

Council

- Brad Porterfield, Chair,
Consumer Representative
Latino Community
Association
- Larry Kogovsek, Vice
Chair, Community
Representative
- Mayra Benitez
Consumer Representative
- Conor Carlsen
Consumer Representative
- Natalie Chavez
Jefferson County Health
Department
- Jolene Greene
Consumer Representative
- Linda Johnson
Community
Representative
- Elaine Knobbs-Seasholtz
Mosaic Medical
- Lauren Kustudick
Consumer Representative
- Tom Kuhn
Deschutes County
- Jennifer Little
Klamath County
- Theresa Olander
Consumer Representative
- Elizabeth Schmitt
Consumer Representative
- Mandee Seeley
Consumer Representative
- Ken Wilhelm
United Way
- Cris Woodard
Community
Representative
- Regina Sanchez
Crook County Health
Department



September 16, 2021

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 861.0355.0703#

Passcode: 492445#

- 12:00 – 12:20 **Welcome—Brad Porterfield**
- Public Comment
 - Approval of Meeting Minutes
- 12:20 – 12:30 **Combined Board and CAC Meeting Debrief—
Brad Porterfield**
- 12:30 – 1:20 **Emerging Issues Process Run Through—Gwen Jones**
- 1:20 – 1:30 **Flexible Services—Kristen Tobias**

Five Finger Voting:

0: No go! Serious concerns

1: Serious reservations and prefer to resolve concerns before supporting it

2: Some concerns, but will go along with it

3: Support the idea

4: Strong support, but will not champion it

5: Absolutely, best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter

Step	Details	Tool
Issue Emerges Whole CAC, in mtg, when person brings it up	What is the issues? Is it within CAC Scope?	CAC Charter (include in mtg packet)
Gather Information (sub-CAC, Staff)	What does the Grievance and Appeal data tell us? Who is impacted? What do their experiences tell us? Are they involved in CAC? Is there RHIP or other COHC work happening here?	CAC Charter Innovator Agent At A Glance Emerging Issues Tracker
Review Information (CAC/sub CAC recommending to CAC)	Is this long-term systemic issue? Does it need an immediate answer? Is it clinical? Treatment or preventative?	
Reflect (CAC/sub CAC recommending to CAC)	How does this line up with CAC values of equitable access, responsivity to person's needs, consistent care	CAC Charter
Decide (Full CAC)	Is there CAC consensus about if and/or how CAC should address this? Why or why not? What is the proposed next step? What other issues are inline to be addressed? Which should be handled first? Second?	Focused Conversation Five finger voting
Act	Who will complete the next step? By when?	Escalation Map Innovator Agent At A Glance
Track and Monitor	Set agenda reminder and report outs. Record and update status on Emerging Issue Tracker Repeat as needed as new information surfaces	Emerging Issue Tracker

Is the issues within the scope of the CAC?

From the CAC Charter: The Community Advisory Council (CAC) is chartered by the Central Oregon Health Council (COHC) Board of Directors to advise and make recommendations to it on the strategic direction of the organization. The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs. The CAC is intended to enable consumers, which will comprise a majority of the CAC, to take an active role in improving their own health and that of their family and community members.

The CAC will provide guidance and feedback to the COHC in the following areas:

1. COHC Work Plan
2. Regional Health Improvement Plan
3. Regional Health Assessment
4. Development, implementation and evaluation of innovative initiatives, programs, services and activities

The CAC will assist the COHC through the following roles and activities:

1. Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
2. Identify opportunities to improve population health in the Central Oregon region
3. Advocate for COHC preventive care practices
4. Maximize engagement of those enrolled in the Oregon Health Plan ("OHP")
5. Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health
6. Provide a link back to community constituents to aid in achieving the COHC Vision and Guiding Principles

Members of the CAC will be recruited to represent the diversity of the Central Oregon community and may include race/ethnicity, age, gender identity, sexual orientation, disability, and geographic location as a criteria for selection. CAC members should possess a collaborative working style, and provide expertise and insight in the areas of social services, public safety and community resources. Individuals with a broad community perspective on health matters will be preferred.

From the Bylaws: The CAC will ensure that the health care needs of the consumers and the community are being addressed by the CCO. The duties of the Community Advisory Council include, but are not limited to: (a) identifying and advocating for preventive care practices to be utilized by the CCO, (b) overseeing the Regional Health Assessment and assisting the Board in developing the Regional Health Improvement Plan (RHIP) to serve as a strategic population health and healthcare system service plan for the region, (c) annually publishing a report on the progress of the RHIP, and (d) any other duty required by law to be undertaken by the Community Advisory Council of a coordinated care organization.

Oregon Health Authority and PacificSource Cordinated Care Organization

Support At-A-Glance for the Community Advisory Council

Innovator Agent Role and Purpose:

SB 1580 required the Oregon Health Authority (OHA) to assign an Innovator Agent to work with each Coordinated Care Organization (CCO) as the single point of contact between the CCO and the authority. Innovator Agents work to advance local efforts with CCO's with a focus on health equity, Tribal relationships, behavioral health, integrating health and social determinates of health. The Innovator Agents also have a role in emerging statewide priorities such as the COVID 19 pandemic and Oregon wildfire response. Innovator Agents understand the health needs of the region, the strengths, and gaps of the health resources in the CCO. They share these needs and gaps to OHA to ensure statewide and local coordination. They also research at best practices for health care transformation and share innovative ideas at the local level. They prioritize elevating the Oregon Health Plan member's voice both within CCO operations and OHA.

Innovator Agents are able to support Community Advisory Councils (CACs) and the community with any questions that arise – individual member questions to systems and policy questions. Innovator Agents may engage other OHA contacts and departments to best answer a question or resolve an issue, but there is no issue or question too big or small to engage an Innovator Agent around. Particularly, if someone has reached out to others about something and not been able to get their question answered or issue resolved. In general, Innovator Agents' main objective is to ensure statewide and local coordination of resources and health care.

PacificSource CCO Community Health Coordinator (CHC) Role and Purpose:

The PacificSource CCO Community Health Coordinator (CHC) works as a link between the Community Advisory Council (CAC) and PacificSource. The CHC attends CAC meetings to learn from its members and ask for feedback on how PacificSource can improve to better serve its members. The CHC may work with other departments within PacificSource or the Oregon Health Authority to answer a question or resolve an issue that comes up at during a CAC meeting. The CHC is available to listen to any concerns CAC members have about PacificSource OHP and will work to find a solution.

Community Input and Support At-A-Glance:

Type of Input	Brief Description	Example(s)	Primary OHA Contact(s)	Innovator Agent Role
Individual OHP Member or someone enrolling in OHP	A question or concern pertaining to one individual OHP member.	<p>I was unable to access the transportation benefit.</p> <p>Where does someone go if they are having a hard time enrolling in OHP?</p>	<p>1)CCO Customer Services: for accessing care or issues getting care; to file a complaint and/or grievance.</p> <p>2)OHP Client Services: benefit questions or concerns; to file a complaint and/or grievance.</p> <p>3)CPOP Team: for OHP enrollment support.</p> <p>4)Ombuds Program: if someone has completed the complaint, appeals and hearing steps and are not happy with how OHA or their CCO addressed their concerns, they can ask the OHA ombudsperson for help.</p>	<p>Advocate to make sure the issue is resolved.</p> <p>Liaison for complex issues between multiple parties.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best practices and innovations.</p>
OHP Benefits	A question or concern about what is or is not covered by OHP.	<p>What is my coverage for?</p> <p>Why isn't "XYZ" covered?</p> <p>There is a gap in the community in terms of coverage for ____ under OHP. Who do</p>	<p>1)Member Handbook: reference guide for all covered benefiss through OHP; how to file a grievance or appeal.</p> <p>2)CCO Customer Services: understanding and accessing OHP benefits; to file a grievance or appeal.</p> <p>3)OHP Client Services: questions about what services OHP covers and does not cover, to file a grievance or appeal.</p> <p>4)Ombuds Program: if someone has completed the complaint, appeals and hearing steps and are not happy with how OHA or their CCO addressed their concerns, they can ask the OHA ombudsperson for help.</p>	<p>Advocate to make sure the issue is resolved.</p> <p>Liaison for understanding member concerns.</p> <p>Strategic Problem Solver: identifying themes of benefit coverage and gaps. Engage keystakeholders in conversations about emerging themes and member input. Share best practices and innovations.</p>

		I talk to about this?	5)HERC: ranks health care condition and treatment pairs in order of clinical effectiveness and cost-effectiveness. The HERC determines the OHP Prioritized List of Health Services.	
Medicaid Operations	A logistical issue with Medicaid enrollment or other technical issues.	<p>My information is incorrect on my medical record.</p> <p>I moved but my address is not updated.</p> <p>People I know say they are having difficulty with the ONE Eligibility system.</p>	<p>1)CCO Customer Services: understanding and accessing OHP benefits; to file a grievance or appeal.</p> <p>2)OHP Client Services: questions about what services OHP covers and does not cover, to file a grievance or appeal.</p> <p>3)CPOP Team: for OHP enrollment support.</p> <p>4)Ombuds Program: if someone has completed the complaint, appeals and hearing steps and are not happy with how OHA or their CCO addressed their concerns, they can ask the OHA ombudsperson for help.</p>	<p>Advocate to make sure the issue is resolved.</p> <p>Liaison for complex issues between multiple parties.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best practices and innovations.</p>
Community Member	A question or concern from the community about any health or health care related topic.	<p>What is the the SHARE Initiative?</p> <p>Why isn't everyone covered under OHP?</p> <p>What is OHA doing about the opioid crisis?</p>	<p>1)Subject matter expert: someone at OHA with specific and deep knowledge about a topic, i.e. substance use disorder, diabetes, OHP benefits, health equity, etc.</p> <p>2)Innovator Agent: the person within OHA actively working with your local CCOs and CACs on health system transformation and health equity.</p>	<p>Listen to questions and concerns.</p> <p>Advocate for community member voices.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best</p>

				practices and innovations.
Community Advisory Council (CAC)	A question or concern from a CAC member	<p>We need guidance from OHA on ABC topic ...</p> <p>Is there any technical assistance offered around addressing housing as a social determinant of health?</p>	<p>1)Subject matter expert: someone at OHA with specific and deep knowledge about a toipic, i.e. substance use disorder, diabetes, OHP benefits, health equity, etc.</p> <p>2)Innovator Agent: the person within OHA actively working with your local CCOs and CACs on health system transformation and health equity.</p>	<p>Listen to questions and concerns.</p> <p>Advocate for CAC member voices.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best practices and innovations. Bring forward technical assistance and other resources to support the work of the CAC. Share information with the CAC proactively on upcoming learning opportunities and other resources.</p>
System-level	Questions that involve and or impact the larger health care system in Oregon.	<p>There is a shortage of Behavioral Health providers in Oregon. How are we dealing with this as a state?</p> <p>Implementing a statewide</p>	<p>1)Subject matter expert: someone at OHA with specific and deep knowledge about a toipic, i.e. substance use disorder, diabetes, OHP benefits, etc.</p> <p>2)Innovator Agent: the person within OHA actively working with your local CCOs and CACs on health system transformation and health equity.</p>	<p>Listen to questions and concerns.</p> <p>Advocate for community member voices.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem</p>

		health information exchange is a best practice implemented in other states. What is Oregon's solution for sharing health information?		solving discussions as necessary. Share best practices and innovations. Share information with the CCO, Board and CAC on system-level initiatives and opportunities.
OHA Policy	Questions about internal OHA policies.	<p>What is the deadline for "ABC" required deliverable?</p> <p>I have a question about something outlined as part of the required health equity plan.</p>	<p>1)Health Systems Division at OHA to discuss contract deliverables, requirements and deliverables.</p> <p>2)Subject matter expert: someone at OHA with specific and deep knowledge about a topic, i.e. substance use disorder, diabetes, OHP benefits, health equity, etc. The Transformation Center and Office of Equity and Inclusion are also resources for specific technical assistance on health care transformation and health equity topics and requirements.</p> <p>3)Innovator Agent: the person within OHA actively working with your local CCOs and CACs on health system transformation and health equity.</p>	<p>Listen to questions and concerns.</p> <p>Advocate for community member voices.</p> <p>Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best practices and innovations. Share information on OHA policy changes and considerations with the CCO, Board and CAC.</p>
Statewide Policy	Questions about Oregon statewide policies and legislation	<p>Statewide legislation</p> <p>CCO Quality Metrics</p>	<p>1)Subject matter expert: someone at OHA with specific and deep knowledge about a topic, i.e. Medicaid, quality and metrics, emerging legislation, REALD data, etc.</p> <p>2)Government Relations can also be a resource for technical assistance on statewide policies and legislation.</p>	<p>Listen to questions and concerns.</p> <p>Advocate for community member voices.</p>

		1115 Medicaid Waiver	3)Innovator Agent: the person within OHA actively working with your local CCOs and CACs on health system transformation and health equity.	Strategic Problem Solver: identifying themes of individual issues for larger system-level issues/concerns. Engage stakeholders in problem solving discussions as necessary. Share best practices and innovations. Share information on statewide policy changes and considerations with the CCO, Board and CAC.
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Resources and Contact Information:

- [CCO Contact Information](#)
- [OHP Client Services](#)
- [OHA CPOP Program](#)
- [OHA Ombuds Program](#)
- [OHA Health Systems Division](#)
- [OHA Transformation Center](#)
- [OHA Government Relations](#)
- [OHA Office of Equity and Inclusion](#)
- [Oregon HERC](#)

Abbreviations:

OHA = Oregon Health Authority

OHP = Oregon Health Plan

CCO = Coordinated Care Organization

CAC = Community Advisory Council

CPOP = Community Partner and Outreach Program

HERC = Oregon Health Evidence Review Commission

REALD = Race, Ethnicity, Language, and Disability



CCO Appeals and Grievance Central Oregon



1

Appeals and Grievances

- Appeals are requests from members or their representative requesting reconsideration of a denial
- Grievances are complaints or any kind of expression of dissatisfaction from a member or their representative.

2

Complaints – 2021 Second Quarter

- Primary reason for member complaint is due to access to care
 - Challenges with scheduling
 - Transportation
 - Increased in person visit utilization this quarter
- Secondary reason is for interaction with Plan or Provider
 - Communication
 - Understanding information

	Q1(2021)	Q2(2021)
Average Enrollment	62,676	64,615
Access to Care	61	61
Interaction with Provider/Plan	45	44
Consumer Rights	18	17
Quality of Care	20	9
Quality of Service	12	12
Client Billing	5	7
Total Grievances	161	150
Rate per 1000 members	2.57	2.32
% Resolved within 5 business days	45%	44%
% Resolved between 6 & 30 days	55%	56%
% Resolved past 30 days	0%	0.00%

3

Appeals – 2021 Second Quarter

- Primary Appeal reason due to denied authorization
 - Medications
 - Elective Surgeries
- Secondary Appeal reason due to denied claim
 - Result of increased utilization of services and reintroduction of some prior authorization requirements

	Q1(2021)	Q2(2021)
Denied or Limited Authorization	75	65
Denial due to Out of Network	4	0
Termination, suspension or reduction of previously authorized covered services	0	0
Failure to act within the timeframes	0	0
Failure to provide services in a timely manner as defined by the state	0	0
Denial of Payment	37	61
Denial of a member's request to dispute a financial liability	0	0
Total Appeals received in the quarter	116	126
Rate per 1000 members	1.85	1.95
% denials overturned on appeal	11.20%	19.00%
% of appeals where timeframe was extended	2.60%	1.60%
% Notice of Appeal Resolution (NOAR) issued after 30 days (standard 16 days with possible 14 day extension)	0.00%	0.00%
% Notice of appeal resolutions issued after 17days (expedited – 72 hours with possible 14 day extension)	8.60%	0.00%

4

Actions and Strategies

- Keeping pulse on member impact due to Covid-19
 - Vaccine complaints – very limited;
- Partnering with Transportation brokerages to identified actions to address service and access
 - Increased discussion and mitigation efforts due to Covid-19 impacts to driver capacity
- Dental Health Access improvements

5

PacificSource Contacts

Telephone 8:00 a.m. – 5:00 p.m.

1 (800) 431-4135

TTY Users: 1 (800) 735-2900

Email

CommunitySolutionsCS@PacificSource.com

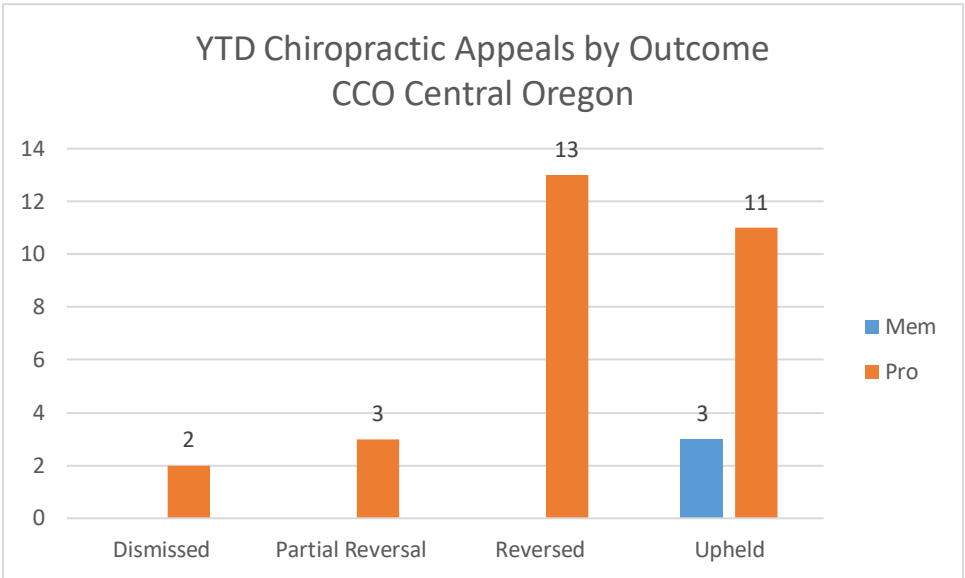
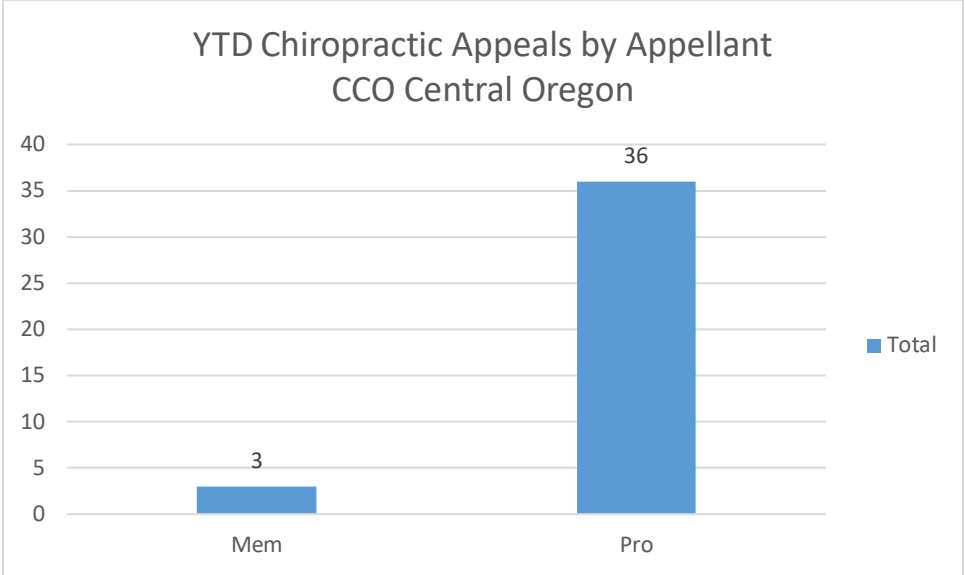
Mail

PO Box 5729

Bend, OR 97708-5729



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SUMMARY

CAC Emerging Issues Tracker

Date	Issue Topic	Raised By	Gather Information	Review Facts	Reflect	Decide	Act	Monitor	Outcome	Notes
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SUMMARY

CAC Emerging Issues Tracker

[illegible]



Update from PacificSource:
Health-Related Services/Flex Funds



1

Health-Related Services Funds Flex Funds

Health-Related Services are used to pay for things that help improve member's health, but are not paid for by OHP, K Plan, or available through a community resource.

2

2021 Flex Funds

2021 Flex Fund Starting Budget: \$110,000
10% increase from 2020 budget

3

How are we letting members and community partners know?

- Email
- Phone
- Letters
- Announcements at Community Meetings



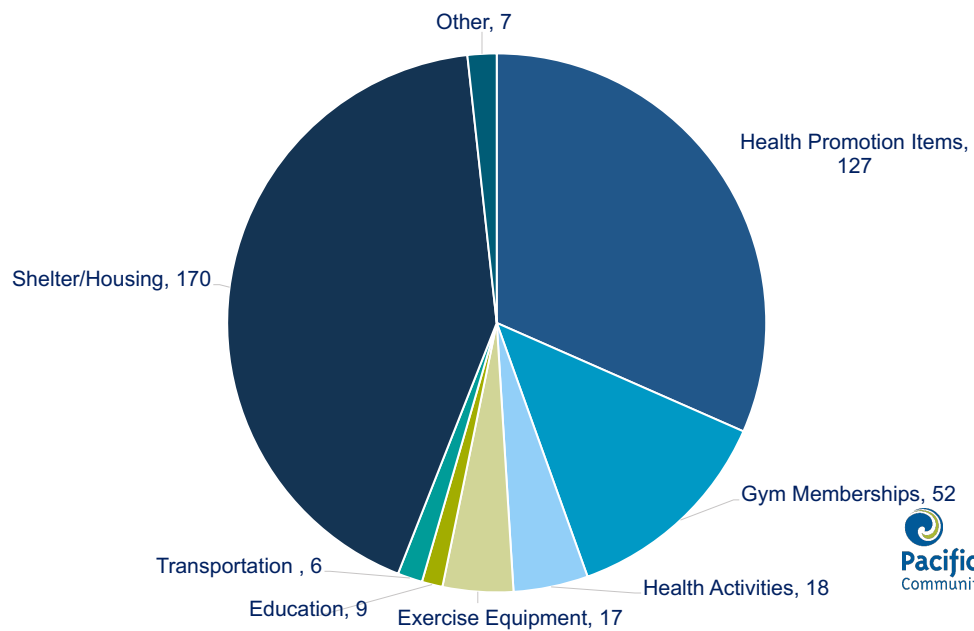
4

2021 Examples of Flex Funds

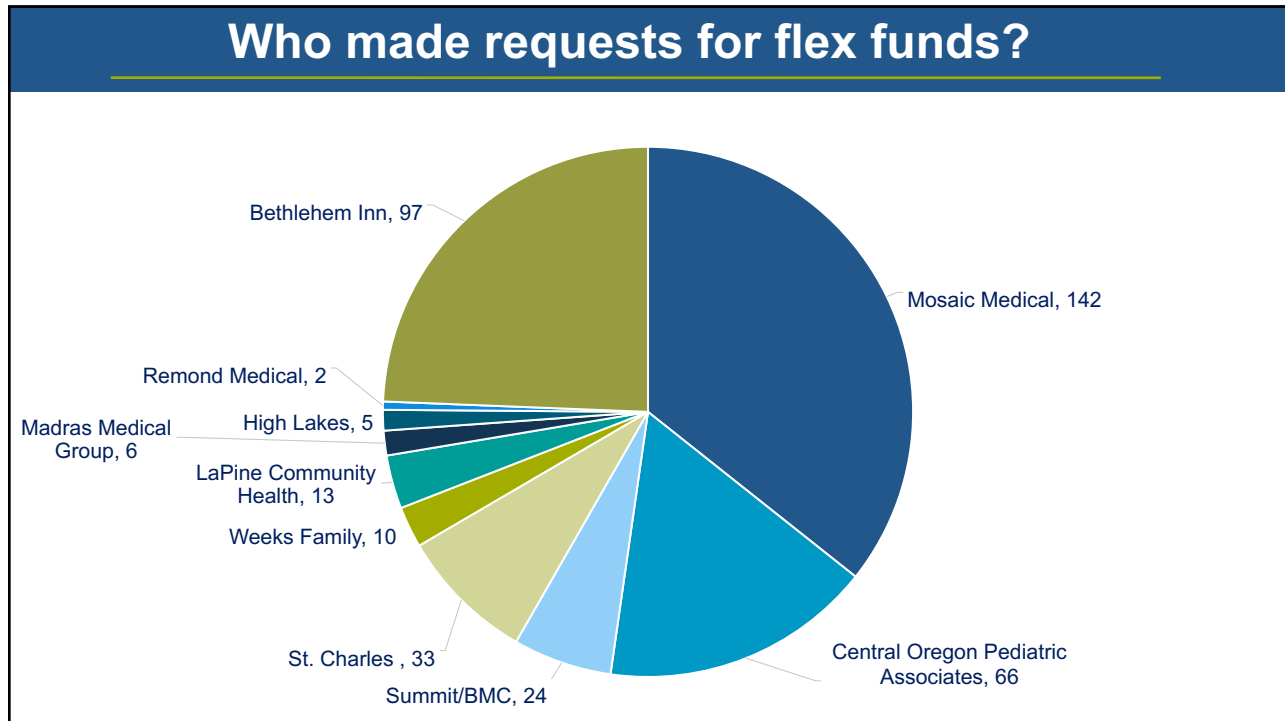
- Weighted blankets
- Baby monitors
- Car seats
- Club and camp fees for children
- Gym memberships and fitness classes
- Emergency shelter
- Exercise equipment and fitness trackers
- Mattresses
- Vehicle repairs
- Air conditioners and air purifiers
- And so much more.....

5

2021 Flex Fund Requests



6



7

Contact Information

Member Support Specialist Team
 Hours: Monday – Friday 8:00am – 5:00pm

Phone: 541-284-7964

Email:
 healthrelatedservices@pacifcsource.com

8

Questions?



**COHC Community Advisory Council
Held virtually via Zoom
August 19, 2021**

Present

Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Theresa Olander, Consumer Representative
Regina Sanchez, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent

Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Public Health
Jolene Greene, Consumer Representative
Tom Kuhn, Deschutes County Health Services
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health
Mandee Seeley, Consumer Representative
Cris Woodard, Consumer Representative

Others Present

MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Rebecca Donell, Oregon Health Authority
Buffy Hurtado, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kelsey Seymour, Central Oregon Health Council

Camille Smith, Central Oregon Health Council
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Renee Wirth, Central Oregon Health Council

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment

- Brad welcomed public comment.
- Kristin Tobias noted, in case the flex services presentation didn't happen this meeting due to time constraints, that PacificSource in Central Oregon is out of flex fund dollars for this year. The funds will be replenished in January 2022. If anyone has questions, reach out to Kristin.
- Brad shared that he took his son to the chiropractor and was surprised to learn that OHP does not cover chiropractic services. Leslie Neugebauer responded that PacificSource is aware of the problem and it should be added to emerging issues. Rebecca Donell shared that the OHA Health Evidence Review Committee handles such reviews. Brad noted that it will be pushed to emerging issues.

Approval of the Consent Agenda, Minutes

- Ken Wilhelm motioned to approve the minutes; Linda Johnson seconded. All were in favor and the motion passed unanimously.

Community Health Projects Process Development

- MaCayla Arsenault reviewed the process of awarding Community Benefit Initiative (CBI) monies to the community health projects under consideration via the Letters of Interest (LOIs) the group had received. The 2021 budget is \$431,681.98, to be spent by December 31. The group had decided on a two-step process: first requesting LOIs, then determining which they were most interested in funding and asking those organizations to submit full Requests for Proposal (RFPs).
- Theresa Olander wondered why they were not divided into three groups instead of two so they had 10 LOIs to review rather than 15. Gwen Jones explained that not everyone is able to review so approximately four people reviewed each grant, noting that this would be a good discussion for later.
- MaCayla went over the application timeline: On August 23, applicants would be notified or denied. Full applications are due on October 18, with CAC scores due November 1.

Final decisions will be made at the November 18 meeting, with grantees notified on November 22.

- MaCayla discussed the group's narrowed focus on social determinants of health and equity and rural communities, explaining that the scoring spreadsheet was organized by those priorities, with rural areas, Bend/Redmond, and regional service areas broken out, along with the Confederated Tribes of Warm Springs (CTWS), as the CAC had prioritized the tribe being a partner. She shared language in the CCO contract specifying that CCOs must ensure a role for the CAC and tribes in spending decisions.
- Following some discussion, Ken Wilhem confirmed the group's consensus that the final list for RFPs would include the CTWS application.
- After further consideration, Brad made a motion to move forward with four more applications: Warm Springs Community Action Team, REACH, Saving Grace, and the Child Center. The motion passed unanimously.
- Still under budget, the CAC resumed deliberations and came to agreement on five additional projects: Bethlehem Inn, Darlene Urbach Pickleball Courts, Lines for Life, MountainStar, and PAWSitive Choices.
- MaCayla noted that the group had chosen to advance 10 projects for a total ask of \$679,334.
- Brad made a motion to approve. Linda confirmed and Ken seconded. There was no opposition.

Emerging Issues Process Update

- Brad is drafting a process and is close to moving it through. Gwen sent out an email proposing a small group to review.

Flexible Services

- Brad elected to delay this agenda item until the next meeting due to time constraints.