# Central Oregon Health Council
## Board of Directors Meeting Agenda

**DATE**  
Thursday, May 11, 2023

**LUNCH**  
12:00 pm

**MEETING**  
12:30 – 3:30 pm

**LOCATION**  
City Council Chambers | 16345 6th Street, La Pine

To join via Zoom, register here for the meeting link:  
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQlsWdA3zRR7fvlhN34lg

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30–12:40</td>
<td>Welcome, Public Comment, and Announcements</td>
<td>Tammy Baney</td>
<td></td>
</tr>
<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
</tr>
<tr>
<td>12:45–1:05</td>
<td>Local Community Guest</td>
<td>Echo Murray</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td>1:05–1:25</td>
<td>CCO Performance Metrics Q1 2023</td>
<td>Tricia Wilder</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td>1:25–2:00</td>
<td>Board Retreat Prep: Strategic Plan Guidance</td>
<td>Tammy Baney, Carmen Madrid</td>
<td>Info</td>
</tr>
<tr>
<td>2:00–2:15</td>
<td>PEDAL Clinic Update</td>
<td>Mike Richards</td>
<td>Info</td>
</tr>
<tr>
<td>2:15–2:35</td>
<td>Behavioral Health Surplus Update</td>
<td>Gwen Jones</td>
<td>Request for support</td>
</tr>
<tr>
<td>2:35–2:50</td>
<td>RHA Tool Kit</td>
<td>Whitney Schumacher</td>
<td>Info</td>
</tr>
<tr>
<td>2:50</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
<td></td>
</tr>
</tbody>
</table>

**Consent Agenda**
- March 2023 Board Minutes
- April 2023 Board Minutes

**Written Reports**
- CCO Performance Metrics Q1 2023
- Executive Director’s Report May 2023
- PEDAL Clinic Update
- Behavioral Health Surplus Update
- CCO Director Report May 2023
- April 2023 CAC Minutes

---

*The COHC Board of Directors reserves the right to transition into executive session at any point during the Board meeting.*

---

Central Oregon Health Council

- Tammy Baney, Chair  
  Executive Director, Central Oregon Intergovernmental Council
- Linda Johnson, Vice Chair  
  Community Representative
- Patti Adair, Commissioner  
  Deschutes County
- Gary Allen, DMD  
  VP, Advantage Dental
- Paul Andrews, EdD  
  Superintendent, High Desert ESD
- Seth Crawford, Commissioner  
  Crook County
- Megan Haase, FNP  
  CEO, Mosaic Medical
- Brad Porterfield, CAC Chair  
  Community Representative
- Divya Sharma, MD  
  Chief Medical Officer, COIPA
- Kelly Simmelink, Commissioner  
  Jefferson County
- Iman Simmons, MPH  
  Senior VP & COO, St. Charles Health System
- Justin Sivill  
  Regional COO, Summit Health
- Dan Stevens  
  EVP, PacificSource
- Rick Treleaven, LCSW  
  CEO, BestCare Treatment Services
MINUTES OF A MEETING OF
THE BOARD OF DIRECTORS OF THE
CENTRAL OREGON HEALTH COUNCIL
Held virtually via Zoom
March 9, 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
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held as a hybrid meeting at 12:30 pm Pacific Time on Thursday, April 13, 2023, at St Charles in Madras and online via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

Tammy Baney served as Chair of the meeting and Camille Smith served as Secretary. Baney 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**

Baney welcomed all attendees to the meeting and facilitated introductions.
ANNOUNCEMENTS
An invitation went out for the Board retreat that will take place on June 8 at Aspen Hall in Shevlin Park. Conflict of Interest statements would be sent out the following week for signature. Board self-evaluation surveys would also be sent out shortly.

PUBLIC COMMENT
Baney invited public comment. There was no public comment.

GRIEVANCES AND APPEALS
Jessica Waltman, health services quality assurance director at PacificSource, shared information on the CCO’s processes for grievances (member expressions of dissatisfaction) and appeals (requests for reconsideration of denials). In 2023, they are utilizing more REALD data to determine areas of opportunity, such as the need for translators or transportation services. They are also sending out mailers and launching a new website to raise awareness of benefits. Member surveys for 2022 indicated that 28 percent of members were unaware of the NEMT benefit and 26 percent of grievances were related to NEMT. Waltman noted that grievances were not all about specific providers; many were made regarding encounters with clinic front desks and member benefits. (See attached presentation.)

REDETERMINATION UPDATE
Tricia Wilder provided an update on the status of redetermination, which began April 1 and will take 14 months to complete. Continuous eligibility for children 0–6 also began April 1, and kids aged 6–19 will have two-year eligibility. A new Basic Health Plan (BHP) will be launched in July 2024. The forecast in the beginning of the year was an 18% decline in membership and now estimated at a 6% reduction in OHP membership in 2023 and 19% in 2024. Further information can be found at https://www.oregon.gov/oha/PHE/Pages/partners.aspx. PCS is working on a communication toolkit locally to distribute enrollment information to members. (See attached presentation.)

SOCIAL DETERMINANTS OF HEALTH
Andrea Ketelhut provided information on the new upstream Quality Incentive Measures (QIMs) addressing social determinants of health, with a focus on food, housing, and transportation. The traditional measures around quality and access for downstream health will continue to be employed. During the first two years of the five-year metric (2023–2027), they will work on planning and building policies and processes, data collection and sharing, consulting with CACs, and engaging CBOs for screening and assistance with food, housing, and transportation. The ensuing discussion ranged around issues with data collection, collaborative action, funding and resource allocation, and equity. The capacity of CBOs must be increased and plans for training and reimbursement developed. The role of public health should be determined. (See attached presentation.)

BOARD RETREAT AGENDA
Baney recommended that the Board spend the morning of the retreat reviewing the strategic plan to ensure that our aims are still appropriate and on track. The afternoon will be used for visioning. Further discussion will take place in May and the Board will be given homework to prepare for the retreat.

RHA UPDATE
Miguel Herrada provided some follow-up information to the previous month’s presentation on the Regional Health Assessment (RHA). The community health survey is collecting primary data for the first time, and listening sessions will be conducted in June through August. Quon Design & Communications
was retained to conduct a social media campaign in English and Spanish. The Board contest to gather surveys launched and a promotional tool kit was being prepared to support those efforts. The RHA will be finished in January 2024 so the rest of the year can be spent on creating the next Regional Health Improvement Plan (RHIP).

**ADJOURN**

There being no further business to come before the Board, the meeting was adjourned at 2:40 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
Oregon Health Plan (OHP) Redetermination Highlights

• Redetermination began on April 1, 2023
• OHA manages this renewal process and notifies the member and CCO of each member's eligibility
• Oregon redetermination will take 14 months to complete
• Members have 90 days to respond to initial renewal requests
• Wavier 1115 – After April 1, 2023, continuous eligibility for kids 0-6 years old starts
• NEW Basic Health Plan (BHP) will begin July 2024
Creating Paths to Affordable Coverage

OHP Renewal

Most – continue to be enrolled in OHP

Approx. 300k no longer enrolled in OHP

Current OHP Population: 1.4 Million

Bridge Program

Oregon Health Insurance Marketplace

Other coverage (employer, Medicare, etc.)

...Or Uninsured
Central Oregon CCO Estimated Impact by July 2024

February 2023 CCO/OHP Membership = 75,000

The CO CCO grew by 40% since the PHE was declared in March 2020

In 2023, PCS is estimating a 6% reduction in OHP membership

In 2024, PCS is estimating an additional 19% reduction in OHP membership
# Three Renewal Process Types

<table>
<thead>
<tr>
<th>Automatic</th>
<th>Passive</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All medical benefits are evaluated for automatic renewal</td>
<td>• If additional information and/or verification is required, the state may issue a request for information (RFI)</td>
<td>• Active renewal requires full application submission</td>
</tr>
<tr>
<td>• Will include:</td>
<td>• Will include:</td>
<td>• Will include:</td>
</tr>
<tr>
<td>• Those with current information that can be electronically confirmed</td>
<td>• Those with current information that can be electronically confirmed</td>
<td>• MAGI population</td>
</tr>
<tr>
<td>• Social Security Income Program Recipients</td>
<td>• If member responds and meets eligibility requirements, member will receive a Notice of Eligibility</td>
<td>• Anyone requiring resource assessment</td>
</tr>
<tr>
<td>• If successful, members will receive a Notice of Eligibility informing them that benefits will continue</td>
<td>• If member does not respond, member may lose benefits</td>
<td>• If member responds and meets eligibility requirements, member will receive a Notice of Eligibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If member does not respond, member may lose benefits</td>
</tr>
</tbody>
</table>

COHC Board of Directors | 16
May 11, 2023

---

COHC Board of Directors | 16
May 11, 2023
This timeline illustrates key periods for members who do not respond

|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Workload Impact  
Call volume • Local Offices • ONE Customer Service Center  
Renewal Period  
60-Day Adverse Period  
90-Day Reconsideration Period  
When the 90-day reconsideration period expires, the member must submit a new application

**Renewal Period** - During this time the ONE system identifies everyone up for renewal in a given month and notices are sent to members informing them of their status and if further action is required.

**60-Day Adverse Period** - 30 days after the 2nd reminder is sent and there's still no response from the member is sent a notice of closure. The member will continue to receive benefits for an additional 60 days.

**90-Day Reconsideration Period** - If the member responds during the 60-day adverse period the renewal can proceed without benefit interruption. After the 60th day, benefits will end. The member will still have 90 days to respond and resume the renewal process. When the 90-day reconsideration period expires and new application must be submitted.
This timeline illustrates key periods for members who do not respond.

Renewal Period - During this time the ONE system identifies everyone up for renewal in a given month and notices are sent to members informing them of their status and if further action is required.

60-Day Adverse Period - 30 days after the 2nd reminder is sent and there’s still no response from the member is sent a notice of closure. The member will continue to receive benefits for an additional 60 days.

90-Day Reconsideration Period - If the member responds during the 60-day adverse period the renewal can proceed without benefit interruption. After the 60th day, benefits will end. The member will still have 90 days to respond and resume the renewal process. When the 90-day reconsideration period expires and new application must be submitted.
Redetermination Good News – Go Oregon!

1115 Wavier
• Continuous eligibility for kids 0-6 years old
• Kids 6-19 will have 2-year eligibility

Basic Health Plan
• House Bill 4035 requires OHA to create a new “bridge program” to provide an affordable, comprehensive source of health coverage to adults in Oregon with income between 138-200% of the Federal Poverty Level
Bridge Program Timeline

- **April 1, 2023**
  First renewal and request for information letters mailed; Medicaid temporarily expanded to 200% FPL

- **July 11, 2023**
  OHPB approves Basic Health Program Blueprint and submits to CMS

- **January 1, 2025**
  Full Basic Health Program for people in Oregon 138-200% FPL

- **December 23, 2022**
  Omnibus Bill passed

- **May 1, 2023**
  Tribal engagement and public comment for Basic Health Program and proposal to mitigate marketplace impact

- **July 1, 2024**
  Basic Health Program for OHP enrollees 138-200% FPL

This timeline is based on the assumption that Oregon will begin renewals on April 1, 2023.
OHP Application Assistance

• Oregon has an application assistance directory here
  • Latino Community Association, Mosaic Medical, COPA, Deschutes County, La Pine Community Health to name a few

• Here is information about how to become certified to assist members with OHP applications
Action & Messaging

• Most critical **pre-renewal** message:
  • Make sure your contact information is current so you can receive notices and information about your coverage

![Call Customer Service](image)

• Most critical **post-renewal** messages:
  • Respond to any notices you receive
  • Ask for help!

• Community-facing Toolkits are available here:
  • [https://www.oregon.gov/oha/PHE/Pages/partners.aspx](https://www.oregon.gov/oha/PHE/Pages/partners.aspx)
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.
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 | 27
May 11, 2023
YEAR 1: 2023

Q1: Initial Planning
- Meet with Community Advisory Council to gain insight on screening practices which inform policies

Q2: Engage Community Advisory Council
- 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

Q3: Engaged Partners and CBOs
- Evaluate existing SDOH data received by CCO
- Stage community information exchanged and health information exchange data

Q4: Evaluate Information Technology
Refine Policies
- Refine policies on caring for the patient (timely referrals, trauma informed training)
- Identify funding stream to implement needed trainings and associated costs

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

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

Engage Community Advisory Council
- Review policies and refine practices based on CAC feedback

YEAR 2: 2024
# 2023 CCO Performance Metrics

## Purpose:
Support the Central Oregon Health Council (COHC) Board of Directors in monitoring key performance standards for the Central Oregon CCO.

### Quality and Member Experience

**Objective:** CCO improves care, makes quality care accessible, and eliminates health disparities for members.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Target</th>
<th>Q1 Status</th>
<th>Q1 Updates</th>
</tr>
</thead>
</table>
| Meet minimum Oregon Health Authority Quality Improvement Measure targets to achieve 100% payout. | 100% | Collaborative efforts ensure with Boost Oregon to provide education and barrier mitigation for immunizations. In addition to upstream metrics, key quality metrics for 2023 prioritization include:  
- Adolescent Immunization Status  
- Initiation component of IET  
- Health Equity metric - Interpreter Services |
| Percent of members with a mental health service need who received a mental health service in the measurement year. | 66% | Per the March 2023 release of OHA data (through 11/2022), the CCO is the 2nd highest rate reported for all Oregon CCOs. Moreover, the Mental Health Access Performance Improvement Project workgroup has been actively revising interventions designed at increasing members’ access to mental health services, which should assist to improve this rate. | 63% |

### CCO 2.0 Requirements

**Objective:** CCO meets all CCO 2.0 contract requirements.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Target</th>
<th>Q1 Status</th>
<th>Q1 Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 60% of provider contracts are in a Value Based Payment arrangement meeting the LAN Framework category of 2C or higher.</td>
<td>60%</td>
<td>The CCO is reporting the metric status based on 2021 experience and known upcoming contracting changes. Using the 2021 Internal estimation, PCS estimates 66.2% of CCO payments are 2C or higher. In 2023, the Pharmacy Benefit Manager expenses will move to 2C. Using the 2021 internal estimation, PCS estimates 61.5% of CCO’s payments are 2B or higher.</td>
<td>66%</td>
</tr>
<tr>
<td>Population reach of unique members seen in integrated behavioral health care settings.</td>
<td>10%</td>
<td>17 participating clinics met or exceeded the target and six clinics fell below the target. In future quarterly reporting, clinics that do not meet the target will participate in required technical assistance to support any barriers to reaching the target.</td>
<td>13%</td>
</tr>
</tbody>
</table>

### Financial Stability

**Objective:** CCO ends the year in a positive financial position.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Target</th>
<th>Q1 Status</th>
<th>Q1 Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve positive net income.</td>
<td>Positive Net Income</td>
<td>End of March financials report a year-to-date operating gain of $3.4M, behind a budgeted gain of $5.6M. The 2022 JMA shared savings is estimated at $8.1M.</td>
<td></td>
</tr>
</tbody>
</table>

### Operations

**Objective:** CCO monitors and evaluates operations to ensure optimal performance.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Target</th>
<th>Q4 2022 Status</th>
<th>Q4 2022 Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of complaints related to Non-Emergent Medical Transportation (NEMT) services are less than 22% of total complaint volume.</td>
<td>&lt;22% (40/182 total complaints)</td>
<td>20%</td>
<td>There were 186 total complaints in Q4 2022. Of these complaints, 38 were related to NEMT putting the CCO at 20% for the quarter look back.</td>
</tr>
<tr>
<td>Receive ≤ .7 complaints/1000 members related to oral health services.</td>
<td>0.7% (&lt;1/182 total complaints)</td>
<td>0.80%</td>
<td>There were 59 complaints related to dental services in Q4 2022. With a total average enrollment of 73,324 in Q4 the CCO is at 8 complaints related to dental services per 1,000 members. PCS anticipates this metric to improve throughout the year given the efforts being made with DCOs to improve access and service.</td>
</tr>
</tbody>
</table>
Executive Director’s Report
May 11, 2023

As the first quarter of the year has quickly passed, reviewing data from 2022 and moving forward initiatives for 2023 continue to engage staff in new projects as well as stabilizing our existing framework.

Latest Developments
1. Behavioral health surplus: First cross-sectoral workgroup investment
2. Board retreat and strategic plan refresh
3. Grant program launch
4. Regional Health Assessment: Community engagement strategy

Topics for Awareness
1. HRS (health-related resources) and medical loss ratio requirements
2. Tribal connections
3. COHIE update for closed-loop referrals

Behavioral Health Surplus Update

Background
2021 Shared Savings Surplus Distribution Proposal: Approved by the Board of Directors.

Shared savings surplus dollars became available late October 2022 for the 2021 contract year. At this time, the following proposal is open for discussion and approval. We have received approval from PacificSource Community Solutions to extend the distribution date to June 30, 2023, to allow sufficient time for a transparent and equitable distribution process.

Current funding available $2,449,546.93
Dedicate $1M to PEDAL Clinic as a region-wide collective need ($1,000,000.00)
See attached PEDAL Clinic proposal*

Available for distribution $1,449,546.93

Opportunities for discussion
• The RHIP behavioral workgroup can recommend an investment that would meet our future state metrics as well as identifying the most pressing needs surrounding behavioral health.
• There is an opportunity for multisector workgroups to collaborate and identify a broad regional initiative.
• There can be a call for application for grants throughout the Central OR region.
Recommendation

- Model similar guidelines for funding as 2021.
- Receive a recommendation from the Behavioral Health workgroup guided by COHC Board of Directors, Health Services in Deschutes County, BestCare and Pacific Source BH representative by March 30, 2023 for the dollars available for distribution.
- Implement strategy and project(s) funded by June 30, 2023.

Recommendation was approved by the Board of Directors. (See attached PEDAL Clinic update.)

Behavioral Health Services Update
For the first time, facilitated by Gwen Jones and MaCayla Aresenault, the CAC (Community Advisory Council) Behavioral Health, Stable Housing, and Substance and Alcohol Misuse workgroups are working cross collaboratively to frame, create guidelines, and a decision process to reach a behavioral health investment opportunity. The multisector collaboration will center on regional behavioral health priorities and a desired outcome is that three main organizations will be the lead agency to administer the priority and act as a fiscal agent to other agencies aligned with the specific priority. We are asking organizational leaders from COHC’s Board of Directors to support and participate as a fiscal agent if the multisector collaboration decides on an agency representative of a Board member. If a lead agency is selected outside of COHC’s Board of Directors, the Executive Director will make the request to that agency on behalf of the collaborative. The final recommendations will be made to the Board of Directors during the Board retreat and funding distributions will be made to lead agencies before the end of June.

See Written Reports: Behavioral Health Surplus Update.

Board Retreat and Strategic Plan Refresh

Our Board retreat scheduled for Thursday, June 8, will be facilitated by Lara Bickel. The Board retreat will focus on celebrating accomplishments and refreshing our strategic plan. The second part of the day will focus on emerging topics to be addressed from the strategic plan or other topics to consider.

Grant Program Launch

We will be launching another grant program match on June 1, 2023 to further support existing grants that have been awarded across the region. This grant program is designed for organizations that have been awarded grants to advance community investments. All approved applications for funding must meet all CCO requirements and align with the Regional Health Improvement Plan (RHIP) metrics. As approved in our budget, we may also have an opportunity to fund program initiatives and cross-sector projects to support the needs of the region. In the fall, COHC will also launch an educational series based on community needs. Emerging learning topics are capacity building for nonprofit organizations, a DEI learning series, and a COHC 101 program to assist navigation into our programming.
Regional Health Assessment Survey Update

The Regional Health Assessment (RHA) survey is well on its way with a collective 1,214 respondents who have provided feedback to the survey. A media campaign has also already been launched with a press release, social media campaign, and media exposure on KZTV. A customized RHA Tool Kit has been designed for each organization represented on the Board to allow Board members an opportunity to provide their support as well.

Health-Related Services (HRS) and Medical Loss Ratio (MLR) Requirements

Health Related Services (HRS), recently updated in November 2022, provides the guidelines for community investments. Increasingly over time, it has gained restrictions in workforce development, such as not being able to support traditional health workers in small CBOs (community-based organizations) even if they currently do not have the capacity for contracting and billing. There are also other limitations that continue to prevent workgroups and communities from implementing innovative programs that require workforce solutions. This requirement is also now applicable to the shared savings surplus spending in the middle of our strategy with the workgroups.

At this time, COHC and PCS are working together to identify solutions that will not create barriers for community investments to improve the quality of care for the Medicaid population. Along with the limitations for HRS behavioral health surplus spending, a recent audit from the Center for Medicare/Medicaid Services (CMS), the federal governing body for funding, is narrowing the MLR (medical loss ratio) requirements. What this means is that the dollars for quality improvement spending need to increase and within the framework of HRS guidelines. Discussions on this topic have been escalated and HRS and MLR requirements are being crosswalked to create a tool to support maximizing our reporting and meet these requirements. A policy is being requested from each health council on shared savings distribution. (See the attached Medical Loss Ratio Primer.)

Tribal Connections

COHC Executive Director Carmen Madrid and PacificSource Tribal Liaison Buffy Hurtado continue to dedicate monthly meetings to discussions on meaningful tribal involvement with the Central Oregon Health Council. COHC continues to be invited to community events and we are participating within staff capacity, along with other competing events and workload. We are exploring a tribal committee concept where there is synergy between tribal leaders, tribal identified community members, and COHC staff to address needs focused on tribal affairs. As the Confederated Tribes of Warm Springs is a sovereign nation, we are discussing how a tribal committee can be modeled as a collaborative structure.

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 (Connect Oregon) funded by the Health Council has been intended to connect providers and CBOs to receive community services referred by doctors and CBOs. This work continues and efforts to increase CBO and provider enrollment are underway. Flex services funds can now be requested through this
platform to support CCO members. We are in close partnership with PCS to continue the capacity of this product.

2. Clinical Referrals: The other initiative to support closed-loop clinical referrals between providers have more readiness through technology that is now available. This pilot that will be presented to COHIE will focus on rural providers and clinics that don’t have the capacity to implement expensive IT solutions.

Operations

- A one-day Board retreat is scheduled for June 8 and staff will review outcomes June 9 and do a mid-year workplan review.
- Program grants aligned with HRS requirements and RHIP metrics to launch by June 1.
- Accurate Bookkeeping has finally produced financial statements that have been delayed due to their consistent staffing turnover.
- We are transitioning operational funds to US Bank.
- Ongoing build of Smartsheet continues to centralize work documents and build dashboards for instantly available reporting.
- Our annual financial audit will begin May 2023 once we have an engagement letter and a project plan for the process.

Staff

- Staff continues strategic planning updates to monitor status of our plan.
- Staff is going through procedure documents for stronger workflows and clear accountabilities.
- Staff development plans will be designed and launched during annual performance reviews.
- Carol Martin is our temporary administrative staff supporting RHA and other operational projects with the Executive Director. Seeking another temporary staff member to support RHA and other operational projects that have not been completed.
- Reviewing potential capacity for 1–2 FTEs in the fall.

An updated format of our strategic plan is attached for your review prior to the Board retreat on June 8.

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
Medical Loss Ratio Primer

Medical loss ratio (MLR) is a measure used in the healthcare industry to assess the amount of money that an insurance company spends on medical claims and healthcare quality improvement activities, compared to the total revenue generated from premiums. The MLR is calculated as the ratio of the total amount of money spent on medical claims and quality improvement activities, divided by the total amount of revenue generated from premiums.

The MLR is an important measure because it provides an indication of how much of an insurance company’s revenue is being spent on actual medical care and quality improvement initiatives, versus how much is being spent on administrative costs and profits. The Affordable Care Act (ACA) mandates that insurance companies spend a minimum percentage of their revenue on medical care and quality improvement initiatives, and this minimum percentage is known as the MLR standard.

The MLR standard varies depending on the type of insurance plan, with higher standards typically applied to plans sold on the individual and small group markets. Insurance companies that fail to meet the MLR standard are required to provide rebates to their customers, in order to make up for the shortfall in spending on medical care.

Overall, the MLR is a key measure for assessing the effectiveness of insurance companies in providing access to quality healthcare, and for ensuring that premium dollars are being used for their intended purpose.

For individual and small group markets, the minimum MLR standard is set at 80%. This means that insurance companies must spend at least 80 cents of every premium dollar on actual medical care and quality improvement initiatives, and no more than 20 cents on administrative costs and profits.

For the large group market, the minimum MLR standard is set at 85%, which means that insurance companies must spend at least 85 cents of every premium dollar on actual medical care and quality improvement initiatives, and no more than 15 cents on administrative costs and profits.

Insurance companies that fail to meet the MLR standard are required to provide rebates to their customers, in order to make up for the shortfall in spending on medical care. The MLR standard is intended to ensure that insurance companies prioritize spending on medical care and quality improvement activities, and that customers receive the maximum benefit from their premiums.
HIGH-LEVEL STRATEGIC PLAN: REVIEW FOR BOARD RETREAT JUNE 8

As you review COHC’s strategic plan below, the status areas have been updated in three broad categories to provide flexibility in the strategic plan.

Status Definitions

As Planned: This area is complete and has moved forward as planned and ready to deepen and an area to think about for our next strategic plan.

In Progress: This status update demonstrates that the AIM is moving forward and scheduled to be completed by the end of our five-year cycle.

Evolving: This area continues to evolve as COHC as an organization with new leadership and staff. This status update may also provide an opportunity for discussing discoveries and learnings.

Accomplishments will be completed by our Board Retreat with notes as needed.

| Creating aligned partnerships for innovation between Payers, Delivery Systems, and Patients |
|-----------------------------------------------|-----------------|---------------------------------|
| **AIMS**                                      | **STATUS**      | **Accomplishments**             |
| Community Information Exchange (CIE)*         |                 |                                 |
| 1) Transition CIE Projects from COHC to PCS   |                 |                                 |
| 2) Collaborate with two community provider organizations to launch a pilot CIE |                 |                                 |
| 3) Central Oregon CIE is widely utilized throughout the region. |                 |                                 |
| Alternative Payment Models (APM)**            |                 |                                 |
| 1) Research APM promising practices and models | in progress     |                                 |
| 2) Discuss pros and cons of each APM at Operations Council, PEP, Finance, and CUSC | in progress     |                                 |
| 3) 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 | evolving        | No discussion at this time on additional revenue streams |
| 4) COHC staff conducts grant research         |                 |                                 |
5) Prepare to apply for a grant in year 3, with COHC as the recipient | as planned | applied for ~12M grant from NIH

<table>
<thead>
<tr>
<th>Demonstrating Effective Governance</th>
<th>STATUS</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create, finalize and vote on the purpose (ends) statement to guide work alongside the approved COHC mission and vision.</td>
<td>as planned</td>
<td>formalized Board Governance Document for distribution at Board Retreat</td>
</tr>
<tr>
<td>Include expectations in the COHC Board policy book of Board member organizations incorporating COHC's strategic plan and RHIP priorities.</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Develop a process and tools for annual Board self-evaluation.</td>
<td>as planned</td>
<td>Tool developed 5/2023</td>
</tr>
<tr>
<td>Board self-evaluation will be conducted for the first time.</td>
<td>as planned</td>
<td>Board self-evaluation tool developed and implementing</td>
</tr>
<tr>
<td><strong>Regional Health Improvement Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COHC staff gather and share tools and strategies to explore opportunities for workgroups to implement and fund multisector projects</td>
<td>as planned</td>
<td>Behavioral Health Surplus provided an opportunity to start this work</td>
</tr>
<tr>
<td>COHC RHIP workgroups begin funding multisector projects</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td><strong>Cost Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form subgroups to investigate potential cost drivers</td>
<td>in progress</td>
<td>Some ideas being discussed</td>
</tr>
<tr>
<td>The COHC Board can name the key cost drivers in the CCO that are creating decreased margins.</td>
<td>in progress</td>
<td>Identifying avenues to name the key cost drivers</td>
</tr>
<tr>
<td>Develop simple and concise multilevel external communications plan for Board member and partner use.</td>
<td>in progress</td>
<td>Identifying key performance indicators to be developed</td>
</tr>
</tbody>
</table>
## Engaging Regulators for Informed Decision Making

<table>
<thead>
<tr>
<th>AIMS</th>
<th>STATUS</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advocacy &amp; Legislation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build an internal advocacy/lobbying process</td>
<td>in progress</td>
<td>learnings withing current legislative session</td>
</tr>
<tr>
<td>The COHC Board, committees and workgroups will receive advocacy training and education</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>in progress</td>
<td>working on formalizing a framework after the legislative session</td>
</tr>
<tr>
<td>Assess legislative relationships and opportunities of individual board members</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Invite Board members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities.</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Invite RHIP workgroup members to bring legislative priorities forward that align with the RHP to discuss advocacy opportunities</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td><strong>Bi-Directional Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COHC staff will engage key PacificSource staff in strategic discussion on bidirectional communication.</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>COHC staff will engage key PacificSource staff to map out various bidirectional communications streams that exist between the COO and OHA across all relevant programs or departments.</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>Build consensus between COHC and the CCO to define bidirectional communication with OHA</td>
<td>in progress</td>
<td></td>
</tr>
</tbody>
</table>
Investing and Developing Data Infrastructure to Support Continuous Performance Improvement

<table>
<thead>
<tr>
<th>AIMS</th>
<th>STATUS</th>
<th>Accomishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSC (Cost Utilization Steering Committee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish data subcommittee with clear objectives - Cost and Utilization Steering Committee (CUSC)</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Obtain three pilot participants/data contributors.</td>
<td>evolving</td>
<td>Early discussions to be presented at Finance Committee on monitoring utilization and performance</td>
</tr>
</tbody>
</table>

| Community Information Exchange (CIE)* | | |
| 1) Transition CIE Projects from COHC to PCS | as planned | |
| 2) Collaborate with two community provider organizations to launch a pilot CIE | as planned | |
| 3) Central Oregon CIE is widely utilized throughout the region. | in progress | |
# Identifying and Addressing Inequities

<table>
<thead>
<tr>
<th>AIMS</th>
<th>STATUS</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance Committee will review the Board's bylaws to ensure equity goals are met</td>
<td>in progress</td>
<td>to be reviewed</td>
</tr>
<tr>
<td>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)</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Develop and begin collecting three COHC organizational DEI metrics</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Talk with a Warm Springs representative (leadership) to find out if there is value for COHC Board participation</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>Survey current COHC Board members via Real-D and current Board representative makeup</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Define what rural and marginalized communities are and how we will measure this</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Define Board Job Description incorporates language to promote and ensure equity</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Bolster community engagement to ensure diversity of voices during decision-making</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>Develop a meaningful relationship between the Board and the CAC</td>
<td>as planned</td>
<td></td>
</tr>
</tbody>
</table>
### Incentivizing Better Outcomes

<table>
<thead>
<tr>
<th>AIMS</th>
<th>STATUS</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Budget</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design a protocol with the CCO to determine minimum standards to be considered for the global budget.</td>
<td>In progress</td>
<td></td>
</tr>
<tr>
<td>Internally develop standards of demonstrated cost savings that qualify recommending a project for inclusion in contracting/the global budget.</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td><strong>Cost Savings and Incentives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include outcomes-based incentives regarding social determinants in RHIP workgroup investments that demonstrate cost avoidance</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Develop qualifications/criteria that outcomes-based incentivizing may work</td>
<td>evolving</td>
<td></td>
</tr>
<tr>
<td>Design a disincentive for poor QIM performance</td>
<td>as planned</td>
<td></td>
</tr>
<tr>
<td>Develop ways to incentivize outcomes through at least one RHIP investment</td>
<td>evolving</td>
<td></td>
</tr>
</tbody>
</table>
Pedal Program Update
Project Structure

• Steering Committee – meets monthly
  • Mosaic, COPA, SCHS, Pacific Source,
    • High Lakes & Summit are getting invited to participate as well
  • Working towards a community model, similar to existing Pediatric Hospitalist model

• Clinical Committee – meets bi-weekly
  • Tasked with identifying what clinical services are critical in community

• Business Committee – meets bi-weekly
  • Identifying/modeling financial and legal structure for community model
Project Status

• Clinical Committee
  • Has surveyed community providers to identify what services are most critical to maintain/grow

• Business Committee
  • Received program optimization report from Medman consulting
    • Working on details of what can/should be implemented to improve financial performance
  • Creating draft agreement for parties to begin working from for the partnership
Where are we?

- Community group working on long term sustainable financial structure
- Funding:
  - Bridge funding received: $1,000,000
  - Spent: $240,442 through April
  - Remaining: $759,558
Strategies to Address the Community Behavioral Health Priorities (May 2023)

Contributing Resources:
- Priorities Identified by Regional Behavioral Health Leadership
- Regional Cross-Workgroup Priorities Collaboration: Environmental Assessment and Strategy Generation
- Central Oregon Regional Behavioral Health Housing and Residential Treatment Grant: Barriers, Strategic Approaches and Priorities (December 2021)
- Oregon Health Authority Health Related-Services
  - Health-Related Services Guide for CCOs (November 2022)
  - Addressing Social Determinants of Health through Health-Related Services (November 2021)
  - Health-Related Services and Housing (August 2021)
- Review and vetting by COHC Staff and PacificSource Partners

Priority 1: Culturally specific behavioral health services; Spanish and non-English cultural and linguistic services; BIPOC and LGBQTIA2S+ youth and young adults

- **Strategy C.1** - Supporting retaining and hiring staff with lived experience
  - Organizational-level policies, procedures, practices for healthy work environment for staff with lived experience.
  - Improvement and institutionalization of strategies.
  - Quality Improvement, technical assistance, coaching consultation and/or community learning summit.

- **Strategy C.2** - Support and develop current providers who identify as BIPOC and LGBQTIA
  - Develop a regionally-focused job sharing and learning program that provides support to multicultural providers and providers serving small communities.
  - Partner with and support multicultural and rural providers in developing a statewide or regional support system.

- **Strategy C.3** - Building culturally appropriate support systems
  - This has to be a non-billable support like a mentor, 1:1 or community group.
  - Needs to be provided by a trained volunteer.
    - Can’t be a certified CHW, THW, or Peer because these are billable services.
  - Example might be: Family support group for Spanish speaker who have lost child to suicide or women’s Spanish-language talking circle.
Priority 2: Wrap around behavioral health services supporting the housing continuum; services in shelters, transitional housing, and other types of housing

- **Strategy W.1** - Social Determinant of Health related services for people with Severe and Persistent Mental Illness
  - Administered through a CBO to a population, not an individual.
  - Housing, food and transportation supports and services to a population.
  - Example might be:
    - CBO provides *non-covered* peer counseling and Traditional Health Worker (THW) services to houseless community-wide individuals and families in a safe living environment. Services provided support short- and long-term goals towards stable housing and self-sufficiency.
    - Peer Support Specialist (PSS) teams embedded in community programs that deliver *non-covered* housing education services during one-on-one meetings and home visits. The teams provide individual plans that help provide household education on a variety of topics that can vary from daily education and support for mental health and addiction to long-term goal setting and budgeting to help build household stability.

Priority 3: In-person behavioral health treatment capacity in high risk rural communities, specifically La Pine

- **Strategy I.1** - Support Social Determinants of Health needs for populations working in behavioral health in rural areas
  - Administered through a CBO to a population, not an individual.
  - Housing, food and transportation supports and services.
- **Strategy I.2** - Affordable workforce housing
  - Administered through a CBO to a population, not an individual.
  - Could not include capital, but could be used in different part of the budget.
- **Strategy I.3** - Create space and staffing to provide community-level behavioral health support
  - Community spaces, 1:1, coaching, mentoring.
  - Services need to be provided by a trained volunteer or be non-billable services
  - Can’t be a certified CHW, THW, or Peer because these are billable services
Request for Support

Behavioral Health Regional Priorities Collaboration

May 2023
Background

- Behavioral Health Shared Savings Surplus of $1.4 Million
- Distributed by June 30, 2023
- Regional Behavioral Health Priorities
  - Leadership Funding Guidelines
  - Oregon Health Authority Funding Guidelines

- Culturally specific behavioral health care
  - Spanish and non-English cultural and linguistic services
  - Services for BiPoC and LGQBTIA2S+ youth and young adults

- Wrap around behavioral health care supporting the housing continuum
  - Wrap around services in shelters, transitional housing, and other types of housing

- In-person behavioral health care capacity in high-risk rural communities
  - La Pine
Update and Status

- Set Direction
- Environmental Assessment
- Strategic Thinking
Coming Up

Culturally specific behavioral health care

In-person behavioral health care capacity in high-risk rural communities

Wrap around behavioral health care supporting the housing continuum
Requesting Your Support

- Serve as a fiscal or backbone organization for one of the BH Regional Priorities Collaboration Teams

- Specifically, before May 17th:
  - Tell your involved staff member if your organization can serve as fiscal agent, ‘point person’ or a backbone organization for one of the Collaborative Teams.
  - Talk to your involved staff member about partnership on the strategy, including what your organization can offer and your organization can be flexible.
Behavioral Health Regional Priorities Collaboration 2023 Guidance

Priorities (2023 Environmental Scan):

- Culturally specific behavioral health services
  - May include, but not limited to, building organizational capacity for Spanish and non-English cultural and linguistic services.
  - May include, but not limited to, services for BiPoC and LGQBTIA2S+ youth and young adults.

- Wrap around behavioral health services to support the housing continuum.
  - May include, but not limited to, behavioral health capacity building for wrap around services in shelters, transitional housing, and other types of housing.

- Behavioral health workforce development to expand in-person treatment capacity in high-risk rural communities, including but not limited to LaPine.

Background:
The COHC and PacificSource have a legally binding agreement called The Joint Management Agreement (JMA). The JMA is where PacificSource and the COHC agree on their partnership and the community investments supporting the RHIP.

Shared Savings Surplus is money that comes back into the community through the COHC when PacificSource Community Solutions meets quality goals.

Shared Savings Surplus does not happen every year. When it does happen, the amount can vary.

The Joint Management Agreement (JMA) outlines how Shared Savings Surplus is invested in the community. A portion is allocated into behavioral health.

Guidelines:

- Total funding needs to be distributed throughout the region.
- Multiyear investment to maximize impact.
- Address needs across all ages.
- Focus on areas that address health equity.
  - Must have at least one component of collaboration between fund recipient and prioritized population
- Align with behavioral health and current regional environmental needs and priorities.
- Evidence-based, community-level interventions that focus on improving population health and health care quality.
- They must include, but are not necessarily limited to, Oregon Health Plan (OHP) members.

Restrictions: Activities that are excluded:

- Covered services for an OHP member.
- Administrative activities to support the delivery of covered services.
- Coordinated Care Organization (CCO) contractual requirements, such as ensuring adequate provider network or required care coordination for covered services.
- Provider workforce or certification training.
- Building new buildings and other capital investments.
Behavioral Health Regional Collaboration 2023
Frequently Asked Questions (FAQ’s)

What’s happening?
The COHC has received community behavioral health funds that need to go back into the region for behavioral health. The COHC board of directors is asking for your recommendation on where to invest these funds.

How much money are we talking about?
$1,449,546.93

What is our deadline for investing these funds into the region for behavioral health?
Our final recommendations need to be decided by May 18th.

What definition of behavioral health are we using for this conversation?
For the purposes of these funds, behavioral health means the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

How will this behavioral health community investment process work? What’s the timeline?
March/April: Workgroup partners will learn the basic framework for this process. We will brainstorm organizations who are doing work that meet the defined priorities, guidelines, and restrictions.
April/May: Narrow the list of organizations to 3-5 that meet the defined priorities, guidelines and restrictions. COHC staff will approach the organizations with an invitation to provide a concept proposal.
May: Workgroup partners will review concepts against guidelines, restrictions and priorities. We will finalize recommendation to the COHC Board of Directors for investing in these 3-5 organizations.

Why is the timeline so tight:
The JMA directs the timeline to invest the funds.
Is this a grant opportunity for the region?
   No, this is not a grant opportunity. A grant process often takes 6-8 months from inception to decision and funding. The funding deadline requirement does not allow enough time for a grant process.

There are so many places that need funds! How will we decide who to support?
   There are some specific requirements, restrictions and regional priorities that will help narrow the focus. Organizations and programs must meet all the requirements and restrictions and meet at least one of the priorities identified in the Behavioral Health Community Investment 2023 Guidance document.

Who’s involved in making this recommendation?
   We all have identified that behavioral health not only lives in the Behavioral Health Workgroup, but that there are many connections between behavioral health, substance misuse and housing. We also recognize that there are many related needs and priorities that fall into these categories. Therefore, community partners from the Community Advisory Council, Behavioral Health, Substance Misuse, and Stable Housing workgroups are participating.

Where did the money come from?
   The COHC and PacificSource have a legally-binding agreement called The Joint Management Agreement (JMA). The JMA is where PacificSource and the COHC agree on their partnership and the community investments supporting the RHIP.

   Shared Savings Surplus is money that comes back into the community through the COHC when PacificSource Community Solutions meets quality goals.

   Shared Savings Surplus does not happen every year. When it does happen, the amount can vary.

   The Joint Management Agreement (JMA) outlines how Shared Savings Surplus is invested in the community. A portion is allocated into behavioral health.

Have we ever done this collaborative process for these funds before?
   No. This is a brand-new opportunity for all COHC partners, Board of Directors, and staff. This means there are lots of fast moving, changing, uncomfortable and foggy waters ahead on this beautifully messy journey between now and a May deadline.
Should we only consider organizations participating in the COHC community?
It’s very important to consider all organizations regardless of relationship to the COHC. There are lots of folks inside and outside of COHC community that are well-positioned and equipped in their local communities to impact these priorities.

Why are we doing it this way?
This is an evolution of how Shared Savings Surplus funds have been invested historically. We are working to build a collaborative and more transparent process.

Why aren’t the funds just divided among the workgroups?
Shared Savings Surplus is invested in the community and a portion is allocated into behavioral health.
Community partners have identified that behavioral health not only lives in the Behavioral Health Workgroup, but that there are many connections between behavioral health, substance misuse and housing. Additionally, many COHC partners have called for more collaborative, cross-workgroup collaboration. Finally, the process itself requires a different, fast-paced approach.

What is my job in this conversation? What are we supposed to be doing?
Use your knowledge of the region and work happening in the region to help generate a short list of organizations that could use funds to meet the priorities outlined in the Behavioral Health Community Investment 2023 Guidance document.
COHC Board of Directors | 57
May 11, 2023

**CCO Director Report**
**Date:** May 2023  
**To:** The Central Oregon Health Council (COHC) Board of Directors  
**Prepared by:** Tricia Wilder, Director, Central Oregon CCO

**PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) UPDATES:**

**Medicaid Redeterminations**
Renewals are underway, and letters began going out to members in mid-April. Renewal notices for the next cohort went out on May 1st, and first reminder notices will go out on June 1st to members who haven’t responded to the initial renewal packet. CCOs have begun receiving lists of members who have received renewal notices. PCS is working to match these lists to PCP and DCO assignments in order to share this information with provider partners.

OHA advised CCOs in April that members who reported income or enrollment changes that otherwise made them ineligible for Medicaid but stayed enrolled due to the PHE-related continuous enrollment will be losing Medicaid coverage on June 30th. PCS customer service teams are working on an outreach plan for these members.

OHA has published redeterminations dashboards containing information about the number of renewals initiated and completed, as well as wait times for the ONE customer service center. The dashboards can be found here: [https://www.oregon.gov/dhs/Benefits/Pages/dashboards.aspx](https://www.oregon.gov/dhs/Benefits/Pages/dashboards.aspx)

New communication materials have been developed and are included in the next few pages. These may be utilized by provider and community partners at will.
What is Oregon Health Plan (OHP)?
OHP is Oregon’s Medicaid program. It gives free insurance to people in Oregon who qualify. It includes:
- Doctor visits
- Hospital care
- Mental health services
- Dental care
- Select vision care services

OHP also pays for transportation to your appointments and many other services.

What is OHP renewal?
It’s the process of renewing OHP health insurance. It includes verifying your income and the number of people in your household to see if you’re still eligible for OHP.

What should I expect from the OHP renewal process?
You’ll get a notice in the mail from the Oregon Health Authority telling you what to do. Letters will be sent in batches, so you may not receive yours until May 2024. Follow the instructions to avoid the risk of losing your OHP insurance.

Some members will have their OHP insurance renewed automatically. Others will be asked to provide more information to determine if they still qualify for OHP insurance.

What can I do now?
Make sure your address and phone number are updated so you don’t miss important OHP renewal information. Call us to report any changes, 800-245-9631.

Or, call the Oregon Health Authority, 800-699-9075.

Or, update your contact information online, One.Oregon.gov.
**Where can I get assistance?**
Help with your renewal forms is free of charge and available in your area. You can find a local person, called an “OHP Assister,” who can help you by visiting Healthcare.Oregon.gov/pages/find-help.aspx. Help is available in your own language, including American Sign Language.

**When is OHP renewal?**
OHP renewal starts **April 1, 2023**, and ends on **May 31, 2024**.

**How long do I have to respond to a renewal letter?**
90 days. During those 90 days, you will receive reminder notices each month, if you haven’t responded.

**What if I don’t respond?**
If you don’t respond for 90 days, then you will receive a notice that your OHP insurance is ending. But, you will continue to receive insurance benefits for 60 more days. If you don’t respond during this extra 60 days, **then your benefits will stop**.

**Can I still send in my renewal form after my benefits stop?**
Yes. After the first 150 days from receiving your renewal letter, you will have 90 more days to send in your renewal forms. If you do not send your forms during this 90-day period, you will no longer be eligible for the renewal process and will need to submit a new OHP application.

**What are my options if I lose my OHP insurance?**
PacificSource Health Plans offers affordable health insurance for individuals and their families that can include financial assistance. If you are over 65, we also offer Medicare plans, many that include $0 monthly fees. If you have a job, you may be eligible for health insurance from your employer. Call us at **800-211-9187** for help finding the right insurance for you.

**How do I get health insurance through my job?**
If you lose Medicaid insurance, but have a job and are under age 65, ask your employer what your health insurance options are.
Preguntas frecuentes sobre la renovación del OHP


You can get this document in another language, large print, or another way that’s best for you. You can also request an interpreter. This help is free. Call 800-431-4135, TTY: 711. We accept all relay calls.

¿Qué es el Plan de Salud de Oregon (OHP)?
El OHP es el programa de Medicaid de Oregon. Este programa ofrece un seguro gratuito para las personas de Oregon que cumplen con los requisitos. El seguro incluye:

- Consultas con el médico
- Cuidados en el hospital
- Servicios de salud mental
- Cuidados dentales
- Ciertos servicios del cuidado de la vista

El OHP también paga el transporte a sus citas y muchos otros servicios.

¿Qué es la renovación del OHP?
Es el proceso de renovar el seguro de salud del OHP. Esto incluye verificar sus ingresos y el número de personas en su hogar para determinar si usted sigue siendo elegible para el OHP.

¿Qué debo esperar durante el proceso de renovación del OHP?
Usted recibirá un aviso por correo de la Autoridad de Salud de Oregon indicándole lo que debe hacer. Las cartas se envían por lotes, por lo que es posible que usted no reciba la suya sino hasta mayo del 2024. Siga las instrucciones para evitar el riesgo de perder su seguro del OHP.

A algunos miembros se les renovará automáticamente el seguro del OHP. A otros se les pedirá más información para determinar si todavía cumplen con los requisitos para el seguro del OHP.

¿Qué puedo hacer ahora?
Asegúrese de que su dirección y número de teléfono estén actualizados para no perderse información importante sobre la renovación del OHP. Llámenos para informarnos de cualquier cambio al teléfono 800-245-9631.

También puede llamar a la Autoridad de Salud de Oregon al 800-699-9075.

O puede actualizar su información de contacto en línea en One.Oregon.gov.

Continúa >
**¿Dónde puedo obtener ayuda?**

**¿Cuándo es la renovación del OHP?**
La renovación del OHP comienza el 1 de abril del 2023 y termina el 31 de mayo del 2024.

**¿Cuánto tiempo tengo para responder a una carta de renovación?**
90 días. Durante esos 90 días, usted recibirá avisos de recordatorio cada mes si no ha respondido.

**¿Qué pasa si no respondo?**
Si usted no responde durante 90 días, recibirá un aviso de que su seguro del OHP va a terminarse. Sin embargo, usted seguirá recibiendo los beneficios del seguro durante 60 días adicionales. Si usted no responde durante esos 60 días adicionales, **se terminarán sus beneficios**.

**¿Puedo enviar el formulario de renovación después de que se terminen mis beneficios?**
Sí. Una vez que pasen los primeros 150 días desde la fecha en que reciba la carta de renovación, usted tendrá 90 días adicionales para enviar los formularios de renovación. Si usted no envía sus formularios durante este período de 90 días, ya no podrá participar en el proceso de renovación y tendrá que presentar una nueva solicitud del OHP.

**¿Qué opciones tengo si pierdo mi seguro del OHP?**
PacificSource Health Plans ofrece seguros de salud económicos para individuos y sus familias, los cuales pueden incluir asistencia financiera. Si tiene más de 65 años de edad, también ofrecemos planes de Medicare, muchos de los cuales incluyen cuotas mensuales de $0. Si usted trabaja, puede ser elegible para el seguro de salud de su empleador. Llámenos al **800-211-9187** para ayudarle a encontrar el seguro adecuado para usted.

**¿Cómo consigo un seguro de salud a través de mi empleo?**
Si usted pierde su seguro de Medicaid pero tiene un empleo y no ha cumplido 65 años de edad, pregunte a su empleador cuáles son sus opciones de seguro de salud.
COHC Community Advisory Council
Held virtually via Zoom
April 20, 2023

CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Karen Correa Vazquez, Jefferson County Health
Mayra Benitez, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Elaine Knobbs-Seasholtz, Mosaic Community Health
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative

COHC Staff Present:
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Carmen Madrid, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Whitney Schumacher, Central Oregon Health Council
Miguel Herrada, Central Oregon Health Council

Support & Guests Present:
Kristen Tobias, PacificSource
Dustin Zimmerman, Oregon Health Authority
Carolyn Black, Oregon Health Insurance Marketplace
Martha Edwards, PacificSource
Introductions

- Brad Porterfield welcomed all attendees. To save time at the meetings, only CAC members and those who are new, changed roles, or guests will verbally introduce themselves. Everyone else will use the Chat to enter their name and role.

Land Acknowledgement

- Mayra Benitez read the Land Acknowledgement (see April packet for statement).

Meeting Practices

- Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see April packet).

Public Comment/Patient Story

- Brad welcomed public comment.
- Mayra Benitez shared a positive experience at a clinic when getting her daughter a sports physical. The Doctor was extremely nice and made her daughter feel very comfortable talking about family history and the importance of staying healthy and active.
- Mayra and Brad shared their experience at a Madras Spanish speaking community meeting. The community members shared their diverse experiences accessing health care in Madras. A new family to the area had a great experience with accessing health care but then there were other experiences that were very challenging. There were Older Adult community members who have Medicare and Oregon Health Plan and found it confusing on which plan covers certain services.

Approval of November Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from March. There were no objections to the meeting notes, so they are approved.

Announcements

- MaCayla Arsenault shared the following announcements:
  - The combined Board/CAC meeting and social event have been postponed. More details to come.
  - Theresa Olander has stepped away from the CAC. We thank her for her commitment to improving health in our region.
  - MaCayla is trying to schedule the next sub-group meeting to discuss the Community Health Projects. If interested, check your emails for a Doodle Poll.
  - There are 2 open Request for Proposals (RFP) from the Regional Health Improvement Plan (RHIP) workgroups. More information can be found on the COHC website.
CAC Member Small Group Breakout Session

- The topic for the April meeting was: As a CAC Member, what does community engagement mean to you?
- After discussing this topic in small groups, the members reported back. Feedback from the group included:
  - Community engagement means to go out into communities and being a part of them with other community partners.
  - Engaging members and getting them involved in the managing their own care.
  - Building trust and deepening relationships.
  - Being equitable.
  - Engaging the community where they are at.
  - Hearing about what is working and what is not.
  - Bring back to CAC to help address issues.

Emerging Issues Update - NEMT

- Kristen Tobias from PacificSource brought answers to the questions the CAC had about Non-Emergent Medical Transportation (NEMT). NEMT is a benefit of Oregon Health Plan CCO members that provides transportation to and from medical appointments. Kristen wrote out the follow-up to the questions and they will be forwarded to the CAC members via email.
- Kristen shared that the NEMT flyer from PacificSource is being updated and should be released in 2023 in English and Spanish. The current versions will be forwarded to the CAC members via email.
- PacificSource Transformation Quality Strategy (TQS) is focused on NEMT and oral health integration. A TQS team member can come to a future meeting to discuss in more detail.
- 😊 Stacy suggested having a game at the social about acronyms. 😊

Oregon Health Authority Update

- Dustin Zimmerman, Innovator Agent, Oregon Health Authority (OHA) shared information and updates for programs.
  - Pandemic EBT Food Benefits for Children – available to children under 6 that received Supplemental Nutrition Assistance Program (SNAP) in summer 2022.
  - Medicaid Program Updates – webinars that are recorded (available in English and Spanish) – Learn more about the OHP 1115 Medicaid Waiver for 2022-2027
  - Community Health Assessment/Community Health Improvement Plan - CHA/CHIP Learning Collaborative Update
    - Recorded webinar on Tribal Engagement for CACs
    - Upcoming CHA/CHIP Learning Collaborative Sessions
  - Ombuds Program Report for 2022
    - Ombudsperson is defined as “an official appointed investigator to review complaints against administration - holding public officers accountable.”
- What to expect when you call 988
- Affordable Connectivity Program for Broadband
- REMINDER: Medicaid Redetermination is Coming