# Central Oregon Health Council Board of Directors Meeting Agenda

**DATE**  
Thursday, November 9, 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/tZwsdu6trTMiH9zQIsWdA3zRR7flvhN34!g

<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, Public Comment, and Announcements</td>
<td>Tammy Baney</td>
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<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>Community Update</td>
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<td></td>
<td>• Newberry Regional Partnership</td>
<td>Kathy DeBone</td>
<td>Info &amp; discussion</td>
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<td></td>
<td>• La Pine Community Health Wellness Center</td>
<td>Courtney Ignazzitto</td>
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<td>1:05–1:15</td>
<td>Finance Committee Update</td>
<td>Megan Haase</td>
<td>Vote Info</td>
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<td></td>
<td>• 2022 COHC Financial Audit</td>
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<td>• Investment Update</td>
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<td>1:15–1:35</td>
<td>RHA Update</td>
<td>Carmen Madrid</td>
<td>Info</td>
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<td>1:35–1:55</td>
<td>Central Oregon Perinatal Care Continuum</td>
<td>Erin Hoar</td>
<td>Info</td>
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<td></td>
<td>• Anne Kilty</td>
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<td>1:55–2:10</td>
<td>CCO Performance Metrics Q3 2023</td>
<td>Tricia Wilder</td>
<td>Info</td>
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<td>2:10–2:25</td>
<td>Medicaid Redetermination Update</td>
<td>Tricia Wilder</td>
<td>Info &amp; discussion</td>
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<td>2:25–2:40</td>
<td>PEDAL Clinic Update</td>
<td>Mike Richards</td>
<td>Info &amp; discussion</td>
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<tr>
<td>2:40–2:45</td>
<td>Governance Update</td>
<td>Linda Johnson</td>
<td>Info</td>
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<tr>
<td>2:45</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
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The COHC Board of Directors reserves the right to transition into executive session at any point during the Board meeting.
Central Oregon Health Council
Board of Directors Meeting Agenda
Thursday, November 9, 2023

Consent Agenda
- October 2023 Board Minutes
- COHC Financials April–May 2023

Written Reports
- RHA Update
- Central Oregon Perinatal Care Continuum
- CCO Performance Metrics Q3 2023
- Medicaid Redetermination Update November 2023
- Executive Director’s Report November 2023
- CCO Director Report November 2023

The COHC Board of Directors reserves the right to transition into executive session at any point during the Board meeting.
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held as a hybrid meeting at 12:30 pm Pacific Time on Thursday, October 12, 2023, at Jefferson County Public Health 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 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.
PUBLIC COMMENT
Baney invited public comment. There was no public comment.

ANNOUNCEMENTS
Carmen Madrid announced that Health Council staff were working on the next steps of the RHA to present back to the community the primary data collected from the Community Health Survey and focus groups. Community feedback sessions were being planned to invite feedback from our regional partners and community members who wanted to stay involved. Further information would follow via email, and everyone was invited to attend and volunteer.

CONSENT AGENDA
The consent agenda consisted of the August and September meeting minutes.

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

COMMUNITY PRESENTATION: CASA
Heather Dion, CASA executive director, presented on the organization, which recruits and trains volunteer advocates for foster children in the court system in Crook, Deschutes, and Jefferson counties. (CASA stands for court-appointed special advocate.) TRACES, which COHC invested in, funded the Family Find program to discover extended family for permanent placement. It also helped them increase the percentage of children served by a CASA and recruit more CASA volunteers. CASAs are needed in Jefferson County.

ACTION ITEM: Madrid will connect Kelly Simmelink and Michael Baker with Dion to assist in seeking Jefferson County volunteers for CASA.

OHA UPDATES
Dustin Zimmerman, OHA liaison to the CCO, shared that he is available as a resource for OHA and state-level information. Highlights of his update:

- OHA has several leadership positions open: the OHA director, dental director, Medicaid director, public health director, and analytics and policy director.
- The Health Equity Committee of the Oregon Health Policy Board is recruiting new members.
- In phase two of redetermination, 832,638 people had gone through renewal. The Bridge Program hadn’t been finalized. Tricia Wilder shared that there had been a reduction of just over 2,000 members in Central Oregon. Megan Haase asked if there was a way to track whether people went to private insurance, the marketplace, or became uninsured, and Erin Fair Taylor replied that it was being studied on a population basis, and the CCO could probably show trends.
- Additional OHA updates were included in the meeting packet.

COHC 2022 FINANCIAL AUDIT
Jones and Roth auditors Brian Newton and Shelley Ombrembowski had presented the draft financial statements to the Finance Committee on September 25. As they still needed to undergo quality review and proofreading, Finance had postponed the vote to recommend them to the Board. Haase explained that the auditors were there to present initial findings and address any questions from the Board prior to approval by Finance Committee.
Newton gave a high-level overview, noting that the organization was in fantastic financial health, liquid, with few obligations beyond operational.

**Audit Highlights**
- Newton explained that it was valuable to show gross income even though most funds were custodial in nature—e.g., the QIMs pass-through.
- The donor restriction column was specifically called out for behavioral health funds.
- There was a substantial jump in functional expenses, of which the vast majority was grants paid out to recipients and thus not operations expenses.
- Grants were formerly combined as one line item but are now identified by type.
- Cash and cash equivalents included CDs, as CDS under 3 months are considered cash value.
- Account balances were addressed to reduce potential exposure, although he did not feel there was substantial risk based on history. Madrid added that $9 million was now in an FDIC-insured account.
- The revenue disclosure correlated with the statement of activity.

Simmelink inquired whether COHC had an investment committee and could join Oregon’s LGIP (Local Government Investment Pool). Baney responded that we have the Finance Committee and we’d have to look at the LGIP since COHC is a 501(c)(3).

Brad Porterfield asked about the large Creach Consulting grant. Rick Treleaven explained that the Behavioral Health workgroup had funded the project to find a way to link primary care and behavioral health in a closed-loop referral process. Baney advised that COHC staff could send out a report.

Wilder asked about Grants Payable in the Notes section. Newton explained that those were grants issued but not fully paid out at the end of the year; grants that were fully paid out were not included. The total was also shown on the Statement of Financial Position under Liabilities. Haase and Wilder asked for a complete list of grants to be included to account more specifically for dollars that came in, went out, and hadn’t yet been paid out. Newton agreed to add a disclosure.

**ACTION ITEMS:**
- The Board sent the questions about FDIC-insured funds and investments to the Finance Committee.
- COHC staff will send out a report on the Creach Consulting project.
- Madrid will meet with Wilder to answer her questions.

**CCO Health-Related Services Investment Guidelines**
Kristen Tobias presented on OHA’s investment guidelines for Health-Related Services (HRS). HRS has two buckets: flexible services, offered to individual members to supplement covered benefits, and Community Benefit Initiatives (CBIs), projects or programs that focus on population health and quality. COHC investments must align with the six RHIP priority areas and cannot fund services covered by the CCO. COHC must ensure that grantees understand the guidelines around their funding.

**Commentary: Inmate OHP Enrollment**
Treleaven raised the issue of opiate addiction in the inmate population. He had been meeting with the Crook County sheriff to get medication-assisted treatment into the Crook County Jail and explained that more than half of the inmates were withdrawing from fentanyl and, when released, were at far greater risk of overdosing within 72 hours of release. If they receive Sublocade treatment before release, they’re
less likely to relapse and overdose. Unfortunately, they lose OHP coverage when they are imprisoned and it takes 30 days after release to be re-enrolled. Treleaven still had some Measure 110 funds that could be used to start a program, but support would be needed to make it sustainable. Erin Fair Taylor explained that the 1115 waiver approved last year included provisions for inmates to enroll in OHP and set up appointments before release, but after 10 other states also asked, CMS paused it to develop criteria at the federal level.

Wilder shared that we will have close to $11.6 million in shared savings, with half designated for behavioral health, and asked about processes and wraparound services that could be instituted. Adair suggested involving Ideal Options, who were visiting the Deschutes County Jail. The numbers had improved in Redmond for people who were receiving treatment. Treleaven agreed to contact Ideal Options and to discuss the issue with the Jefferson County sheriff as well.

**ACTION ITEMS:**
- Treleaven will connect with Ideal Options to discuss working together in Deschutes County.
- Treleaven will reach out to the Jefferson County Jail commander about their experience.
- Treleaven will map out his budgeting as a first step to address the issue.
- COHC staff will bring the issue to the Behavioral Health Shared Savings workgroup.

**COHC History and Foundations**
As a result of discussion at the August Governance Committee meeting, Baney introduced a brief overview of the history of the Central Oregon Health Council, noting that the Board self-evaluations had uncovered the need for further grounding in our core purpose, role, and the genesis of our structure. Dan Stevens shared that in the early days, a group that came to be called Links for Health began to convene around the mission, which they took to the state. CCO 1.0 moved away from capitated health plans to a CCO model, but the group wanted to work toward a true community governance model. They believed it was better to sit around tables together to improve quality and access and bring in the voice of the consumer. The original back-of-the-napkin idea developed into nontraditional health insurance company roles. Baney added that special legislation established the Health Council’s mandate and parameters, and we were the petri dish for the state of Oregon. Treleaven remembered the small group that met in the Sage View conference room: Robin Henderson for the hospital, Commissioners Baney and Mike Ahern, advisor to Governor Kitzhaber. Haase was brought in early. They decided the Board should consist of everyone operating the system.

**Board Evaluation Results**
Paul Andrews and Madrid had summarized results of the Board self-evaluation survey. Madrid reminded the Board that they had approved four areas of review for the Board; duties and responsibilities, strategic plan, fiduciary oversight, and engagement and conduct with three quantitative questions each. The full summary was attached in the Board packet. General themes identified included providing more education and addressing topics of regional concern such as substance use, obesity, and seniors. A desire to focus on emerging issues and hold critical discussions was also a discovery. The quantitative portion of the Board’s self-evaluation will set a baseline for next year’s survey to monitor progress.

**Board Retreat Summary**
Madrid summarized the five themes that came out of the retreat:
1. Leaders of influence: COHC Board members, within our existing structure and their organizational roles, have the ability to shape and improve the system.
2. Critical discussions: The Board wishes to engage further in critical discussions to deepen the work of the Health Council, as identified in our strategic plan.
3. Measurements and outcomes: In another key area, we need to build systems to measure and demonstrate that investments are resulting in quality outcomes with cost savings.

4. Strategic plan clarity: The retreat provided an opportunity to review our strategic plan and the status of each strategic initiative in the fourth year of the RHIP cycle. We also identified areas that were no longer relevant and areas where we needed to lean in further. A new strategic plan will be created for the next RHIP cycle.

5. Continuous improvement: We have demonstrated continuous improvement in operations, education, and reviewing other system models.

Madrid also recognized our accomplishments in the four years since we began to launch a new RHIP cycle during a lockdown:

- The work continued to be done while staff pivoted with innovations to respond to the pandemic.
- Investments continued to be made in the community.
- Collaborations were established among workgroups and with community partners.
- We launched our first Community Health Survey and conducted focus groups across Central Oregon to gather primary data to inform the next Regional Health Improvement Plan.

Madrid reviewed our strategic directions and initiatives, which she had mapped to the retreat themes, and asked which ones should be prioritized or moved to the next plan. She requested that the Board review the retreat summary and provide feedback. Baney explained that the Board self-evaluation results and the retreat summary would go back to Governance Committee to create a list of education and discussion topics and develop a workplan for the Board.

**AGENDA ADDENDUM: GOVERNANCE UPDATE**

Linda Johnson added that Governance would propose a plan for how to handle deep dive issues that could be scheduled for quarterly discussions and topics for Board education. Governance would draft a list of topics for continuing Board education and for deep dive issues. Johnson invited Board members to share any topics they would like to bring forward for future discussion.

**ACTION ITEMS:**

- Governance will create a list of topics for Board education on the purpose, role, and scope of the Health Council and bring it back to the Board.
- Governance will develop a list of deep dive issues for quarterly Board discussions and bring it back to the Board.

**BOARD OFFICERS’ NOMINATIONS**

Johnson gave the Board a reminder to send nominees to Madrid for the annual election of officers (Chair and Vice Chair). The vote will take place in December.

**ADJOURN**

With no further business to come before the Board, the meeting adjourned at 2:53 pm Pacific Time and the Board recessed into executive session.
Central Oregon Health Council
Statement of Financial Position
YTD April 2023 Pre-Audit

**ASSETS**

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
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</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
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</tr>
<tr>
<td>Total Checking/Savings</td>
<td>$16,586,149</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td></td>
<td>$16,588,145</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$16,588,145</td>
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**LIABILITIES & EQUITY**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Accounts Payable</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>18,856</td>
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<tr>
<td>RHP 2020-2024 Payable</td>
<td>4,190,095</td>
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<tr>
<td>Grants Payable</td>
<td>1,616,427</td>
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<tr>
<td>Includes Shared Savings 2023 to be paid out by 6/30/2023</td>
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<tr>
<td><strong>Total Grants Payable</strong></td>
<td>5,806,522</td>
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<tr>
<td>Net assets without donor restrictions</td>
<td>9,668,207</td>
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<tr>
<td>Net Income/(loss)</td>
<td>1,094,560</td>
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<tr>
<td><strong>Total Liabilities &amp; Equity</strong></td>
<td>$16,588,145</td>
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**Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<tbody>
<tr>
<td>Operating Revenue</td>
<td>$394,969</td>
<td>$400,000</td>
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<tr>
<td>Community Impact Funds</td>
<td>1,093,761</td>
<td>$900,000</td>
<td>22%</td>
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<tr>
<td>Grants</td>
<td>-</td>
<td>$16,667</td>
<td>-100%</td>
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<tr>
<td>Interest income</td>
<td>5,366</td>
<td>$33,333</td>
<td>-84%</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$1,494,096</td>
<td>$1,350,000</td>
<td>11%</td>
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**Expenses**

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<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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<td>Operating Expense</td>
<td>344,744</td>
<td>439,833</td>
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<td>Community Impact Funds*</td>
<td>54,792</td>
<td>1,233,333</td>
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<td><strong>Total Expenses</strong></td>
<td>399,536</td>
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<td><strong>Net Income</strong></td>
<td>$1,094,560</td>
<td>$(323,167)</td>
<td>-439%</td>
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*Community Impact Funds - Top 4 Funded 2023 >$50,000*

Program Funds
All other YTD
54,792

$54,792

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through grants in different years.**

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<td>NO</td>
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### Central Oregon Health Council

#### Statement of Financial Position

**YTD MAY 2023 Pre-Audit**

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<tr>
<td>Operating Revenue</td>
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<td>Community Impact Funds</td>
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<td>Grants</td>
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<td>Interest income</td>
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<td><strong>Total Revenue</strong></td>
<td>$2,005,689</td>
<td>$1,687,500</td>
<td>19%</td>
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### Expenses

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<tr>
<td>Operating Expense</td>
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<tr>
<td>Community Impact Funds*</td>
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<td><strong>Total Expenses</strong></td>
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<tr>
<td><strong>Net Income</strong></td>
<td>1,305,183</td>
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#### Community Impact Funds - Top 4 Funded 2023 >$50,000

- Program Funds
- All other YTD

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Central Oregon Health Council
What is a Regional Health Assessment?
A Picture of our Community’s Health

Health indicators and social determinants of health
Community-Driven
Comprehensive
Equity-Focused
Approachable
Easy-to-Use
Meets Requirements

2024 REGIONAL HEALTH ASSESSMENT VISION
2024 Regional Health Assessment
Guiding Framework

- MAPP Framework
- IRS Requirements
- Public Health Accreditation Requirements
- CCO. Legislative Requirements
Central Oregon Community Health Survey
**Required Content**

- Demographics
- Health Disparities
- Health Indicators
- Health Behaviors
- Social Determinants of Health
- Community Assets
- Health Challenges

**Source**

- Secondary Data
- **Primary Data:** Community Health Survey
- **Primary Data:** Listening Sessions

**2024 Regional Health Assessment**
Listening Sessions
Listening Sessions

- 20 Listening Sessions
- 8-10 People per group
- Focused on:
  - Community Strengths
  - Community Gaps
  - Health Strengths
  - Health Challenges
  - Community Forces of Change
2024 REGIONAL HEALTH ASSESSMENT

SEPTEMBER 2023

DATA COLLECTION UPDATE

COMMUNITY HEALTH SURVEY

LISTENING SESSIONS
COMMUNITY HEALTH SURVEY
DATA AS OF OCTOBER 5, 2023

TOTAL RESPONSES
Since launching the enhanced survey on March 1st, 2023, we have 3,839 total responses

RESPONSES BY COUNTY

TOP FOUR COLLECTING ORGANIZATIONS

MORE GRAPHS
KEEP READING TO SEE RESPONSE DATA STRATIFIED BY:

- SEXUAL IDENTITY
- AGE
- ETHNICITY
- RACE
- HOUSING SITUATION
- HOUSEHOLD INCOME
- GENDER IDENTITY
COMMUNITY HEALTH SURVEY
DATA AS OF OCTOBER 5, 2023

RESPONSES BY SEXUAL IDENTITY

- Lesbian: 7.3%
- Gay: 2.1%
- Bisexual: 3.8%
- Pansexual: 1.5%
- Asexual: 0.8%
- Two Spirit: 0.5%
- Queer: 1.3%
- Questioning: 0.9%
- Don't know: 0.5%
- Not listed: 1.6%

RESPONSES BY AGE

- 18-24: 7.8%
- 25-64: 60.4%
- 65-84: 30.6%
- 85+: 1.2%

Survey Response
Target Response
COMMUNITY HEALTH SURVEY
DATA AS OF OCTOBER 5, 2023

RESPONSES BY ETHNICITY

- **Hispanic/Latino**
  - Survey Response: 15.9%
  - Target Response: 9.7%
- **Non-Hispanic/Latino**
  - Survey Response: 76.5%
  - Target Response: 90.3%

RESPONSES BY RACE

- **AI/AN**
  - Survey Response: 4.0%
- **Asian or Asian American**
  - Survey Response: 2.5%
- **Black or AA**
  - Survey Response: 3.0%
- **Native Hawaiian/Pacific Islander**
  - Survey Response: 1.2%
  - Target Response: 1.1%
- **White**
  - Survey Response: 76.5%
  - Target Response: 88.3%
- **2 or more**
  - Survey Response: 3.9%
- **Some other race**
  - Survey Response: 4.1%
COMMUNITY HEALTH SURVEY
DATA AS OF OCTOBER 5, 2023

RESPONSES BY HOUSING SITUATION

- Owns or shares own home, condo, or apartment: 68.7%
- Rents or shares own home, condo or apartment: 19.9%
- Lives in public housing: 1.1%
- Lives with parent or family member: 5.3%
- Homeless and sharing housing: 0.6%
- Homeless and living in emergency/transitional housing: 0.6%
- Some other arrangement: 2.1%

RESPONSES BY HOUSEHOLD INCOME

- Under $15,000: 8.0% (Survey Response), 5.8% (Target Response)
- $15,000 - $24,999: 7.0% (Survey Response), 5.7% (Target Response)
- $25,000 - $49,999: 18.9% (Survey Response), 19.8% (Target Response)
- $50,000 - $74,999: 18.0% (Survey Response), 16.0% (Target Response)
- $75,000 - $99,999: 16.5% (Survey Response), 13.9% (Target Response)
- $100,000 - $124,999: 12.3% (Survey Response), 14.4% (Target Response)
- $125,000 or greater: 11.3% (Survey Response), 13.4% (Target Response)
COMMUNITY HEALTH SURVEY
DATA AS OF OCTOBER 5, 2023

RESPONSES BY GENDER IDENTITY

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>70.5%</td>
</tr>
<tr>
<td>Man</td>
<td>24.3%</td>
</tr>
<tr>
<td>Agender/No gender</td>
<td>1.3%</td>
</tr>
<tr>
<td>Non-binary</td>
<td>1.2%</td>
</tr>
<tr>
<td>Questioning</td>
<td>0.3%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.8%</td>
</tr>
<tr>
<td>Not listed</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

COMMUNITY HEALTH FEEDBACK SESSIONS

COMMUNITY HEALTH SURVEY RESULTS ARE IN!

WE’LL BE SHARING THE RESULTS OF THE RECENT COMMUNITY HEALTH SURVEY AND ASKING FOR YOUR FEEDBACK.

To Participate:
Register by scanning the QR code
OR CALL: (541) 306-3523

Your voice is important!

*Check your email to volunteer for the events.
# LISTENING SESSIONS

## FOCUS GROUPS

<table>
<thead>
<tr>
<th>Population</th>
<th>Community</th>
<th>Organization</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Members</td>
<td>Central Oregon</td>
<td>COHC</td>
<td>Completed</td>
</tr>
<tr>
<td>Provider Engagement Panel</td>
<td>Central Oregon</td>
<td>COHC</td>
<td>Completed</td>
</tr>
<tr>
<td>Traditional Community Health Workers</td>
<td>Central Oregon</td>
<td>Mosaic Community Health</td>
<td>Completed</td>
</tr>
<tr>
<td>Latino Families</td>
<td>Madras and Prineville</td>
<td>Latino Community Association</td>
<td>Completed</td>
</tr>
<tr>
<td>Seniors (people 65+)</td>
<td>Central Oregon</td>
<td>Council on Aging</td>
<td>Completed</td>
</tr>
<tr>
<td>Northern Klamath County Residents</td>
<td>Northern Klamath County</td>
<td>Community Leader and COHC</td>
<td>Completed</td>
</tr>
<tr>
<td>Peer Support Specialists</td>
<td>Deschutes County</td>
<td>Deschutes County Health Services</td>
<td>Completed</td>
</tr>
<tr>
<td>Central Oregon Community College Students</td>
<td>Central Oregon</td>
<td>Central Oregon Community College</td>
<td>Completed</td>
</tr>
<tr>
<td>Black Men</td>
<td>Central Oregon</td>
<td>Father’s Group</td>
<td>Completed</td>
</tr>
<tr>
<td>Veterans</td>
<td>Central Oregon</td>
<td>Central Oregon Veterans Ranch</td>
<td>Completed</td>
</tr>
<tr>
<td>High School Students</td>
<td>Bend</td>
<td>Bend High School</td>
<td>Completed</td>
</tr>
<tr>
<td>Man Working in construction or manufacturing</td>
<td>Central Oregon</td>
<td>First Light</td>
<td>Completed</td>
</tr>
</tbody>
</table>
## LISTENING SESSIONS

### PANEL DISCUSSIONS

<table>
<thead>
<tr>
<th>Population</th>
<th>Community</th>
<th>Organization</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ+</td>
<td>Bend</td>
<td>Ellipse Theater Company</td>
<td>Completed</td>
</tr>
</tbody>
</table>

### WALK ALONG INTERVIEWS

<table>
<thead>
<tr>
<th>Population</th>
<th>Community</th>
<th>Organization</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>People living houseless</td>
<td>Deschutes County</td>
<td>Deschutes County Public Health</td>
<td>Partial Results</td>
</tr>
<tr>
<td>Caregivers of children under 5 yo</td>
<td>Central Oregon</td>
<td>Early Learning Hub</td>
<td>Completed</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>Central Oregon</td>
<td>Central Oregon Disability Support Network</td>
<td>Completed</td>
</tr>
<tr>
<td>Rural migrant farm workers</td>
<td>Central Oregon</td>
<td>High Desert Education Service District</td>
<td>Completed</td>
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</tbody>
</table>

### PHOTOVOICE

<table>
<thead>
<tr>
<th>Population</th>
<th>Community</th>
<th>Organization</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Prineville High School Students-Students Against Destructive Decisions</td>
<td>Prineville</td>
<td>Crook County Public Health</td>
<td>In progress</td>
</tr>
</tbody>
</table>
# Workplan Timeline

<table>
<thead>
<tr>
<th>Jan ‘23</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan ‘24</th>
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<tbody>
<tr>
<td><strong>Preparation &amp; Planning</strong></td>
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<td><strong>Listening Sessions</strong></td>
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<tr>
<td><strong>Community Health Survey</strong></td>
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<td><strong>Secondary Data Analysis</strong></td>
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<tr>
<td><strong>Synthesize &amp; Draft</strong></td>
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<td><strong>Finalize</strong></td>
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</table>
Central Oregon Perinatal Care Continuum (PCC)
How we got here

First Year Funding began **OCT 2016**
This included 3 Year COHC grant funding as well as public health funds (state grant and county general funds) *Continued COHC Funding Awarded Oct 2019 – Sept 2023*

This project was based on a previous MCH Initiative Phase 2 Pilot (JUL 2014-2015) that embedded a health educator in St Charles CWH OB clinic.

What we learned: The project was replicable and scalable; it was also extremely effective at connecting perinatal clients with needed services and resources.
What our clients receive

Linkage to community resources provided by a team of Perinatal Care Coordinators, embedded in Public Health Departments and OB provider clinics throughout the community.

Regional coordination & tracking to help enhance the model and expand capacity.

Expanded prenatal high-risk home visiting services. *Year 1 of the project, funding was given to hire additional nurse home visiting staff in each county.
**Project Model**

**Perinatal Care Coordinators**
- 1 Regional Coordinator (0.75 FTE)
- 1 Crook County Coordinator (0.5 FTE)
- 2 Deschutes County Coordinators (2.0 FTE)
- 1 Jefferson County Coordinator (0.5 FTE)

**Participating OB Clinics**
1. St. Charles Center for Women’s Health
2. East Cascades Women’s group
3. Madras Medical Group
4. St. Charles Family Care
5. Mosaic Medical
Program Goals

Improve birth and health outcomes for perinatal women and babies by creating easier access and enrollment into valuable programs for both perinatal individuals and our local community partners serving the perinatal population.

- Support early access to prenatal care.
- Support adequate prenatal care.
- Support women receiving postpartum care.
- Increase access and enrollment into WIC, Home Visit Support Services, Behavioral Health, Dental Care, Primary Care, OHP, Reproductive Health, and other beneficial resources.
Universally Offered Support

PCC Provides a Perinatal Safety Net

- Front door to program access and enrollment
- One point of contact
- No wrong door
- No eligibility requirements or cost
- Free support, no cost or insurance required
Ideal expertise and training of a perinatal care coordinator

- Certified Community Health Worker
- Certified OHP (Medicaid) Assistor
- Certified WIC Nutrition Educator
- Bachelor's degree in health related fields such as Health Education, Social Work, Psychology, or Counseling
- Excellent interpersonal relational, problem solving and communication skills
- Ability to work independently and as part of a team
- Knowledge of perinatal health
REFERRAL TO PERINATAL CARE COORDINATOR (PCC) (INTERNAL & EXTERNAL PARTNERS)

WARM HAND OFF | APPOINTMENT
SCHEDULED | PREGNATAL SCREEN

PCC RECEIVES REFERRAL

ASSESS NEEDS VIA PHONE OR IN PERSON

DETERMINE ELIGIBILITY
EDUCATE | REFER | ENROLL

PCC PROVIDES ENROLLMENT

OHP

WIC

CLIENT DECLINES

CLIENT NOT ELIGIBLE

PCC REFERS TO OTHER SERVICES

CHILD BIRTH EDUCATION CLASSES,
OTHER COMMUNITY RESPONSES,
PERINATAL / POSTPARTUM CARE,
BREASTFEEDING CLASSES,
BEHAVIORAL HEALTH,
DENTAL CARE,
TRANSPORTATION,
HOME VISITING PROGRAMS,
PRIMARY CARE
“A lot of what they do is tangible things for people and connecting them with resources. Sometimes doing the legwork to connect [clients] to what they need can be so beneficial for people who are overwhelmed.”

COMMUNITY PARTNER
Program Data
10/01/2016 – 09/30/2023
Crook PCC Staff hired
Deschutes PCC Staff hired
Jefferson PCC Staff hired
Prenatal Care Access: Oct 2016 – Sept 2023

Percent of Clients in their First Trimester with no prior PNC who have PNC after OMC Visit

- **Region:**
  - Year 1 Q1 - 75% → Year 7 Q4 - 96%

Avg Weeks from Service to PNC for Clients in 2nd or 3rd Trimester with No Prior PNC

- **Cook:**
  - Year 1 Q1 - 13% → Year 7 Q4 92%
- **Deschutes:**
  - Year 1 Q1 - 87% → Year 7 Q4 96%
- **Jefferson:**
  - Year 1 Q1 - 80% → Year 7 Q4 100%
Improved Outcomes:

- **WIC participants:**
  - 17% less likely to develop high blood pressure in pregnancy
  - have reduced odds of preterm birth

- **Nurse Family Partnership participants:**
  - 18% fewer preterm births
  - 21% more mothers breastfeed at 6 months
  - 48% reduction in child abuse and neglect.

PCC served 6,304 clients from 2017-2021, 54% of the total Births.
Program Accomplishments
Program Accomplishments

- Regional Community Baby Shower Event 2018 & 2019
- Central Oregon Perinatal Resource Collaborative
- PCC staff became Certified Community Health Workers
- Started using EHR for client documentation and referral coordination
- Created billing pathways – Nurse Extender Work & PCC Work
Program Accomplishments

- Created online referral system
- Strengthened coordination of care with behavior health services
- Coordination and collaboration with dental CCOs
- Stronger relationship with our partnering CCO (Pacific Source Community Solutions)
- Improved coordination of care within the three counties
Program Accomplishments

- Completed a program qualitative evaluation
- Created program handbook
- Integrated & created referral pathways with 6 OBGYN clinics in Central Oregon
- Supported the roll out of Family Connects
- Invited to sit on work groups with OHA to support OHP access for the perinatal population.
Invited to present at OHA’s Innovative Café

Clackamas County has now adopted this model and has hired its first PCC Staff

Collaboration with the State OMC program
Program Challenges & Lessons Learned
Program Challenges & Lessons Learned

- Integration challenges – Both Public Health Departments & OB offices
- Documentation – Multiple locations to document.
- Different Billing and charting pathways
- Staff schedules – Staff working at multiple locations can be challenging.
- COVID
- Pilot program - Constant Change
- Program Sustainability
OMC Funds

MAC (Medicaid Administrative Funding)

CHW Billing – low reimbursement rate.

Nurse Extender billing

Family Connects Support

What is the value of the “In-Kind” support to other public health programs (NHV, HFHD, WIC, Reproductive Health & BH Referrals)
Thank you for your support!
# 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>Q2 Status</th>
<th>Q3 Status</th>
<th>Q4 Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet minimum Oregon Health Authority Quality Incentive Measure targets to achieve 100% payout.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of members with a mental health service need who received a mental health service in the measurement year.</td>
<td>66%</td>
<td>63%</td>
<td>63%</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

- The region has met the target for Adolescent Immunizations, Childhood Immunizations, and Dental and Oral Services Age 1-5. Dental and Oral Services Age 6-14 on track to be met by end of year. Upcoming event planned to target patients needing Oral Evaluation-Diabetic. Continued work on PostPartum Cohort in Collective occurring.
- Q3 update from OHA on MH Access rate unknown at this time - PCS internal data is indicating a slight increase in MH Access rate. As reported in the 2023 annual HSAG Validation report for the MH AccessPIP, MH Access for CO PCS Latino/x member population increased from 2021 (51.1%) to 2022 (52.9%) by 1.8%. (calculated using internal data sources which tend to report lower than OHA data).

## 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>Q2 Status</th>
<th>Q3 Status</th>
<th>Q4 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>66%</td>
<td>66%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Population reach of unique members seen in integrated behavioral health care settings.</td>
<td>10%</td>
<td>13%</td>
<td>14%</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

- The CCO is reporting the metric status based on 2022 experience and known upcoming contracting changes. Using the 2022 internal estimation, PCS estimates: 89.53% of CCO paid payments are 2C or higher. Using the 2022 internal estimation, PCS estimates 89.48% of CO’s payments are 2B or higher. In 2023, the Pharmacy Benefit Manager expenses will move to 2C.
- 14 participating clinics met or exceeded the target and nine clinics fell below the target. Clinics that have not met the target will continue to participate in required technical assistance to support any barriers to reaching the target.

## Financial Stability

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Status</th>
<th>Q1 Status</th>
<th>Q2 Status</th>
<th>Q3 Status</th>
<th>Q4 Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve positive net income. Positive net income.</td>
<td></td>
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</tr>
<tr>
<td>Outpatient Emergency Department utilization is within the well-managed utilization range as defined by Milliman benchmark data source.</td>
<td>Well-managed category threshold or below</td>
<td></td>
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</tr>
</tbody>
</table>

- The following financials report a year-to-date operating gain of $22.6M, ahead of a budgeted gain of $13.7M. There are $4.2M of positive adjustments from prior year. Membership as of August 31, 2023 was 77,634 actual members compared to a budget of 73,642. The 2022 IMA calculates out to be a Shared Savings of $10,006,827 - net of the 2022 SHARE Initiative ($823K) and Governor’s Ask ($1,442,040). The current estimate of the 2023 IMA calculates out to be a shared savings of $6,8M, net of the estimated 2023 SHARE Initiative ($623K).
- The ED utilization rate for 2023 is currently measured at 390.8 visits PTPMY, which is below the well-managed rate of 511.4. Current reporting includes data through the first half of the year and claims runout through August.

## Operations

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>2023 Status</th>
<th>Q1 2022 Status</th>
<th>Q2 2023 Status</th>
<th>Q3 2023 Status</th>
<th>Q4 2023 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;28%</td>
<td>20%</td>
<td>22%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>(48/172 total complaints)</td>
<td></td>
<td>20%</td>
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</tr>
</tbody>
</table>

- There were 172 total complaints logged in Q2 2023. Of these complaints, 48 were related to NEMT putting the CCO at 28%. This increase is not due to an increase in NEMT-related complaints, rather, it reflects a reduction in overall complaints to PacificSource and its delegates in Q2. Complaints related to NEMT this quarter only increased by 1 complaint. Access complaints make up 56% of all NEMT complaints in Q2 with driver availability and late pick-up times. Access complaint percentages did go down in Q2 however. PCS anticipates this percentage will steadily decrease until the metric is met as the NEMT brokerage continues to focus on improving access and service.

| Receive ≤ .7 complaints/1000 members related to oral health services. | 0.7         | 0.8            | 0.36           | 0.47           |                 |
| (<1/182 total complaints)                                             |             | 0.8            |                |                |                 |

- There were 36 complaints related to dental services in Q2 2023. Our average enrollment in Central Oregon for this quarter was 76,373 resulting in 0.47 complaints per 1,000 members. Though we note a slight increase in this number, complaints per 1,000 remained below the target. We anticipate ongoing success with this metric as DCNs maintain the improvements they’ve made in access to services as well as overall service to our members.
Central Oregon CCO

September 2023 CO CCO/OHP Membership = 76,835

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
Redetermination Trends

• October was the first month in which OHA disenrolled individuals who did not respond to any renewal notices

• Oct disenrollments were approx. twice as large as prior months’ disenrollments

• We can expect disenrollments at approx. this rate for the next 4-5 months

• Many of those who disenrolled remain Medicaid eligible and may ultimately re-enroll
This timeline illustrates key periods for members who do not respond.

<table>
<thead>
<tr>
<th>April 2023</th>
<th>May 2023</th>
<th>June 2023</th>
<th>July 2023</th>
<th>August 2023</th>
<th>September 2023</th>
<th>October 2023</th>
<th>November 2023</th>
<th>December 2023</th>
<th>January 2024</th>
<th>February 2024</th>
<th>March 2024</th>
<th>April 2024</th>
<th>May 2024</th>
<th>June 2024</th>
<th>July 2024</th>
<th>August 2024</th>
</tr>
</thead>
</table>

**Workload Impact**

- Call volume
- Local Offices
- ONE Customer Service Center

**Renewal Period**

- 1st Reminder Notice
- 2nd Reminder Notice
- Notice of Closure
- Renewal Closure
- Special Marketplace Open Enrollment

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.
October: First round of procedural disenrollments

October 2:
- CO: -2,058
- CG: -426
- LC: -1,983
- IDS: -493
- MP: -3,227

September 4:
- CO: -1,192
- CG: -212
- LC: -1,407
- IDS: -284
- MP: -1,691

August 7:
- CO: -1,242
- CG: -230
- LC: -1,532
- IDS: -411
- MP: -1,767

July 17:
- CO: +1,268
- CG: +849
- LC: +1,172
- IDS: +270
- MP: +6,872

Redetermination:
- October 2: 10/2
- September 4: 9/4
- August 7: 8/7
- July 17: 7/17

HOP Expansion
2023 OHP Completed Renewal Summary (10/10/23)

- **Renewals Completed so Far**: 700,385
  - Percent of total renewals completed so far: 48.0%
- **Renewed, continuing same benefits**: 575,910 (82.2%)
- **Benefits Ending**: 99,862 (14.3%)
- **Benefit Reduction**: 24,613 (3.5%)
Action & Messaging

- Most critical **pre-renewal** message for providers:
  - Make sure members contact information is current so they can receive notices and information about their coverage

---

**Call Customer Service**

Monday through Friday, 8:00 a.m. to 5:00 p.m.

Hours extend to seven days a week, 8:00 a.m. to 8:00 p.m., from October 1st to January 1st.

800-431-4135, TTY: 711

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- Most critical **post-renewal** messages for members:
  - Respond to any notices
  - Ask for help!
  - Find an OHA Enrollment Assister [Click Here](https://www.oregon.gov/oha/hsd/ohp/pages/community-partners.aspx)
Questions?

Thank you,

Tricia Wilder
Director, Central Oregon CCO
tricia.wilder@pacificsource.com
Redetermination Appendix
This timeline illustrates key periods for members who do not respond:

1. **1st Reminder Notice**
2. **2nd Reminder Notice**
3. **Notice of Closure**
4. **Renewal Closure**

### Workload Impact
Call volume • Local Offices • ONE Customer Service Center

#### Renewal Period
- **1st Reminder Notice**
- **2nd Reminder Notice**
- **Notice of Closure**
- **Renewal Closure**

#### 60-Day Adverse Period
- 30 days after the 2nd reminder is sent and there's still no response from the member, 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 a new application must be submitted.
## Three Renewal Process Types

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

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

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

- **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

- **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 renewal FAQ

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.


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

Continued >
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 [HealthcareOregon.gov](http://HealthcareOregon.gov/Help). 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 plans 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 through 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.
Executive Director’s Report
November 9, 2023

Highlights

- RHA (Regional Health Assessment) Update - Community Health Survey Events
- QIMs Distribution – 2022
- Shared Savings - 2022
- COHC Annual Financial Audit
- HOP (Healthy Oregon People) Support

RHA Update - Community Health Survey Events
The RHA (Regional Health Assessment) continues to move forward with COHC in partnership with the Core Committee and Steering Committee representing organizational leadership across the region.

Goals and deliverables are still on track and a few highlights:

- Gathered over 3,800 community survey results across the region to enhance findings to support local data indicators.
- 20 focus groups have been conducted across the region from doing photovoice interviews with youth, to meeting at a horse barn in Prineville.
- Local data indicators are also currently under review.
- Energy into the community feedback sessions have been implemented with over 150 participants across the region in seeing the results and providing feedback of the community survey and focus groups.

As a reminder, the community survey is the first time COHC has launched a region wide survey which has captured over 3800 responses. This community survey will further enhance and deepen data with stories from our communities on their perspective of our health in the region. Alongside the work with gathering the survey, secondary data is being compiled and reviewed with Deschutes County’s epidemiologist and our data partners Conduent, where we have had years of history working with them to monitor health indicators and maintaining our data site.

A high-level presentation is scheduled for the November Board meeting. See attached presentation.

The RHA Community Feedback Sessions were covered by Central Oregon Daily News on November 2—see their story HERE.

CCO Quality Incentive Program Quality Pool Measures
QIMs (Quality Improvement Measures Scores)

The CCO Quality Incentive Program Quality Pool measures in PacificSource – Central Oregon also referred to as QIMs (Quality Improvement Metric Scores) as continually monitored by COHC’s QIMS workgroup has successfully met regional goals:
- Met 12 of the 14 quality pool measures, earning 100% of the quality pool dollars for which it was eligible, equaling $19,052,861
- Met 4 of the 4 challenge pool measures, resulting in an additional $775,412
- MCO Tax portion was $404,659
- For a total of $20,232,932 earned (rounded)

COHC receives 50% of the total.

**Provider Payments:** Provider payments represents 35% distributed to providers. This year through our new Quality Performance Pool model developed by the Finance Committee and approved by the Finance Committee and Board, meet one of our strategic plan initiatives of creating a model to reflect the provider performance. There were also specific dollars allocated for the new metrics of SDOH (Social Determinants of Health) and SE (Social Emotional) metric development with regional partners. COHC will distribute provider payments November 2, 2023. Funds for distribution was received mid October 2023.

**SDOH-E:** This year CAC (Community Advisory Council) invested these dollars throughout the region with broad investments and a model that recognized the poverty levels across the region and delegating tribal dollars specifically for the tribes. CAC began this process May 2023 having reviewed over 63 applications from 52 organizations with a total ask of $9,755,516.63.

**CCO Projects: 5% Quality Improvement Projects:** Our PCS partners made a recommendation to PEP, which holds oversight for investments across the region for quality improvement projects. This 5% is managed by PCS and to support these investments further, COHC matched the investments through our Opportunity Grants for investments qualified under HRS (Health Related Services) guidelines.

**Shared Savings Distribution 2022**

Shared Savings dollars was received mid October 2023, less the Governor’s Ask investment for Behavioral Health youth support as approved by the Board September 2023 as part of the 50% dedicated to behavioral health. The Governor’s ask of $1,442,040 has been retained by PCS and COHC will be apprised of any developments of this investment. The Behavioral Health Shared Savings has been charged to design a decision-making process and recommending a strategy for investments. A high levels strategy was presented to the Board in September. The committee is scheduled to convene in November.
COHC Annual Financial Audit

Our annual financial audit is complete and approved by the Finance Committee and brought for approval for the November board meeting. Questions from the October Board meeting have been addressed. This year we had new auditors Jones & Roth, Brian Newton and Shelley Ombrembowski who were excellent to work with. Staff also did a tremendous amount of work to support their requests. Overall, Brian gave a high-level overview noting that the organization was in fantastic financial health, liquid, with few obligations beyond operational.

HOP (Healthier Oregon People) Support

The Healthier Oregon People, as passed in HB 3352 now allows more people for full Oregon Health Plan (OHP) benefits and other assistance, regardless of immigration status. As part of OHA’s implementation plan, they supported community partners across the region. Grantees who collaborated in our region includes Mosaic Community Health, Volunteers in Medicine, and Latino Community Association. This three-organization partnership is the only focused initiative in the region doing Healthier Oregon outreach, navigation, and assistance. A submission for support to OHA had a shortfall of $305,217. Mosaic Community Health approached PCS and COHC for support and in alignment with goals for our region, COHC is supporting the following efforts alongside our PCS partners.

PacificSource Investment: (coordinated by Tricia/PCS)
- $100,000 will be paid from a shared COHC/PCS Redetermination budget line item.
  - This check will go directly to Mosaic as the fiduciary agent of the OHA/HOP grant.

COHC Investment: (coordinated by Carmen/COHC)
- $92,392 will be paid to Mosaic as the fiduciary agent of the OHA/HOP grant.
- $112,825 must be paid to LCA. This investment will likely meet COHC HRS funding requirements and include the following expenses from the original grant:

<table>
<thead>
<tr>
<th>Outreach and System Navigation Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies, postage, texting, etc.</td>
<td>$12,425</td>
</tr>
<tr>
<td>Equipment</td>
<td>$4,400</td>
</tr>
<tr>
<td>Outreach and marketing materials</td>
<td>$16,000</td>
</tr>
<tr>
<td>Advertising</td>
<td>$80,000</td>
</tr>
<tr>
<td><strong>Total Outreach and System Navigation Expenses</strong></td>
<td><strong>$112,825</strong></td>
</tr>
</tbody>
</table>

More on Healthier Oregon: [Healthier Oregon: Better Care for More People](#)

Grant Programs

Community Benefit Initiative Grants

The annual Community Benefit Initiative grants launched in July has now received 63 applications from 52 organizations with a total ask of $9,755,516.63. CAC (Community Advisory Council) is designated to develop community investments throughout the region. This year, CAC decided to focus on grants focused on the poverty levels within each county along with the tribes. CAC also decided to award fewer
grants with larger amounts. CAC has now made decisions on the applications and have awarded organizations across Crook, Deschutes, Jefferson, and Northern Klamath counties. Tribal investments as decided by CAC will go to PacificSource for management and disbursement of funding. All investments will be aligned with health-related services, tracked, monitored, and reported in COHC’s grant platform system.

Our final available funding distribution is: $2,342,827.

**Opportunity Grants**

The Opportunity Grant launched in received 130 applications with a total ask of $6,861,414. This grant was in response to the lack of sustainability of funding for organizations to sustain its programs as Federal and local funding has declined. It is designed to match existing grants, awarded in the past year with a match $200,000 per organization.

Due to the overwhelming grant applications, COHC will match awards up to $150,000, however will be able to award all participants eligible for the grant. Kelley Adams with COHC was able to design a seamless review process with support from our PCS partners to expedite the grant review process.

**Operations**

- Financial audit
- Accurate Bookkeeping is still pending financial statements which have been delayed due to their consistent staffing turnover and training of new employees. We are anticipating being caught up by December.
- The COHC budget for 2024 is being developed with the following considerations:
  - Redetermination to affect our revenue for 2024 with an anticipated membership drop of 16%
  - Approximately $4M left to award RHIP workgroup programs for 2024 for the 5-year cycle.
  - Operational expenses budgeted for final production of RHA (Regional Health Assessment) and development and implementation of RHIP 2025–2029 (Regional Health Improvement Plan)

**Staff**

- New staff postings for two program managers have been posted. One will replace an existing employee and another one to support expanding work for COHC expecting to have them begin January 2024.
- Kelley Adams has been promoted as our Grant Coordinator Specialist, managing and developing our grant platform and monitoring reporting requirements.

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
CCO Director Report  
**Date:** November 2023  
**To:** The Central Oregon Health Council (COHC) Board of Directors  
**Prepared by:** Tricia Wilder, Central Oregon CCO Director  

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) UPDATES:

**Leslie Neugebauer, Vice President Community Health**

I am pleased to share with you that Leslie Neugebauer was recently promoted to the Vice President of Community Health, Social Needs, and Health Equity (or “Community Health,” for short).

Leslie will lead and oversee PacificSource’s health equity work, the Tribal Liaison, and other community health-related work beyond Health Related Social Needs (HRSN). Since a significant scope of her work will be focused on supporting Medicaid work, Leslie will continue to work closely in the communities PacificSource serves.

Leslie previously served as the Senior Director of Medicaid Governance on the Medicaid Administration team. Previously, she was the Director of the Central Oregon CCO and the Behavioral Health Manager (Government Programs) for PacificSource. Leslie’s been with PacificSource since 2013.

Leslie is an Occupational Therapist, and she has her MPH degree as well. Community service, childhood health, and health equity are important to Leslie. She’s the chair of the Sparrow Clubs Board of Directors and the vice chair of the Kids Center Board of Directors. Leslie and her husband, Garrett, have two children and two dogs. They live in Bend.

PacificSource will be backfilling Leslie’s role and hope to have it filled ASAP. Please join me in congratulating Leslie on her new leadership position!