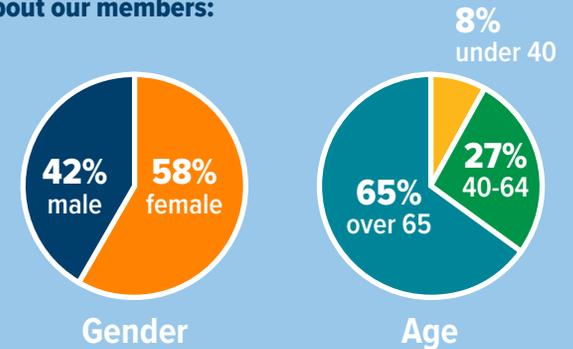
One member, James, was so thankful to have a plan that follows up on his feedback: “For a long time, I said, ‘Get a gym membership for us!’ Recently, they did! They’re trying to get you healthy by reminding you and paying you to go exercise.”

2019 was one of CareOregon Advantage’s most profitable years in recent history. It was a direct reflection of our member-focused approach and CMS policy changes, combined with substantial work on innovative provider risk agreements. As the program continues to grow, our commitment to speaking with our members on a more personalized level and acting on their feedback will be crucial to remain competitive.

In 2020 our Medicare population faces new challenges as they access health care in an environment significantly altered by the coronavirus pandemic. The CareOregon Advantage team is responding by talking to members, examining roadblocks and adapting the program to make sure members get the care they need, now and into the future.

CareOregon Advantage today

About our members:



Members in our focus groups expressed their gratitude for CareOregon Advantage’s benefits and employees:

- “It’s a privilege to be at the very top of (CareOregon Advantage’s) heap. Because, I think that’s what I am. I’ve had about as good a program as I could possibly get at a government insurance company.”
- “I feel blessed because I have (health care). I’ve had people that I have talked to on the phone ... and they have looked through my health stuff and they go, ‘Wow you have really good coverage.’ I’m always grateful for that.”
- “When I called (CareOregon Advantage) about my primary care physician, the person was on the phone with me for quite a while. She gave me 12 options (and) called me back to find out if I found one ... They’re just 100% on my side.”

Tribal Care Coordination

To be in Oregon is to be on ground that originally belonged to, and was taken forcefully from, Native people. Due to historical injustice and ongoing inequity, Tribal members across Oregon and the rest of the United States face a lower life expectancy than white Americans. According to the Department of Health and Human Services, Tribal members are at greater than average risk of “suicide, unintentional injuries, obesity, substance use, sudden infant death syndrome (SIDS), teenage pregnancy, diabetes, liver disease, and hepatitis.”*

The State of Oregon recognizes Tribal sovereignty and Tribal independence. Accordingly, Tribal members who receive Medicaid benefits have the right to join and receive care through a coordinated care organization (CCO), or receive those benefits directly from the state. The state contracts directly with CareOregon to provide care coordination services to members who choose to opt out of a CCO. Tribal members are recognized as one of several groups who have this right.

The Tribes had been unhappy with the inadequate service Tribal members were receiving through the Oregon Health Plan (OHP). Recognizing this need, CareOregon stepped in to serve Oregon’s Tribal population. In 2017, through an intentional,

strategic partnership, Oregon’s nine federally recognized Tribes formally partnered with CareOregon. Our alliance continues to thrive today through CareOregon’s Tribal Care Coordination program.

For some years, CareOregon looked for an opportunity to serve the Tribal population. CareOregon had recently launched multiple successful coordinated care organizations (CCOs) in Oregon’s new Medicaid model. The Tribes were seeking a system that would best serve their communities across Oregon. CareOregon, driven by a mission to connect underserved populations with health care access, recognized that Tribal populations were not getting proper care to meet their unique needs.

Since the inception of our partnership, CareOregon has worked hard to listen and understand. The Tribes deserve to be heard. We are privileged to serve our local Tribes and Tribal members. The trust we’ve developed over the years is one reason our contract continues to be renewed.

Today, CareOregon serves approximately 19,000 Tribal members. The Tribal Care Coordination program is staffed by three CareOregon employees: a nurse care coordinator, a behavioral health care coordinator, and a care coordinator. These team members report to our Tribal Liaison who meets regularly with Tribal leadership. Ongoing engagement ensure that our staff understand the priorities of Tribal Leaders. If CareOregon has questions, the Tribal Liaison take questions directly to the Tribes. “It’s a more culturally informed approach,” says Tribal Liaison Troy Montserrat-Gonzales, “I’m not just charging forward blindly.” It’s also a two-way street: If the Tribes have a need CareOregon can help with — like the 2020 wildfires that ravaged much of Oregon — these regular meetings are an opportunity for those needs to be expressed.

We strive to serve in a supporting capacity to the Tribal staff that run the health centers on the reservations. We help members with care coordination in order to give clinic staff

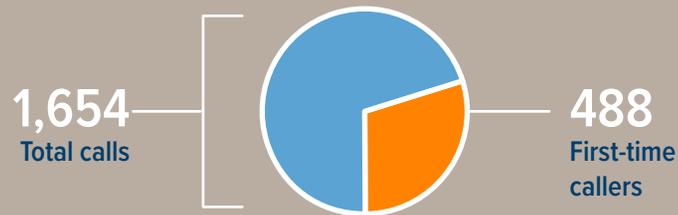
**minorityhealth.hhs.gov/omh/browse.aspx?vl=3&vlid=62*

more time to serve members face-to-face. In turn, we rely on health center staff to help us understand issues and how our coordination team can help find solutions.

Coordinators' work includes finding dentists or behavioral health providers throughout the state who accept fee-for-service insurance, helping members remove roadblocks when authorizations for care are needed, and more. Our primary goal is always to connect Tribal members to care, even in situations where providers are not set up to accept the OHP. As our care coordination staff undertakes this work, they help providers improve their processes so other members will not face similar issues in the future. CareOregon Tribal care coordinators also receive training to understand the needs and circumstances of each of the nine federally qualified Tribes.

CareOregon is honored to serve local Tribes, and our yearly renewal shows us that the program is working as Tribes need it to. As we look to the future, we'll continue to discover new opportunities that allow us to match Tribal needs with CareOregon's strengths and strive to adapt to Tribes' needs when times of crisis arise.

Tribal Care Coordination by the numbers



Every day, our team plays a small part in our Tribal members' remarkable stories. Here are some examples of our work:

- A foster parent required equipment to serve a child's health care needs. After the Oregon Health Plan denied the request, CareOregon worked with our service providers to find a less expensive but equally appropriate option, which was then approved.
- Our behavioral health care coordinator and Tribal Care team helped a member who was seeking counseling for past trauma find a Native American therapist in private practice who had immediate openings and specializes in treating trauma.
- A member who was being treated for complex physical illnesses had an extended hospital stay. Our RN Care Coordinator worked with the member and the hospital discharge team to determine the proper level of post-discharge care and find a facility with immediate openings.

The most common member needs:

Oral health: **32%**

Disease management: **18%**

Benefit support: **13%**

Physical health: **9%**

Wellness and prevention: **8%**

Behavioral health: **7%**





Hospice care with heart: Patient Gino Damico takes a spin in a 1966 Chevelle, arranged by hospice nurse Gillian Beck van Heemstra.

Housecall Providers

It started with a doctor waking in the middle of the night with the term “house call” on her mind. Little did she know that this dream would build an organization that has become nothing short of a miracle for the more than 12,000 community members it has served — people who were left to fend for themselves because their medical needs couldn’t be met in a traditional clinic setting.

Housecall Providers was founded in 1995 and has cared for homebound adults — those living with severe disabilities or serious illness — as well as those entering the final stage of their lives. After more than 20 years of this vital work, Housecall Providers was acquired by its longtime partner CareOregon, a

partnership that is providing new stability and breadth to Housecall Providers’ services.

As a child, Benneth Husted, DO, used to accompany her father on house calls to visit his patients. Remembering the personal care her father delivered, Husted was inspired to

offer a new model of care for homebound patients. One of her first calls was to Multnomah County’s Aging and Disability Services department, to see if in-home services would be useful or desired. The staff were happily shocked, because the services Husted proposed were unheard of at the time. Soon, she had more than 100 patients, and it was then that she realized the enormity of the need for in-home medical care throughout the Portland metro area.

Home-based care for seriously ill, complex patients made sense for clinicians and family caregivers, but the health care system lagged

behind, not yet ready to embrace the home-based medical model. For years, Housecall Providers' staff did double duty, serving patients and families with compassionate, critical care while working to improve the clinical model and advocating for higher reimbursement rates to meet costs.

The peace and simplicity of dying in one's own home — in familiar surroundings, with friends and family by one's side, rather than in a hospital setting — is how most of us wish to spend the rest of our lives. Although 70% of Americans say they would like to die at home, only 31% do. Housecall Providers recognized this need, and in 2009 they added hospice care to their primary care services so staff could be with their patients throughout the course of their lives. Today, nearly all of Housecall Providers' hospice patients die at home.

Protecting a style of care

Housecall Providers' expansion of services made sense for patient care, but it came with challenges. They were losing revenue on their fee-for-service model and were surviving almost solely on grants and donations. In 2016, amid increased competition and higher costs, Housecall Providers was in peril and looking for the right partner. CareOregon had already worked with Housecall Providers for more than 20 years and recognized that

their services were essential for a high-risk and costly segment of our membership. The number of "frail, homebound patients was only going to grow as the population aged," says Rebecca Ramsay, CEO of Housecall Providers and, at the time, CareOregon's Executive Director of Population Health. "This was an amazing opportunity for CareOregon to venture into a care delivery system and protect this style of care for the broader community."

The partnership between Housecall Providers and CareOregon, solidified in 2017, immediately expanded the patient population to include a younger demographic. These members had a higher prevalence of behavioral health concerns, which meant a shift was needed in the care model. The staff began training in trauma-informed care and Motivational Interviewing techniques, so they were better prepared to care for this diverse population.

Benefits of joining the CareOregon family

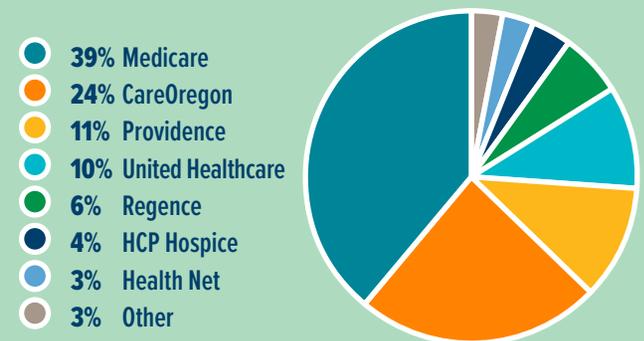
The affiliation also brought other much-needed benefits: CareOregon's IT team helped optimize and modernize Housecall Providers' electronic health record system, upgraded their phones to a more stable system and enhanced the security of their information systems. CareOregon's legal department assisted in the review

Primary care and Housecall Providers

For 25 years, Housecall Providers has been the Portland tri-county area's largest and most reliable primary care resource for homebound adults. About one-third of our primary care patients live in private homes; the other two-thirds are in adult care homes or residential facilities such as Taft Home, Terwilliger Plaza and Farmington Square Beaverton.

Reimbursement terms and a mix of payers are critical to the financial stability that will allow us to continue this style of care for highly complex individuals: high-touch, multidisciplinary and home-based. We contract with Centers for Medicare & Medicaid Services (CMS) and regional health plans.

Primary care payers*



*As of October 2019

of Housecall Providers' vendor contracts, ensuring they weren't taking on more risk than required, and also helped to maintain a high level of compliance in all business areas: security, privacy, billing and clinical.

Ultimately, through closer integration with CareOregon's regional care teams, Housecall Providers was able to collaborate with other parts of CareOregon's provider network, who then began to refer patients more consistently. Housecall Providers has also helped train other in-home care organizations throughout the country, including a recent gathering of 26 hospice organizations.

Navigating a new reality

The partnership with CareOregon gave Housecall Providers the stability to offer new services. Many of us know someone — a family member, a friend, a colleague — who's been diagnosed with an illness that changes their life. Those treated at home not only need help managing their symptoms, they need someone to help them navigate this new reality, someone to walk them through the difficult choices they face, ensuring their wants and needs are being addressed.

Housecall Providers' Advanced Illness Care (AIC) program, formed in October 2017, meets the real needs of seriously ill patients. These patients often have

additional life challenges like housing and food insecurity or struggles with substance use or mental health issues. Community-based palliative care, like that provided by the AIC program, offers patients receiving clinic-based medical care an extra layer of support to address their serious illness.

Ramsay says, "We have succeeded and grown because we're providing a service that's so needed in the community, something no one else is doing. We're serving the invisible patient population that suffers daily and often behind closed doors. This is a hard model, and not for the faint of heart — financially and emotionally."

Today, Housecall Providers serves around 2,500 patients and families in the Portland metro area each year. The need is as large as ever.

Reaching out to diverse communities

Three million people in the United States could benefit from in-home or palliative care, but only 15% of those people receive it. As Housecall Providers continues to grow, their attention will shift toward ensuring their services cover members who can't access care due to health inequities. With a newly formed equity, diversity and inclusion committee, staff members are calling on the relationships they have fostered with local

social service agencies to identify and reach out to these communities.

The COVID-19 pandemic presented a new set of challenges for Housecall Providers, forcing care teams to pivot from their home visit model to mostly telehealth visits. High-risk patients simply can't wait to be safely seen in person. Although shifting to telehealth systems so quickly was challenging for both Housecall Providers and their patients, they were eager for this new ability to serve, which will result in improvements and changes for the future of each of their three programs.

Angels on earth

The heart of Housecall Providers' mission — to serve patients, family members, and caregivers — will continue to inspire them to seek new and innovative ways to care for this segment of our community. "I believe that without the tender loving care of Housecall Providers Hospice, my father would have died a long time ago," Radha Kumar, the daughter of a recent hospice patient said. "The quality and professionalism of the care we've received has been so consistent, and they've been so dedicated and courteous. I think you are all angels — actual angels on earth."

Financial Summary 2019

A major focus for CareOregon in 2019 was preparing three letters of intent for the 2020-2024 cycle of contracts for coordinated care organizations, or CCO 2.0. We were gratified when the Oregon Health Authority awarded us full five-year contracts for Columbia Pacific CCO, Jackson Care Connect and Health Share/CareOregon. Other major efforts included preparing staff and building provider networks to align with expanded responsibilities coming in 2020 with CCO 2.0. Meanwhile, the number of members we serve continued to grow, with

12,400 members added during the year. CareOregon’s financial performance remained strong. Our practice is to hold sufficient financial reserves, which enables us to weather the ups and downs inherent in health care. In 2019, our finances stabilized after the large influx of metro-area members in 2018. By being good stewards of public funds, we were well-positioned to absorb the losses we experienced in 2016-2017.

273,836

MEMBERS

\$1.39 billion

TOTAL REVENUE

\$568 million

TOTAL ASSETS

Community Investment 2019

In 2019, CareOregon awarded more than \$3.8 million in charitable giving that included sponsorships and grants for supporting community efforts that lessen the impacts of homelessness, childhood trauma and social determinants of health. To increase health equity and redress health disparities, in 2016 we prioritized groups that serve culturally specific populations.

More than 40% of our community giving in 2019 was directed to these organizations, up from less than 5% in 2015. We also made more than \$2 million in outcome-based payments in 2019 to provider networks in our three regions. These reward improved member experience and excellence in care, as determined by metrics.

As we work with our partners to remedy inequities and improve health, we’re building stronger families, communities and futures.

CareOregon
Columbia Pacific CCO
Jackson Care Connect

COMMUNITY-DIRECTED GIVING

\$3.5 million
\$194 thousand
\$112 thousand

PROVIDER CAPACITY &
 OUTCOME-BASED PAYMENTS

\$964 thousand
\$895 thousand
\$322 thousand

CLOSING LETTER FROM THE PRESIDENT

Twenty-five years and counting – Serving our communities

From the first conversation between leaders at the Multnomah County Health Department and the Oregon Health and Science University in 1993 to today, one thing has been consistent with CareOregon – we provide compassionate care for our most vulnerable neighbors. The vision of providing person-centered care in the promising Oregon Health Plan has grown into a company with a statewide presence across seven lines of business. Today, CareOregon represents a crucial component of Oregon’s health care landscape and is a respected partner to organizations across the country and world.

Creating and building an organization so influential and cherished is an immense accomplishment. To recognize that fact, we marked our silver anniversary with staff celebrations in Portland and Jackson County. We also held a reunion that brought together our founders, the four previous chief executive officers and dozens of the incredible people who had a hand in lifting CareOregon to its current position. The passion, wisdom and creativity of CEOs Mary Lou Hennrich, David Ford, Pat Curran and Scott Clement were absolutely critical to CareOregon and its future.

Today we serve nearly one of every 16 citizens in the state, a responsibility we take extremely seriously. As a community-based nonprofit company, we have a fiduciary duty to be good stewards of our funds. Beyond that, we are compelled to serve our members with respect and equity. The best team in the business has made amazing things happen, powered by our SPIRITED values of Service, Passion, Innovation, Results, Initiative, Teamwork, Equity and Diversity.



Eric C. Hunter, President & CEO, was honored to gather prior CEOs to express CareOregon’s deep gratitude.

We are excited to continue our work and relationships with members, clinical providers and community partners. We are focused on identifying the best ways to enhance the broad, cascading impact of our efforts, which we call the CareOregon Effect: When our members are healthier, their lives are stronger, and their family and our communities are stronger. We welcome you to join us for our next 25 years of making health care work for everyone.

A handwritten signature in blue ink that reads "Eric C. Hunter". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Eric C. Hunter
*President & Chief Executive Officer,
CareOregon*

CareOregon Board of Directors

Kerry Barnett

*President and Chief Executive Officer, SAIF
Appointed May 2020*

Woody English, MD, MMM

Providence Health and Services, retired

Joanne Fuller, MSW

Multnomah County Health Department, retired

Tec Han

Chief Investment Officer, Vibrato Capital

Damien R. Hall

Associate, Ball Janik LLP

Susan Hennessy

Kaiser Permanente NW, retired

Eric C. Hunter

*President & Chief Executive Officer,
CareOregon*

Brenda Johnson

Chief Executive Officer, La Clinica

Nathalie Johnson, MD

Surgical Associates

Kathy Jones

*Healthcare Administration,
San Diego County, retired*

Gina Nikkel, PhD

*Executive Director, Association of
Oregon Counties*

Suk Rhee

*Director, Office of Community & Civic Life at
the City of Portland*

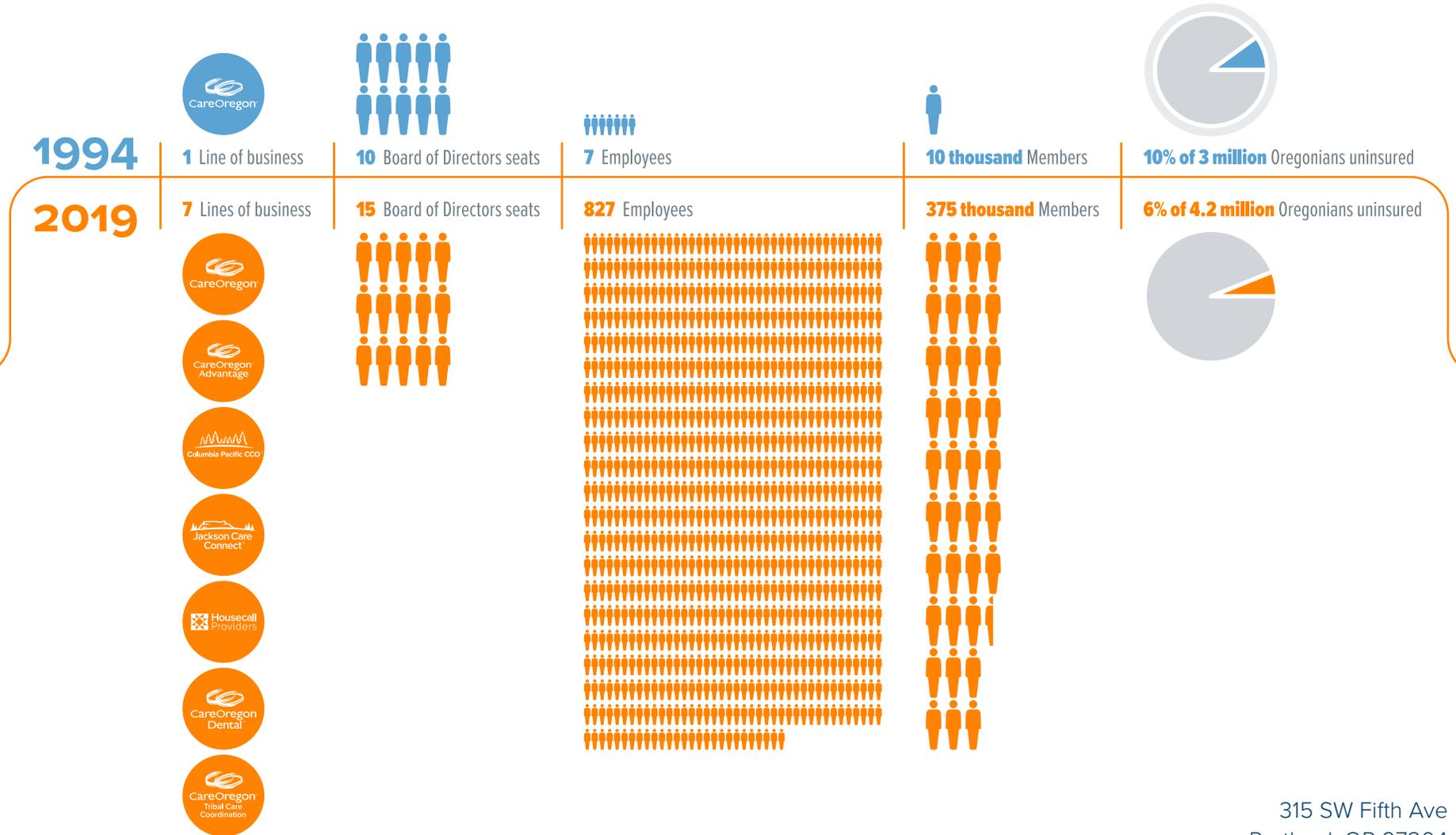
Glenn Rodriguez, MD

*Board Chair, CareOregon
Providence Milwaukie, Family Medicine
Residency Program, retired*

Bob Stewart

Superintendent, Gladstone School District

Then and now...



315 SW Fifth Ave
Portland, OR 97204

careoregon.org