COHC Virtual Board of Directors Meeting
December 9, 2021 • 12:30 pm
Meeting registration: https://bit.ly/2Mkqvit
Dial-in: See calendar invite for Zoom details to join from a computer
Phone: 1 (669) 900-6833 • Code: 542240567#

12:30–12:40 Welcome and Public Comment – Rick Treleaven
12:40–12:45 Action Items and Consent Agenda................................................... vote
12:45–12:55 Patient Story – Brad Porterfield.................................................... info

GOVERNANCE
12:55–1:00 Board Officers’ Slate ................................................................. vote
1:00-1:10 COHC Board Hydraulics – Donna Mills.......................................... info
1:10–1:40 Issue Resolution Process: The Box – Linda Johnson ......... discussion Attachment: Issue Resolution Process
1:40–1:50 Finance: CCO 2022 Budget – Megan Haase ......................... info
1:50-2:20 Implications of Future Recapture – Megan Haase............. discussion

LONG-TERM SYSTEMIC CHANGE
2:20–2:40 Culturally & Linguistically Appropriate Services – Miguel Herrada Attachment: CLAS Updates

RHA/RHIP
2:40–2:45 RHIP Workgroup Budget Tracker – Donna Mills
Attachment: Budget Tracker

Consent Agenda
• November 2021 Board Minutes
• October 2021 COHC Financials
• CAC Member – Stacy Shaw

Written Reports
• Executive Director’s Report
• CCO Director Report 12.21
• CCO QIMs Summary YTD 10.21
• CCO REALD Data 11.21
• November 2021 CAC Minutes
• December Mini-Grant Reports

The Central Oregon Health Council Board of Directors reserves the right to transition into an executive session at any point during the Board meeting.
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 pm Pacific Standard Time on November 11, 2021, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

**Directors Present**
- Rick Treleaven, Chair
- Linda Johnson, Vice Chair
- Patti Adair
- Gary Allen, DMD
- Paul Andrews, EdD
- Megan Haase, FNP
- Brad Porterfield
- Divya Sharma, MD
- Iman Simmons
- Justin Sivill
- Dan Stevens

**Directors Absent**
- Eric Alexander
- Tammy Baney
- Seth Crawford
- Kelly Simmelink

**Guests Present**
- MaCayla Arsenault, Central Oregon Health Council
- Rebeckah Berry, Central Oregon Health Council
- Richard Blackwell, PacificSource
- Lindsey Hopper, PacificSource
Mr. Treleaven served as Chair of the meeting and Ms. Smith served as Secretary of the meeting. Mr. Treleaven called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

WELCOME
Mr. Treleaven welcomed all attendees to the meeting.

PUBLIC COMMENT
Mr. Treleaven invited public comment. No public comment was offered.

CONSENT AGENDA
The consent agenda included the October minutes, the September COHC financials, a St. Charles designation letter, and the Q3 2021 CCO Care Coordination Report.

MOTION TO APPROVE: Mr. Stevens motioned to approve the consent agenda; Dr. Allen seconded. All were in favor and the motion passed unanimously.

ACTION ITEMS
Two action items are still open:

- Ms. Mills will create a proposal to add two new community representatives to the Board.
- Rebecca Donell will bring forward examples of ways other CCOs are handling the current crises of the pandemic and homelessness as root causes impacting health care and employment. Ms. Baney offered to help address our larger role as these issues outpace the initiatives in which we invest.

PATIENT STORY
Brad Porterfield shared the story of a community member who has undergone continuous struggle accessing quality dental care, particularly periodontal. She reported using every avenue PacificSource provides with no results. She noted that the American Dental Association recommends cleanings
every six months, which is not allowed by the plan. There is also a lack of dentists taking patients in Central Oregon and no periodontists on the Medicaid plan. She emphasized the need for more OHP dentists in the region and stressed the importance of covering periodontal care. Dr. Allen offered to investigate and noted that periodontists will not contract with Medicaid in Central Oregon but would still accept referrals.

Discussion followed regarding dental integration and frustration with the lack of inclusion of oral services. Dr. Allen pointed out that integration varies by CCO as far as how much attention they pay to dental, but PacificSource has been a model for how it is intended to work. He added that demand ballooned faster than we have been able add capacity—e.g., recruiting dentists to participate in OHP—and we continue to struggle, particularly with adding specialists, particularly in Central Oregon. He added that care coordination is typically managed by the CCO.

Mr. Stevens advised that PacificSource provides a robust complex care coordination program with member support specialists and nurses and medical directors that cross every system in the CCO.

**GOVERNANCE COMMITTEE**
Ms. Johnson gave an update on the RHIP–Board alignment survey. Only 7 out of 13 respondents had completed the survey, none sharing public health perspectives. The Governance Committee had identified that the survey questions focused more on organizations’ strategic plans than activities that could be aligned with the future state measures. The committee asked that those who hadn’t taken the survey do so and that the county commissioners share it with public health. Ms. Mills agreed to send out the survey again to gather those responses.

**CODEI COHC DEI STATEMENT**
Ms. Jones presented the DEI commitment statement that CODEI has been working on and has presented to the COHC workgroups and committees, all of which had approved it. The Board was asked to formally adopt the statement as a public commitment. CODEI has also created an action plan to incorporate training, policies, and data to achieve more equitable decision-making.

MOTION TO APPROVE: Ms. Johnson moved to adopt the DEI statement as presented; Mr. Porterfield seconded. All were in favor, and the motion passed unanimously.

**CCO Q3 REPORT**
Ms. Wilder presented data from the Q3 CCO Performance Metrics dashboard and shared that they were meeting budget. The figures through the end of September indicated an estimated recapture of $1.7 million. She expected a clear pathway for the 2022 budget to be approved in the next few weeks. The CCO had also approved initiative spending funds and were very pleased with the number of alignments with the CAC, noting they were highest among the CCOs. She informed the Board that PacificSource had hired a workforce development manager, Cheryl Cohen.
The rebased metrics have made it considerably easier to achieve our goals for 2021. The population health team was focusing on two metrics: oral evaluation for diabetics and well-child checks for 3- to 6-year-olds. However, we were lagging behind the other PacificSource CCOs at 70 percent for the Covid vaccine measure, which she noted was nonetheless a huge win for our community. The Covid tracking measure could reduce our potential to achieve a 100 percent payout to 95 percent.

**ED Recruitment Update**
Mr. Sivill informed the Board that the Executive Search Committee had held its first meeting. They had selected a recruiting agency, the Specialized Recruiting Group at Express Employment, and ensured that DEI criteria would be used in sourcing candidates. They would meet with the recruiter the following week. Mr. Sivill requested that Board members share any criteria or attributes they wished the committee to focus on or approaches they would like to suggest.

**2022–2027 Section 1115 Waiver**
Mr. Blackwell, the Director of Government Relations for PacificSource, presented information on the CMS 1115 waiver that allow states to waive portions of programs to promote Medicaid objectives. The Affordable Care Act put transparency provisions in place, such as a comment period when there is a formal application. He confirmed that waivers do change between administrations and that past waivers had significantly affected work being done here. A new waiver process was opened by the governor for 2022–27. Concept papers had been issued since June, with final papers released November 2. The comment period would begin December 7 and end January 7. Mr. Blackwell shared that there are some very consequential papers and recommended that the group take a look. OHA wishes to hear from everyone.

Mr. Treleaven commented that it is important to pay attention to OHP’s rate-setting process, since current utilization is marked by distortion costs from the pandemic, with some going artificially up and others artificially down. He noted that this was apparent in his own organization and was sure to be true in the hospital system and among other providers.

**Adjournment**
There being no further business to come before the Board, the meeting was adjourned at 1:47 pm Pacific Standard Time.

Respectfully submitted,

____________________________________
Camille Smith, Secretary
Central Oregon Health Council
Statement of Financial Position
YTD 10.2021 - Post Audit

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>Total Checking/Savings</td>
<td>$ 20,273,990</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>-</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>1,997</td>
</tr>
<tr>
<td></td>
<td>$ 20,275,987</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$ 20,275,987</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$ 19,160</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>23,980</td>
</tr>
<tr>
<td></td>
<td>43,140</td>
</tr>
<tr>
<td>RHIP 2020-2024 Payable</td>
<td>9,473,448</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>2,548,987</td>
</tr>
<tr>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>12,022,434</td>
</tr>
<tr>
<td>Net assets without donor restrictions</td>
<td>7,889,170</td>
</tr>
<tr>
<td>Net Income/(loss)</td>
<td>321,243</td>
</tr>
<tr>
<td>TOTAL LIABILITIES &amp; EQUITY</td>
<td>$ 20,275,987</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 966,460</td>
<td>$ 916,667</td>
<td>6%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,681,884</td>
<td>2,250,000</td>
<td>19%</td>
</tr>
<tr>
<td>Grants</td>
<td>104,768</td>
<td>41,667</td>
<td>151%</td>
</tr>
<tr>
<td>Interest income</td>
<td>41,821</td>
<td>125,000</td>
<td>-67%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$ 3,796,932</td>
<td>$ 3,333,333</td>
<td>14%</td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>853,960</td>
<td>1,043,098</td>
<td>18%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>2,621,729</td>
<td>3,750,000</td>
<td>30%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>3,475,689</td>
<td>4,793,098</td>
<td>27%</td>
</tr>
<tr>
<td>Net Income</td>
<td>$ 321,243</td>
<td>$(1,459,764)</td>
<td>-122%</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 funded 2021
  - Homeless Leadership Coalition: $26,970
  - Creach Consulting: $16,450
  - FUSE: $285,000
  - COVID-19 Mini Grants (NTE $9k): $255,466
  - COIC: $200,000
  - All other: $1,382,813

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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Recapture Board trigger</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.**
COHC Board of Directors
ISSUE RESOLUTION PROCESS

**Issue identified** (by one or more partners/members)

**Referred to appropriate committee** (Ops, Finance, etc.)

**Issue not resolved**, impasse reached. Request made by parties to Board Chair for focused discussion/action. Board Chair convenes/refers issue to Issue Resolution Process.

**Participants**
- All relevant parties
- PacificSource, if relevant to contract
- Facilitated by disinterested party
- Commitment by all to negotiate in good faith to best solution possible so patient needs are addressed and met.

**Emerging issue surfaces at COHC Board meeting** Chair refers to Issue Resolution Process
Health Equity Plan
Updates and Discussion
Purpose

• Provide updates on the Health Equity Plan
• Focus Area 4: Culturally and Linguistically Appropriate Services (CLAS) as an organizational Framework – CLAS Assessment Updates
Health Equity Plan

• Five year plan
  • Centered on CLAS Standards
  • 52 Goals across 8 focus areas
  • Community informed strategies

• Focus
  • System level improvements at CCO operational level
Health Equity Plan (cont.)

• Received a score from the Oregon Health Authority (OHA) of 59 out of 62 points – very high score!

• Regional Feedback
Culturally and Linguistically Appropriate Services (CLAS) Standards
CLAS Standards: Quick Recap

A tool to advance health equity, improve quality, and help eliminate health care disparities.

Standard 1 Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Source: www.ThinkCulturalHealth.hhs.gov
Health Equity Plan—Completion to Date

• CLAS Standards presentations to the Board, CAC & CAP
  • We ask the Board to adopt CLAS Standards framework

• Health equity and CLAS Standards objectives included in PacificSource’s strategic plan
  • Allocated resources to advance CLAS Standards system-wide
<table>
<thead>
<tr>
<th>Strength</th>
<th>Explore</th>
</tr>
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<tbody>
<tr>
<td>• Strong support from leadership</td>
<td>• Policy for board recruitment representative of community/members served</td>
</tr>
<tr>
<td>• Structures in place to monitor CLAS plans/activities (e.g. strategic plan, HEP, education activities) and revisit annually</td>
<td>• Policy or mechanism around integration of staff of various backgrounds, and promotion of culturally/linguistically diverse staff</td>
</tr>
<tr>
<td>• Resources are made available</td>
<td>• Setting goals to improve diversity, cultural competency of workforce</td>
</tr>
<tr>
<td>• Accountable individuals/teams in place</td>
<td>• Integration of equity/cultural responsivity into job descriptions, performance/development objectives</td>
</tr>
<tr>
<td>• Leadership/executive and staff training underway</td>
<td></td>
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</table>
## CLAS Assessment Findings

### Communication and Language Assistance

<table>
<thead>
<tr>
<th>Strength</th>
<th>Explore</th>
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</table>
| • Generally strong on policies/practices around language assistance (with room for improvement) | • Training member-facing staff on language assistance  
• Policy with explicit methods to measure the efficacy of translations and interpretations provided to members (LEP, deaf or hard of hearing)  
• Policy that states all its partners (providers, PS, etc) must clearly display that they have the availability to provide language assistance services (also i-speak cards)  
• Assessment of and support system for trained, multilingual staff  
• Policy to ensure PS/providers are using qualified or certified interpreters  
• Policy and methods to address health literacy (e.g. systematic assessment of member materials, signage, testing with members or communities, quality review of materials for understandability) |
<table>
<thead>
<tr>
<th>Strength</th>
<th>Explore</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health Equity Plan/Strategic Initiative with measurable goals reviewed annually</td>
<td>• Quality improvement systematically identifies and addresses health disparities</td>
</tr>
<tr>
<td>• Conducting assessment (such as this!)</td>
<td>• Policy that ensures regular review of organizational planning and operations with the purpose of identifying cultural and linguistic needs not being met</td>
</tr>
<tr>
<td>• Member demographic data shared with leadership and used for planning purposes</td>
<td>• Policy/procedure for collecting and maintaining demographic data (e.g. REALD, LGBTQ+)</td>
</tr>
<tr>
<td>• Open communication and collaboration with community groups serving diverse populations and using findings for planning purposes</td>
<td>• Policy/plan for evaluating services and outcomes based on demographic (REALD) data.</td>
</tr>
<tr>
<td>• Reporting back on progress to community groups</td>
<td>• Policy for systematic/ongoing communication with community (e.g. use of qualitative data to inform planning, reporting back results, engaging members in design of materials, products, services)</td>
</tr>
<tr>
<td>• Disaggregation of G&amp;A by REALD (in the works)</td>
<td>• Define conflict and grievance resolution process specific for members with cultural and/or linguistic needs.</td>
</tr>
<tr>
<td>• Community Advisory Committees (Mcaid only)</td>
<td></td>
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</tbody>
</table>
Questions?
2020-2024 RHIP Workgroups
5 Year Budget

Updated December 1, 2021

Funds Available $9,037,210
Initial Funds (spread over 5 years) $12,000,000
Funds Spent $2,962,790

Amount Invested by Workgroup

- Address Poverty $623,501.79
- Behavioral Health $613,242.00
- Physical Health $126,774.56
- Stable Housing $1,114,654.00
- Substance & Alcohol Misuse $184,920.00
- Upstream Prevention $299,698.00

Allocation of Spent Funds

Allocation of All Funds ($12M)
For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of $500,000. The Central Oregon Health Council is required by law to invest a total of at least $2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this $2.5M annual commitment.
Central Oregon Health Council
Executive Director’s Report
December 9, 2021

- Facilitate PEP meeting
- Facilitate Finance meeting
- Multiple stakeholder/community meetings
- EL Hub as ex-officio member
- EL Hub Investment Steering Committee
- Central Oregon Suicide Prevention Alliance Leadership
- COHIE Board Officer – HIE
- System of Care Executive Team member
- Grant software management
- CCO 2.0 alignment and support and training
- Board Governance Committee support
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups, and community
- Manage Strategic Plan
- Manage monthly bookkeeping oversight
- Local Public Safety Coordinating Council member
- Healthcare Congress/American College of Healthcare Executives (ACHE)
- Economic Recovery Plan/CEDS member
- New hire effective 8.12.2021 (Kelsey’s departure)
- Manage virtual onboarding
- Finalize 990 and file
- Begin OHP (CCO) contract discussions
- Manage community re-entry (Delta variant)- no progress
- Staff recruitment committee and recruiter hire
- Begin Finance Committee/DEI conversation
- Prepare COHC staff/community for ED transition
- Prepare for January BOD/CAC meeting

Coming up:
- Back to the Strategic Plan (I hope)
CCO Director Report  
**Date:** December 2021  
**To:** The Central Oregon Health Council (COHC) Board of Directors  
**Prepared by:** Tricia Wilder, Director, Central Oregon CCO  

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:  

Quality Incentive Measures (QIMs)  
**I. 2021 Performance to Date**  
As of November 1st, the Central Oregon CCO is currently on pace to receive 100% of the Quality Pool funds. Eight of eleven metrics are currently being met. Please note, the CCOs ability to meet the Emergency Outcome Tracking COVID-19 Vaccine Measure may impact total payout. Please see, the attached Performance Matrix.  

**II. 2022 Measure Set Overview**  
Moving into 2022, the Metrics and Scoring Committee has finalized next years’ QIM measure set, which includes:  
- Retiring the ED Utilization for Individuals Experiencing Mental Illness QIM;  
- Moving all remaining 13 QIMs over into 2022; and  
- Adding a new QIM focused on social emotional health for 0-5 year olds.  

**III. Emergency Outcome Tracking (EOT) COVID-19 Vaccine Measure**  
As of November 1, the Central Oregon CCO has met the overall target of 47.4% for the 16+ age group and for four of the seven required race/ethnicity groups. In addition to the overall target, the CCO must also meet 42% threshold for 12-15 year olds for full payout. The current rate for 12-15 years olds is 4.7% below that target.  

2022 CCO Budget  
PCS is in the midst of annual budget season. As a friendly reminder, the Board can expect the following:  
- Finance Committee: PCS provided the Finance Committee with a presentation of the 2022 CCO draft budget and assumptions. After some discussion, the Finance Committee requested that PCS come back in January with some options that would reflect a 2% margin in the budget.  
- COHC Board of Directors: Vote in January on the Finance Committee recommendation of the 2022 CCO Budget.  

2022 CCO Performance Metrics  
In support of PCS-COHJ Joint Management Agreement (JMA) responsibilities, PCS has collaborated with the COHC Board to identify annual CCO performance metrics for quarterly report outs. PCS and the COHC Board identified nineteen metrics for 2021 organized by four categories: 1) quality and member experience, 2) CCO 2.0 requirements, 3) financial stability and 4) operations. PCS is currently working to develop the annual CCO performance metric set for 2022, streamlining and condensing metrics where feasible to ease review and monitoring by the COHC Board. PCS will present the 2022 metric set during the first quarter of next year, and will continue to provide the COHC Board with quarterly updates on metric performance moving forward.
Annual Community Meeting
In partnership with the COHC, PCS hosted the 2nd annual Community Conversations meeting on November 10. The topics of discussion included a CCO overview, JMA overview, COHC community investment update, and a Connect Oregon presentation. Seventy-eight community members and stakeholders attended the conversation. Special thank you to all the PCS and COHC team members that attended and provided subject matter expertise.

Upcoming Provider Trainings
**Cultural Responsiveness Series: Part III**
Strategies for Moving Forward
Wednesday, December 1, 2021
12:00PM to 1:30PM
1.5 CME Available
Sign Up NOW: https://PacificSource.myabsorb.com?KeyName=CulturalResponsiveness

**Assessing Older Adult Decisional Capacity**
Older Adult Behavioral Health Series
Tuesday, December 7, 2021
10:00AM to 12:00PM
2.0 CME Available
Sign up NOW: https://PacificSource.myabsorb.com?KeyName=OHAOABHI

**Hepatitis C Treatment in Primary Care**
Coordinated in partnership with Marion Co. & the Oregon AIDS Education & Training Center
Thursday, December 9, 2021
12:00PM to 1:00PM
1 CME Available
Sign Up NOW: https://PacificSource.myabsorb.com?KeyName=Hepatitis

PACIFICSOURCE COMPANY-WIDE UPDATES:

PacificSource and Legacy Health Welcome OHSU Health to the Navigator Network

(Portland, Ore.) November 19, 2021 — PacificSource Health Plans and its health system partner Legacy Health announce that OHSU Health will become a part of PacificSource’s Navigator network effective January 1, 2022. The addition of OHSU Health to Navigator is part of an ongoing commitment on behalf of PacificSource and Legacy Health to provide their members with a comprehensive provider network and access to the highest quality providers within the Portland metro area and Clark County. OHSU Health’s addition to the Legacy based Navigator network will enhance PacificSource’s existing products broader access to health care services in the Portland and Clark County metropolitan areas. PacificSource offers highly competitive health benefit plans, focused on the individual, small and large employer market segments. Navigator is also available for large employers that desire a self-funded alternative. Both employed and affiliated providers of each hospital system will participate in the comprehensive provider network that anchors this collaboration.
Together, the provider network includes 10 Portland metro and Clark County area hospitals, including the six Legacy Health and four OHSU Health system hospitals. Additionally, the network includes dozens of urgent care and other clinic locations across the metro area comprising more than 6000 providers. “We are thankful to our partners at Legacy Health for their efforts in helping us bring OHSU Health to the Navigator network. Our partnership remains focused on how to effectively serve members and patients and help them get the best care available. OHSU Health’s innovative health delivery systems and latest advances in health care fits that bill perfectly,” said Ken Provencher, president and CEO of PacificSource.

The Navigator product is available to PacificSource’s individuals and family members as well as group members in Oregon, Washington, Idaho and Montana.

**About PacificSource Health Plans:** PacificSource Health Plans is an independent, not-for-profit community health plan serving the Northwest. Founded in 1933, PacificSource has local offices throughout Oregon, Idaho, Montana and Washington. The PacificSource family of companies employs more than 1,500 people and serves over 523,700 individuals throughout the Greater Northwest. For more information, visit [PacificSource.com](http://PacificSource.com).

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**PacificSource Reports 2021 3rd Quarter Results**

*Health insurer reports operating results and growth in capital balance*

**(SPRINGFIELD, Ore.) November 12, 2021 —** PacificSource announced consolidated financial results for the first nine months of the year ending September 30, 2021, reporting $51M of GAAP earnings before taxes, on $2.3B of revenue. As a tax-paying entity, PacificSource also reported income tax expense of $14 million to achieve Net Income of $37M for the period.

“While financial performance has remained strong on a consolidated basis, the company has seen a steady increase in utilization and in Covid-19 testing and treatment costs. This escalation in claims expense has put some pressure on earnings, especially in our Commercial line of business. We anticipate those trends to continue, at least through the 4th Quarter of 2021,” said Peter Davidson, Executive Vice President and CFO of PacificSource. “PacificSource has built a strong level of capital reserves over the last decade and is in an excellent position to support our members and communities through the difficult period of the pandemic.”

PacificSource reported consolidated Net Income through September 30, 2021 at a net margin of 1.6%.
### Central Oregon CCO 2021 Quality Incentive Metrics data through October 2021

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
<th>Target</th>
<th>Trend Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood Immunizations</strong></td>
<td>Rate: 61.3%</td>
<td>Target: 68.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Initiation and Engagement of AOD</strong></td>
<td>Initiation</td>
<td>Rate: 33.9%</td>
<td>Target: 36.3%</td>
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<tr>
<td></td>
<td>Engagement</td>
<td>Rate: 14.2%</td>
<td>Target: 9.9%</td>
</tr>
<tr>
<td><strong>Oral Evaluation for Diabetics</strong></td>
<td>Rate: 17.1%</td>
<td>Target: 17.3%</td>
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<tr>
<td><strong>Well-child Checks for 3-6 yo</strong></td>
<td>Rate: 58.6%</td>
<td>Target: 54.6%</td>
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</tr>
<tr>
<td><strong>Diabetes, Uncontrolled (inverse measure)</strong></td>
<td>Rate: 27.7%</td>
<td>Target: 33.3%</td>
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<tr>
<td><strong>Preventative Dental</strong></td>
<td>Ages 1-5</td>
<td>Rate: 37.9%</td>
<td>Target: 33.7%</td>
</tr>
<tr>
<td></td>
<td>Ages 6-14</td>
<td>Rate: 44.1%</td>
<td>Target: 43.1%</td>
</tr>
<tr>
<td><strong>Adolescent Immunizations</strong></td>
<td>Rate: 34.6%</td>
<td>Target: 29.0%</td>
<td></td>
</tr>
<tr>
<td><strong>DHS 60</strong></td>
<td>Rate: 93.5%</td>
<td>Target: 90.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Cigarette Smoking Prevalence (inverse measure)</strong></td>
<td>Rate: 25.1%</td>
<td>Target: 26.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Timeliness of Postpartum Care</strong></td>
<td>Rate: 74.2%</td>
<td>Target: 61.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Department Utilization for members with Mental Illness</strong></td>
<td>Rate: 73.5/1,000MM</td>
<td>Target: 97.3/1,000MM</td>
<td></td>
</tr>
<tr>
<td><strong>SBIRT</strong></td>
<td>Must Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Must Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Equity</strong></td>
<td>Must Pass – CCO Attestation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2021 CHALLENGE POOL measures**

- Above Trend Target by more than 10%
- Above Trend Target by less than 10%
- Below Trend Target by less than 10%
- Below Trend Target by more than 10%
- Not meeting Admin rate or no current target.

**2020 CHALLENGE POOL measures**

- Above Trend Target by more than 10%
- Above Trend Target by less than 10%
- Below Trend Target by less than 10%
- Below Trend Target by more than 10%
- Not meeting Admin rate or no current target.
66,555 October 2021 Avg Membership

**LANGUAGE (From REALD Data)**

**Interpretation Needs**

2.06% of Members Say they Need Spoken and/or Sign Language Interpretation

0.15% Sign Language

2.04% Spoken

**Top 5 Non-English Languages:**

<table>
<thead>
<tr>
<th>Language</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1.5%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chinese - Simplified</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chinese - Traditional</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**READING LANGUAGE**

<table>
<thead>
<tr>
<th>Language</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.1%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**SPOKEN LANGUAGE**

<table>
<thead>
<tr>
<th>Language</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.1%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**PRIMARY RACE / ETHNICITY (From REALD Data)**

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>43.0%</td>
</tr>
<tr>
<td>Passive non-response</td>
<td>24.9%</td>
</tr>
<tr>
<td>Active non-response</td>
<td>23.5%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>5.9%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0.5%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.1%</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

A **passive non-response** indicates that the member left the question blank or the data has not yet been provided. An **active non-response** means that the member responded "decline to answer" or selected "unknown."

| Data not provided | 1.5% |
| Did not Answer    | 10.6% | 12.9% |
Central Oregon
Coordinated Care Organization

ENROLLMENT
(FROM OHA ENROLLMENT FILES)

66,555
October 2021
Avg Membership

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 0-18</td>
<td>Adult 19+</td>
</tr>
<tr>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Adult 19+</td>
<td>Child 0-18</td>
</tr>
<tr>
<td>34%</td>
<td>28%</td>
</tr>
</tbody>
</table>

52% Female
48% Male

TERMS & DEFINITIONS

RATE GROUP TERMS:

Rate Groups - OHA groups members into various rating categories of aid. These categories of aid are also used by actuaries to set premium rates for each CCO.

ABAD - Aid to the Blind/ Aid to the Disabled
ACA - Affordable Care Act (Medicaid Expansion)
CAF Children - Children in Adoptive, Substitute, or Foster Care
CHIP - Children’s Health Insurance Programs
OAA - Old Age Assistance
PLM - Poverty Level Medical
TANF - Temporary Assistance to Needy Families
w/ w/o Medicare - With and without Medicare Coverage/Eligibility

OTHER TERMS:

Avg Membership - Average membership. In contrast to a count of unique members covered, this reflects the average number of members covered over a period of time. Due to the nature of how members can come on/off plans in Medicaid, average membership is nearly always lower than the count of unique members with coverage during a time period.

CCO - Coordinated Care Organization
REALD - Race, Ethnicity, Language and Disability Data. This data is optional for members to provide. It is collected by OHA and sent to CCOs in member eligibility data files.

MEMBER RATE GROUPS
(FROM OHA ENROLLMENT FILES)

% of Membership by Rate Group

<table>
<thead>
<tr>
<th>Rate Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Ages 19-44</td>
<td>29.2%</td>
</tr>
<tr>
<td>ACA Ages 45-54</td>
<td>7.3%</td>
</tr>
<tr>
<td>ACA Ages 55-64</td>
<td>7.2%</td>
</tr>
<tr>
<td>ABAD &amp; OAA* (w/ w/o Medicare)</td>
<td>10.3%</td>
</tr>
<tr>
<td>CAF Children</td>
<td>1.2%</td>
</tr>
<tr>
<td>PLM, TANF, and CHIP Children 0-18</td>
<td>36.4%</td>
</tr>
<tr>
<td>Poverty Level Medical Adults &amp; TANF (Adult)</td>
<td>8.2%</td>
</tr>
<tr>
<td>Breast/Cervical Cancer Program</td>
<td>27%</td>
</tr>
</tbody>
</table>
COHC Community Advisory Council
Held virtually via Zoom
November 18, 2021

CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Ken Wilhelm, United Way of Central Oregon
Theresa Olander, Consumer Representative
Mayra Benitez, Consumer Representative
Conor Carlsen, Consumer Representative
Linda Johnson, Community Representative

CAC Members Absent:
Larry Kogosvek, Vice Chair, Consumer Representative
Natalie Chavez, Jefferson County Health
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health
Regina Sanchez, Crook County Health Department
Tom Kuhn, Deschutes County Health Services
Elaine Knobbs-Seasholtz, Mosaic Medical

COHC Staff Present:
Donna Mills, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Camille Smith, Central Oregon Health Council

Guests Present:
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Buffy Hurtado, Tribal Liaison, PacificSource
Rebecca Donell, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Carolyn Black, Oregon Health Insurance Marketplace
Stacy Shaw, Community Member
Land Acknowledgement
- Brad Porterfield read the Land Acknowledgement (see November packet for statement). He suggested having a different CAC member read this every month.

Introductions
- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment/Patient Story
- Brad welcomed public comment or a patient story.
- Theresa Olander thanked Brad and MaCayla for reading her story at the last Board of Director’s meeting. She shared her story with the CAC members.
  - **ACTION:** MaCayla to email the written story to all members.

Vice-Chair Nominations
- Brad Porterfield thanked Larry Kogosvek for his service and time as the CAC Vice-Chair.
- Brad opened and welcomed any nominations.
- Elizabeth Schmitt said that she was interested in the position.
  - **ACTION:** Kelley Adams to email the CAC members about sending in nominations.

Review of Board of Directors and CAC Actions from the Combined Meeting
- Donna Mills reported the next steps of prioritization of the action items from the Combined meeting.
  - There is a plan to have joint meetings every 3-6 months with meaningful, purposeful agenda and dialogue. The first one will be scheduled for January and there will be more to report next time at the December CAC meeting.
  - CAC Members are encouraged to share their own patient stories at monthly Board meetings to focus on Consumer’s reality. Donna commended Theresa on her courage and bravery on putting her story out there.
  - Enhance inclusion with increased quantity and quality of interactions, also known as, structure between the CAC and the Board.
- Donna Mills also announced her retirement by June 2022. She expressed that it has been a pleasure serving the CAC and its members.

Approval of October Meeting Notes
- October Meeting Notes were left out of the packet. Members agreed to vote at the next meeting.
  - **ACTION:** Kelley Adams to forward everyone via email the October Meeting Notes.

CAC Member Small Group Breakout Session
- Another change to the meetings is to include time for CAC members to get to know each other better. 10 minutes will be set aside at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they’d like.
2021 Community Health Projects Final Decision

- MaCayla Arsenault thanked everyone for their time in reviewing and ranking the 10 applications. There were 7 members that filled out the survey. The results from the survey were included in the packet along with summaries of all applications that Kristen Tobias from PacificSource put together.
- MaCayla also announced that there are additional funds from the Quality Incentive Measure that will cover all 10 applications plus $61k extra.
- Brad Porterfield took a vote to approve funding of all 10 applications. All members in attendance voted to approve.
- Gwen Jones led the discussion on next steps for the additional $61k and the CAC members voiced their opinions.
- The Health Council staff will pull all the information and suggestions together and present at the December meeting.

Emerging Issues Follow Up

- Brad Porterfield commented that the Periodontal emerging issue was addressed during the patient story.
- Due to lack of time, more follow-up to come in December.
Final RHIP Mini-Grant Report for Jericho Road
“Homeless Camp Outreach”
Reviewed by the Address Poverty and Physical Health Workgroups

Summary of Results:

- Jericho Road’s Homeless Camp Outreach Program goes directly to camps in the Redmond area to provide fresh water, fuel, food, clothing and to coordinate with other organizations and agencies to assist those people currently forced by conditions to staying in off-grid camps.
- Utilizing our new (donated truck) and pop up tents, tables and support equipment we were able to provide the items listed above plus masks, hand sanitizers and related COVID supplies to the campers.
- Our partners during this time were Mosaic Medical, the Jericho Road shower truck, Volunteer Dental Assistance Van, St. Vincent De Paul, Deschutes County Mental Health Department, Central Oregon Veteran’s Outreach and others.
- Working with our partners and in total compliance with COVID protocols from state and local authorities, we were able to provide all the items listed above plus numerous others including pet food and clothing along with tents, propane, sleeping bags and heaters.

Quote:

“During the heat of the summer, we put up tents, provided water and popsicles and showers. We received many comments beyond the customary thank you’s. Some people said it was critically helpful to have us come to them rather than their having to risk leaving what little they had to go to town. Others thanked us for our willingness to help. Two families were successfully moved to more stable living conditions during this time, but the availability of alternative shelter is a constant challenge.”
Final RHIP Mini-Grant Report for Deschutes County Health Services

“Move for Better Health

Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- This pilot program was a collaborative effort between Mosaic Medical and Deschutes County Behavioral Health.
- The program began 6/7/21 and ended on 8/30/21.
- The goal was to see an increase in overall health of participants through tracking movement, blood pressure, and diet.
- We purchased Fitbits, blood pressure cuffs, and scales for clients.
- Two peer support specialists (PSS) ran support groups twice a week with a dual purpose: providing support in client’s health journeys and psycho education.
- The PSSs also met with the clients individually weekly, to assist clients in motivation, problem solve and encourage them.
- Curriculum for the 12 week peer lead group was developed.
- Weekly groups included check in, support, and weekly topic.
- Sometimes the PSS presented the topic, and guest speakers were invited as well.
- At the end of the program, we did a post program survey with all clients to ask clients about their perception of their success and meeting goals and to provide feedback to use about the program.
- 100% of participants were offered a smart device or another monitor to track daily steps/movement to increase movement and reduce metabolic syndrome.
- Participant connected (in person, telehealth, and/or phone) with a provider a minimum of 2x per week over the course of 12 weeks for a total minimum of 24 times in a three month period.
Summary of Results:

- Seed to Table was invited to collaborate with the Deschutes Public Library Servicios Latinos (DPLSL) to distribute fresh produce to local Latinx communities through an innovative program that sets up community resource distribution points in low-income neighborhoods.
- Through the partnership, produce was distributed in identified low-income neighborhoods, to contribute to a resilient system where diet-related diseases can be prevented through improved access to fresh vegetables while fostering a more welcoming and inclusive Central Oregon.
- In collaboration with other community-based organizations, Biblioteca en Camino served as local access points for thousands of families who experience barriers to essential items, including fresh foods. S2T set up a free farmers market across 8 sites, traveling each Wednesday to the designated neighborhoods.
- Seed to Table, and partners, helped decrease barriers to fresh produce to a total of 53 families with access to free, farm-fresh produce that was fitting within their cultural preferences.
- At each of the 8 sites, 2 to 15 families took home between 100 to 300 pounds of fresh produce. Site participation varied greatly depending on established relationships. A total of 2,400 pounds of veggies were distributed.
- For neighborhoods involved, the program helped overcome the barriers of families feeling unsafe and unwelcome in food banks, libraries, and other public spaces and on fostering relationships with the community by working directly in their neighborhoods.

Story:

I started to unload the Seed to Table truck when I heard many voices behind me. It was a group of neighborhood children who screamed out "the veggies are here!" They all swarmed over with the rollerblades on, eagerly helping set up the produce stand so they could help feed their families. One girl said "I will get all of the vegetables because I would like to try eating more salad, maybe my mom can make chef salad tonight? Oh! What about Cesar dressing... yes she will like that!"

*Order of projects is by final report submission date Published December 2021
COVID-19 Final Report for La Pine Community Health Center (Non-RHIP)
“The Patient Healthcare Reminder Project”

Summary of Results:

- We requested $5,000 from the COHC COVID Mini-Grant Fund to purchase the WELL patient communication platform software.
- La Pine Community Health Center contributed $1,500 towards the purchase, will pay the on-going monthly fees associated with this program and pay for employee time to setup and monitor the program.
- The benefits of the WELL program through automatic messages sent to our patients during the pandemic have been and are:
  - Keeping low-risk COVID-19 patients from spreading the virus to others and staff.
  - Preventing non-COVID-19 patients from being exposed to the virus.
  - Communicating with all patients to encourage continued medical care follow-up to keep them healthy and avoid becoming ill with a virus.
  - Patients being able to receive and respond to their COVID symptom screening through the automated system which saves staff time.
  - Expanding the capacity of healthcare personnel.
  - We also utilized the WELL automated messaging for a breast cancer screening campaign. Patients were able to click a direct link to contact Central Oregon Radiology Associates and schedule a screening.
- The project has been a complete success. The benefit of WELL to quickly contact patients is significant. It is patient-centered because many patients like texting. It has been especially beneficial during COVID because of the additional responsibilities the pandemic has brought to our staff.
- The program allows us to communicate with our patients in their preferred communication method: telephone, e-mail or texting which improved the number of contacts with patients

Quote:

“The mother of one our patients was contacted to schedule a well-child visit. When she responded using WELL, we were able to schedule her child and two siblings at the same time. This saved staff time and time for the mother.”

Erin Gage Fitzpatrick, Director of Quality Improvement
Final RHIP Mini-Grant Report for Commute Options
“Safe Routes to School”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- The Safe Routes to School (SRTS) project promoted walking and rolling education for student in Central Oregon.
- We installed two traffic gardens during the grant period and reached out to multiple community members for support to extend SRTS Education into our target communities.
- The traffic gardens were used by the surrounding community as a self-guided resource to educate students on how to safely navigate roadways by foot or wheel.
- Through the Traffic Garden planning process, we connected with the Latino Community Association, Out of the Box Art Foundation, and Jefferson County Library.
- One traffic garden was installed adjacent to the Jefferson County Library and the other was installed in a city lot adjacent to Sahalee Park, both in Madras.
- We increased our participation by approximately 150% compared to what our total participation was starting in September 2021, from the 2020/2021 School year events.

Quote:

An article was written up by The Madras Pioneer about the City lot traffic garden - "New Traffic Garden creates haven to teach kids road skills"

"COVID restrictions have limited opportunities for Bennett to have in-person outreach. So, Bennett asked the City of Madras to help create a "Traffic Garden" on the lot at Southeast Seventh and Southeast C streets, a place where children and families can practice their traffic skills on their own."

*Order of projects is by final report submission date  
Published December 2021
Final RHIP Mini-Grant Report for La Pine Community Health Center
“Equitable Patient Transportation Access”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- This project served patient transportation needs of South Deschutes County (La Pine) and North Klamath County (Gilchrist/Crescent).
- Transportation is one of the most challenging barriers for patients in these areas. Some patients miss their appointments with their primary medical care provider, behavioral health provider, RN Case Managers, or specialists because they do not have a car, drivers’ license, friends, family or any other affordable transportation option.
- Transportation assistance is also needed for same-day, non-emergency transportation for medical services such as prescriptions, X-Rays or urgent care/emergency department issues.
- The assistance includes gas cards, Uber or a taxi to travel to La Pine Community Health Center sites, specialty care or urgent care/emergency department.
- The type of transportation used depends on the needs of the patient.
- The number of requests for the South Deschutes/North Klamath Counties has been increasing every year.
- This project met and tracked the immediate transportation needs of 59 patients for 129 rides including gas cards, vouchers, Uber and taxi to travel to our health care sites, specialty care or urgent care/emergency services.

Story:

We have a patient who lives in the Sunriver area with heart failure and cancer. Her specialists are in Eugene. We provide her (once every 2-3 months) with a gas card to travel to her specialist appointments. Without transportation assistance she might not be able to get the care she urgently needs.
Summary of Results:

- As Cascade Peer and Self Help Center (CPASHC) had to consolidate their services to the Downtown site from the closed Masonic Lodge site, this project maintained contact with clients who had been referred to Substance Abuse programs and encouraged to maintain their treatment.
- In addition, during this period, some clients were referred to treatment with follow-up.
- In some cases, the initial referral and contact was to be taken for detox and then encouraged to enter treatment after detox.
- The primary referral agencies were Deschutes County Mental Health and Best Care Substance Abuse Program.
- CPASHC was seen as a resource for both entering detox and for treatment referral and support.
- This ongoing support and contact increased the ongoing participation of clients in their treatment.
- There was also coordination with Peer Support Specialists from Deschutes County Mental Health and the staff at Best Care which enhanced support for those needing Substance Abuse treatment.
- The main challenge was with supporting the unhoused clients to maintain their sobriety and treatment.
- While living outdoors many people who are unhoused encounter numerous barriers to their sobriety such as social contact with people who are using, poor environmental conditions such as cold weather, and mental health issues which are unresolved.
- One focus of CPASHC is to continue to maintain relationships with people facing these challenges and being willing to maintain our support.

Story:

One of the most difficult situations was with a man who had been assisted to go for detox several times. He was resisting going to treatment for a long time. Finally, he agreed to go to treatment, and we were able to enroll him in Best Care addiction treatment. With continued support he has been able to stay in treatment and he has expressed much appreciation for how people did not give up on him.

*Order of projects is by final report submission date  Published December 2021*