

Council

- Tammy Baney, Chair
Commissioner, Deschutes
County
- Mike Shirtcliff,
Vice-Chair, DMD
President, Advantage Dental
- Mike Ahern, Commissioner,
Jefferson County
- Ken Fahlgren Commissioner,
Crook County
- Megan Haase, FNP
CEO,
Mosaic Medical
- Greg Hagfors
CEO,
Bend Memorial Clinic
- Stephen Mann, DO
Central Oregon Independent
Practice Association
Representative
- Linda McCoy
Citizen Representative
- Joseph Sluka
CEO,
St. Charles Health System
- Dan Stevens
Executive VP, Product Line
Management, PacificSource
Community Solutions
- Harold Sexton, MD
Behavioral Health Practitioner



COHC Board of Directors Retreat
Executive Session
Pronghorn Resort
6560 Pronghorn Club Drive
Bend, Oregon 97701

- 11:00-11:10 Welcome—**Chair Baney**
- 11:10-11:25 Goals & Objectives—**Facilitator Susan Kerosky**
- 11:25-12:00 Review of Focus Areas—**Steve Strang & Rick Treleavan**
(Operations Council Co-Chairs)
- 12:00-1:00pm Lunch
- 1:00-1:45 Endorsement of Priorities—**Facilitator Susan Kerosky**
- 1:45-2:45 Bringing the Plan to Life—**Facilitator Susan Kerosky**
- 2:45-3:00 Break
- 3:00-3:30 Engagement and Commitments—**Facilitator Susan Kerosky**
- 3:30-3:50 Next Steps for Operations Council—**Facilitator Susan Kerosky**
- 3:50-4:00 Wrap-up—**Facilitator Susan Kerosky**
- 4:00-4:20 At-Risk QIM—**Dan Stevens**
- 4:20-4:30 November Board Meeting—**Chair Baney**
- 4:30-6:00 Informal Cocktail Hour

Consent Agenda

- COHC Financials
- September Board Minutes
- 2016 Board Meeting Locations Schedule

Written Reports

- CCO Dashboard
- Rebeckah Berry Update

Upcoming Topics

- Transformation Fund reports
- Surplus Investment and Prevention Withhold Process

Central Oregon Health Council
Balance Sheet
All Funds - All Contracts
Organizational Totals

Aug 31, 2015

ASSETS	
Current Assets	
Checking/Savings	
Checking - BOTC 5535	62,959.03
Checking - BOTC 5896	14,905.63
Money Market - BOTC	3,414,793.91
Total Checking/Savings	<u>3,492,658.57</u>
Fixed Assets	
Office Furniture & Equipment	5,823.56
Accumulated Depreciation	-1,827.66
Total Fixed Assets	<u>3,995.90</u>
TOTAL ASSETS	<u><u>3,496,654.47</u></u>
LIABILITIES & EQUITY	
Current Liabilities	
Accounts Payable	15,771.21
Total Liabilities	<u>15,771.21</u>
Equity	
Unrestricted Net Assets	861,164.29
Restricted Net Assets	10,225.21
Opening Balance Equity	0.00
Change in Net Assets (Unrestricted)	2,619,718.97
Change in Net Assets (Restricted)	-10,225.21
Total Equity	<u>3,480,883.26</u>
TOTAL LIABILITIES & EQUITY	<u><u>3,496,654.47</u></u>

Central Oregon Health Council
Actual vs Budget Current Period
Operational Totals

	<u>Aug 2015</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>	<u>Aug 2014</u>
Ordinary Income/Expense					
Income					
Contract Income	\$ 81,521.03	\$ 72,916.67	\$ 8,604.36	111.8%	\$ 77,762.82
Transfer in (From Restricted)	-	-	-	0.0%	-
SRCH Grant	4,038.80	-	4,038.80	100.0%	-
Interest Income	409.46	-	409.46	0.0%	-
Miscellaneous Income	-	666.67	-	-	-
Total Income	\$ 85,969.29	\$ 73,583.33	\$ 12,385.96	116.83%	\$ 77,762.82
Expense					
Accounting & Bookkeeping	\$ -	\$ 333.33	\$ (333.33)	0.0%	\$ 860.00
Advertising & Promotions	-	50.00	(50.00)	0.0%	-
Bank & Merchant Fees	-	8.33	(8.33)	0.0%	-
Board Training & Education	-	150.00	(150.00)	0.0%	-
Community Education/Training	-	-	-	0.0%	-
Computer & Equipment	719.98	208.33	511.65	345.59%	-
Consumer Expense Reimbursement	251.40	583.33	(331.93)	43.1%	428.14
COHC Conference Phone/Webinar Access	-	108.33	(108.33)	0.0%	-
Conferences & Events	-	333.33	(333.33)	0.0%	279.50
Consultation Services	486.00	1,250.00	(764.00)	38.88%	-
Data Analyst Services	-	3,333.33	(3,333.33)	0.0%	-
Dues & Subscriptions	162.50	233.33	(70.83)	69.64%	209.85
Evaluation Funds	-	-	-	0.0%	-
Food & Beverages	1,106.13	1,000.00	106.13	110.61%	868.10
Gifts	-	-	-	0.0%	-
Insurance	-	1,583.33	(1,583.33)	0.0%	-
Internship Stipends	-	500.00	(500.00)	0.0%	-
Internet/Voice	220.31	225.00	(4.69)	97.92%	123.47
Labor & Benefits	12,368.10	27,916.67	(15,548.57)	44.3%	19,131.63
Legal Fees	1,670.00	791.67	878.33	210.95%	60.00
CAC Member Education	-	108.33	(108.33)	0.0%	-
Miscellaneous	-	166.67	(166.67)	0.0%	-
Office Furniture	-	275.00	(275.00)	0.0%	-
Office Supplies	26.98	500.00	(473.02)	5.4%	346.31
Postage & Shipping	-	20.83	(20.83)	0.0%	-
Printing & Copying	-	83.33	(83.33)	0.0%	7.28
Professional Development/OHA Conference	-	625.00	(625.00)	0.0%	-
Rent/Office Space	-	916.67	(916.67)	0.0%	761.05
Taxes & Licenses	-	33.33	(33.33)	0.0%	170.00
Travel	519.14	1,000.00	(480.86)	51.91%	383.20
Website	-	583.33	(583.33)	0.0%	-
Depreciation	97.08	208.33	(111.25)	46.6%	389.33
Capital Gain/<Loss>	(460.92)	-	(460.92)	0.0%	-
Transfers to Projects - PEP Pain	-	1,625.00	(1,625.00)	0.0%	-
Transfers to Projects - Interpreter Train'g	-	416.67	(416.67)	0.0%	-
Total Expense	\$ 17,166.70	\$ 43,129.17	\$ (25,962.47)	39.8%	\$ 24,017.86
Change in Net Assets (Organizational)	\$ 68,802.59	\$ 30,454.17	\$ 38,348.42	225.92%	\$ 53,744.96

Central Oregon Health Council
Actual vs Budget Year to Date
Operational Totals

	<u>YTD Aug 2015</u>	<u>Annual Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>	<u>Jan-Dec 2014</u>
Ordinary Income/Expense					
Income					
Contract Income	\$ 2,892,013.87	\$ 875,000.00	\$ 2,017,013.87	330.52%	\$ 878,282.37
Transfer in (From Restricted)	10,225.21	-	10,225.21	0.0%	
SRCH Grant	4,038.80				
Interest Income	414.00	-	414.00	0.0%	
Miscellaneous Income	-	8,000.00	(8,000.00)	-	86.32
Total Income	\$ 2,906,691.88	\$ 883,000.00	\$ 2,023,691.88	329.18%	\$ 878,368.69
Expense					
Accounting & Bookkeeping	\$ 2,091.83	\$ 4,000.00	\$ (1,908.17)	52.3%	\$ 2,737.00
Advertising & Promotions	-	600.00	(600.00)	0.0%	200.25
Bank & Merchant Fees	62.00	100.00	(38.00)	62.0%	54.00
Board Training & Education		1,800.00		0.0%	
Community Education/Training	450.00	-		0.0%	-
Computer & Equipment	1,237.89	2,500.00	(1,262.11)	49.52%	5,924.81
Consumer Expense Reimbursement	1,811.80	7,000.00	(5,188.20)	25.88%	5,361.99
COHC Conference Phone/Webinar Access	-	1,300.00		0.0%	-
Conferences & Events	2,332.95	4,000.00	(1,667.05)	58.32%	2,714.30
Consultation Services	13,737.60	15,000.00	(1,262.40)	91.58%	1,907.60
Data Analyst Services	-	40,000.00	(40,000.00)	0.0%	6,730.00
Dues & Subscriptions	4,178.76	2,800.00	1,378.76	149.24%	3,026.00
Evaluation Funds	-	-	-	0.0%	-
Food & Beverages	5,905.64	12,000.00	(6,094.36)	49.21%	9,669.65
Gifts	200.00	-	200.00	0.0%	
Insurance	-	19,000.00	(19,000.00)	0.0%	16,992.60
Internship Stipends	3,186.00	6,000.00	(2,814.00)	53.1%	3,000.00
Internet/Voice	1,627.21	2,700.00	(1,072.79)	60.27%	1,466.18
Labor & Benefits	188,505.76	335,000.00	(146,494.24)	56.27%	240,167.29
Legal Fees	13,665.00	9,500.00	4,165.00	143.84%	7,450.40
CAC Member Education	10.00	1,300.00	(1,290.00)	0.77%	1,095.30
Miscellaneous	1,049.73	2,000.00	(950.27)	52.49%	1,941.23
Office Furniture	3,722.18	3,300.00	422.18	112.79%	3,603.74
Office Supplies	6,590.01	6,000.00	590.01	109.83%	8,213.30
Postage & Shipping	285.70	250.00	35.70	114.28%	145.88
Printing & Copying	2.50	1,000.00	(997.50)	0.25%	226.03
Professional Development/OHA Conference	4,429.13	7,500.00	(3,070.87)	59.06%	6,031.90
Rent/Office Space	8,927.05	11,000.00	(2,072.95)	81.16%	9,513.12
Taxes & Licenses	257.00	400.00	(143.00)	64.25%	220.00
Travel	7,652.81	12,000.00	(4,347.19)	63.77%	10,338.53
Website	5,325.00	7,000.00	(1,675.00)	76.07%	3,563.17
Depreciation	776.65	2,500.00	(1,723.35)	31.07%	584.01
Capital Gain/<Loss>	(460.92)	-	(460.92)	0.0%	
Transfers to Projects - PEP Pain	19,500.00	19,500.00	-	100.0%	
Transfers to Projects - Interpreter Train'g	5,000.00	5,000.00	-	100.0%	
Total Expense	\$ 302,059.28	\$ 542,050.00	\$ (239,990.72)	55.73%	\$ 352,878.28
Change in Net Assets (Organizational)	\$ 2,604,632.60	\$ 340,950.00	\$ 2,263,682.60	763.93%	\$ 525,490.41
Change in Net Assets (Unrestricted)		\$ 2,604,632.60			
Change in Net Assets (Projects-Unrestricted)		\$ 15,086.37			
Change in Net Assets (Restricted)		\$ (10,225.21)			
Beginning Net Assets (Unrestricted)		\$ 861,164.29			
Ending Net Assets (Unrestricted)		\$ 3,480,883.26			
Beginning Net Assets (Restricted)		\$ 10,225.21			
Ending Net Assets (Restricted)		\$ -			

Central Oregon Health Council
Statement of Revenue & Expenses-Initiatives

	Unrestricted Funds						Restricted Funds								
	200 - PEP Pain Task Force			300 - Ops Council Interpreter Training			400 - Maternal/Child Health			450 - Chronic Pain			550 - Research/Data Analyst		
	Aug 2015	YTD 2015	Annual Budget	Aug 2015	YTD 2015	Annual Budget	Aug 2015	YTD 2015	Annual Budget	Aug 2015	YTD 2015	Annual Budget	Aug 2015	YTD 2015	Annual Budget
Ordinary Revenue/Expense															
Revenues															
Transfer In	\$ -	\$ 19,500.00	\$ 19,500.00	\$ -	\$ 5,000.00	\$ 5,000.00				\$ -	\$ -				
Total Revenues	\$ -	\$ 19,500.00	\$ 19,500.00	\$ -	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expenses															
Certification Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conferences & Events	-	28.00	-	-	1,100.00	-									
Food & Beverages	161.07	776.37	-	-	-	-									
Grand Rounds	-	-	-	-	-	-									
Legal	-	1,915.00	-	-	555.00	-									
Office Supplies	-	2,299.40	-	-	-	-									
Practice Lunches	-	-	-	-	-	-									
Professional Development/OHA Conf	-	35.00	-	-	-	-									
Travel	-	1,207.17	-	-	-	-									
Website	725.00	1,497.69	-	-	-	-									
Transfer Out to Unrestricted							(0.50)	(0.50)	-	7,224.70	7,224.70	-	3,001.01	3,001.01	-
Total Expenses	\$ 886.07	\$ 7,758.63	\$ 19,500.00	\$ -	\$ 1,655.00	\$ 5,000.00	\$ (0.50)	\$ (0.50)	\$ -	\$ 7,224.70	\$ 7,224.70	\$ -	\$ 3,001.01	\$ 3,001.01	\$ -
Change in Net Assets (Restricted)	\$ (886.07)	\$ 11,741.37		\$ -	\$ 3,345.00		\$ 0.50	\$ 0.50		\$ (7,224.70)	\$ (7,224.70)		\$ (3,001.01)	\$ (3,001.01)	
Beginning Net Assets (Unrestricted)		\$ -			\$ -										
Ending Net Assets (Unrestricted)		\$ 11,741.37			\$ 3,345.00										
Beginning Net Assets (Restricted)							\$ (0.50)			\$ 7,224.70			\$ 3,001.01		
Ending Net Assets (Restricted)							\$ -			\$ -			\$ -		

Central Oregon Health Council

A/P Aging Summary

As of Aug 31, 2015

	<u>Current</u>	<u>1 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>> 90</u>	<u>TOTAL</u>
Bryant, Lovlien & Jarvis	1,670.00	0.00	0.00	0.00	0.00	1,670.00
Central Oregon IPA	11,025.10	0.00	0.00	0.00	0.00	11,025.10
Express Services	0.00	486.00	0.00	0.00	0.00	486.00
Linda McCoy	184.00	0.00	0.00	0.00	0.00	184.00
LP Marketing	0.00	0.00	2,200.00	0.00	0.00	2,200.00
Rebeckah Berry	206.11	0.00	0.00	0.00	0.00	206.11
TOTAL	<u>13,085.21</u>	<u>486.00</u>	<u>2,200.00</u>	<u>0.00</u>	<u>0.00</u>	<u>15,771.21</u>

CENTRAL OREGON HEALTH COUNCIL
SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE - BUDGETARY BASIS
 FOR THE PERIOD ENDED July 31, 2015

	Annual Budget Operations & Projects	Annual Budget Projects & Initiatives	PEP Pain Task Force Aug Actual	Ops Council Interpreter Training Aug Actual	Maternal/Child Health Aug Actual	Chronic Pain Aug Actual	Research Data Analyst Aug Reserve	Operations Aug Actual	Variance Over (Under)
REVENUES									
Contract Income	\$ 875,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,892,014	\$ (2,017,014)
SRCH Grant	-	-	-	-	-	-	-	4,039	(4,039)
Interest Income	-	-	-	-	-	-	-	414	(414)
Miscellaneous Income	8,000	-	-	-	-	-	-	-	8,000
Transfer Ins	10,225	24,500	19,500	5,000	-	-	-	10,225	(14,275)
Total Revenues	\$ 883,000	\$ 24,500	\$ 19,500	\$ 5,000	\$ -	\$ -	\$ -	\$ 2,906,692	\$ (2,013,467)
EXPENSES									
Accounting & Bookkeeping	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,092	\$ 1,908
Advertising & Promotions	600	-	-	-	-	-	-	-	600
Bank & Merchant Fees	100	-	-	-	-	-	-	62	38
Board Training & Education	1,800	-	-	-	-	-	-	-	1,800
Community Education/Training	-	-	-	-	-	-	-	450	(450)
Computer & Equipment	2,500	-	-	-	-	-	-	1,238	1,262
Consumer Expense Reimbursement	7,000	-	-	-	-	-	-	1,812	5,188
COHC Conference Phone/Webinar Access	1,300	-	-	-	-	-	-	-	1,300
Conferences & Events	4,000	-	-	-	-	-	-	2,333	1,667
Consultation Services	15,000	-	-	-	-	-	-	13,738	1,262
Data Analyst Services	40,000	-	-	-	-	-	-	-	40,000
Dues & Subscriptions	2,800	-	-	-	-	-	-	4,179	(1,379)
Evaluation Funds	-	-	-	-	-	-	-	-	0
Food & Beverages	12,000	-	-	-	-	-	-	5,906	6,094
Gifts	-	-	-	-	-	-	-	200	-
Insurance	19,000	-	-	-	-	-	-	-	19,000
Internship Stipends	6,000	-	-	-	-	-	-	3,186	2,814
Internet/Voice	2,700	-	-	-	-	-	-	1,627	1,073
Labor & Benefits	335,000	-	-	-	-	-	-	188,506	146,494
Legal Fees	9,500	-	-	-	-	-	-	13,665	(4,165)
CAC Member Education	1,300	-	-	-	-	-	-	10	1,290
Miscellaneous	2,000	-	-	-	-	-	-	1,050	950
Office Furniture	3,300	-	-	-	-	-	-	3,722	(422)
Office Supplies	6,000	-	-	-	-	-	-	6,590	(590)
Postage & Shipping	250	-	-	-	-	-	-	286	(36)
Practice Lunches	-	-	-	-	-	-	-	-	-
Printing & Copying	1,000	-	-	-	-	-	-	3	998
Professional Development/OHA Conference	7,500	-	-	-	-	-	-	4,429	3,071
Rent/Office Space	11,000	-	-	-	-	-	-	8,927	2,073
Taxes & Licenses	400	-	-	-	-	-	-	257	143
Travel	12,000	-	-	-	-	-	-	7,653	4,347
Website	7,000	-	-	-	-	-	-	5,325	1,675
Depreciation	2,500	-	-	-	-	-	-	777	1,723
Capital Gain<Loss>	-	-	-	-	-	-	-	(461)	461
Transfers to Projects - PEP Pain	19,500	-	-	-	-	-	-	19,500	-
Transfers to Projects - Interpreter Train'g	5,000	-	-	-	-	-	-	5,000	-
Transfers to Unrestricted	-	-	-	-	(1)	7,225	3,001	-	-
Certification Reimbursement (Projects)	-	-	-	-	-	-	-	-	-
Conferences & Events (Projects)	-	-	28	1,100	-	-	-	-	(1,128)
Food & Beverages (Projects)	-	-	776	-	-	-	-	-	(776)
Legal Fees (Projects)	-	-	1,915	555	-	-	-	-	(2,470)
Office Supplies (Projects)	-	-	2,299	-	-	-	-	-	(2,299)
Professional Development/OHA Conference	-	-	35	-	-	-	-	-	(35)
Travel (Projects)	-	-	1,207	-	-	-	-	-	(1,207)
Website (Projects)	-	-	1,498	-	-	-	-	-	(1,498)
Total Expenses	\$ 542,050	\$ 24,500	\$ 7,759	\$ 1,655	\$ (1)	\$ 7,225	\$ 3,001	\$ 302,059	\$ 230,777
Change in Net Assets	\$ 340,950	\$ -	\$ 11,741	\$ 3,345	\$ 1	\$ (7,225)	\$ (3,001)	\$ 2,604,633	
Fund Balances (Unrestricted) - beginning			\$ -	\$ -				\$ 861,164	
Fund Balances (Unrestricted) - ending			\$ 11,741	\$ 3,345				\$ 3,465,797	
Fund Balances (Restricted) - beginning					\$ (1)	\$ 7,225	\$ 3,001		
Fund Balances (Restricted) - ending					\$ -	\$ -	\$ -		

Central Oregon Region

CCO Membership (Member Months)

Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15
51,410	52,138	52,607	49,818	50,922	51,570	52,797	54,195	55,269	55,101	53,399	51,781	52,950

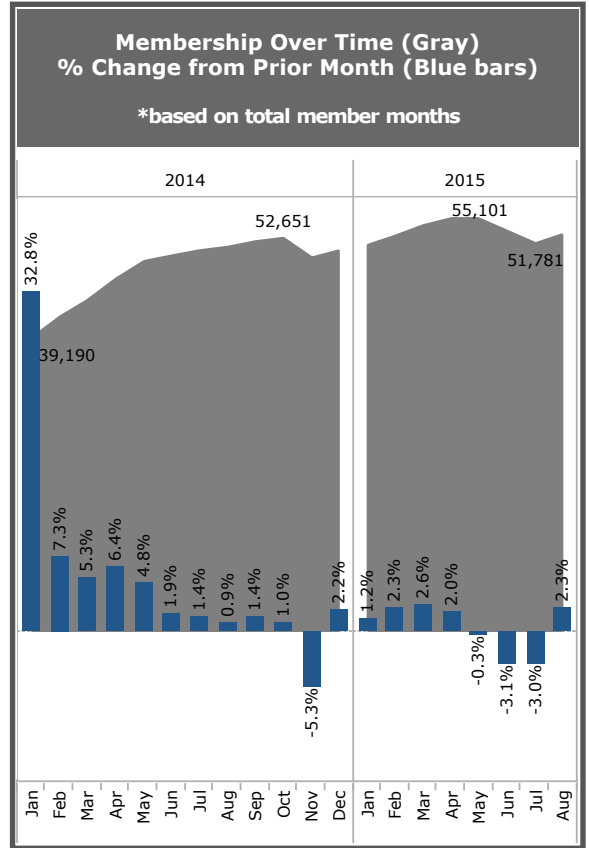
FINANCE

2015 Year to Date Income Statement (YTD) Central Oregon

% of PMPM Total Spend - Central Oregon (Inc thru 5/15, Pd thru 7/15) Excludes: Misc

Current (\$) PMPM Estimates: Central Oregon (Inc thru 5/15, Pd thru 7/15)
Excludes: Miscellaneous

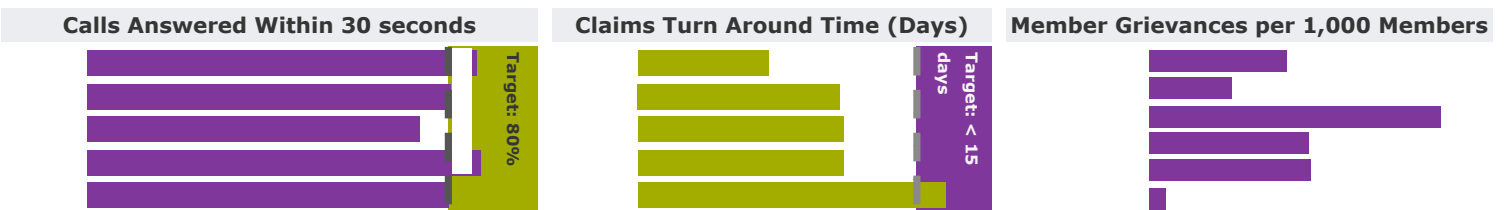
Den	BH	OP	IP	Phys	Rx	Medical (YTD)	TOTAL (YTD)
2014	\$11.2						
2015	\$24.1						
2012	\$39.8					\$210.9	\$210.9
2013	\$37.5					\$220.5	\$220.5
2014	\$37.6					\$251.5	\$251.5
2015	\$37.5					\$259.2	\$259.2
2012	\$41.1					\$250.7	\$250.7
2013	\$44.0					\$257.9	\$257.9
2014	\$50.1					\$289.1	\$289.1
2015	\$53.5					\$320.8	\$320.8
2012	\$51.8						
2013	\$56.4						
2014	\$63.5						
2015	\$68.5						
2012	\$64.9						
2013	\$65.7						
2014	\$69.2						
2015	\$71.6						
2012	\$38.3						
2013	\$36.6						
2014	\$45.5						
2015	\$54.4						



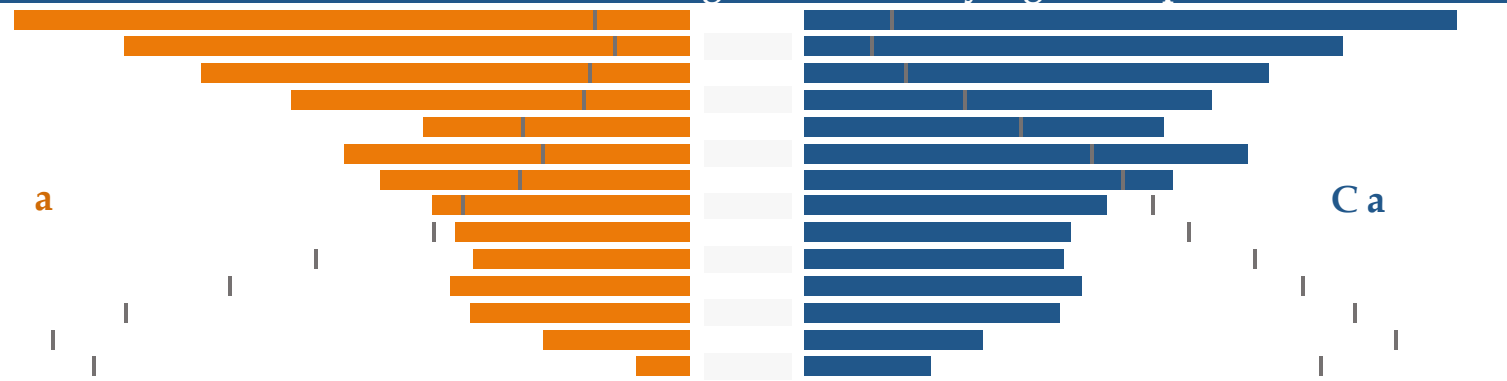
Current Financial Surpluses need to be interpreted with caution and considering the following:

- 1) SNRG membership is subject to a risk corridor over a 2-yr period. We reserved for the estimated amount, but actual reimbursement to OHA is subject to final reconciliation.
- 2) Pent-up demand for new members: We have reserved for this, but it may be inadequate.
- 3) Chronic disease utilization: We have reserved for this, but it may be inadequate.
- 4) Provider withholds and bonus agreements have been reserved at currently estimated levels.

MEMBER EXPERIENCE (BOTH CCO REGIONS COMBINED)



DATA INSIGHT: Current Member Counts & Avg Risk Scores by Age Group & Sex



Definitions

BH: Behavioral Health (mental health, substance abuse and addictions)

CAHPS: Consumer Assessment of Healthcare Providers and Systems. Random-sample survey asks consumers and patients to report on and evaluate their experiences with health care. CAHPS results for Quality Incentive Measures currently administered by OHA.

Den: Dental Services

General Administrative Expense: Expenses related to the administration of the plan including, but not limited to, staff salary and benefits, telephone, depreciation, software licenses, utilities, etc.

HTPP: Oregon Hospital Transformation Performance Program, OHA

Medical Claims Expense: Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).

Misc: Miscellaneous Services not otherwise categorized.

MH/CD: Mental Health / Chemical Dependency

MM: Member Months. One member month = one person enrolled for a whole month. If a person is enrolled for an entire year, that is equivalent to 12 member months. If a person is enrolled for 2 out of 4 weeks in the month, that is 0.5 member months.

Net Income: Underwriting Income combined with results of activities not directly related to continuing operations, on an after tax basis.

PCPCH: Patient-Centered Primary Care Home (as defined by OHA)

PMPM: Per member per month

Premium Taxes & OMIP: State mandated taxes collected on a per member per month (PMPM) or % of premium basis.

Rx: Prescription

Total Revenue: Premiums collected for insurance, net of HRA costs. Premiums for Oregon Health Plan recipients are received from the state of Oregon.

Utilization: Use of a good or service

Underwriting Income: Income after Operations and other activities not directly related to continuing operations...

Important Notes

GENERAL:

All data is subject to revision. Data for each month is updated with the most current and complete estimates at the time of updating.

FOOTNOTES: CLAIMS PMPM ESTIMATES

- MH capitation had been added to the PMPMs and claims processed on the Behavioral Health entities behalf have been removed to the best of our ability. This presents a change from the methods used to provide PMPMs in previous months.

- Claims Processing Error Correction: St. Charles overpayment estimates for Central Oregon Outpatient in early 2013 have been removed prior to 08/2013 based on estimate from PH Tech. PMPM estimates may be subject to revision based on claims processing errors identified after the paid date.

- For PMPM Estimates: Incurred through 5/2015 paid through 7/2015

- Completion factors applied to PMPM estimates only. Completion factors NOT applied to utilization metrics unless otherwise indicated.

- Excludes: MH/CD Fee-for-service claims and MH ASO and 7 11 drugs. Includes withhold.

- Claims processed on ABHA's behalf are removed by taking 1/3 of total amount of Inpatient, Outpatient and Physician.

- Claims processed on WEBCO's behalf are removed by a flag using logic from PH Tech.

- Behavioral Health coverage in Gorge Region began 11/2012.

- Dental coverage began 7/2014. PMPM Estimate for Dental is derived by dividing the total Dental cost by the entire CCO population (not just those with dental coverage).

***Note:** Behavioral Health (BH) & Dental PMPM estimates do not include capitation data prior to CCO formation. Therefore, **combined PMPM estimate (Med + BH (YTD)) from years prior to 2013 are not directly comparable to 2013** since Behavioral Health and Dental capitations are only included for after they became CCO benefits. If you want to **compare over time, instead use Medical (YTD)** which includes Medical and Rx but excludes BH and Dental.

**MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF
CENTRAL OREGON HEALTH COUNCIL**

September 10, 2015

A joint meeting of the Board of Directors (the “*Board*”) of Central Oregon Health Council, an Oregon public benefit corporation (the “*Corporation*”), the Corporation’s Community Advisory Council and Operations Council was held at 12:30 p.m. Pacific Standard Time on September 10, 2015 at Advantage Dental in Redmond, Oregon. Notice of the meeting had been sent to all of the members of the Board in accordance with the Corporation’s bylaws.

Directors present: Tammy Baney, Chair
 Mike Ahern
 Megan Haase, FNP
 Greg Hagfors
 Linda McCoy
 Harold Sexton, MD
 Mike Shirtcliff, DMD, Vice-Chair
 Joseph Sluka
 Dan Stevens

Directors absent: Ken Fahlgren
 Stephen Mann, DO

Others Present: Paul Andrews, High Desert ESD Deputy Superintendent
MaCayla Arsenault, COHC Operations Assistant
Rebeckah Berry, COHC Operations and Project Manager
Suzanne Browning, ED, Kemple Memorial Children's Dental Clinic
DeAnn Carr, Deschutes County Deputy Director, Behavioral Health
Jeff Davis, WEBCO Executive Director
Muriel DeLaVergne-Brown, MPH, RN, Crook County
Sean Ferrell, National Forest Service
Mike Franz, MD PC, PacificSource
Robin Henderson, PsyD
Lindsey Hopper, PacificSource VP of Medicaid Programs
Ken House, Mosaic Medical Director of Data and Analytics
Doug Kelly, Redmond Fire and Rescue Division Chief
Elaine Knobbs, Mosaic Medical Director of Programs and Development
Channa Lindsay, Deschutes County, Quality Improvement Specialist
Leslie Neugebauer, PacificSource Director
Wade Miller, CEO, COPA
Nicole Rodrigues, Consumer Representative
Regina Sanchez, Consumer Representative
Jane Smilie, Deschutes County Public Health Director
Karen Steinbock, BSN, RN, COIPA
Steve Strang, Mosaic Medical Director of Operations
Rick Treleaven, BestCare Treatment Services Executive Director
Kate Wells, PacificSource Community Health Development Director
Jeff White, Consumer Representative
Ken Wilhelm, United Way Executive Director, Deschutes County
Nikki Zogg, Advantage Dental, Regional Manager, Central Oregon
Miguel Herrada, PacificSource

Commissioner Baney served as Chair of the meeting and Ms. Arsenault acted as Secretary of the meeting. Commissioner Baney called the meeting to order and announced that a quorum of directors was present and that the meeting, having been duly convened in accordance with the Corporation's bylaws, was ready to proceed with business.

1. WELCOME

Commissioner Baney welcomed the Board, Community Advisory Council (CAC), Operations Council, and other attendees.

2. CONSENT AGENDA

The Consent Agenda was accepted in full and unanimously approved.

3. PUBLIC COMMENT

None

4. INTRODUCTION

Jane Smilie presented on the Regional Health Assessment (RHA) to Regional Health Improvement Plan (RHIP) process to date, demonstrating the input received from the community throughout the region, as well as the work that was done around prioritization within the CAC and Operations Council. [Slides attached for reference.]

5. GROUP WORK

It was determined that the group would split up into six smaller groups. Each small group had at least one Board member, one CAC member, and one Ops Council member. The six groups reviewed the draft RHIP document that outlined its purpose, vision, values, and priorities. The groups convened to determine what adjustments needed to be made.

The priorities that rose to the surface among all the groups were, a desire to see more emphasis on prevention, opportunities to address poverty, affordable housing, childhood health, and ACEs.

6. GROUP SHARING

- a) Group 1 determined that the mental health and oral health categories needed further definition. In addition, group 1 narrowed priorities to the following:
 - 1) Diseases and Health Conditions: Chronic disease and childhood health and education.
 - 2) Health Behaviors and Systems Issues: Substance abuse/addiction, barriers to accessing care (after hours), and lack of care coordination.
 - 3) Social Determinants: Lack of transportation, ACEs, access to affordable and quality housing, homelessness, and adequate and meaningful employment (new/added).

- b) Group 2 discussed that innovation and new collaboration were not mentioned in the “Purpose” section of the draft and that a mention of “advocate for prevention” should be added to either “values” or “purpose”. They agreed that the subsets within each county should be considered when developing the plan, e.g., rural vs. urban areas. Group 2 felt there should be a focus on prevention with regard to chronic disease. The group also viewed the “mental health” and “oral health” categories as too broad. They noted that the change in demographics should be considered in mental health moving forward, and pointed out the suicide rate

among the middle-aged subset. The group noted that there may be some redundancy as “lack of access to transportation” and “barriers to seeking, accessing and receiving healthcare” both relate to access. A suggestion was made to remove the word “Priority” from the category titles. Additionally, they noted that titling one category “Behavior and System Issues” may cause confusion and suggested changing the title to “Behavior and Community Issues” or listing them separately.

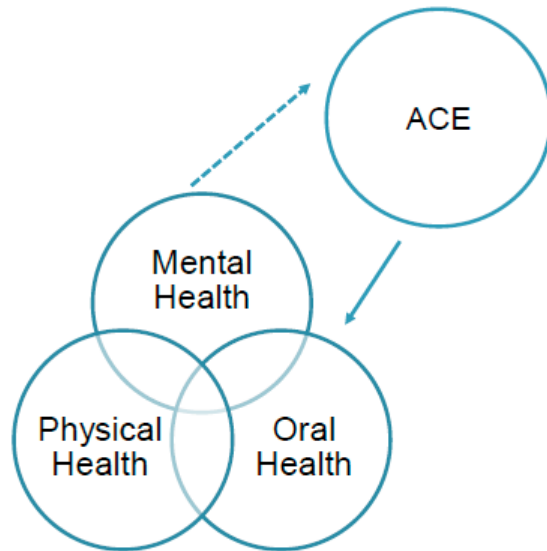
Group 2 had serious concerns about education and socioeconomic status and how it impacts the ability to promote a healthy lifestyle early on, as well as its impact on early childhood education, specifically for those who cannot afford care but do not qualify for Headstart.

They discussed issues such as housing, food insecurity, and poverty, and the great impact those factors have on healthcare. Prevention was a main point of emphasis. The group acknowledged the effectiveness of the SNAP-Ed program, while discussing areas that still need preventative-oriented programs in schools and in categories such as chronic disease. They added that health behavior and social determinants are more difficult to measure. Group 2 felt that “health literacy” should be added as a priority.

c) Group 3 (see diagram)

Group 3 discussed priorities relating to mental health, physical health, oral health, and ACEs. Substance abuse and barriers to seeking, accessing, and receiving

quality care were the main issues discussed. Group 3 added poverty and trauma-informed care as missing links that were not in the original draft.

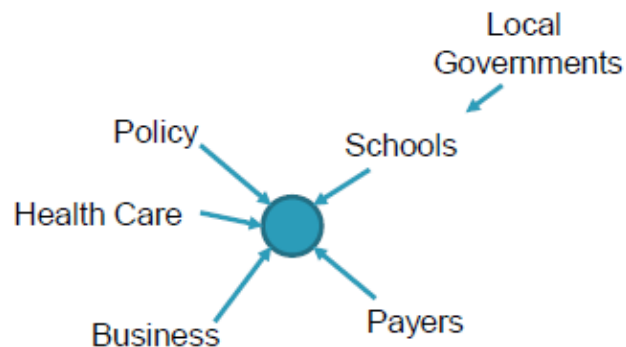


- d) Group 4 prioritized based on the greatest needs along with the utmost opportunity to have an impact on the community through partnerships. The priorities that rose to the surface were the following: Asthma, care coordination, mental health (depression, anxiety, PTSD), and ACEs. Group 4 determined that key missing elements were opiate abuse for chronic pain, and the poverty and unemployment barrier.

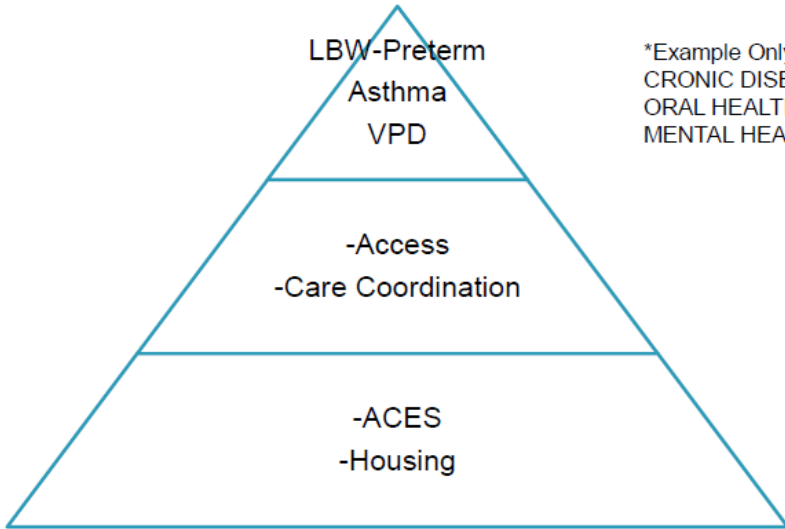
Group 4 also addressed critical challenges that need to be addressed in the community. These challenges consist of the need for increased care coordination, more focus on wellness and prevention, and timely access within all service delivery areas by adequately implementing SB 832. In regard to increased care coordination, they specifically discussed maximizing potential by leveraging

services that are already in place, and creating a common platform for communication such as data warehousing.

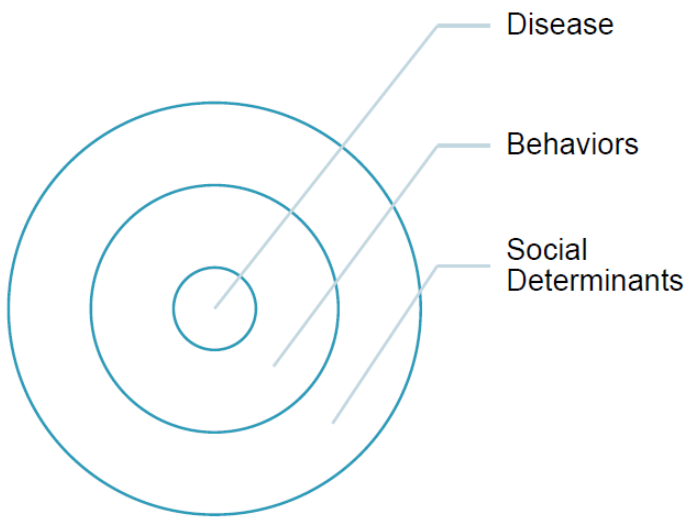
- e) Group 5 reviewed the purpose, vision and values and determined that a consideration should be made to remove the word “impact” from the “purpose” section. The group felt that the values should be more narrative and suggested using descriptive terms such as “bold” or “brave”. They discussed that prevention should be a strong focus with multi-pronged approaches. Group 5 agreed that there should be a focus on children by adding a social determinants status with the goal of improving health to create better outcomes and telling a more complete story. They discussed the importance of making the desired outcomes clear to create more accountability and coordination. They added that specific populations should be targeted, utilizing wrap around services. It was suggested to overlay behaviors, social determinants, and system issues to include chronic diseases, childhood health, oral health, and mental health. They noted that various sectors should be shown with contributions to each priority and that existing work should be noted and tapped into. They also agreed that there is need for more clarity with metrics and suggested using early checkpoints. Group 5 added that common language should be used and should express a call to action. They noted that workplace wellness and policy should be a sector. (See diagrams below).



CHILDHOOD HEALTH*

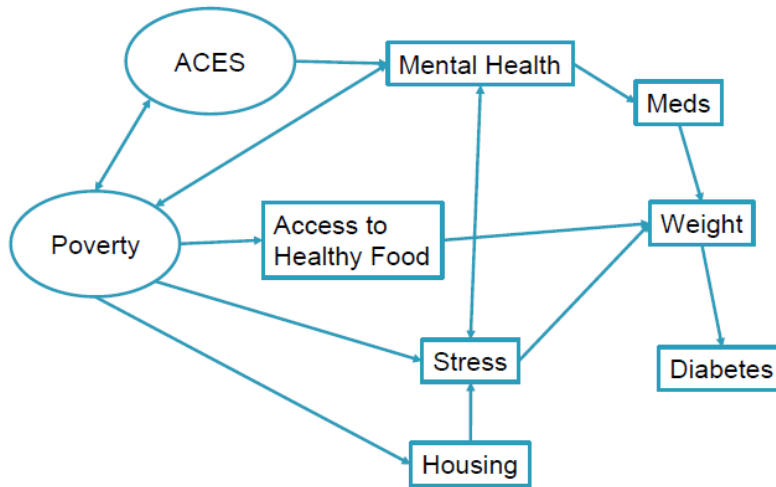


*Example Only. Could work for:
CRONIC DISEASE
ORAL HEALTH
MENTAL HEALTH



f) Group 6 agreed that the main areas of focus were ACEs, mental health, physical health (specifically pertaining to those that are overweight, obese, and inactive), and early childhood education. The group felt that ACEs needed to be dealt with more preventatively by supporting parents and young children through safe and secure housing and that the RHIP should tackle these social determinants. Another priority was implementation of behavioral health into the schools and clinic settings for youth and adults. They noted the issue of co-morbidity of mental health with other matters such as chronic disease. The group discussed that there was a lack of clarity with chronic or persistent non-cancer pain listed in the priorities. Though it is likely related to substance abuse and addictions, the preventative approach may be lost if the two are lumped together. Poverty was also a regular topic of conversation in this group. They noted the importance of ensuring that the very apparent interconnectivity between all of the priorities listed is illustrated in such a way in the RHIP that others can see it just as clearly (see diagram). They agreed that the ripple effect needed to be carefully considered when narrowing down these priorities to ensure that the issues that will have the largest impact are selected. One member of the group very passionately felt that the COHC should take a stand on medical marijuana and end of life care either in the RHIP or through other avenues.

Sample of Interconnectivity



7. ADJOURNMENT

There being no further business to come before the Board, the meeting was adjourned at 3:30 Pacific Standard Time.

Respectfully submitted,

Rebeckah Berry, COHC Operations & Project Manager



2016 Board of Directors Schedule

Date/Time	Venue	Location
1/14/16 12:30 pm–3:30 pm	St. Charles Health System	Madras
2/11/16 12:30 pm–3:30 pm	Advantage Dental	Redmond
3/10/16 12:30 pm–3:30 pm	St. Charles Health System	Bend
4/14/16 12:30 pm–3:30 pm	COCC Prineville Open Campus	Prineville
5/12/16 12:30 pm–3:30 pm	Advantage Dental	Redmond
6/9/16 12:30 pm–3:30 pm	Deschutes County Building	Bend
7/14/16 12:30 pm–3:30 pm	Midstate Electric	La Pine
8/11/16 12:30 pm–3:30 pm	Advantage Dental	Redmond
9/8/16 12:30 pm–3:30 pm	St. Charles Health System	Bend
10/13/16	Retreat	TBD
11/10/16 12:30 pm–3:30 pm	Advantage Dental	Redmond
12/8/16 12:30 pm–3:30 pm	Deschutes County Building	Bend

October 2015
Operations & Project Manager Update – Rebeckah Berry

Completed

- First and second Grand Rounds presentations completed on Chronic or Persistent Non-Cancer Pain Education Series. Almost 100 providers attended each presentation.
- SUD provider education document along with a link to SBIRT screening tools has been disseminated
- Second meeting of PSTF subgroup to define PDMP analysis scheduled.
- Had second meeting of PSTF subgroup to plan December Opiate Prescribing Guidelines Endorsement Dinner with Dr. John Loeser as the guest speaker.
- Finalized draft agreement that providers will sign agreeing to adhere and support the opiate prescribing guidelines and MED limit for our region.
- Prioritization and Areas of Focus meetings with OPs facilitated.
- Co-Chairs oriented and on board for Operations Council.
- Met with Dr. Ross and Dr. Swanson to brainstorm ways to engage providers at St. Charles around safer prescribing standards.
- Prepped and facilitated the CAC meeting in MaCayla's absence.
- Applied for and secured CME through St. Charles for the Summit to Reduce Rx Abuse.
- ECU laminated card has been disseminated.
- The new COHC website has been redesigned and is now live.
- Worked with facilitators for CAC meeting, Board/CAC/OPs meeting, and Board Retreat.
- Scheduling meetings with The Center and Desert Orthopedics to endorse prescribing guidelines.

In Process

- Ongoing prep for PSTF, PEP, OPs, Finance, and BOD monthly meetings.
- Ongoing communication to committees on QIMS and important updates.
- Final draft of RHA sent to St. Charles for formatting. St. Charles can no longer format the RHA so I am working on alternative solutions.
- RHIP development.
- Working with the CAC Chair and Co-Chair to develop agenda items and a member survey to guide the work of the CAC moving forward.
- Communicating with health teachers on incorporating Adolescent Well Child Exam info into their health curriculum.
- Scheduling a presentation for BMC providers on evidence-based prescribing guidelines.
- DHS child passport project.
- Preparing for the Central Oregon & Gorge Summit to Reduce Rx Abuse on October 14.
- Planning a press release for prescribing guidelines and the community for November.
- Working with Sarah Kingston at PacificSource to develop data pulls for regular reporting on opioid prescribing, overdoses, and other metrics for the Pain Standards Task Force work.
- Working on Developmental Screenings.
- Working to schedule a provider education presentation through BMC around safer opiate prescribing guidelines and evidence-based alternatives.
- Supporting the Deschutes County Health Services SRCH grant.