

Trillium Community Health Plan
Board of Directors
December 14, 2015
Minutes

Present: Dr. Thomas Wuest, President; Ms. Karen Gaffney, Vice President; Mr. Terry Coplin, Secretary; Mr. David Cole, Treasurer; Ms. Wendy Apland, Dr. Gary Brandt, Ms. Tara DaVee, Dr. Melissa Edwards, Dr. Rick Finkelstein, Mr. Colt Gill, Dr. Tod Hayes, Dr. Rick Kincade, Dr. Pat Luedtke, Dr. Mark Meyers, Mr. Craig Opperman, Mr. Marshall Peter; Ms. Sandy Reese; Mr. Rick Yecny

Staff: Ms. Shannon Conley, CAO; Mr. Jim Connolly, SVP Provider Affairs; Mr. Rob Baughman, VP Operations & Integration; Dr. Bruce Abel, CBHO; Ms. Lucy Zammarelli, BH Program Supervisor; Ms. Debi Farr, Dir. Govt. & Public Affairs; Ms. Nanette Woods, Assoc. VP, HR

Guest: Mr. Bill Bouska, Innovator Agent

Absent: Mr. Chris Bowers, SVP Centene; Mr. Chad Campbell; Ms. Jody Cline; Dr. Patrice Korjenek, COO; Mr. Rand O'Leary; Mr. Dick Sabath, Compliance Officer

1. Call to Order

Dr. Wuest called the meeting to order at 7:03 a.m.

2. Consent Agenda

Dr. Wuest presented the consent agenda, comprising the minutes of the November 2, 2015, Trillium Executive Committee and November 9, 2015, Trillium Board of Directors meetings.

It was moved and seconded to approve the consent agenda as presented by Dr. Wuest. The motion passed unanimously.

3. President's Report

Dr. Ford has submitted his letter of resignation as a Board member. The process for finding his replacement has begun.

Dr. Wuest thanked Messrs. Cole and Peter for their service.

Dr. Wuest stated that the Executive Committee has nominated Craig Opperman to replace Marshall Peter on that committee.

It was moved and seconded to appoint Mr. Opperman to replace Mr. Peter on the Executive Committee. The motion passed unanimously.

Interim Innovator Agent Bill Bouska introduced himself.

4. CEO Report

• Flexible Services Policy

Ms. Farr reported that flexible services may be defined in such a manner as to be treated like a covered benefit under OHA, making them subject to appeals. This policy potentially allows any service to become covered, so one consideration is better defining what would or would not qualify as a flexible service. OHA is awaiting CMS opinion on this matter.

- Service Area Change Policy
The OHA has written a rule that additional CCO(s) will be able to enter the existing service area of a given CCO if an existing or prospective deficiency of that CCO were determined to exist. "Deficiency" has not yet been fully defined but does include lack of member access to care. Trillium has requested a change in that language.
A related prospective rule is that if more than one qualified CCO wish to enter a given geographic service area, they could do so.
 - Community Wellness Fund Committee Update
The Fund's advisory committee is determining the focus area(s) for grant making, which may broadly include wellness coaching to promote healthcare self-efficacy.
5. Provider Relations Report
- Lower Umpqua Hospital District (LUHD) Update
Contract discussions with SWOIPA have been put on hold due to an illness at SWOIPA, but there are no current barriers to access for LUHD members. LUHD is recruiting a part-time pediatrician and psychiatric nurse practitioner.
6. Finance Committee Report
- Pool Reports & Funding Update
The State is making its retroactive payments as per its schedule. With this funding, the maximum pool amount for Q1 2015 will be paid to physical health providers, behavior health providers and hospitals. Rates for 2016 are still projected to be a 0.8% increase over the revised 2015 rates.
 - Provider Capacity Expansion Update, Medicare and Medicaid
A recent article in the *Register-Guard* highlighted the opening of two clinics serving OHP members. With the addition of these clinics, there are no long-term unassigned members, and with Kaiser opening in 2016 there should be excess capacity.
OMG has extended its Trillium Medicare contract through 3/31/16.
Eugene Gastroenterology Consultants recently terminated its contract with Trillium effective 12/31/15. They will continue to do hospital in-patient procedures but will not take PCP referrals. Mr. Coplin met with the Oregon Clinic in Portland about providing GI coverage in Eugene.
 - Trillium Finance Committee Status
The Committee will meet quarterly going forward with the next meeting scheduled for February.
7. Advisory Council Reports
- CAC Monthly Update
Ms. DaVee reviewed the November CAC report.
 - RAC Monthly Update
Mr. Yecny reviewed the November RAC report. The expansion of transportation services to/from Florence would be very helpful to coastal OHP members.
 - CAP Monthly Update
At the November CAP/Compensation Committee meeting, the imminent lack of GI coverage was discussed. One idea is to reallocate some incentive funding from

PCPs to specialists who provide services which are incentivized by a given quality measure.

A recent Trillium analysis reveals that the 28% of members with chronic pain are utilizers of ED, Rx, radiology, etc. at 3-4 times the rate of the general Trillium membership. A subset of the 28% consists of very high utilizers. Efforts might first be advantageously directed at this subset.

8. Operations Report

- Compensation Committee Update

Dr. Meyers reported that Trillium is approximately at the same point this year as last in reaching the incentive metrics targets. It was noted that the targets keep advancing annually. This issue will be addressed at the next meeting.

9. Compliance Report

- Compliance Committee Update

Ms. Conley reported that from 1/1/16 this committee will be staffed more internally, will include all senior and some middle management, and will be spread more broadly across business areas of the company. A compliance plan will be developed annually, metrics tracked, an issues log maintained, organizational risks identified, and monitoring and auditing of first-tier downstream entities conducted. Policies and procedures will be reviewed and approved by subject experts. Each Medicaid policy requirement will be assigned to the business area responsible for meeting it.

10. Administrative Report

- OHP Membership and Access Update

Membership is near 97,000. Unassigned members number fewer than 1,000 and should soon drop to zero.

- Redetermination Update

Redeterminations are suspended until the end of January, 2016. It will take about a year to transition completely from the current manual system to the portal-based one.

11. Government and Public Affairs Report

- Legislative Update

The short session begins in February, 2016. Issues relevant to healthcare include expensive pharmaceuticals and the gross receipts tax.

- Rep. Nathanson Roundtable

Two meetings have taken place with Rep. Nathanson regarding the spate of OHP members with repeated pregnancies whose children must enter the social welfare network. There is general consensus about the need to address this issue holistically, to include social service organizations and law enforcement agencies.

- Community Conversation

The November 19 Community Conversation with the Early Learning Alliance, titled "Supporting Parents for Better Health Outcomes," was attended by about twelve people, mainly BH providers. Future venues for this conversation might include each of the three local school districts.

- Oregon Solutions Project Update
The signing ceremony for the Oregon Solutions NP/PA project took place on December 10. Workgroups are being formed to continue the project now that Oregon Solutions has finished its participation. A part-time staff should be hired. Preceptors are being sought.
- Complex BH Patients
Dr. Kincade reported that Trillium and ORI sponsored a recent meeting for providers presenting research regarding interventions for complex BH patients, specifically including vulnerable young teenagers. Discussion of the needs of this population followed.

The meeting was adjourned at 8:23 a.m.

Respectfully Submitted,

Joseph Fancher
Executive Assistant



Terry W. Coplin, Secretary