



Board of Directors Meeting
Thursday, July 9, 2020 – 3:00 to 5:00pm
Meeting Held via MS Teams

SUMMARY

A meeting of the Jackson Care Connect Board of Directors was held on Thursday, July 9, 2020. In consideration of the current COVID-19 pandemic, this meeting was held via Microsoft Teams.

Board Members Present:

| | | | | |
|----------------|-----------------|--------------|-------------|------------------|
| Brenda Johnson | Cindy Mayo | Craig Newton | Eric Hunter | Erin Fair-Taylor |
| Laura Bridges | Patrick Hocking | Paul Matz | Scott Kelly | William North |

| | | | | |
|----------------------|------------|------------|--------------|--------------|
| Staff Absent: | Jason Elzy | Lori Paris | Mark Orndoff | Matt Sinnott |
|----------------------|------------|------------|--------------|--------------|

| | | |
|-----------------|---------------|------------------|
| Present: | Jennifer Lind | Debbie Backstrom |
|-----------------|---------------|------------------|

| | |
|--------------------------|--------------|
| CO Staff Present: | Tony Jackson |
|--------------------------|--------------|

Call to Order

The JCC Board of Directors meeting was called to order by Laura Bridges at 3:00pm. A quorum was present.

Declaration of Conflicts of Interest – Laura Bridges presented an opportunity for Board members to declare any conflicts of interests in the discussions on the agenda. Brenda Johnson noted her participation on the CareOregon Board.

Consent Agenda: Board members reviewed the consent agenda for today’s meeting, minutes from the June 11, 2020 meeting, and the April 2020 financials. A correction was requested to note that Andy Luther was not in attendance at the June 11, 2020 meeting.

Upon a motion duly made and seconded, the following resolutions were unanimously approved:

- 1. RESOLVED, that the Board of Directors does hereby approve the consent agenda with the correction to note that Andy Luther was not in attendance.**

Public Testimony: Laura reported open forum meetings are currently suspended during the COVID-19 pandemic; however, written testimony will be presented if a request has been received. She noted no written public testimonies were received this month.

JCC Investment Policy – Cindy Mayo

Action Recommended by Finance Committee

Cindy Mayo reported the Finance Committee recommends adoption of the JCC Investment Policy revisions. The policy was attached to the board packet on pages 19-28 as a redline document showing the proposed changes. JCC adopted the current Investment Policy in 2016 and it has not been updated since that time. With the new CCO 2.0 contract, the Finance Committee recommends several updates to the policy. Cindy reviewed each of the proposed changes and noted the updates are largely refinements and not substantive. Tony Jackson was available to address questions and concerns regarding the proposed changes. He reviewed page 22 in the packet and noted the distribution of total investable assets should be in accordance with the target and limitations for each broad asset class, based on market value, once the base line cash and cash equivalents threshold of \$10,000,000 is met. Tony further explained the portfolio market values are reviewed on a periodic basis (at least annually); or earlier if requested.

Upon a motion duly made and seconded, the following resolutions were unanimously approved:

- 1. RESOLVED, that the Board of Directors does hereby approve adoption of the JCC Investment Policy revisions as proposed.**

Health Equity Plan Review – Jennifer Lind

Jennifer Lind oriented the board with an update on JCC's involvement with the Health Equity Plan, the mission, and the work being done to formally present to OHA. She reported JCC has formed a Health Equity Action Committee and she shared the mission of that committee. She noted JCC is working to develop and implement a Health Equity Plan designed to address the cultural, socioeconomic, racial, and regional disparities in health care that exist among JCC's Members and the Communities within JCC's Service Area. Jennifer reviewed what's to come with the Health Equity Plan requirements; narrative, strategies, goals, objective, activities, metrics; organizational and provider network cultural responsiveness, and the need for implicit bias training and education, and stakeholder engagement. She reported JCC is not only looking to approve internal processes that are specific to the CCO, but also thinking externally about how we hold our network accountable in addressing inequities. She noted as we move from a planning stage to an implementation stage, the composition will broaden even more and will be beneficial to broaden the alignment between our equity work and that of other partners in the community.

Jennifer reported there are four different workgroup priority areas; Language Access, Training and Education, Health Equity Data, and Community Engagement. Jennifer shared the work that needs to be prioritized under each of these categories and reviewed the timeline of action for the period of July–December 2020. Although the work is specific to JCC, it is directly aligned with the work at CareOregon and the equity counsel there as well. We have staff from Portland as well as staff from Medford involved in each of the workgroups to identify the gaps that exist.

Jennifer reported JCC shall provide and incorporate cultural responsiveness and implicit bias continuing education and trainings into its existing organization-wide training plans and programs:

- Must meet OHA's Cultural Competency Continuing Education criteria.
- JCC shall require all its Provider Network and Provider Network staff to attend Cultural Responsiveness and Implicit Bias training.
- Independent training throughout the Provider Network must also meet the OHA criteria, and Provider Network must comply with reporting requirements.

The deadline for submission of the final plan to OHA is by the end of December. The plan is for the CAC to review the plan and make their comments, and then bring the draft plan for review and recommendations at the October board meeting. Once the revisions are made, the final plan will be brought back to the November board meeting for final approval to submit in December.

Further work will be needed with bidirectional information sharing;

- **Feedback** – REAL+D Data collection and stakeholder engagement through the review of the Health Equity Plan draft/final.
- **Informed** – Communicate Health Equity Action Plan progress and health equity activity updates.

Eric shared the work currently underway at CareOregon and reported on progress made to date. Brenda Johnson inquired about the board's role and responsibility in these efforts and help in holding staff accountable to bring our best intentions and pathways to get to a final plan. We need to understand the biggest gaps and be accountable to having open dialogue to put systems in place to identify and address inequities and community needs. This discussion will be brought back to the board for further refinement.

Executive Report – Jennifer Lind

Jennifer provided the following updates in her Executive Report:

- **2019 Quality Pool Performance**

Jennifer provided an update on the 2019 QP performance and reported Jackson Care Connect met the benchmark, improvement target, or reporting requirements on 14 of the 19 CCO incentive measures for

calendar year 2019. Based on the final 2019 quality pool amounts and final performance on the metrics, JCC has:

- Met 3 of 3 must-pass measures.
- Met 11 of the remaining 16 measures, earning 80% of the quality pool dollars for which it was eligible, equaling \$4,322,769.
- Met 3 of the 4 challenge pool measures, resulting in an additional \$1,885,368.
- MCO Tax portion of quality pool was \$126,687.
- For a total of \$6,334,834 earned.
- Less the March distribution of the estimated 60% quality pool payout of \$3,308,094.
- For a remaining payment of \$3,027,348

Jennifer noted with the significant payout for the challenge pool, JCC earned nearly 115% of the amount for which it was eligible. JCC already distributed quality pool funds from the earlier released payout to clinics based on pay for performance (25% of the total, as per the JCC policy). The remaining quality pool funds were released to CCOs at the end of June. Calculations on performance will be made and payments released to clinics in the same methodology as previous years.

2020 Quality Pool Funding and Incentive Measures Updates

Jennifer reported OHA will suspend the 2020 quality pool withhold through the remainder of the calendar year. Determination has not yet been made on distribution of the existing 2020 quality pool, created before the withheld was suspended in April 2020.

The metrics and scoring committee will meet on July 17th to adopt adjustments to the 2020 quality pool measures. The recommendation is to make 2020 a “report only” year, as 2020 cannot be meaningfully used to assess quality improvement due to the pandemic disruption.

The suspended 2020 quality pool withhold is being paid monthly to CCOs and is accruing at JCC. We do not have plans to spend these dollars in 2019 but will allocate them to the network in future years according to our existing policy. It is important that these dollars continue to support quality improvement work and provide stability to the APMs and other programs over the next years. A summary document from OHA describing how CCOs are supporting the providers of clinical and social services is attached to this board packet.

2021 Quality Program and Incentive Measures Development

The metrics and scoring committee will meet on July 17th to select the 2021 incentive measures and will make final decisions on benchmarks / improvement targets on September 18th. Current recommendation is to carry the 2020 measures forward into 2021, using 2019 as the baseline for improvement targets. Two additional measures are recommended for 2021:

1. Equity measure: meaningful language access to culturally responsive health care services.
2. Obesity prevention through multisector interventions.

- **2020 State Budget/Rates Update – Jennifer Lind**

Jennifer reported the Oregon Office of Economic Analysis predicts a budget deficit of \$2.7B in total revenue and \$1.9B in General Fund this biennium, with an even larger deficit of \$4.4B in total revenue and \$3.5B in General Fund projected for the 2021-2023 biennium.

Jennifer noted the Oregon Legislature met 6/24-6/26 for the first special session of the year to address police accountability, the state's COVID-19 response, and some leftover policy items from the 2020 short session earlier in the year. A second special session is expected later this summer to address state budget issues.

CCO Rates Development

In the meantime, OHA is moving forward with rates development for both 2020 retroactive revisions and 2021; and both processes are impacted by the state budget deficit. 2020 revised rates will be shared with CCOs on Monday, July 6. The changes in methodology were reviewed with CCOs for the first time on Thursday, July 2. As required, OHA is providing a period for review and comment before the rate changes are implemented (retroactively to January 1, 2020), however the review time is dramatically truncated and does not allow for a transparent process.

The 2020 rate changes introduce changes in two categories:

1. Expected improvements in existing methodology.
 - a. The hospital factor adjustment has now extended to include outpatient. This change has long been requested by JCC and is expected to result in a significant improvement for JCC rates.
 - b. Risk adjustments on CCO membership is recalculated to accommodate for changes in membership with the January 2020 contracts. This is not expected to dramatically impact JCC rates, as the newly acquired members have similar (or slightly lower) risk scores as the existing JCC members.
2. Unexpected (and new) cuts.
 - a. The state is implementing cuts based on assumptions about the impact of increased CCO membership (both in amount of fixed administrative costs and reduced acuity of membership).
 - b. OHA is changing the minimum medical loss ratio (allowing OHA to recoup revenue from CCOs who do not achieve at least an 85% MBR) to be calculated over one year instead of two. Without offering equal protection to CCOs who may have high medical costs due to COVID in 2020, this change essentially offers a one-way risk protection to OHA,

Jennifer reported 2021 rates are also under development with a rapid timeline but are currently less urgent than 2020 rate changes. Jennifer addressed questions and concerns and noted additional discussion will take place at the Finance Committee meeting scheduled for July 28th.

- **Community Information Exchange (CIE) Review**

William North and Paul Matz were approved to participate in this discussion.

Jennifer reported with CCO 2.0's increased focus on social determinants of health in the CCO 2.0 contracts, there is a growing awareness of the need for data and information sharing between clinical providers and community-based organizations. The platform that would facilitate this cross-discipline communication and community coordination has been termed a Community Information Exchange or CIE.

Review Process – Jennifer shared JCC's launch of a short review process of two platforms. In addition to reviews by JCC and CareOregon staff, a review council of 13 external stakeholders engaged in a demo of each platform.

The two platforms reviewed were:

1. Unite Us. This national vendor has been implemented by Kaiser and has the support of OHLC. CareOregon has reviewed Unite Us and is preparing to engage in contract discussions with early adoption by CPCCO. JCC does not have to be included in those contracts, but there will be a cost to implementation of a separate platform.
2. Rogue Challenge Community Hub. This is a local partnership spear-headed by Rogue Community Health and Reliance. It is currently in pilot status with Rogue Challenge Partners to track referrals among its members.

Final Recommendation – Based on scoring by internal staff and the external review council, Unite Us is the recommended CIE platform. Jennifer noted the scores were consistent and provided unambiguous feedback about the value of Unite Us as a referral mechanism between clinical and social service providers. There was also appreciation for the strong presence Unite Us is growing across the state. CareOregon is working with Unite Us to implement across its regions.

Reviewers were deeply impressed with the Rogue Challenge partnerships. Although this CIE platforms development is nascent, the commitment to functional collaboration among the partners is highly developed.

All involved acknowledged that having multiple CIEs for the community would be a detriment. Rogue Challenge is beginning to explore potential adoption of Unite Us to allow for a unified system in Jackson County. At the same time, JCC and AllCare are beginning to plan for a collaborative adoption of the Unite Us system across the Rogue Valley.

Adjourn – There being no further business to discuss, the public meeting was closed to Executive Session at 4:30pm.

Next Meeting – The next scheduled meeting will be held on September 10, 2020. The August meeting will be cancelled.