

Sent: Friday, May 22, 2015 10:30 AM
To: KEELING Ryan W * DCBS
Subject: Trillium Sale

Ryan Keeling
Financial Regulation Section
Oregon Insurance Division
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RE: Trillium Community Health Plan sale to Centene and the future ownership of Oregon's CCO's

Transferring ownership and responsibility for Lane County's CCO to an out-of-state profit making corporation should be of grave concern to the Lane County community. I am thankful the Insurance Commissioner is taking a closer look at this transaction.

As reported in "The Lund Report", managing the CCO has been extremely profitable for Trillium and its' shareholders, making it an attractive acquisition for Centene. How do Oregonian's feel about an out of state corporation making big profits on our lowest income, most frail residents? I suspect few are aware of it.

Since the inception of Oregon's CCO model, I have been troubled by the thought of a profit making corporation, owned by shareholders, managing this process in my community. In this context, tax-payer dollars intended to provide health care for low income individuals are managed by an organization that has a legal obligation to maximize returns for its' shareholders. (As a member of the organizing committee for Lane County's CCO, I voiced my concern over this inherent conflict at the time our CCO was formed.)

It is well known that Lane County has a significant shortage of primary care providers to which it can assign OHP members. The monthly payment to Trillium continues, however, whether or not these individuals have a medical home. Today we continue to have several thousand individuals in Lane County with no medical home. I commend Trillium's current leadership for making every reasonable effort to increase the availability of primary care for OHP members; yet the profits continue to climb for Trillium - almost \$4 million in 2013 and \$8 million in 2014. I don't have access to the 2012 figures, but I am sure Centene thought the comparison was favorable.

If the Legislature had required that profits of the CCO be limited and the excess invested in difficult to serve populations, we would not be having this conversation. And what happens when this populations stops being so profitable?

Those in the non-profit human services community who serve the some of the most complex OHP members (the mentally ill, survivors of abuse, those with significant disabilities, etc.) have had reason to expect new or expanded contracts for services for these individuals. To date, community partners and the CCO struggle to find appropriate financial models for investing in complementary but critical services. These services (behavioral health, housing, family violence intervention, nutrition, etc) are widely considered to be a key part of health care reform. With the profits going to out of state shareholders services that fall outside of the traditional medical model are unlikely to benefit from the OHP dollars. Health care reform will progress only slowly, if at all.

A final point: The transfer of Lane County's CCO that is motivated by profits, will create an unfortunate precedent for all of Oregon. Our experiment in health care reform could be undermined by Wall Street's need for short term gains.

So with the quality and availability of medical care for OHP members in Lane County at stake, I hope the insurance commissioner can prevent this transfer or require a limit on the profits that leave Oregon and the Lane County community. These profits should provide health care to our most vulnerable and complex patients. Profits should help attract more health care providers and fund the transformation of the Oregon health care system. Investments in the long term future of the Lane County health care system are incompatible with short-term profit motives.

These are solely my personal opinions as a private citizen. By way of disclosure, I have significant involvement with United Way of Lane County, the 100% Access to Health Care Coalition, the PacificSource Foundation for Community Health, PacificSource Healthplans, and Lane County ShelterCare.

Respectfully submitted,

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