Central Oregon Health Council
Board of Directors Meeting Agenda

DATE Thursday, April 13, 2023
LUNCH 12:00 pm
MEETING 12:30–3:30 pm
LOCATION St Charles Madras | 470 NE A Street
To join via Zoom, register here for the meeting link:
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQlsWdA3zRR7flvhN34Ig

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Action</th>
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<tbody>
<tr>
<td>12:30–12:40</td>
<td>Welcome &amp; Public Comment</td>
<td>Tammy Baney</td>
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<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
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<td>12:45–1:05</td>
<td>Grievances &amp; Appeals</td>
<td>Jessica Waltman</td>
<td>Info &amp; discussion</td>
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<td>1:05–1:25</td>
<td>Redetermination Update</td>
<td>Tricia Wilder</td>
<td>Info &amp; discussion</td>
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<td>1:25–1:50</td>
<td>Social Determinants of Health 2023–2027</td>
<td>Andrea Ketelhut</td>
<td>Info &amp; discussion</td>
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<tr>
<td>1:50–2:20</td>
<td>Board Retreat Agenda</td>
<td>Tammy Baney</td>
<td>Info &amp; discussion</td>
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<td>• Strategic Plan</td>
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<td>• Visioning</td>
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<td>2:20–2:30</td>
<td>RHA Update</td>
<td>Whitney Schumacher</td>
<td>Info</td>
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<td>2:30</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
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**Consent Agenda**
- March 2023 Board Minutes

**Written Reports**
- Appeals & Grievance Central Oregon CCO
- Social Determinants of Health 2023–2027
- Executive Director’s Report April 2023
- CCO Director Report April 2023
- CCO Dashboard April 2023
- Legislative Update April 2023
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 Time on March 9, 2023, via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

Directors Present
- Linda Johnson, Vice Chair, Community Representative
- Patti Adair, Deschutes County Commissioner
- Gary Allen, DMD, Advantage Dental
- Megan Haase, FNP, Mosaic
- Brad Porterfield, CAC Chair
- Divya Sharma, MD, COIPA
- Kelly Simmelink, Jefferson County Commissioner
- Iman Simmons, St. Charles
- Justin Sivill, Summit Health
- Dan Stevens, PacificSource
- Rick Treleaven, BestCare Treatment

Directors Absent
- Tammy Baney, Chair, COIC
- Paul Andrews, EdD, High Desert ESD
- Seth Crawford, Crook County Commissioner

Guests Present
- Kelley Adams, COHC
- Jeff Davis, MD, PacificSource
- Martha Edwards, PacificSource
- Laura Hart, Deschutes County Health Services
- Miguel Herrada, COHC
- Laurie Hill, COPA
- Bess Jayme, PacificSource
- Gwen Jones, COHC
- Carmen Madrid, COHC
- Kat Mastrangelo, Volunteers in Medicine
- Leslie Neugebauer, PacificSource
- Kristin O’Connor, Unite Us/Connect Oregon
- Katie Plumb, Crook County
- Whitney Schumacher, COHC
- Mike Shirtcliff, Redmond Dental Group
- Camille Smith, COHC
- Erin Fair Taylor, PacificSource
- Tricia Wilder, PacificSource
- Dustin Zimmerman, OHA
Linda Johnson served as Chair of the meeting and Camille Smith served as Secretary. Johnson 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**
Johnson welcomed all attendees to the meeting and facilitated introductions.

**PUBLIC COMMENT**
Johnson invited public comment. There was no public comment.

**CONSENT AGENDA**
The consent agenda consisted of the February 2023 meeting minutes, COHC’s October and November financials (pre-audit), and St. Charles’s PEDAL Clinic Bridge Funding.

MOTION TO APPROVE: Gary Allen moved to approve the consent agenda; Patti Adair seconded. All were in favor and the motion passed unanimously.

**RHA UPDATE**
Whitney Schumacher gave a presentation on the 2024 Regional Health Assessment (RHA). An outreach plan was launched in June 2022 and is now being updated to prioritize community engagement. Feedback on the original survey, which received 700 responses, included the need to lower the reading level, use plain language, and shorten it. The Board was asked to take the survey and to request that their employees take the survey. The Health Council is working on a media toolkit to promote the survey, which will be shared with the Board when ready.

Schumacher asked Board members to take part in a friendly competition: each Board member who participates will get a unique survey link and QR code to track how many surveys come in from each link. The winner will be awarded dinner from the Health Council.

**RHIP UPDATE**
Gwen Jones gave an update on the workgroup activities and investments thus far for the 2020–2024 Regional Health Improvement Plan (RHIP). The RHIP workgroups have invested close to 60 percent of the $12 million promised for the six priority areas and have earmarked the remaining 40 percent for various projects. They are excited about emerging workgroup collaborations for a more cross-sectoral approach to projects and funding.

**GOVERNANCE UPDATE**
Johnson shared the final draft of the Board job description and asked whether there were any questions before putting it to a vote.

MOTION TO APPROVE: Adair made a motion; Justin Sivill seconded. All were in favor and the motion passed unanimously.

Johnson also reviewed the proposed Board self-evaluation, which consisted of four focus areas: duties and responsibilities, strategic plan, fiduciary oversight, and engagement and conduct. The self-evaluation will occur in April and be reviewed at the Board retreat on June 8. Johnson continued with the ED evaluation process, which had been sent back to Governance by the Board to develop metrics. There were also four areas of focus here: strategy and planning, financial stewardship, program
management, and human resources. The process will include a self-evaluation by the executive director. The Executive Committee will review and submit it to the Board, and the ED will draft next year’s goals for Board review. Two suggestions were made to add to the focus areas: community engagement and CCO partnership. The ED evaluation policies and procedures were submitted to the Board for approval.

MOTION TO APPROVE: Allen moved to approve the ED evaluation policies and procedures; Dan Stevens seconded. All were in favor and the motion passed unanimously.

PAIN STANDARDS TASK FORCE REPORT
Allen presented the actions and accomplishments of the Pain Standards Task Force (PSTF), which was established to develop strategies to deal with the opioid epidemic as well as chronic pain. It operated for eight years before sunsetting at the end of 2022. He expressed appreciation to the staff, to Dr. Kim Swanson, the chair throughout, and the volunteers who served, including Divya Sharma, Rick Treleaven, and Jeff Davis. He particularly commended the comprehensive website created by the task force, copainguide.org. The work of the PSTF has transitioned to the Central Oregon Overdose Prevention and Response (COOPR) Coalition under the leadership of Crook County Public Health Director Katie Plumb.

2023 CCO PERFORMANCE METRICS FOLLOW-UP
Tricia Wilder followed up with the CCO’s draft performance metrics covered at the February meeting, where the Board had requested a new presentation format and a deeper dive into some of the metrics. The CCO had developed a spreadsheet to provide further information, which would be shared with the Board after the meeting. Stevens asked for the Board’s endorsement of the performance metrics.

MOTION TO APPROVE: Sivill moved to approve the CCO performance metrics for 2023; Treleaven seconded. All were in favor and the motion passed unanimously.

CCO HEALTH EQUITY PLAN
Bess Jayme presented the CCO’s five-year health equity plan to provide standards for health care organizations working toward eliminating disparities. New areas of focus from OHA for 2023 include the priority populations of people with disabilities and people who identify as LGBTQIA2S+ and community engagement activities to help guide projects to increase health equity and collaborate with cultural community partners.

CONNECT OREGON
Kristin O’Connor shared the progress of Unite Us, aka Connect Oregon, which connects providers and social service providers to deliver integrated care. Their shared technology platform is free to CBOs, community health centers, and providers contracted with the CCO and is now live statewide. In Central Oregon, there are 92 participating organizations and 163 programs, with 69 percent configured to receive referrals.

ADJOURN
There being no further business to come before the Board, the meeting was adjourned at 2:55 pm Pacific Time.

Respectfully submitted,

______________________
Camille Smith, Secretary
Appeals and Grievance
Central Oregon CCO
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
2023 Strategy

• REALD Data

• NEMT Benefit Awareness and Satisfaction
  • Survey data 28.4% responding no awareness in 2022
  • 26.3% of Grievances in 2022 were related to NEMT

• Dental Health Access
  • Routine collaboration with DCOs brainstorming staff recruitment
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
Social Determinants of Health
2023-2027

PacificSource
2022-2027 Waiver

Shifting Efforts Upstream

Oregon will ensure quality and access through equity-driven performance metrics. By revising our metrics to focus on traditional quality and access for downstream health and creating a new set of equity-driven performance metrics for upstream health factors, we can make significant progress in driving the system toward more equitable health outcomes. In the new waiver, Oregon plans to work to change the Quality Incentive Program in a few ways:

- Split its current metrics program into two parts: upstream and downstream. We call them “upstream” and “downstream” because it’s like a river—by focusing on things that cause poor health, we can catch and address them before they show up “downstream” as worse health outcomes.

- Change committee structure so those most affected by health inequities lead the CCO Quality Incentive Program. More seats for OHP members, community members from diverse communities, individuals with lived experience of health inequities, health equity professionals and researchers.
Social Determents of Health Metric Goal (2023-2027)

CCO members’ social needs are identified and addressed through a “no wrong door” approach, focused on food, housing and transportation.
Goal

• To build the structure around Social Determinants of Health work
• Begin capturing the work
• Increase community-based organizations focused on food, housing, and transportation
• Share data and path forward
Social Determinants of Health Metric Work 2023-2027

Goal: To build on and enhance what already exists in our community so there is no wrong door

Policy Creation
Informed by Members

Community Based Organization Strategy
Increase CBOs

Environmental Scan
What services already exist?

Screening Entities
Who is screening and what tools are they using?

Information Technology/Community Information Exchange

COHC Board of Directors | 14 April 13, 2023
YEAR 1: 2023

Q1
Initial Planning

Q2
Engage Community Advisory Council
- Meet with Community Advisory Council to gain insight on screening practices which inform policies

Q3
Engaged Partners and CBOs
- Conduct survey to gain better understanding of who currently performs SDOH screening
- Perform environmental scans of community-based organizations who assist with food, housing and transportation

Q4
Evaluate Information Technology
- Evaluate existing SDOH data received by CCO
- Stage community information exchanged and health information exchange data
YEAR 2: 2024

Q1: Refine Policies
- Refine policies on caring for the patient (timely referrals, trauma informed training)
- Identify funding stream to implement needed trainings and associated costs

Q2: Engage Partners and CBOs
- Design written plan to increase capacity of CBOs
- Ensure screening entities are using approved screening tools

Q3: Data Sharing
- Explore data sharing approaches with partners
- Begin to report on data to the OHA

Q4: Engage Community Advisory Council
- Review policies and refine practices based on CAC feedback
Questions
Executive Director’s Report

April 2023

February was a month of moving the work forward to enhance the work of the Central Oregon Health Council as we continue to grow and learn together. Some main areas where enhancements have taken place:

1. Operations Council
2. Regional Health Assessment launched
3. Central Oregon Health Information Exchange (COHIE) update

Operations Council

The Operations Council will have opportunities to address emerging issues, integration projects, and region-wide initiatives and serve as a space to support COHC’s strategic plan. COHC staff have been working with the Operations Council to build criteria and a decision-making process to prioritize projects presented to Operations Council. It will also be a vehicle to report RHA and RHIP progress and escalate topics that need attention. The Operations Council within the last two months have been reforming to include operational leaders in the region, as previously designed. We are now also including community-based organizations to redesign the Operations Council with broader representation.

The Operations Council had its third meeting of the year and is now testing the process of elevating emerging issues. This month, Dr. Cynthia Maree presented on the lack of medical respite care in our community. It was encouraging to see the cross-collaborative discussion that started to take place.

Regional Health Assessment (RHA)

The Regional Health Assessment, presented at the March Board meeting, has been relaunched after our 2022 discoveries of the first iteration of the survey. The enhancements include simplification in plain language and fewer questions. Whitney Shumacher, project lead, and Miguel Herrada, community engagement support, have launched a plan alongside the RHA Steering Committee that will lead to broader representation across our regional partners. With the awareness that there are new participants involved in this project, we are excited to create a product to meet accreditation for our partners along with meeting our CCO requirements.

Central Oregon Health Information Exchange (COHIE) Update

COHIE was established as an independent nonprofit organization in partnership with healthcare leaders across Central Oregon. Two broad initiatives have recently been accelerated from COHIE:

1. Nonclinical referrals: UniteUs (ConnectOregon), which has been funded by the Health Council, was created to connect providers and CBOs to receive community services referred by doctors. This work continues and efforts to increase CBO and provider enrollment are underway. Flex services funds can now be requested through the
platform to support CCO members. We are working in close partnership with PacificSource to continue the capacity of this product.

2. Clinical referrals: The other initiative is intended to support closed-loop clinical referrals between providers. Clinical referrals are orders between providers with specific clinical data. Closed-loop clinical referral impacts the quality of patient care. This will be a pilot presented to COHIE, which will focus on rural providers and clinics that don’t have the capacity to use expensive systems like EPIC. COHIE will meet in April to discuss further and seek resources.

Operations
- A one-day Board staff retreat is tentatively scheduled for June 8 and staff will potentially work with committees and workgroups on June 9.
- We are reviewing further program grants aligned with HRS requirements and RHIP metrics to launch by the end of May.
- We are continuing an ongoing build on the SmartSheet platform to centralize work documents and build dashboards for instant reporting.

Staff
- Staff continue with strategic planning updates to monitor the status of our plan.
- Staff is going through procedural documents for stronger workflows and accountabilities.
- Staff development plans will be designed and launched during annual performance reviews.
- We hired a temporary 30–40 hour administrative assistant to work on foundational projects.
- We completed an internship with OSU and are seeking local interns with strong analytical skills.
- We are reviewing the potential capacity for 1–2 FTEs in the fall.

The COHC strategic plan follows for review.

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
The Central Oregon Health Council strategic plan was approved by the Board of Directors to move forward with broad strategic directions and the aims identified to achieve within each strategic direction. The staff, Operations Council, Provider Engagement Panel (PEP), Community Advisory Council (CAC), and our CCO partner will work alongside the Board of Directors to achieve these strategic directions.

### Strategic Directions

**Creating Aligned Partnerships for Innovation between Payers, Delivery Systems, and Patients**

**AIMS**

1. Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE)
2. Research APM (Alternative Payment Models) promising practices and models
3. Transition CIE project from COHC to PCS
4. COHC staff conducts grant research
5. Discuss pros and cons of each APM at Operations Council, PEP, Finance, and CUSC
6. Pursue exploratory discussions with PCS on shared benefits/advantages and possible barriers to expanding collaboration to additional revenue streams, e.g., Medicare and commercial lines
7. Prepare to apply for a grant in year 3, with COHC as the recipient
8. The Central Oregon CIE is widely utilized throughout the region
Demonstrating Effective Governance

AIMS

1. COHC staff gather and share tools and strategies to explore opportunities for workgroups to implement and fund multisector projects

2. Create, finalize, and vote on the purpose (ends) statement to guide work alongside the approved COHC mission and vision

3. Form subgroups to investigate potential cost drivers

4. Include expectations in the COHC Board policy book of Board member organizations incorporating COHC’s strategic plan and RHIP priorities

5. Develop simple and concise multilevel external communications plan for Board member and partner use

6. The COHC Board can name the key cost drivers in the CCO that are creating decreased margins

7. Develop a process and tools for annual COHC Board self-evaluation

8. COHC RHIP workgroups begin funding multisector projects

9. Board self-evaluation will be conducted for the first time
Engaging Regulators for Informed Decision-Making

AIMS

1. Build an internal advocacy/lobbying process

2. The COHC Board, committees, and workgroups will receive advocacy training and education

3. COHC staff will engage key PacificSource staff in strategic discussions on bidirectional communication

4. The COHC Board will develop a regular process to collaborate with PacificSource to identify critical policy goals in the operation and funding of the CCO model in Oregon

5. COHC staff will engage key PacificSource staff to map out various bidirectional communications streams that exist between the CCO and OHA across all relevant programs or departments

6. Build consensus between COHC and the CCO to define bidirectional communication with OHA

7. Assess legislative relationships and opportunities of individual Board members

8. Invite Board members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities

9. Invite RHIP workgroup members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities
Investing in and Developing Data Infrastructure to Support Continuous Performance Improvement

AIMS

1. Establish data subcommittee with clear objectives—Cost and Utilization Steering Committee (CUSC).

2. The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.

3. The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.

4. Obtain three pilot participants/data contributors.
Identifying and Addressing Inequities

AIMS

1. The Governance Committee will review the Board’s bylaws to ensure equity goals are met

2. Develop and implement tools to support regular consideration and use of equity in all COHC committees and workgroups (to better respond to the needs of rural and marginalized communities)

3. Develop and begin collecting three COHC organizational DEI metrics

4. Talk with a Warm Springs representative (leadership) to find out if there is value for them in COHC Board participation

5. Survey current COHC Board members via REAL-D and current Board representative makeup

6. Define what rural and marginalized communities are and how we will measure this

7. Define what promote and ensure equity in roles will contain

8. Bolster community engagement to ensure diversity of voices during decision-making

9. Develop a meaningful relationship between the Board and the CAC
Incentivizing Better Outcomes

AIMS

1. Include outcomes-based incentives regarding social determinants in RHIP workgroup investments that demonstrate cost avoidance

2. Develop qualifications/criteria that outcomes-based incentivizing may work

3. Design a protocol with the CCO to determine minimum standards to be considered for the global budget


5. Develop ways to incentivize outcomes through at least one RHIP investment

6. Internally develop standards of demonstrated cost savings that qualify recommending a project for inclusion in contracting/the global budget
CCO Director Report

Date: April 2023
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

Medicaid Redeterminations
OHA has released an interactive slide deck with a detailed timeline for renewals. The details can be found here: OHA Redetermination. The first batch of renewal notices will go out April 16th and CCO members will also be able to see their renewal information in the ONE system. For CCO members who do not respond, a first reminder notice will go out 30 days later, and a second reminder will be sent 60 days later. The first closure notices will go out in early August, but with the 60-day period of additional coverage, coverage losses will not begin until October 1. CCOs will receive lists of CCO members who receive reminder and closure notices, and PacificSource is working to identify strategies to share this information with provider partners.

PacificSource is developing communication materials for community and provider partners. PacificSource currently has an FAQ that focuses on members who may lose coverage and need to transition to other coverage types. Also in development is a second FAQ, specific to Oregon Medicaid, and contact cards available to community and provider partners to share with CCO members. OHA will also have materials available for community and providers partners in April.

CCOs are now permitted to offer funding support for enrollment assisters. If you would like to learn more, please reach out to Kristen Tobias.

Quality Incentive Metrics (QIMs)
The region remains is on track to earn a 100% of the 2022 quality pool payout, plus additional funds for meeting the four challenge pool metrics. In January 2023, an updated QIM strategy began and is primarily focused on the childhood and adolescent immunization metrics.

PACIFICSOURCE COMPANY WIDE UPDATES

PacificSource Health Plans Partners with Aetna Signature Administrators® to Improve Access to National In-network Care

PacificSource Health Plans is pleased to announce a new business collaboration with Aetna Signature Administrators® that will improve access to care for PacificSource members when traveling or residing outside of Oregon, Idaho, Washington, and Montana. Aetna’s preferred provider organization (PPO) network will give PacificSource members in-network access to more than 6,000 hospitals and 1.5 million participating physicians and ancillary providers. Aetna will replace First Health Network, PacificSource’s current national partner, on June 1, 2023.
Access to Aetna’s PPO network will be offered to PacificSource members covered on individual and family plans, employer group plans and student health plans. Services from Aetna PPO network providers, outside the PacificSource four-state area, will be paid as in-network. The new partnership does not include Medicare or Medicaid members.

“We are pleased to welcome Aetna as a trusted partner and have full confidence our members traveling or residing outside our four-state service area can get the care they need through their comprehensive network of providers,” said Peter McGarry, PacificSource vice president of provider network.

PacificSource in-network plan benefits remain the same for members using Aetna’s provider network outside of PacificSource’s four-state service areas of Oregon, Idaho, Washington, and Montana.

**Upcoming Provider Trainings**

- **Gaining Cultural Competency for Cultural Responsivity in Healthcare**
  - This course meets the Medicaid Provider Training Requirement for Cultural Responsiveness
  - Instructor: Dr. Tenisha Tevis, OSU
  - 90 Minute Live Virtual Workshop
  - Date: April 19, 2023
  - Time: 11:30 AM – 1:00 PM PST
  - 1.5 *AMA PRA Category 1 Credits™* available
  - PROVIDER REGISTRATION LINK: [https://PacificSource.myabsorb.com?KeyName=CulturalCompetency](https://PacificSource.myabsorb.com?KeyName=CulturalCompetency)
  - INTERNAL EMPLOYEES who want to attend should visit our [Sharepoint](https://PacificSource.myabsorb.com) Page to sign up

- **The Impact of Implicit Bias in Healthcare**
  - This course meets the Medicaid Provider Training Requirement for Cultural Responsiveness
  - Instructor: Dr. Tenisha Tevis, OSU
  - 90 Minute Live Virtual Workshop
  - Date: May 31, 2023
  - Time: 11:30 AM to 1:00 PM PST
  - 1.5 *AMA PRA Category 1 Credits™* available
  - PROVIDER REGISTRATION LINK: [https://PacificSource.myabsorb.com?KeyName=ImplicitBias](https://PacificSource.myabsorb.com?KeyName=ImplicitBias)
  - INTERNAL EMPLOYEES who want to attend should visit our [Sharepoint](https://PacificSource.myabsorb.com) Page to sign up
Newly released online on-demand trainings

- **Health Literacy Matters**
  - This is an online on-demand training available to contracted Healthcare Providers and their staff
  - 0.5 AMA PRA Category 1 Credits™ available
  - PROVIDER REGISTRATION LINK: [https://PacificSource.myabsorb.com?KeyName=Literacy](https://PacificSource.myabsorb.com?KeyName=Literacy)

- **Suicide Assessment and Management: A Strengths-based Approach**
  - This is an online on-demand training available to contracted Healthcare Providers and their staff
  - 0.5 AMA PRA Category 1 Credits™ available
  - PROVIDER REGISTRATION LINK: [https://PacificSource.myabsorb.com?KeyName=Suicide988](https://PacificSource.myabsorb.com?KeyName=Suicide988)

- **Foundations of Trauma Informed Care**
  - This is an online on-demand training available to contracted Healthcare Providers and their staff
  - 0.5 AMA PRA Category 1 Credits™ available
  - PROVIDER REGISTRATION LINK: [https://PacificSource.myabsorb.com?KeyName=TraumaInformed](https://PacificSource.myabsorb.com?KeyName=TraumaInformed)
Some CCO members are eligible for both Medicaid and Medicare (dual-eligible) according to OHA enrollment data. In 2022, PCS began offering a Medicare Dual Special Needs Plan tailored to meet dual-eligible member needs.

**Focus on: Dual-Eligible CCO Members**

- **30.8%** of duals are living with a disability according to REALD data
- **19.6%** of duals have housing insecurity according to SDOH data
- **16.6%** of duals indicated they have difficulty with memory

### Most Common Conditions and Prevalence

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<tr>
<th>Condition</th>
<th>CCO Members in D-SNP</th>
<th>Not dual-eligible</th>
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<tbody>
<tr>
<td>Any BH Condition</td>
<td>46.0%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>42.8%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Any Physical Health Condition</td>
<td>26.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>22.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>18.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>13.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Pre-diabetes</td>
<td>12.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td>SPMI (not including depression)</td>
<td>7.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5.7%</td>
<td>0.5%</td>
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### Focus on: Dual-Eligible CCO Members

- **1/23 7.2%** of members are dual-eligible for Medicaid & Medicare
- **2.9%** of members are also enrolled in the PacificSource Medicare Advantage Dual Special Needs Plan (D-SNP)

### Access & Utilization

(01/2019 to 01/2023, paid thru 01/2023; no completion factor applied)

<table>
<thead>
<tr>
<th>Visits PTMYP*</th>
<th>% Members</th>
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<tbody>
<tr>
<td>Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>2020 4,347</td>
<td>24%</td>
</tr>
<tr>
<td>2021 4,119</td>
<td>24%</td>
</tr>
<tr>
<td>2022 3,981</td>
<td>23%</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>2020 685</td>
<td>28%</td>
</tr>
<tr>
<td>2021 777</td>
<td>30%</td>
</tr>
<tr>
<td>2022 775</td>
<td>30%</td>
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<td>Primary Care</td>
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<td>2020 1,866</td>
<td>53%</td>
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<tr>
<td>2021 1,725</td>
<td>52%</td>
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<td>2022 1,708</td>
<td>50%</td>
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<td>Specialist Office</td>
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<tr>
<td>2020 579</td>
<td>19%</td>
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<tr>
<td>2021 604</td>
<td>20%</td>
</tr>
<tr>
<td>2022 612</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td></td>
</tr>
<tr>
<td>2020 433</td>
<td>19%</td>
</tr>
<tr>
<td>2021 420</td>
<td>20%</td>
</tr>
<tr>
<td>2022 430</td>
<td>21%</td>
</tr>
<tr>
<td>Inpatient Admits</td>
<td></td>
</tr>
<tr>
<td>2020 73</td>
<td>5%</td>
</tr>
<tr>
<td>2021 65</td>
<td>5%</td>
</tr>
<tr>
<td>2022 62</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Visits Per 1,000 Members per Year
### GENERAL DEFINITIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition &amp; Data Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Any BH Condition</td>
<td>The percent of members enrolled as of 1/31/2023 who have a diagnosis of any of the following behavioral health conditions in the last 12 months: depression or anxiety, severe and persistent mental illness (SPMI), or substance use disorder.</td>
</tr>
<tr>
<td>% Any Physical Health Condition</td>
<td>The percent of members enrolled as of 1/31/2023 who have a diagnosis of any of the following conditions in the last 12 months: asthma, coronary artery disease, cancer, congestive heart failure, chronic kidney disease, chronic obstructive pulmonary disorder, Crohn’s disease, diabetes, end-stage renal disease, hemophilia, hepatitis C, HIV/AIDS, hypertension, multiple sclerosis, obesity, pre-diabetes, rheumatoid arthritis, seizures, or ulcerative colitis.</td>
</tr>
<tr>
<td>% Mem by # of ED Visits in 12 Months</td>
<td>The percent of members enrolled in the CCO as of 1/31/2023 by the number of Emergency Department (ED) visits a member has had within the prior 12 months.</td>
</tr>
<tr>
<td>Behavioral Health Visit</td>
<td>The member has had a behavioral health visit (mental health or substance use/addiction treatment) in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>D-SNP</td>
<td>PacificSource offers a Medicare Advantage Dual Special Needs Plan (D-SNP), which is a medicare plan designed specifically to meet the needs of dual-eligible members. A portion of CCO members are also actively enrolled in the D-SNP plan.</td>
</tr>
<tr>
<td>Dual-eligible</td>
<td>A member is identified as dual-eligible for both Medicaid and Medicare benefits based on information provided in their medicaid enrollment files such as a rate category of A, F, or M, or based on dual enrollment in both PacificSource Medicaid and Medicare plans. Dual-eligible members have a choice of medicare plans and not all are enrolled with PacificSource for their Medicare coverage.</td>
</tr>
<tr>
<td>Dual-eligible members living with a disability</td>
<td>The metric on this dashboard uses REALD disability data from OHA. Members may answer optional questions regarding any disabilities they experience on their Medicaid enrollment form. These include disabilities regarding mood or behavior, communication, learning, limited activity in any way, difficulty with dressing or bathing, issues with memory or decisions, blindness, deafness, and difficulty walking or climbing stairs.</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Housing Insecurity</td>
<td>The housing insecurity flag indicates that a member is either experiencing houselessness or has had a social determinant of health screen where they expressed concerns about being able to afford housing, losing housing, or poor conditions of their housing. PacificSource uses multiple data sources including claims codes, member demographics and community/health information exchange systems such as Unite Us, Reliance Medical, and Collective Medical Technologies.</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>OHA</td>
<td>Oregon Health Authority</td>
</tr>
<tr>
<td>Point-in-time</td>
<td>Point-in-time methodology anchors a calculation with members enrolled as of a specific date (in this case 1/31/2023) instead of calculating a metric with a more extended length of time.</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PCS</td>
<td>PacificSource Community Solutions</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>The member has had a primary care visit in the last 12 months according to the MiPi member profile.</td>
</tr>
<tr>
<td>PTMPY</td>
<td>Per thousand members per year</td>
</tr>
<tr>
<td>REALD</td>
<td>Race, ethnicity, language and disability (REALD) data. This data is optional for members to provide, is collected by OHA and sent to CCOs in member eligibility data files.</td>
</tr>
<tr>
<td>SDOH</td>
<td>Social determinants of health are social and economic conditions that affect a wide range of health, functioning, and quality-of-life outcomes and risks. PacificSource leverages a variety of data sources to create social determinant of health indicators including claims codes, member demographics, and community and health information exchange systems such as Unite Us, Reliance Medical, and Collective Medical Technologies. Because members are not all screened for social determinants of health, the prevalence of our SDOH indicators under-report the true needs of our members, but may be helpful to understand common economic and social factors impacting the health of our members.</td>
</tr>
<tr>
<td>SPMI not including depression</td>
<td>Severe and persistent mental illness. This version of the condition algorithm does not include depression diagnoses as SPMI. Conditions included in this category include bipolar disorders, schizophrenia, and personality disorders.</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>The member has had a specialist visit in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

Note: Financial PMPM costs, revenues and expenses are presented on a paid date basis, regardless of which year they were incurred.
Legislative Update: March 31, 2023

The Oregon Legislative Assembly passed another milestone on March 17; a bill not scheduled for a work session (i.e., a vote to take action) by that date would not move forward. While many bills did not make it past that first deadline, many more bills simply got scheduled for work sessions.

- **Co-Chair Budget Framework**: After the Governor’s recommended budget is transmitted to the Oregon Legislative Assembly, the next step generally consists of the co-chairs of the Ways and Means Committee releasing a framework that informs their thinking about which priorities they intend to fund and at what level. The framework will inform the development of the legislatively adopted budget, though the final revenue forecast on May 17 will be more determinative. The framework prioritizes investments in key areas, including health care. The framework sets aside $325 million to support Oregon Health Plan redetermination work, establishing a basic health plan, implementing the next § 1115 waiver, and a host of other initiatives (public legal defense services, literacy, housing, behavioral health and reproductive health care).

- **Coordinated Care Organizations**: The House Committee on Behavioral Health and Health Care passed the two-year extension of the current CCO contracts out of committee on a unanimous vote (House Bill 2446). Two agency omnibus bills got introduced late in session, due to the transition in the Governor’s office and how the presession filed bills were vetted. Senate Bill 967 makes changes the OHA believes to be necessary to implement the next § 1115 Medicaid demonstration waiver. The bill makes changes to the metrics and scoring committees, allows for some kinds of ‘non-risk’ payments outside of the global budgets, withholds, and compliance with metrics. Due to a clerical error on the part of the Legislative Policy and Research Office, Senate Bill 967 did not get posted for work session by the March 17 deadline and is no more. OHA also introduced another omnibus bill (Senate Bill 966) that makes changes throughout the statutes related to health policy, data and other matters. Some provisions from Senate Bill 967 will likely make their way to 966, albeit in a different form.

- **Behavioral Health**: The bill to create an alternate pathway for certifying peer support specialists (House Bill 2445) did receive a public hearing, but the proponents of the bill and the Oregon Health Authority are disputing a fiscal impact statement that calls for positions and funds to set standards on the certifying entity. A bill that would cause issues with the auditing behavioral health providers for fraud, waste & abuse (House Bill 2455) was heard on March 14. PacificSource also supported a bill that requires more regular funding studies for community mental health programs (House Bill 2543). PacificSource also supported a bill in the House to create workgroups that would continue to study and make recommendations on lessening the administrative burden of behavioral health providers (House Bill 2463).

- **Health Care Costs**: The hospital per-diem reimbursement bills (Senate Bill 468 and House Bill 2537) do not appear to be headed anywhere by the first deadline. We confirmed with the sponsor that the bill that would convert the cost growth target program into a Premium Growth Cost Target will not move (House Bill 2085). One of the cost growth bills has been scheduled for a work session (House Bill 2742); that bill excludes “essential services,” workforce, and pharmaceutical costs from a hospital’s total health expenditures. In speculating why this bill will move forward, it may be necessary to strike a deal on the nurse staffing ratio bill (House Bill 2697).

For questions or concerns, please contact me at (541) 284-7736 or richard.blackwell@pacificsource.com.