Central Oregon Health Council
Board of Directors Meeting Agenda

DATE Thursday, April 11, 2024
LUNCH 12:00
MEETING 12:30–3:30 pm
LOCATION St Charles Prineville | 384 SE Combs Flat Road

To join via Zoom, register here for the meeting link:
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQJsWdA3zR7flvNhN34Ig

<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>Legislative Update</td>
<td>Rick Blackwell</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td>1:05–1:35</td>
<td>Health-Related Social Needs (HRSN) Benefit</td>
<td>Leslie Neugebauer</td>
<td>Info &amp; discussion</td>
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<td></td>
<td></td>
<td>Elliot Sky</td>
<td></td>
</tr>
<tr>
<td>1:35–1:45</td>
<td>Behavioral Health Shared Savings Investment Procedure</td>
<td>Donna Mills</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td>1:45–2:05</td>
<td>Board Education: COHC Funding Streams and Sources</td>
<td>Donna Mills</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td>2:05–2:35</td>
<td>Equity Training: RHIP Prioritization Pre-Work</td>
<td>Race Forward</td>
<td>Info &amp; discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avery Grace</td>
<td></td>
</tr>
<tr>
<td>2:35–2:40</td>
<td>Recruitment Update</td>
<td>Donna Mills</td>
<td>Info</td>
</tr>
<tr>
<td>2:40</td>
<td>Adjourn</td>
<td>Tammy Baney</td>
<td></td>
</tr>
<tr>
<td>2:45</td>
<td>Executive Session</td>
<td>Tammy Baney</td>
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</tbody>
</table>

Consent Agenda
- Board Minutes March 2024
- Finance Committee–approved COHC Financials: Sept–Dec 2023
- Committee Charters: Finance, Governance, JEDI, Operations Council, PEP

Written Reports
- Legislative Update 2024
- HRSN Benefit
- BH Shared Savings Procedure
- COHC Funding Streams
- CCO Director’s Report
- CCO Dashboard Q2 2024
- CAC Minutes March 2024

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, March 14, 2024, at Jefferson County Public Health and online via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

### DIRECTORS
- Tammy Baney, Chair, COIC
- Linda Johnson, Vice Chair, Community Representative
- Patti Adair, Deschutes County Commissioner
- Gary Allen, Advantage Dental
- Paul Andrews, High Desert ESD
- Megan Haase, Mosaic Community Health
- Susan Hermreck, Crook County Commissioner
- Brad Porterfield, CAC Chair, Community Representative
- Emily Salmon, St. Charles
- Divya Sharma, COIPA
- Kelly Simmelink, Jefferson County Commissioner
- Justin Sivill, Summit Health
- Dan Stevens, PacificSource
- Rick Treleaven, BestCare Treatment
- Jim Boen, HDESD
- Mary Burns, COHC
- Jeff Davis, PacificSource
- Erin Fair Taylor, PacificSource
- Janice Garceau, Deschutes County
- Bradley Garner, COHC
- Avery Grace, COHC
- Holly Harris, DCHS
- Miguel Herrada, COHC
- Laurie Hill, COPA
- Lindsey Hopper, PacificSource
- Ken House, Mosaic
- Gwen Jones, COHC
- Heather Kaisner, DCHS
- Kat Mastrangelo, VIM
- Donna Mills, COHC
- Buyanaa Munkh-Ochir, Jefferson County
- Katie Plumb, Crook County
- Penny Pritchard, COHQA
- Elizabeth Schmitt, CAC
- Stacy Shaw, Crook County
- Mike Shirtcliff, Redmond Dental Group
- Camille Smith, COHC
- Julia Waybrant, BestCare
- Tricia Wilder, PacificSource
- Dustin Zimmerman, OHA

### GUESTS
- Kelley Adams, COHC
- Macayla Arsenault, COHC
- Lindsay Atagi, PacificSource
- Michael Baker, Jefferson County
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
Ms. Baney welcomed all attendees to the meeting—especially the new director, Commissioner Susan Hermreck from Crook County—and facilitated introductions.

PUBLIC COMMENT & ANNOUNCEMENTS
Ms. Baney invited public comment. There was no public comment.

Dustin Zimmerman announced that OHA has a new director, Dr. Sejal Hathi. They were conducting interviews for a new health policy and analytics director and scheduling interviews for a Medicaid director. The public health director position had been posted, and the positions of chief medical officer, chief financial officer, and dental director would be posted shortly.

Opportunities for engagement included a HERC listening session on coverage of health services on the prioritized list on March 21. The Public Health Division’s Oral Health Program was convening a rules advisory committee with two meetings on March 21 and April 2. Dr. Hathi was traveling around the state to meet with CCO leadership, community organizations, and providers. She had already met with the Lane and Marion-Polk CCOs and was scheduled for Central Oregon at the end of April.

In other news, Paul Andrews was retiring from the Board of Directors. Ms. Baney offered heartfelt thanks for his commitment, dedication, and input.

CONSENT AGENDA
The consent agenda consisted of the February meeting minutes.

MOTION TO APPROVE: Linda Johnson moved to approve the consent agenda; Mr. Andrews seconded. All were in favor and the motion passed unanimously.

2024 CCO PERFORMANCE METRICS
The JMA requires the Health Council to monitor CCO performance metrics. The eight metrics from 2023 were reduced to four this year to allow a more focused look at CCO performance. Three of the four remain the same: meet the QIMs, achieve positive net income, and meet a Grievance & Appeals closure target of 30 days. The Grievance & Appeals metric will focus on dental, NEMT, and emerging regional issues, and total numbers will be tracked rather than the percentages that failed to provide a true picture last year. The new metric is aimed at improving HOP members’ utilization of services. This new OHA population had
underutilized services, resulting in a rebate of $40 million going back to OHA from the CCOs. After some discussion, the Board endorsed the 2024 performance metrics.

**2024 QIMs Overview**

Tricia Wilder shared that the CCO did not have results yet for the 2023 quality incentive metrics (QIMs). OHA requires CCOs to meet 12 out of 15 metrics to achieve 100 percent payout of the quality pool, which was estimated at $21 million for Central Oregon. The 15 metrics remain the same in 2024, as do three of the four challenge pool metrics, which provide bonus dollars if met. The OHA Metrics and Scoring Committee establishes the benchmarks for the QIMs, and targets for each region are set based on prior year performance. The targets are estimated in March and finalized in August.

Lindsay Atagi explained the upstream QIMs, which were created to improve health equity and social determinants of health; they currently require attestation and reporting while the CCO develops the structure, capacity, and resources to address social-emotional health to ensure kindergarten readiness, meaningful language access to services, and social needs screening and referral.

Ms. Johnson asked about the intersection of OHA’s quality incentive metrics and the RHIP future state measures (FSMs), which guide our focused regional work. Mr. Zimmerman explained that OHA does not require the RHIP to incorporate the QIMs, although overlap would allow us to combine our efforts. Donna Mills added that the QIMs measure provider performance on the specific work done in the past year, while the FSMs steer our work on a multiyear cycle to improve overall health in the region.

Janice Garceau brought up meaningful language access and the state test for translators, noting that many staff members had been unable to pass it, although they passed internal tests. Others agreed that this was a problem and even native speakers were unable to pass the test, which means they can’t be state-certified and qualify for insurance reimbursement. Mr. Zimmerman acknowledged the issue and promised to bring it back to OHA.

**2022 Behavioral Health Shared Savings Distribution**

Ms. Mills shared that she was finalizing a process for distributing future behavioral health shared savings funds. For the 2022 dollars, a behavioral health leadership team had met over the past six months to determine regional needs and potential projects. The proposals included buckets for harm reduction (e.g., overdose prevention, MAT treatment, reducing ED admissions), health information technology (improving care coordination and reporting capability, supporting QIMs work), and promoting wellness and improving behavioral health outcomes (improving health outcomes, implementing behavioral health activities, case management). She noted that these were not grants that the Board was approving, although she and Kristen Tobias had vetted the proposals to ensure HRS compliance. She requested an affirmative vote to distribute the funds.
MOTION TO APPROVE: Ms. Johnson made a motion to approve the distribution of the behavioral health shared savings funds; Commissioner Hermreck seconded. All were in favor and the motion passed unanimously.

BOARD EDUCATION: THE CCO AND THE JMA
Ms. Mills and Erin Fair Taylor presented on the JMA and the relationship between the CCO and COHC. Ms. Fair Taylor explained that the CCO holds a contract with the state to provide health care in the region and in turn executed the Joint Management Agreement (JMA) with the Health Council to ensure they meet their obligations. This innovative community governance structure provides oversight, strategic direction, collaboration, transparency, and system reform. The CCO model is unique to Oregon, creating an integrated network of physical, dental, and behavioral healthcare providers, as well as community and nontraditional health workers. PacificSource manages about a quarter of the state Medicaid population across their four regions. In the first cycle of the contract, called CCO 1.0, the focus was on the Triple Aim. The second iteration, CCO 2.0, began to address health equity and social determinants of health. The state recently issued an extension of the CCO contract through 2026.

Ms. Mills talked about the structure of the Health Council and the three pillars of the strategic plan: governance of the CCO, long-term systemic change, and the RHA and RHIP. COHC existed before the CCO and they came together to achieve mutual aims of health system transformation. The Health Council ensures transparency and accountability, convenes community stakeholders, and provides effective local governance. Ms. Mills explained that the CCO manages the Medicaid budget and contracts with local providers, while providing funds to the Health Council for operating costs and RHIP investments.

DEEP DIVE: MEASURING SUCCESS
Ms. Johnson introduced the first quarterly deep-dive conversation that Governance spearheaded to allow the Board to delve into issues and concerns in pursuit of our mission. She asked what made this topic so challenging to address. Responses included lack of clarity on COHC’s and the Board’s role to drive change in the system—what is uniquely ours? Is our scope only Medicaid or the whole health system or region? What does the Health Council control versus the CCO, OHA, or the state? What hats do Board members wear—are they representing COHC or their organization or the community? What role does the Board play in community work? The traditional fiduciary responsibilities of a Board don’t apply in the same way to the Health Council. What role does money play as a resource in terms of RHIP investments, performance metrics, and community priorities amid the tensions of competing interests?

Ms. Johnson asked what outcomes the Board would like to take from this conversation. The ensuing discussion included comments on achieving consensus on how to better measure success; identifying disparities across the region and effectively investing to address them; and what equitable access to services looks like in all counties and communities. Ms. Johnson thought we should determine who is
doing what in the system and crosswalk measures so we can align our efforts. Mr. Andrews commented on the lack of clarity around our true north star—is it the Triple Aim? The three pillars? Or something else? COHC needs to be clear about outcomes it can influence and whether investments are leading to an equitable and integrated health ecosystem, as referenced in our purpose statement. Other comments and questions:

- Influencing social determinants of health affects both Medicaid members and nonmembers.
- Delineating sources of funding and what they can be used for would provide greater clarity to those who participate in our work and to the community.
- COHC has a unique structure, with the Board largely assigned by legislation, and the potential to do work that has never been done—it’s not surprising that there is confusion around scope and ownership.
- We do not ask people how they feel and what they think, which should be a part of the data we gather and use.
- It feels like transformation is not happening fast enough; however, the system has been decades in the making and COHC is only 12 years old.
- If you are not involved in the work of the health system, where is your voice heard?

**ADJOURNMENT**

With no further business to come before the Board, the meeting adjourned at 3:05 pm Pacific Time.
Central Oregon Health Council  
Statement of Financial Position  
YTD September 2023

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>Total Checking/Savings</td>
<td>$ 16,552,114</td>
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<tr>
<td>COPA - Security Deposit</td>
<td>1,997</td>
</tr>
<tr>
<td></td>
<td>$ 16,554,111</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$ 16,554,111</td>
</tr>
</tbody>
</table>

| LIABILITIES & EQUITY       |                       |
| Accounts Payable           | $ -                   |
| Payroll Payable (PTO Accrual) | 18,856           |
|                            | 18,856                |
| RHIP 2020-2024 Payable     | 4,120,096             |
| Grants Payable             | 185,736               |
| Total Grants Payable       | 4,305,831             |
| Net assets without donor restrictions | 12,601,218 |
| Net income/(loss)          | (371,794)             |
| **TOTAL LIABILITIES & EQUITY** | $ 16,554,111          |

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 950,769</td>
<td>800,000</td>
<td>19%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,632,898</td>
<td>1,800,000</td>
<td>46%</td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>33,333</td>
<td>-100%</td>
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<tr>
<td>Interest income</td>
<td>375,353</td>
<td>66,667</td>
<td>463%</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$ 3,959,020</td>
<td>$ 2,700,000</td>
<td>47%</td>
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<table>
<thead>
<tr>
<th>Expenses</th>
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<td>Operating Expense</td>
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<td>Community Impact Funds*</td>
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<td>3,346,333</td>
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<tr>
<td><strong>Net Income</strong></td>
<td>$ (371,794)</td>
<td>$ (646,333)</td>
<td>-42%</td>
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* Community Impact Funds - Top 4 Funded 2023 >$50,000

<table>
<thead>
<tr>
<th>Program Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDFF</td>
</tr>
<tr>
<td>Crook County Schools</td>
</tr>
<tr>
<td>St. Charles Health System</td>
</tr>
<tr>
<td>Campfire Central Oregon</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Program Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other YTD</td>
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<tr>
<td></td>
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**Variance is due to timing of Community Impact Funds revenue and distribution of funds through grants in different years.**

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<thead>
<tr>
<th>CCO Financials</th>
<th>Jan-23</th>
<th>Feb-23</th>
<th>Mar-23</th>
<th>Apr-23</th>
<th>May-23</th>
<th>Jun-23</th>
<th>Jul-23</th>
<th>Aug-23</th>
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<tbody>
<tr>
<td>P &amp; L Board trigger</td>
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<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<td>Recapture Board trigger</td>
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<td>NO</td>
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<td>NO</td>
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COHC Board of Directors | 7  
April 11, 2024
## Central Oregon Health Council  
**Statement of Financial Position**  
**YTD October 2023**

### ASSETS  
**General Fund**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
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<td>Checking/Savings</td>
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<tr>
<td>Total Checking/Savings</td>
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<td>COPA - Security Deposit</td>
<td>$1,997</td>
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<tr>
<td><strong>Total Checking/Savings</strong></td>
<td>$34,194,342</td>
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<tr>
<td>COPA - Security Deposit</td>
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</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$34,194,342</td>
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### LIABILITIES & EQUITY

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<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$185,000</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
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<tr>
<td>CBI Payable</td>
<td>2,342,827</td>
</tr>
<tr>
<td>RHIP 2020-2024 Payable</td>
<td>4,120,096</td>
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<tr>
<td>Grants Payable</td>
<td>16,996,778</td>
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<tr>
<td>Total Grants Payable</td>
<td>21,116,873</td>
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<tr>
<td>Net assets without donor restrictions</td>
<td>14,962,901</td>
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<tr>
<td>Net income/(loss)</td>
<td>(2,089,288)</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Equity</strong></td>
<td>$34,194,342</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
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</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$1,339,110</td>
<td>800,000</td>
<td>67%</td>
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<td>Community Impact Funds</td>
<td>3,384,790</td>
<td>1,800,000</td>
<td>88%</td>
</tr>
<tr>
<td>CBI/QIM/Shared Savings/Other Income</td>
<td>6,742,047</td>
<td>33,333</td>
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<tr>
<td>Interest income</td>
<td>16,562</td>
<td>66,667</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>$11,482,509</td>
<td>$2,700,000</td>
<td>325%</td>
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### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>954,752</td>
<td>879,667</td>
<td>-9%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>12,617,045</td>
<td>2,466,667</td>
<td>-412%</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>13,571,797</td>
<td>$3,348,333</td>
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<tr>
<td><strong>Net Income</strong></td>
<td>(2,089,288)</td>
<td>(648,333)</td>
<td>223%</td>
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</table>

* Community Impact Funds - Top 4 Funded 2023 >$50,000

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>HDFF</td>
<td>$70,000.00</td>
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<tr>
<td>Crook County Schools</td>
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<td>Campfire Central Oregon</td>
<td>$58,647.00</td>
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Program Funds

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>All other YTD</td>
<td>$12,121,456.88</td>
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<tr>
<td><strong>Total</strong></td>
<td>$12,617,045</td>
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</table>

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

### CCO Financials

<table>
<thead>
<tr>
<th>Description</th>
<th>Jan-23</th>
<th>Feb-23</th>
<th>Mar-23</th>
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<td>NO</td>
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<td>NO</td>
</tr>
<tr>
<td>Recapture Board trigger</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

COHC Board of Directors | 8  
April 11, 2024
# Central Oregon Health Council
## Statement of Financial Position
### YTD November 2023

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
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<tbody>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>Total Checking/Savings</td>
<td>$ 18,115,135</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$ 1,997</td>
</tr>
<tr>
<td></td>
<td><strong>$ 18,117,132</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$ 18,117,132</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES & EQUITY

<table>
<thead>
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<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$ 2,561</td>
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<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>18,856</td>
</tr>
<tr>
<td></td>
<td>21,417</td>
</tr>
<tr>
<td>RHIP 2020-2024 Payable</td>
<td>4,120,096</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>5,868,000</td>
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<tr>
<td></td>
<td><strong>9,988,095</strong></td>
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<td>Total Grants Payable</td>
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</tr>
<tr>
<td>Net assets without donor restrictions</td>
<td>12,720,075</td>
</tr>
<tr>
<td>Net income/(loss)</td>
<td><strong>(4,612,455)</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td><strong>$ 18,117,132</strong></td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 1,500,597</td>
<td>$ 800,000</td>
<td>88%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>3,831,984</td>
<td>1,800,000</td>
<td>113%</td>
</tr>
<tr>
<td>CBI/QIM/Shared Savings/Other income</td>
<td>6,742,047</td>
<td>33,333</td>
<td>20126%</td>
</tr>
<tr>
<td>Interest income</td>
<td>21,599</td>
<td>66,667</td>
<td>-68%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$ 12,096,227</td>
<td>$ 2,700,000</td>
<td>348%</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>1,125,729</td>
<td>879,667</td>
<td>-28%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>15,582,954</td>
<td>2,466,667</td>
<td>-532%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>16,708,683</td>
<td>3,348,333</td>
<td>-399%</td>
</tr>
</tbody>
</table>

### Net Income

| Description                                      | Actual  | Budget  | % Variance |
|  Net Income                                     | **(4,612,455)** | **(648,333)** | 614%       |

*Community Impact Funds - Top 4 Funded 2023 =>$50,000*

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDFF</td>
<td>$ 70,000.00</td>
</tr>
<tr>
<td>Crook County Schools</td>
<td>$ 94,759.12</td>
</tr>
<tr>
<td>St. Charles Health System</td>
<td>$ 272,182.00</td>
</tr>
<tr>
<td>Campfire Central Oregon</td>
<td>$ 58,647.00</td>
</tr>
</tbody>
</table>

Program Funds

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other YTD</td>
<td>$ 15,062,954</td>
</tr>
</tbody>
</table>

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

### CCO Financials

<table>
<thead>
<tr>
<th></th>
<th>Jan-23</th>
<th>Feb-23</th>
<th>Mar-23</th>
<th>Apr-23</th>
<th>May-23</th>
<th>Jun-23</th>
<th>Jul-23</th>
<th>Aug-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>P &amp; L Board trigger Yes or No</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Recapture Board trigger Yes or No</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
# Central Oregon Health Council

## Statement of Financial Position

YTD Dec 2023

### ASSETS

<table>
<thead>
<tr>
<th>General Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>Total Checking/Savings</td>
<td>$17,624,060</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>1,907</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>608,680</td>
</tr>
<tr>
<td><strong>Total Checking/Savings</strong></td>
<td>$18,234,737</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS** | $18,234,737

### LIABILITIES & EQUITY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$1,659,282</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>40,345</td>
</tr>
<tr>
<td>RHIP 2020-2024 Payable</td>
<td>4,120,095</td>
</tr>
<tr>
<td>Grants Payable - Shared Savings 2022</td>
<td>4,399,218</td>
</tr>
<tr>
<td><strong>Total Grants Payable</strong></td>
<td>8,519,313</td>
</tr>
<tr>
<td><strong>Net assets without donor restrictions</strong></td>
<td>12,620,075</td>
</tr>
<tr>
<td><strong>Net Income/(loss)</strong></td>
<td>$(4,604,278)</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES & EQUITY** | $18,234,737

### Revenue

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$1,662,084</td>
<td>$800,000</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>4,279,178</td>
<td>1,800,000</td>
</tr>
<tr>
<td>CBI/QIM/Shared Savings/Other income</td>
<td>6,742,047</td>
<td>33,333</td>
</tr>
<tr>
<td>Interest income</td>
<td>22,902</td>
<td>66,667</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$12,706,211</td>
<td>$2,700,000</td>
</tr>
</tbody>
</table>

### Expenses

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>1,416,066</td>
<td>879,667</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>15,894,423</td>
<td>2,466,667</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>17,310,489</td>
<td>3,346,333</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>$(4,604,278)</td>
<td>$(646,333)</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 Funded 2023 >$50,000

<p>| | |</p>
<table>
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</tr>
<tr>
<td>Campfire Central Oregon</td>
<td>$98,647.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Funds</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All other YTD</td>
<td>$15,398,834.88</td>
</tr>
<tr>
<td><strong>All other YTD</strong></td>
<td>$15,894,423</td>
</tr>
</tbody>
</table>

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

### CCO Financials

<table>
<thead>
<tr>
<th></th>
<th>Jan-23</th>
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<th>Apr-23</th>
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</tr>
</thead>
<tbody>
<tr>
<td>P &amp; L Board trigger</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Recapture Board trigger</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

COHC Board of Directors | 10
April 11, 2024
AUTHORITY
The Finance Committee is a committee of the Board established under the authority of Section 2.9 of the Central Oregon Health Council (COHC) Board Policy Manual.

PURPOSE
The Central Oregon Health Council (COHC) Finance Committee is responsible for recommending financial policies, goals, and budgets that support the mission, vision, values, strategic goals, contract requirements, and legislative requirements of COHC, the Coordinated Care Organization (CCO), and the COHC Board of Directors.

ROLES & RESPONSIBILITIES
In addition to the above, the Finance Committee reviews the CCO and COHC’s financial performance against budgets and goals and proposes contract guidelines and transactions to the COHC Board of Directors. The Committee also serves as the Regulatory Compliance Committee for the CCO.

The Committee’s specific responsibilities include the following:

- Recommend and update policies that maintain and improve the financial health and integrity of the CCO and COHC
- Recommend and update policies that promote and manage integration of service lines into the global budget as required by the Oregon Health Authority
- Recommend the engagement of new COHC auditors every five years
- Review COHC audited financial statements
- Review and recommend a long-range financial plan for COHC.
- Review and recommend an annual operating budget for the CCO and COHC and global budget for the CCO consistent with long-range plans and financial policies
• Review the financial aspects of major proposed transactions, new programs and services, and newly integrated components of the global budget, as well as make action recommendations to the COHC Board of Directors
• Monitor macro and micro trends that impact the CCO’s global budget performance and recommend actions as necessary to ensure that financial objectives of the CCO are met
• Review all components of the CCO global budget, including oral health, physical health, behavioral health, and administrative expenditures
• Monitor the financial performance of the CCO and COHC against approved budgets, long-term trends, and industry benchmarks
• Inform and endorse provider contracting methodologies in concert with the APM Guidelines and other guiding documents
• Monitor corrective actions to bring the CCO and COHC into compliance with budgets and other financial targets
• Review COHC’s draft Form 990 and recommend for approval by the COHC Board of Directors
• Oversee the CCO’s fraud, waste, and abuse prevention program and compliance with the CCO contract

MEMBERSHIP
The chair of the Finance Committee will be a currently seated COHC Board member. A co-chair may also be elected by the Finance Committee. The following voting members are assigned to the Finance Committee:

• CEO, Mosaic Community Health
• Executive Director, COIPA
• Provider representative
• CFO/VP of Finance, St. Charles Health System
• Representative, Advantage Dental
• Director, Medicaid Programs, PacificSource Community Solutions
• Director, Community mental health program

Voting members may send a delegate in their place; however, that delegate is not eligible to vote. Nonvoting members may be added as determined by the committee. These may include an additional representative from an organization that already has a voting member on the committee, for example. A quorum will be defined as a majority of the voting committee members.

The following ex-officio members are assigned to the Finance Committee:
• CFO, PacificSource Health Plans, or their delegate
• Chief Compliance Officer, PacificSource, or their delegate
• Executive Director, Central Oregon Health Council
• Executive Assistant, Central Oregon Health Council

REPORTS TO THE BOARD
The Finance Committee will receive and review the following reports:

• Monthly and annual CCO and COHC financial statements
• Emergency department utilization reports
• Service line profit and loss
• Out-of-area spend reports, when requested by the committee
• Any reports referenced in the APM Guidelines
• Any other reports requested or presented that fall under the responsibilities of the Finance Committee

MEETINGS
The Committee meets at least four times a year, or more frequently when necessary, at the call of the committee chair. Meeting dates and times shall be specified at least three months in advance.

FINANCE COMMITTEE GOALS & METRICS
Goals
The Finance Committee will establish goals each year specifying its principal work focus areas for the coming year. These goals shall be derived from the COHC strategic plan, the COHC master calendar, the Regional Health Improvement Plan, and any CCO strategic plan. Potential goals include:

• Develop criteria for evaluating proposals for new funding arrangements and alternative payment methodologies
• Review elements of the global budget for financial performance
• Review the financial plan in relation to long-range targets
• Adjust the financial plan based on profit margins and CCO performance

Metrics
• Maintain an annual budget variance for the CCO and COHC that does not exceed 5 percent.
• Members will attend at least 75 percent of meetings.
• Monitor timely budget submissions.
• Achieve a clean audit.

Date approved by Finance Committee:  March 25, 2024

Date approved by Board of Directors:  ________________________________
AUTHORITY
The Governance Committee is a committee of the Board of Directors established under the authority of Section 2.9 in the COHC Board Policy Manual.

PURPOSE
The role of the Governance Committee is to ensure the Board’s effectiveness in its governance of the Central Oregon Health Council.

ROLES & RESPONSIBILITIES
The Governance Committee will meet its responsibilities by working collaboratively with staff to ensure completion of the following activities:

- Delineate the composition, roles, and responsibilities of COHC board members
  - Create a job description for Board members and officers
  - Maintain a list of current Board members and officers specifying date of election and date for reelection or retirement.

- Review and recommend planned actions to enhance the quality, performance, and future sustainability of the Board of Directors
  - Evaluate Board effectiveness on an ongoing basis, including an annual performance review
  - Review skills matrix to determine future recruiting targets
  - Vet the fitness of prospective nominees

- Review and develop governance policies
  - Conduct a review of bylaws and existing policy documents every two years
  - Ensure that any relevant legislative changes impacting COHC’s bylaws or other policies and procedures are incorporated and instituted
  - Develop new policies as need is identified
• Identify needs for Board training and skills development
  o Identify existing Board skills and determine training needs
  o Develop an orientation program for new members

• Develop and implement leadership and succession planning
  o Evaluate the Board and the Chair
  o Nominate, elect, and reelect Board members
  o Develop a formal succession plan for Board officers

• Review and recommend the Board committee structure to ensure strong governance of the organization. A structure of committees helps to enhance the effective contribution of Board members in their areas of expertise and passion to help move the Strategic Plan forward. Currently, committees include Community Advisory Council (CAC), Executive Committee, Finance, Governance, JEDI, Operations Council, and Provider Engagement Panel (PEP).

Staff Role
To facilitate the Governance Committee’s work, staff may be requested to provide the following:
• Competency matrix—profile or matrix of the Board's current makeup compared to its list of needed competencies, plus an analysis of areas to emphasize in recruitment of new members.
• Backgrounds of prospective Board members.
• An annual Board education plan based on and in conjunction with the current Board Strategic Plan.
• Participation summary—an annual review of Board member attendance, and each director's attendance, at Board meetings, committee meetings, education sessions, and (if possible) community events.
• Board self-assessment—a report of the full Board’s self-evaluation survey (every one or two years).
• Evidence that the director's and officers’ insurance policy is in force and adequate to protect the Board legally.
• An annual report on Governance Committee activities and accomplishments each year, especially the development of new governance policies
• Conduct an annual Board retreat

MEMBERSHIP
This committee will be chaired by a Board member appointed by the Board president. The Executive Director, as the liaison to the Board and COHC operations, will be a nonvoting member of the Governance Committee.
REPORTS TO THE BOARD
The Governance Committee will establish annual goals specifying its principal work focus areas for the coming year. These goals will be provided to the Board for review and will be reported upon annually.

MEETINGS
The Governance Committee meets when necessary at the call of the chair.

GOVERNANCE COMMITTEE METRICS

- Conduct a review of foundational documents every two years
- Facilitate hard conversations for the Board when issues or difficult situations arise and report back to the Board if they go unresolved
- Oversee the Board self-evaluation process
- Organize Board education as needed

Date approved by Governance Committee: March 15, 2024

Date approved by the Board of Directors: 

__________________________________________
AUTHORITY
The Justice, Equity, Diversity, and Inclusion (JEDI) Committee is a standing committee of the Central Oregon Health Council (COHC) Board of Directors established under the authority of Section 2.9 of the COHC Board Policy Manual.

PURPOSE
The mission of the Central Oregon Health Council is to create an integrated and equitable health ecosystem to improve the health of all Central Oregonians. To achieve health equity, we must address the racism and inequality stemming from biased policies and practices that were set in the past and continue to this day. The JEDI Committee provides subject matter expertise, timely advice, and actionable recommendations to advance justice, equity, diversity, and inclusion in support of COHC’s mission, vision, strategies, and goals, including its Regional Health Improvement Plan (RHIP).

ROLES & RESPONSIBILITIES
The JEDI Committee makes actionable recommendations to the COHC Board of Directors, committees, and workgroups that may then be adopted, amended, or declined. The committee is charged with the following:

- Provide subject matter expertise and timely advice on justice, equity, diversity, and inclusion to the COHC Board of Directors, committees (Community Advisory Council, Finance, Governance, Operations Council, and Provider Engagement Panel), and RHIP workgroups.
- Make actionable recommendations to the Board of Directors, committees, and workgroups to advance justice, equity, diversity, and inclusion in support of the mission, vision, strategies, and goals of COHC.
- Ensure that COHC’s work on justice, equity, diversity, and inclusion is supported through its budget, staffing, grants, contracts, communications, community engagement, and operations.
• Ensure transparency of and accountability for COHC commitments to justice, equity, diversity, and inclusion.
• Proactively identify opportunities for COHC to support and advance justice, equity, diversity, and inclusion activities of its community partners.
• Actively engage in discussions centered on health improvement as it is impacted by issues of justice, equity, diversity, and inclusion. Support efforts with committees and workgroups and other regional efforts, identifying and declaring support for the strategies and initiatives the committee believes will have the greatest impact on reducing disparities in health outcomes, and champion actionable strategies to improve policy and practice in Central Oregon.
• Develop an annual workplan to guide priority work and improvement progress for key areas of focus, including identification of the gaps and potential strategies to advance justice, equity, diversity, and inclusion within health policy and practice in the region. The workplan will include specific activities to support and advance the justice, equity, diversity, and inclusion work of COHC committees and workgroups, learning opportunities, and support for community advocacy to advance justice, equity, diversity, and inclusion.

REPORTS TO THE BOARD
The JEDI Committee will provide at least two updates or reports to the COHC Board of Directors each year. To optimize working relationships and communications, the Board of Directors will invite a member of the JEDI Committee to serve on the Board. All members of the Board of Directors and COHC committees and workgroups are invited to attend JEDI Committee meetings.

MEMBERSHIP
The JEDI Committee seeks to recruit and retain members from all impacted parties, including health and community program practitioners, individuals with lived experience, and advocates for underserved populations including but not limited to race/ethnicity, limited English proficiency, populations experiencing complex health and social needs, and geographic representation.

JEDI Committee members are expected to act with the highest standards of integrity and ethics and to intentionally create and maintain a safe, welcoming, and affirming environment for the committee’s work. The JEDI Committee will use a collaborative, shared leadership model among its members. COHC staff will provide support for JEDI Committee meetings.

MEETINGS
JEDI Committee meetings will be scheduled on a monthly basis. To increase access across the region, meetings will be conducted by videoconference. Special meetings may be called if an
issue arises that requires immediate attention. Meeting agendas and supporting materials will be sent to committee members prior to meetings. Documentation of committee actions will be kept for each meeting.

**JEDI COMMITTEE METRICS**

- 
- 
- 

Date approved by the JEDI Committee: ______________________________

Date approved by the Board of Directors: ______________________________
AUTHORITY
The Operations Council is a council of the Board of Directors established under authority of Section 6.4 of the Central Oregon Health Council (COHC) Bylaws.

PURPOSE
The Central Oregon Health Council was created to improve the well-being of all residents across Central Oregon. The Operations Council serves as a place to coordinate collective efforts among COHC’s community partners, committees, workgroups, community members, and the Board of Directors.

ROLES & RESPONSIBILITIES
The Operations Council will address and actively support:

- Regional efforts advancing the shared mission and vision of the Central Oregon Health Council.
- Regional issues escalated from the committees, workgroups, and community partners.
- Broad, cross-sectoral, regional initiatives.

Partners will assume the following roles and responsibilities:

- Communicate information within their organization, partner organizations, and communities.
- Provide individual, community, and organizational support of agreed-upon initiatives and workplans.

MEMBERSHIP
Partners include:

- Organizational leaders who have delegated authority to make operational decisions.
• Impacted community members and leaders who have influence to impact change.

REPORTS TO THE BOARD
When requested.

MEETINGS
Monthly, quarterly, or other as recommended by the Agenda Setting Guidance Group and/or COHC staff recommendation.

OPERATIONS COUNCIL METRICS
• Design, maintain, and assess (PDSA) methodology for running Operations Council.
  o Clinical and community partners have first meeting by April 2023. Status: Met.
  o Partners have agreed-upon pilot process in print and use by June 2023. Status: Met.

• Address at least two regional needs/issues. Outcome to be defined by need.
  o One regional need/issue moves through the process. Outcome to be decided by need. Status: In progress.

Date approved by the Operations Council: May 2023

Date approved by the Board of Directors: ________________________________
AUTHORITY
The Provider Engagement Panel is a council of the Board of Directors established under the authority of Section 6.6 of the Central Oregon Health Council Bylaws.

PURPOSE
The Provider Engagement Panel (PEP), formerly known as the Clinical Advisory Panel, is a council housed within the Central Oregon Health Council (COHC) and governed by COHC's Bylaws. The purpose of the PEP is to support COHC and its work by providing the clinical perspective necessary to promote integration consistent with COHC goals.

ROLES & RESPONSIBILITIES
Because the PEP is a COHC committee governed by the Bylaws, the scope of the PEP’s work is determined by COHC. As a result, the PEP’s scope of work may change from time to time. COHC has asked the PEP to perform the following work on an ongoing basis:

- Engage providers in the work of COHC
- Consider matters at the direction of COHC
- Review strategic initiatives from a clinical perspective
- Review and evaluate quality improvement projects from a clinical perspective
- Solicit provider feedback on projects currently operating in the community
- Promote and facilitate systems integration and transformation
- Establish community standards and utilization standards
- Coordinate quality committees and set strategic goals for the local healthcare system in accordance with the Regional Health Improvement Plan (RHIP)
- Share provider findings and observations among PEP members and with the broader community
• Serve as a forum for provider perspectives, collaboration, and information exchange
• Communicate findings, conclusions, and recommendations to COHC

The PEP may create work groups to carry out its work as necessary from time to time. The following resources are available to the PEP and any PEP subcommittees:

• COHC staff
• Catering for in-person meetings
• Conference phone line and webinar support
• Data gathered by COHC staff to aid in review and evaluation

MEMBERSHIP
Pursuant to the COHC Bylaws, the PEP shall have at least 12 and not more than 17 members. All members of the PEP shall be appointed by and serve at the pleasure of the Board of Directors. PEP members shall have direct experience relevant to the provision of health care in clinical settings and, where applicable, a direct connection to their organization’s quality committee. Members may include:

• At least one liaison from the COHC Operations Council
• Representatives from organizations or industries serving the OHP population, such as:
  ▪ Federally qualified health centers
  ▪ Oral health
  ▪ Rural clinics
  ▪ Central Oregon Independent Practice Association (COIPA)
  ▪ PacificSource
  ▪ Hospitals (including critical access)
  ▪ Long-term care
  ▪ Specialty therapies
  ▪ Alternative medicine
  ▪ Obstetrics
  ▪ Pediatrics
  ▪ Specialty care
  ▪ Behavioral health
  ▪ Substance use disorder
Reports to the Board

The PEP Chair shall provide written or verbal updates at COHC Board of Directors meetings upon request. At the end of each calendar year, COHC staff may prepare a yearly report of PEP activities, if any, to share with the COHC Board of Directors.

After each meeting of the PEP, the COHC Executive Director may produce a written report and make it available to the COHC Board of Directors. The written report may be used for the following purposes:

- Provide clinical insight into a strategic initiative or other project, at the direction of the Board of Directors
- Share observations or findings from the provider community
- Contribute to the RHA/RHIP process
- Highlight clinical needs or concerns
- Aid the Board of Directors in making funding decisions

Meetings

The PEP’s work may be carried out by email, surveys, webinar, telephone, or in-person meetings, which shall be scheduled on an as-needed basis. Pursuant to the COHC Bylaws, actions by the PEP as a committee may be taken in person or in writing and are subject to quorum requirements. Meetings shall have a specific focus and identified outcomes. Meeting minutes shall be taken and made available. PEP meetings shall be scheduled in early mornings or early evenings to avoid conflicts with clinic schedules and office hours. COHC respects and appreciates the time commitment of its PEP volunteers.

From time to time, at the direction of the Board of Directors, the PEP may elect to hold clinical community meetings or public forums that are open to clinicians and the general public to solicit feedback on a particular issue or proposal. Observations, findings, and recommendations from such meetings or forums shall be shared with the COHC Board of Directors.
PEP METRICS
  • Review and evaluate quality improvement projects
  • Review and evaluate initiatives and projects from a clinical perspective
  • Serve as a forum for provider perspectives, collaboration, and information exchange

Date approved by the Provider Engagement Panel: February 10, 2021

Date approved by the Board of Directors: ________________________________
Today’s Presentation

• Health Plan Bills of Interest
• CCO Bills of Interest
• HB 4002 – M110 Revisions
• Housing Bills
Health Plan Bills of Interest

• House Bills
• Senate Bills
## House Bills

<table>
<thead>
<tr>
<th>Bill</th>
<th>Subject</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 4010</td>
<td>“Non-Fiscal” Omnibus</td>
<td>Passed</td>
<td>Prohibited pharmaceutical manufacturers from denying or restricting access to drugs dispensed on behalf of a 340B-covered entity. Would have required health plans negotiate with interpreters for reimbursement, like health care providers.</td>
</tr>
<tr>
<td>HB 4011</td>
<td>“Fiscal” Omnibus</td>
<td>Failed</td>
<td>Would have required coverage for cervical cancer follow-up screening.</td>
</tr>
<tr>
<td>HB 4012</td>
<td>“Whitebagging”</td>
<td>Passed</td>
<td>Prohibits health plans from requiring oncology clinics to use specialty pharmacies when procuring cancer drugs.</td>
</tr>
<tr>
<td>HB 4028</td>
<td>340B Access</td>
<td>Failed</td>
<td>Would have barred pharmaceutical manufacturers from denying or restricting access to 340B drugs by a pharmacy or outlet contracted with a covered entity.</td>
</tr>
<tr>
<td>HB 4113</td>
<td>Co-pay Accumulators</td>
<td>Passed</td>
<td>Bars health plans from not counting payments from third parties when determining if a person has met deductible. Does not apply if a generic is available. Workgroup forthcoming.</td>
</tr>
<tr>
<td>HB 4130</td>
<td>Corp. Practice of Medicine</td>
<td>Failed</td>
<td>Limited how non-physician entities could own and direct operations of medical clinics. Exemption for PACE programs. Will return!</td>
</tr>
<tr>
<td>HB 4149</td>
<td>PBM Regulation</td>
<td>Passed</td>
<td>Section 3(11) extends regulation of PBMs to contracts between coordinated care organizations and PBMs.</td>
</tr>
</tbody>
</table>
## Senate Bills

<table>
<thead>
<tr>
<th>Bill</th>
<th>Subject</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 1506</td>
<td>Test and Treat</td>
<td>Passed</td>
<td>OHP coverage for pharmacists to continue testing and treating COVID-19. Temporary coverage in line with federal law; coverage runs from October 1, 2024, to June 30, 2026.</td>
</tr>
<tr>
<td>SB 1508</td>
<td>Insulin Cost Share Caps</td>
<td>Passed</td>
<td>Insulin cost sharing caps reduced from $75 for a 30-day supply or $225 for a 90-day supply to $35 for a 30-day supply or $105 for a 90-day supply. Eliminates adjustment for inflation.</td>
</tr>
<tr>
<td>SB 1547</td>
<td>Coverage of Inpatient Treatment for Cannabis Use</td>
<td>Failed</td>
<td>Would have required health plans cover inpatient behavioral health treatment for youth if a provider believed the person was addicted to cannabis.</td>
</tr>
</tbody>
</table>
CCO Bills of Interest

• House Bills
• Senate Bills
# House Bills

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>HB 4010</td>
<td>The “Non-Fiscal” Omnibus</td>
<td>Passed</td>
<td>Section 3: Prohibited pharmaceutical manufacturers from denying or restricting access to drugs dispensed on behalf of a 340B-covered entity. [See also HB 4028]</td>
</tr>
<tr>
<td>HB 4011</td>
<td>The “Fiscal” Omnibus</td>
<td>Died</td>
<td>Section 6: Continuous glucose monitor coverage requirement under Oregon Health Plan.</td>
</tr>
<tr>
<td>HB 4092</td>
<td>Tackling Administrative Burdens</td>
<td>Passed</td>
<td>Coalition effort to examine burdens on providers, like duplicative reporting requirements. PacificSource supported the bill.</td>
</tr>
<tr>
<td>HB 4136</td>
<td>Eugene UD Hospital Closure</td>
<td>Passed</td>
<td>Temporary nurse licensing flexibility; IGA between Lane County and OHA to fund health care access innovations. CCOs to be consulted to optimize use of General Fund.</td>
</tr>
<tr>
<td>HB 4149</td>
<td>PBM Regulation</td>
<td>Passed</td>
<td>Section 3(11): extends regulation of PBMs to contracts between coordinated care organizations and PBMs.</td>
</tr>
</tbody>
</table>
## Senate Bills

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</tr>
<tr>
<td>SB 1508</td>
<td>QALY Barred</td>
<td>Passed</td>
<td>HERC cannot use quality-adjusted life year or studies that rely on QALY to make coverage-treatment pair decisions.</td>
</tr>
<tr>
<td>SB 1569</td>
<td>Cognitive Testing</td>
<td>Failed</td>
<td>OHP coverage for cognitive assessments for those members exhibiting signs of cognitive impairment.</td>
</tr>
<tr>
<td>SB 1578</td>
<td>OHA Interpreter Portal</td>
<td>Passed</td>
<td>OHA to develop and run a portal for interpreters; CCOs have the option of procuring interpreter services through the portal.</td>
</tr>
</tbody>
</table>
House Bill 4002 – M110 Revisions

• Overview

• HB 5204 – Funding Bill
HB 4002 Overview

• **Section 4**: CCO coverage of MAT drugs; early refills.
• **Section 5**: Prior authorization prohibition on CCOs for FDA-approved MAT drugs; exemption for generic drugs.
• **Section 10**: CCO network adequacy reminder for addiction treatment providers.
• **Section 11**: Alcohol and Drug Policy Commission study on barriers:
  - Youth access to opioid use disorder treatment; and
  - Increasing access to opioid use disorder treatment medications.
• **Section 14**: Establishment of program to certify community behavioral health centers.
• **Section 16**: Regional behavioral health accountability task force. One slot for CCOs. Task force is meant to improve collaboration and accountability across systems and ease access to medication assisted treatment.
• **Section 20**: “Unite We Heal” Program; supplemental medical assistance payments to behavioral health providers for apprenticeship and training programs through a labor-management training trust.
HB 5204 – Funding Bill

• Appropriation to Oregon Health Authority for 4002 implementation:
  • $2.1 million General Fund.
  • $81,704 Other Funds.
  • $1.1 million Federal Funds.

• 15 positions:
  • 3 to the ADPC for the 4002 report.
  • 7 positions for the CCBHC portion of 4002.
  • 2 positions for IMPACTS grant monitoring.
  • 2 positions for Unite We Heal grant funding.
  • 1 position for data resources and access for CJC.
Housing Bills

• SB 1530 – Appropriations
• SB 1537 – Substantive Changes
• HB 4134 – Infrastructure Funding*
SB 1530

SB 1530 is the appropriations bill for various projects across the state. Key appropriations from the General Fund include:

- Money flowing through Oregon Housing and Community Services:
  - $65 million for Project Turnkey.
  - $34 million for homeless prevention services.
  - $7 million to the Urban League of Portland.
SB 1530

Money flowing through Department of Administrative Services for affordable housing:

- $1 million to Community Warehouse for reused household goods and furnishings.
- $25 million to the Albina Vision Trust to buy property on N Dixon St.
- $1.25 million to the Center for African Immigrants and Refugees Organization to buy property on SE Stark St.
- $3 million for Unite Oregon to buy property on E Burnside St.
SB 1530

- $15 million to OHA for the Healthy Homes Repair Fund (along with a matching $15 million expenditure limitation, meaning they can spend all the $15 million in the fund) and $3.5 million to OHA for air conditioners and air filters.
- $4 million to the Oregon Dept. of Energy for the residential heat pump fund + a matching expenditure limitation.
- $2 million to Oregon Dept of Human Services for warming and cooling shelters.
SB 1530

• Direct appropriations to local programs; the following are in our CCO service areas:
  o $1.4 million to 4D Recovery, in the Portland metro area;
  o $3.7 million for Bridges to Change for projects in Multnomah County ($1.5m), Wasco County ($600k) and Washington County ($1.5m) for scattered housing, down payments and operational supports;
  o $2.3 million to Free on the Outside, Inc. for home purchases in Deschutes ($850k), Washington ($750k) and Clackamas ($720k) Counties.
  o $1.6 million to the Iron Tribe Network for home purchases in Multnomah ($750k), Clackamas ($260k) and Marion ($650k) Counties.
  o $211k for the Lasko Refuge in Portland for housing expansion;
  o $1 million to the Miracles Club in Portland for sober/stabilization housing
  o $700k to Painted Horse Recovery in Portland for recovery housing.
  o $2.28 million to Transcending Hope for down payments and operational support for Familias Transcendiendo and Above and Beyond.

• The rest of the bill is appropriations for water, sewer and transportation improvements in cities. The one appropriation that did catch my eye was a $300k amount to the City of Salem for a veterans’ home in West Salem.
SB 1537

SB 1537 is the substantive changes to boost housing production. Key sections for PacificSource include:

- Sections 1-7: Establishes the Housing Accountability and Production Office, which is a joint office between the Department of Consumer and Business Services and the Department of Land Conservation and Development. Office has power to enforce laws against local governments for violations of housing laws that impact housing production.

- Sections 12-16: Directs the Oregon Business Development Department to assist local governments in planning and financing for infrastructure projects related to housing – e.g., water, sewer, transportation, stormwater. Appropriates $3 million to OBDD + a matching expenditure limitation.
SB 1537

• **Sections 24-36:** Creates a grant program for developers to cover eligible costs associated with affordable housing development, such as infrastructure/SDCs [system development charges], predevelopment costs, construction costs and land write-downs. Appropriates $75 million to the loan fund supporting the grant program and sets an expenditure limit of $24 million for payment of expenses from the fund.

• **Sections 37-43:** Requires deviation from existing land use regulations by local governments for affordable housing projects.
HB 4134 – Infrastructure Funding

• Another infrastructure grant development process
• Applies to housing projects that are multifamily or a mix of multifamily, middle housing [duplexes, triplexes or fourplexes], and single-family homes
• Oregon Business Development Department to supervise process; criteria and sideboards on grants in statute.
• Also made direct appropriations to several cities – Burns ($3m), McMinnville ($2m), Amity ($1.5m), and Toledo ($640k) for specific projects.
Questions
Welcome and Purpose

Share information and updates about new Medicaid benefits entitled **Health-Related Social Needs (HRSN)** and associated Community Capacity Building Funding (CCBF).

*Information included in this slide deck reflects our best knowledge to date and is subject to change.*
Each state has their own Medicaid plan that must follow a standard set of rules determined by the federal government.

States can ask the federal government for permission to change their Medicaid rules via a 1115 Demonstration Waiver.

Waivers are an opportunity for states to test and implement new innovations using Medicaid funding.

States must renew their Medicaid waivers with the Centers for Medicare and Medicaid Services (CMS) every five years.

Oregon’s current five-year waiver is poised to integrate different strategies to promote access to care and advance health equity.

The HRSN benefit is part of Oregon’s current waiver that CMS approved in October 2022 through September 2027.
CCO Covered Benefits

- HRSN
- Dental
- NEMT
- Physical
- Pharmacy
- Behavioral
HRSN Services and Supports

Climate Supports
- Medically necessary devices:
  - Air conditioners
  - Heaters
  - Air filtration devices
  - Mini refrigeration units
  - Portable power supplies

Housing Supports
- Rent/temporary housing
- Utilities
- Housing navigation
- Tenancy sustaining services
- Modifications/remediations

Food Supports
- Nutrition counseling and education
- Medically-tailed meals
- Meals or pantry stocking
- Fruit/vegetable prescriptions
HRSN Benefit Timeline

- **3/1/2024**: Climate benefit launches for all eligible populations
- **11/1/2024**: Housing benefit launches for individuals who are “at risk” of becoming homeless
- **1/1/2025**: Food benefit launches for all eligible populations
- **TBD**: Housing benefit launches for remaining eligible populations
HRSN Benefit Eligibility

Covered Population:
- Child welfare involvement, including youth leaving foster care
- Homelessness or at risk for homelessness
- Released from custody or residential behavioral health settings
- Transitioning from Medicaid-only to both Medicaid and Medicare coverage
- Youth with Special Health Care Needs (starting 1/1/25)

Clinical health need (e.g., chronic health condition)

Social health need (climate, housing, food)

Some benefits will have narrower eligibility criteria
Outreach & Engagement

CCOs and/or HRSN Service Providers are required to identify potential HRSN eligible members and outreach to those individuals. Prioritization for outreach will include:

- Priority Populations (e.g., communities of color, tribal members, persons with disabilities, LGBTQIA2S+)
- Members with multiple clinical risk factors
- Individuals at the extremes of age
Health-Related Services (Flexible Services/Flex Funds)

- Non-covered services offered as a supplement to OHP covered benefits to improve individual member well-being
- CCO requirement, not a covered benefit, and is not subject to denial and appeal rights
- Reactive approach

Health-Related Social Needs

- OHP covered benefit for climate, housing, and nutrition/food supports for eligible members to maintain health and well-being.
- Subject to denial and appeal rights
- Proactive outreach and engagement required
HRSN Referral Pathway: Connect Oregon

PacificSource is utilizing Connect Oregon to manage HRSN requests, referrals, and care coordination as well as for reimbursement invoicing to HRSN Service Providers who have provided a support or service.
Why Connect Oregon?

- Closed loop referrals - monitor every step of the request & fulfillment journey
- Electronic communication & submissions mean shorter processing times
- Securely and easily communicate between partners, store notes, & upload documents
- Reduce risk of missing or incorrect information
- Easily submit invoices for faster reimbursement

Free to join | User support & technical assistance available | HIPAA, FERPA, and 42 CFR Part 2 compliant
Identify an individual who might be eligible for HRSN services.

Submit HRSN Request Form through Connect Oregon.

CCO receives request and completes eligibility & authorization for services.

CCO conducts care management, including Patient Centered Service Plan, and sends referral to HRSN Service Provider.

HRSN Service Provider accepts referral, delivers service, & closes out the request - completing “closed loop referral.”

HRSN Service Provider submits invoice to CCO for reimbursement via “Payments” tab in Connect Oregon.
Community Capacity Building Funding (CCBF)

- Oregon has been approved to spend up to $119 million statewide over the next few years to support partners to build capacity to provide HRSN services.

- The overall purpose is to support organizations that will become HRSN Service Providers to develop what they need to meet the required service provider criteria.
CCBF Eligibility

Eligible Entity Types:

- Tribal Governments and Providers
- Community-based organizations (CBOs)
- Social-services agencies
- Housing agencies and providers
- Food and nutrition service providers
- Case management providers
- Traditional health workers
- Child welfare providers
- City, county, and local governmental agencies
- Outreach and engagement providers
- Providers of climate devices and services

The Entity Must:

- Provide housing, food, climate, and/or outreach and engagement services
- Intend to serve eligible populations
- Have strong community relationships
- Able to or interested in building the capacity to meet HRSN Service Provider requirements
CCBF Categories and Examples

**Technology**
- Software purchases
- Data platform modifications or integrations
- Staff training on technology

**Business Practices**
- Policy & procedure development
- Training for staff on HRSN roles
- Administrative supports

**Workforce**
- Staff positions for up to 18 months
- Recruiting, certification or training costs for staff

**Outreach, Education, and Convening**
- Outreach events
- Learning collaboratives
- Community engagement activities
CCBF Application Process

• CCOs will manage the majority of CCBF funding; OHA pass through.

• Organizations interested and eligible for CCBF will apply directly to the CCO(s) operating in the counties they intend to provide HRSN services within.

• Organizations can apply to more than one CCO, if the funding requests are different.

2024
Applications open: March 1 – May 31

2025
Notices to awardees: July - September
Funding disbursement: August - October
More funding available in 2025

2024

2025

More funding available in 2025
HRSN Service Provider Requirements

- Have strong community relationships
- Able to provide culturally and linguistically responsive and trauma-informed services
- Have appropriate business licensing or accreditation that meets state and industry standards
- Be able to receive referrals and report on the outcome
- Be able to invoice for services
- Demonstrate a history of responsible financial practices
- Comply with all reporting, oversight, and business registration requirements
References

- OHA HRSN Overview
- OHA CCBF Frequently Asked Questions
- OHA CCBF Scoring Rubric
- Oregon Health Authority : Oregon Health Plan (OHP) Climate Supports : Oregon Health Plan : State of Oregon
- Non-medical support services | PacificSource
Questions

Leslie.Neugebauer@pacificsource.com
Elliot.Sky@pacificsource.com

Call or email the Health-Related Services team to make a verbal or paper referral:
541-284-7964
HealthRelatedServices@pacificsource.com
**Behavioral Health Shared Savings Investment Procedure**

*For Board Approval: April 11, 2024*  
*Submitted by Donna Mills*

**OBJECTIVE:** Approve COHC Behavioral Health Shared Savings Investment Procedures

The source of these funds is the Board-designated 50% behavioral health shared savings, as defined in the Joint Management Agreement. COHC is required to spend all shared savings dollars received in a given calendar year by March 31 of the following year.

Procedures are as follows, to be executed immediately upon receiving the estimated shared savings amount.

Launch a Request for Proposal (RFP) to the Central Oregon region. There are no limits on how large or small the organization needs to be. The RFP will outline the requirements and restrictions for the funding.

The amount of the monies available will be determined by referring to the final CCO financials at the close of the applicable year’s books. The previous or soft close of December’s books will provide an estimate of the proposed/possible shared savings amount, which will be divided by 50% to accommodate the current Exhibit A.

This estimate will not guarantee funds but provide a guide as to the pool available. The RFP will remain open until August 31 of the current year, at which time it will close.

At the close of the grant cycle, the RFPs will be evaluated and scored by the COHC staff and recommendations will be made to the Board based on the criteria previously established.

Our OHA/CCO guidelines determine that our investments from shared savings dollars must be HRS approved and MLR eligible. To accomplish this, we will have very specific meetings with PCS staff and, as always, appreciate the partnership and assistance they provide.

Upon COHC Board approval, letters of agreement will be provided for execution to the applicants and checks written, with funds to be expended no later than March 31 of the subsequent year. There is no prohibition on funds being disbursed earlier if the process is complete.

*I respectfully request an affirmative vote to adopt the procedures.*
COHC Funding Streams and Sources
Flow of Funds

The Oregon CCO/Health Council Model

**CMS**

Centers for Medicare and Medicaid Services
- Federal oversight: legislation & requirements
- Monitors & evaluates 1115 Medicaid demonstration waiver
- Provides federal funding

**OHA**

Oregon Health Authority
- State oversight: legislation, contract & program requirements
- Reports state quality measures to CMS as part of 1115 waiver
- Provides state funding
Flow of Funds (cont.)

CCO  
Coordinated Care Organization
- PacificSource Community Solutions in Central Oregon
- Administers benefits for the Medicaid population
- Reports regional quality measures, HRS and quality pool spending, and more to OHA

COHC  
Central Oregon Health Council
- Provides CCO governance
- Conducts RHA
- Creates RHIP
**CCO–COHC Flow of Funds**

**CMS**
Centers for Medicare and Medicaid Services

Federal
Medicaid $$

**OHA**
Oregon Health Authority

Federal/State $$
Monthly Payments

**COHC**
Central Oregon Health Council

**CCO**
(Coordinated Care Organization)
PacificSource Community Solutions

SHARE Initiative
HB 4018: Portion of CCO profits reinvested into SDOH-E

**RHIP**
1% of global budget
• 9% RHIP • 1% CBIs
Paid monthly—must be spent by March 31 of following year

**QIMs**
50% to PCS • Provider Contracts
50% to COHC
• 35% Provider Payouts
• 10% CBI Funds • 5% PEP approved
OHA announces in June

**Community Benefit Initiatives (CBIs)**
Allocated by CAC

**Shared Savings**
50% Behavioral Health
50% Provider Partners
Funds to COHC by Sept 30.
Shared Savings

Funds exceeding CCO margin by 2%

Governed by the JMA

Annual payout from CCO to COHC by Sept 30

COHC must spend by March 31 of the following year

- 50% – Behavioral health investments
- 50% – Provider partners
Questions?
CCO Director Report  
Date: April 2024  
To: The Central Oregon Health Council (COHC) Board of Directors  
Prepared by: Lindsay Atagi, Director Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:

Quality Incentive Measure (QIM)  
The Oregon Health Authority uses quality health metrics to show how well Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. Measures fall into one or more categories:

- **CCO Incentive measures**, for which CCOs are eligible to receive payments based on their performance each year (CCO Quality Incentive Program pay-for-performance measures); and
- **State Quality measures**, which OHA has agreed to report to the Centers for Medicare and Medicaid Services (CMS) as part of Oregon’s 1115 Medicaid waiver.

OHA is estimating the Central Oregon CCO maximum payout, based on 100% performance, is $21.1M. Below is an updated timeline for the Measurement Year (MY) 2023 Quality Pool Payout:

**MY2023 Quality Pool Measure Finalization Process**

- **March 29** – Deadline for claims submission to OHA for inclusion in 2023 results
- **April 30** – OHA will distribute preliminary CY2023 dashboards via SharePoint
- **May 31** – CCO questions/validation requests on 2023 metrics due to OHA
  - Email metrics.questions@odhsoha.oregon.gov
- **June 18** – Final metrics results distributed to CCOs and quality pool payment amounts disclosed
- **June 30** – Deadline for CCOs to receive their quality pool funds from OHA

*OHA is aware of a claims processing delay affecting some CCOs. We will monitor the situation and communicate any changes to this timeline via the TAG email distribution list.

Training & Facilitation

PacificSource (PCS) hosted a Behavioral Health Clinician/Consultant Forum and offered a webinar on Working Effectively with Interpreters with continuing education credits. The evaluations for this training were overwhelmingly positive. PCS is now working to post the recording on our online Provider Learning Platform. In April, PCS will publish courses online for Home Visiting Safety and Coding for Risk Adjustment.

In March, another cohort of Healthcare Interpreters completed their 64-hour training. PCS submitted complete applications and has received five out of six OHA Registry numbers so far. There are twelve participants registered for the April cohort. Additionally, PCS has started developing content and training materials for a continuing education program for Healthcare Interpreters who need to renew their qualification/certification. This content will be submitted to the Oregon Health Authority for approval in Q4 2024.
Focus on: Mental Health Access

The % of Medicaid members with a mental health service need who had outpatient mental health services. Reporting using OHA mental health access PIP reported data.

MH Access Rate (Ages 2+) with OR State and Other PCS CCOs
11/2022 - 10/2023 Annual Rate

64.7%
60.2%
61.5%

Medicaid MH Access Rate Trend
1/2021 - 10/2023 | OR State and Central Oregon

63.6%
57.3%
60.2%

Focus on: Mental Health Access
Central Oregon Medicaid MH Access Rates | 11/22-10/23

MH Access Rates By Age Grp

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-05</td>
<td>59.7%</td>
</tr>
<tr>
<td>06-11</td>
<td>69.3%</td>
</tr>
<tr>
<td>12-17</td>
<td>75.7%</td>
</tr>
<tr>
<td>18-24</td>
<td>66.0%</td>
</tr>
<tr>
<td>25-64</td>
<td>63.2%</td>
</tr>
<tr>
<td>65+</td>
<td>36.6%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>64.7%</td>
</tr>
</tbody>
</table>

MH Access Rates By Interpreter Need

<table>
<thead>
<tr>
<th>Interpreter Need</th>
<th>Rate (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreter needed</td>
<td>58.6% (n = 633)</td>
</tr>
<tr>
<td>No need indicated</td>
<td>64.8% (n = 28,475)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>64.7% (n = 29,108)</td>
</tr>
</tbody>
</table>

Access & Utilization
(01/2021 to 12/2023, paid thru 12/2023; no completion factor applied)

<table>
<thead>
<tr>
<th>Category</th>
<th>Visits PTMPY</th>
<th>% Members (# mems w/visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>4,118</td>
<td>24% (23.0K)</td>
</tr>
<tr>
<td>2022</td>
<td>4,041</td>
<td>23% (24.6K)</td>
</tr>
<tr>
<td>2023</td>
<td>4,007</td>
<td>22% (25.7K)</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>777</td>
<td>30% (28.9K)</td>
</tr>
<tr>
<td>2022</td>
<td>778</td>
<td>30% (32.3K)</td>
</tr>
<tr>
<td>2023</td>
<td>714</td>
<td>29% (34.1K)</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>1,725</td>
<td>52% (39.2K)</td>
</tr>
<tr>
<td>2022</td>
<td>1,703</td>
<td>50% (40.4K)</td>
</tr>
<tr>
<td>2023</td>
<td>1,632</td>
<td>47% (41.9K)</td>
</tr>
<tr>
<td>Specialist Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>604</td>
<td>20% (20.4K)</td>
</tr>
<tr>
<td>2022</td>
<td>613</td>
<td>20% (22.4K)</td>
</tr>
<tr>
<td>2023</td>
<td>640</td>
<td>20% (24.4K)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>420</td>
<td>20% (14.8K)</td>
</tr>
<tr>
<td>2022</td>
<td>433</td>
<td>21% (16.9K)</td>
</tr>
<tr>
<td>2023</td>
<td>394</td>
<td>19% (17.1K)</td>
</tr>
<tr>
<td>Inpatient Admits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>65</td>
<td>5% (3.4K)</td>
</tr>
<tr>
<td>2022</td>
<td>62</td>
<td>4% (3.5K)</td>
</tr>
<tr>
<td>2023</td>
<td>57</td>
<td>4% (3.5K)</td>
</tr>
</tbody>
</table>

*A Visits Per 1,000 Members per Year
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition &amp; Data Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>Member selected one of the racial or ethnic identities under the American Indian and Alaska Native section as their primary race during the process of Medicaid enrollment. This data is shared by OHA with CCOs in the member enrollment data files.</td>
</tr>
<tr>
<td>Asian</td>
<td>REALD form category including Asian Indian, Chinese, Filipino/a, Hmong, Japanese, Korean, Laotian, Other Asian, South Asian, and Vietnamese</td>
</tr>
<tr>
<td>Behavioral Health Visit</td>
<td>The member has had a behavioral health visit (mental health or substance use/addiction treatment) in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>Black/Afr Am</td>
<td>Member selected one of the racial or ethnic identities under the Black or African American section as their primary race. This includes African, African American, Caribbean, Other African.</td>
</tr>
<tr>
<td>Interpreter Needed</td>
<td>Member indicated on their REALD form that they need either a spoken or sign interpreter during the time of Medicaid enrollment or renewal.</td>
</tr>
<tr>
<td>Expenses &amp; Claims Over Revenue</td>
<td>Total expenses including claims expense and administrative expenses divided by the total revenue</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>HOP</td>
<td>Healthier Oregon Program</td>
</tr>
<tr>
<td>Latino/a/x</td>
<td>Member selected one of the racial or ethnic identities under the Hispanic and Latino/a/x section as their primary race during the process of Medicaid enrollment. This data is shared by OHA with CCOs in the member enrollment data. This includes Hispanic or Latino/a Central American, Mexican, South American, and Other Hispanic or Latino/a/x.</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>Mental Health Access</td>
<td>The statewide performance improvement metric on mental health service access monitoring for CCO Medicaid Members. This is the percent of members with a mental health service need (based on a 24 month look-back period) who received outpatient mental health services in the measurement period. Mental health service needs and mental health services are defined in OHA’s Mental Health Service Access Monitoring specifications available at <a href="https://www.oregon.gov/oha/HPA/DSI/Documents/PIP-MH-statewide-measure.pdf">https://www.oregon.gov/oha/HPA/DSI/Documents/PIP-MH-statewide-measure.pdf</a>.</td>
</tr>
<tr>
<td>Member Months</td>
<td>One member month = one person enrolled for a whole month. If a person is enrolled for 2 out of 4 weeks in the month, that is 0.5 member months.</td>
</tr>
<tr>
<td>ME/NA</td>
<td>Member selected a primary race of Middle Eastern or North African during the process of Medicaid enrollment. This data is shared by OHA with CCOs in the member enrollment data files.</td>
</tr>
<tr>
<td>NH/PI</td>
<td>Member selected one of the racial or ethnic identities under the Native Hawaiian and Pacific Islander section as their primary race during the process of Medicaid enrollment. This includes Guamanian or Chamorro, Micronesian, Other Pacific Islander, Samoan, and Tongan. This data is shared by OHA with CCOs in the member enrollment data files.</td>
</tr>
<tr>
<td>OHA</td>
<td>Oregon Health Authority</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PMPM</td>
<td>Per member per month</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>The member has had a primary care visit in the last 12 months according to the member insight member profile.</td>
</tr>
<tr>
<td>PTMPY</td>
<td>Per thousand members per year</td>
</tr>
<tr>
<td>REALD Primary Race/Ethnicity</td>
<td>A member can self-select a primary race during their Medicaid enrollment and OHA shares this information with us in the 834 file. This is a higher level category of primary race based on the sections of the REALD form.</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>The member has had a specialist visit in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>Unknown Primary Race</td>
<td>Member selected unknown, did not answer, declined to answer, or the data was not provided for this member.</td>
</tr>
<tr>
<td>Utilization</td>
<td>Use of a good or service</td>
</tr>
<tr>
<td>White</td>
<td>Member selected one of the racial or ethnic identities under the White section, including Eastern European, Other White, Slavic, and Western European, as their primary race.</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

Note: Financial PMPM costs, revenues and expenses are presented on a paid date basis, regardless of which year they were incurred.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative.
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Elaine Knobbs-Seasholtz, Mosaic Community Health
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Mayra Benitez, Consumer Representative

COHC Staff Present:
Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Avery Grace, Central Oregon Health Council
Bradley Garner, Central Oregon Health Council

Support & Guests Present:
Martha Edwards, PacificSource
Kristen Tobias, PacificSource
Leslie Neugebauer, PacificSource
Dustin Zimmerman, Oregon Health Authority
Elliot Sky, PacificSource
Katie Ortgies, Oregon Health Insurance Marketplace
Ana Mesina, Volunteers in Medicine
Christie Rudder, Guest
Yannely Nonato, Guest
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
• MaCayla Arsenault read the Land Acknowledgement (Page two in meeting packet).

Meeting Practices
• Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (Page three in meeting packet).

Public Comment/Patient Story
• Brad Porterfield welcomed public comment. Christie Rudder shared her experiences with requiring a heavy power chair for mobility, living in La Pine, and needing NEMT services.
• Even with appointments scheduled through her insurer, contractors providing NEMT services will frequently refuse to come to La Pine. Sometimes as without notice. Modivcare an NEMT provider, has told Christie it’s not worth it to pay drivers to go to La Pine.
• Access to food is difficult, food, and grocery delivery services generally unavailable in La Pine.
• Kristen Tobias informed the group that PacificSource has invited Modivcare, provider services, and the grievance and appeals team to a meeting in April 17’th 9:30 to 11:30 over Zoom. Once finalized, an invitation will be provided.

Health Related Social Needs – Community Capacity Building Fund
Leslie Neugebauer and Elliot Sky presented on the new benefit currently being rolled out. The HRSN is a benefit derived and created through the 1115 Demonstration waiver. HRSN aligns with state goals and offers more benefits to certain populations through OHP.
• HRSN as part of Oregon’s 1115 Demonstration waiver was approved for October 2022 – September 2027.
• HRSN is continually changing as it is being rolled and will continue to be updated.
HRSN is a benefit with a focus prevention, access, and health equity through social needs. The three primary focuses of this benefit are climate supports, housing supports and food supports.
• Climate benefits launched in March of this year.
• Housing benefits due to launch in November of 2024.
• Food benefits to launch January of 2025.
  o CCOs and/or HRSN service providers are required to identify potential eligible members, based on eligibility criteria and priority populations.
  o HRSN differs from Health-Related Services Flex Funds in that HRSN is a covered benefit, with a focus on being proactive.
Announcement

- Tom Kuhn announced that today will be his last day as part of the CAC, to be replaced by Jessica Jacks. Thank you, Tom, for your years of service with us.
- MaCayla Arsenault reminded folks to complete their 2024 Conflict of Interest (COI) statement.
- JEDI formerly CODEI, is launching an events calendar available on the provided link and COHC website.
- RHA Steering committee is still looking for members.
- Save the date for the 2025 RHIP priority selection for June 13th, calendar invite and more details soon.
- Dr. Hathi the director of OHA will be visiting, more details soon.

Approval of February Meeting Notes

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

Health Equity Plan Update

Marth Edwards presented the Health Equity plan update for Central Oregon. The OHA has made it a long-term goal to eliminate health equities by 2030. The Health Equity plan is a community-informed five-year plan, feedback from the community being a significant driver in developing the plan. Currently, OHA is working on a Health Equity Dashboard, the goal is to highlight progress for CCOs and providers.

The five focus areas established for the 2023-2024 Health Equity Plan are:
- REALD and SOGI data collection and analysis
- CLAS standards (Communication, continuous improvement, governance, language assistance, and workforce.)
- Priority populations (People with disabilities and people who are LGBTQIA2S+.)
- Community Engagement
- Organizational Health Equity Infrastructure

Focus areas for the 2024-2025 Health Equity Plan will be available soon. Martha Edwards provided her email for people to reach out for questions or more details on the Health Equity Plan: martha.edwards@pacificsource.com

Recruitment

- MaCayla Arsenault and Avery Grace gave a continuation presentation from last meeting to dive deeper into strategies for CAC recruitment.
  - CAC membership requires representatives of the community from each county government served by the CCO.
  - Majority of the CAC should be comprised of consumer representatives. Consumer representatives are people on the Oregon Health Plan and enrolled with PacificSource Community Solutions
  - Members must be at least 16 years old.
  - Someone can be considered a consumer representative if they are considered the primary caretaker or guardian of someone on the Oregon Health Plan enrolled with the CCO.
- Membership intended to be representative of the community that the CCO serves, with emphasis on communities the experience health disparities.
- Tribal Advisory Councils of tribes within the CCO service area can choose to appoint a tribal representative to sit on the CAC.
- Avery Grace emphasized the groups and populations with the lowest representation in our present CAC as prioritized focuses for recruitment.

CAC Recruitment and Visibility: Small Group Breakout Session
The topic posed for the breakout session: What are 1-2 strategies by which CAC can outreach to the following demographics for new members? What strategies can we implement to help recruit people for our priority populations?

- **Group 1**
  - For people ages 16-24 recruit with OHSU Cascades and COCC, incentivize with a gift card.
  - Focusing on LGBTQIA2S+ with community gatherings and newsletters, with the Bulletin or SUS as resources.
  - People whose primary language is not English, ask current translators and friends, members of churches.

- **Group 2**
  - Direct sharing and recruitment
  - Organized events
  - Klamath: all Spanish radio, Health Council
  - Asian: API orgs, events, upcoming talent show
  - Latin-X: La Delta, interviews on the radio; Telemundo; LCA, churches
  - Black community members: orgs, COBLA, Father’s Group
  - Restorative justice and equity group; youth.
  - Event tabling after building partnerships.
  - Demonstrate accessibility and safety for participation in CAC.