

Trillium Community Health Plan Board of Directors October 12, 2015 **Minutes**

Present:

Dr. Thomas Wuest, President; Mr. Terry Coplin, Secretary; Mr. David Cole,

Treasurer; Ms. Wendy Apland, Dr. Gary Brandt; Ms. Jody Cline, Ms. Tara DaVee, Dr. Melissa Edwards, Dr. Rick Finkelstein, Mr. Colt Gill, Dr. Rick Kincade, Dr. Mark Meyers, Mr. Rand O'Leary, Mr. Craig Opperman, Mr. Marshall Peter, Mr. Rick Yecny

Staff:

Dr. Patrice Korjenek, COO; 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; Mr. Dick Sabath, Compliance Officer

Guest:

Ms. Paige Hamm, Training & Development Manager; Ms. Kay Metzger, Innovator

Agent;

Absent:

Mr. Chad Campbell; Dr. Jim Ford, Ms. Karen Gaffney, Dr. Tod Hayes, Dr. Pat

Luedtke; Ms. Sandy Reese, Ms. Shannon Conley, CAO; Mr. Chris Bowers, SVP

Centene

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 September 14, 2015, Trillium Board of Directors meeting.

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

3. President's Report

Dr. Wuest outlined the effect of technological changes on the current practice of medicine as described in Robert Wachter's book, *The Digital Doctor*.

- 4. CEO Report
 - Centene Update

Mr. Coplin met with the CEOs of other Centene health plans. Much of the current work between Trillium and Centene has to do with the integration of operations, including IT.

CAC Equity & Inclusion—OHA Action Plan
Mr. Coplin referred to the September 24, 2015, letter from Chris DeMars of the

Transformation Center. It appears that OHA is taking the matter seriously.

Community Wellness Fund Update

The fund is being revised to allow for greater latitude in the amount of funds that may be disbursed annually.

- Crisis Response Programs
 - Reedsport Crisis Response Team

Dr. Abel described the Youth Crisis Network, a 24/7 crisis line with a mobile team response. To be determined is how this team will operate in Reedsport.

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o Community Crisis Center

To establish a successor to the defunct Royal Avenue program, Trillium, LCPH and others on the SPMI Committee have recommended the establishment of a Community Crisis Center, a non-residential center that will liaison to crisis support services. Two-thirds of first-year funding would come from Trillium's BH pool and one-third from Lane County. An RFP will be released this month to obtain a signed contract by 12/31/15.

Trillium Mission & Vision Update

Ms. Hamm overviewed the documents, "Vision and Mission Statement Drafting Status" and "Buckets - 2016 Vision Mission Focus Group Themes". Ms. Metzger has shared the efforts being undertaken with OHA Director Lynne Saxton. Mr. Coplin encouraged Mses. Metzger, Hamm and DaVee to share this work with other Oregon CACs.

- 5. **Provider Relations Report**
 - Lower Umpqua Hospital District (LUHD) Update Contract discussions with SWOIPA remain ongoing, but there are no current barriers to access for LUHD members.
 - 2015 Trillium Transformation Grants Update Mr. Connolly outlined what comprised the grant review process. Six applicants were selected for funding: Centro Latino Americano, Cornerstone Community Housing, Daisy CHAIN, Mid Lane Cares, Peace Harbor Hospital Foundation and Willamette Dental. When contracts with all of them are signed, the press might be contacted.
- 6. Finance Committee Report
 - Financial Report

Mr. Cole distributed and reviewed the financials as of August 31, 2015. Trillium's current, post-dividend risk-based capital reserves are 250% of RBC. Going forward, financials will be reviewed by this Board on a guarterly basis, after Centene's quarterly financial reports are made public.

OHP Rates

Trillium has been informed that it will receive a 6% (six percent) 2015 rate increase retroactive to 1/1/15, to be paid in four installments by yearend. This represents a net increase of 3.2% over the 2014 rate decrease of 2.8%. The 2015 adjustment will positively affect 2015 pools. The retroactive increase does not affect 2015 contracted rates.

The current projected range for 2016 rates is -0.2% to +9.1% from the revised 2015 rates. Historically, the final rate falls near the middle of the projected range. The final 2016 rate should be announced within one month.

The phasing out of the \$2 billion of revenue under Gov. Kitzhaber's program is currently expected to result in a statewide healthcare program deficit of \$500 million by 2019 and an additional \$750 million deficit by 2022.

Provider Capacity Expansion Update Springfield Family Physicians has taken 4,000 new members toward its goal of 8,000 additional members. Its new clinic will open November 2. Lane County's Delta Oaks Clinic is also scheduled to open on November 2. It will start with 2,000 of its



projected 6,000-8,000 OHP members. Kaiser will take 200-400 members by 1/1/16 toward its goal of 2,000 members. When the issue of member capacity is resolved, a press release might be sent.

- 7. **Advisory Council Reports**
 - CAC Monthly Update Ms. Gill reviewed the September CAC report.
 - **RAC Monthly Update** Mr. Yecny reviewed the September RAC report. The coastal behavioral health network is starting up. Mr. Yecny will report on it at a future date. Transportation is a factor in the provision of health care in the coastal region.
 - **CAP Monthly Update** The Chronic Pain Workgroup's creation and dissemination of physician guidelines is complete; its provision of educational opportunities is in process; and it is on pace to send an RFP by yearend to establish multi-disciplinary pain center(s).
- 8. Administrative Report
 - Compliance Report Going forward, policies will be approved by departmental subject matter experts and departmental senior managers, and not by all of Trillium senior management or this Board.
 - OHP Membership and Access Update Mr. Cole reported that total membership is ≈95,000 and unassigned members are **≈**6,000.
 - Redetermination Update Because the State has suspended redeterminations until February 2016 to bring a new enrollment system online, membership will likely increase until then.
- 9. Government and Public Affairs Report
 - Legislative Update Ms. Farr characterized the reception of the Joint Interim Committee on Ways & Means to the testimony of Mr. Coplin and others on rates. Mr. Coplin opined that the State appears to be laying the foundation for a more transparent and equitable rates-setting process.
 - Community Conversation The next Trillium Community Conversation, being held in partnership with the Early Learning Alliance, will take place at Trillium on November 19 at 6:00 p.m.
 - **Oregon Solutions Project** Ms. Farr distributed and outlined the "Meeting Summary, September 29, 2015" and associated documents. This Oregon Solutions program is addressing the need to retain NPs and PAs in Lane County. The key issue is their difficulty in obtaining clinical rotations here. OMG is providing them with a kind of mini-residency.
 - SeeMore Vision Van This program, which provides eye screening, exams and glasses, is taking place this week in Oakridge, Florence and Reedsport.



10. **Operations Report**

- **CMS Audit Notification** Mr. Sabath reported that Trillium was not selected by CMS for an audit this year. It is likely that Centene health plans, including Trillium, will be selected for an audit next year. Trillium, not Centene, currently remains responsible for producing its data universes.
- Flexible Services Issues The State has authorized but neither funded nor provided material guidance to CCOs on flexible services, so each CCO is formulating its own guidelines. Trillium is considering two options: (1) to treat flexible services essentially like any other benefit, utilizing individual prior authorizations, and with appeals for PA denials, or (2) to construct a more programmatic structure, which is Trillium's preference. Trillium is developing a list of items and services that might be funded, although the lack of relevant cost/benefit analyses confounds the effort.
- Co-pays for Medicare Beneficiaries In accordance with CMS guidelines, Trillium will discontinue its historical practice of paying copayments and deductibles for dual-eligible members for those items that are covered by Medicare but not covered by OHP. Providers and members are being informed. The State has not committed to defining such costs as eligible for payment as a flexible service; Trillium is seeking clarification in this matter.

The meeting was adjourned at 9:01 a.m.

Respectfully Submitted,

Joseph Fancher **Executive Assistant**