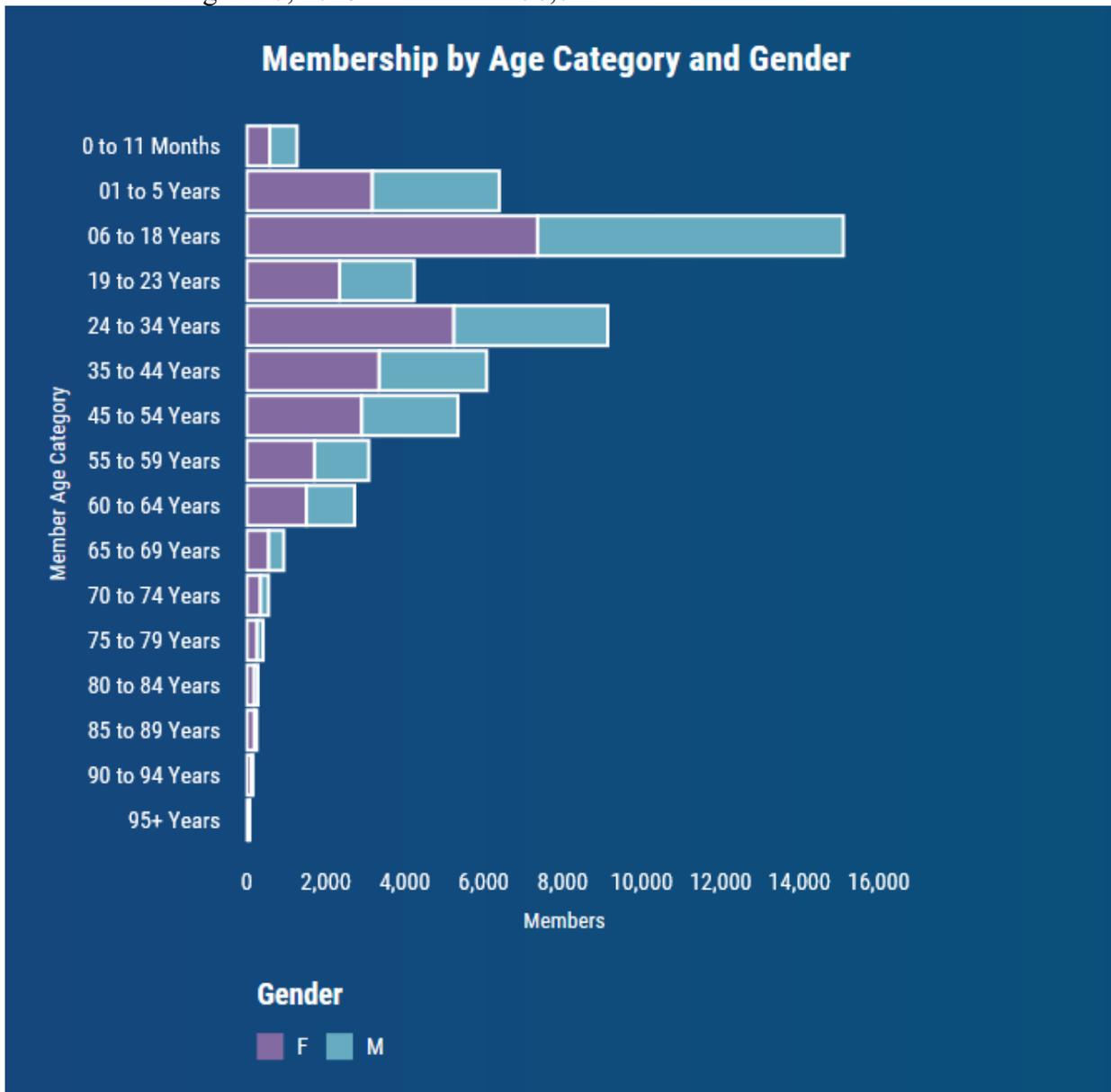


IHN-CCO  
Operations Report  
September 2018

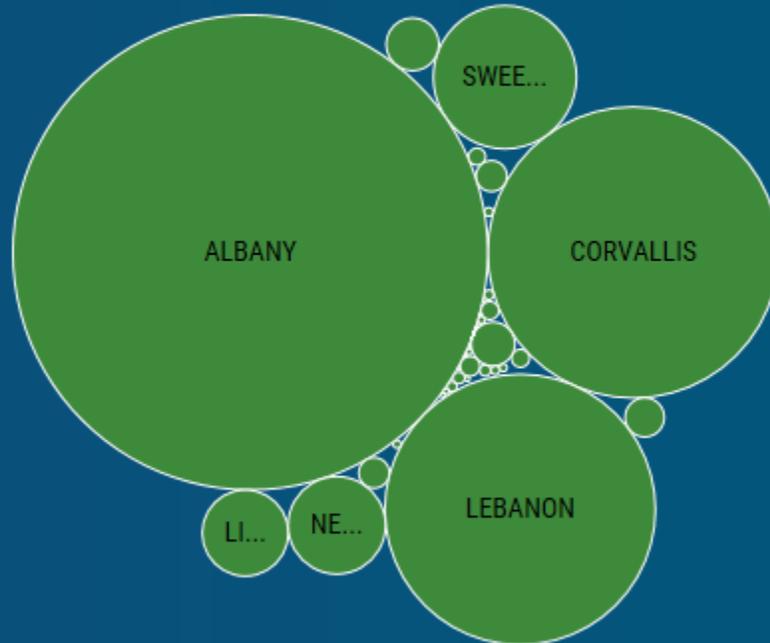
**IHN-CCO Total Enrollment**

As of August 27, 2018

56,022



## Membership by City



### **Highlights**

Oregon Health Update July 27, 2018

What we heard from you about CCO 2.0

OHA Director Pat Allen and Director of Health Policy and Analytics Jeremy Vandehey recently put in more than 2,000 miles of windshield time as they traveled the state speaking with more than 500 Oregonians about the future of the Oregon Health Plan. From Astoria to Ontario, Hood River to Klamath Falls, they asked Oregonians for input on five “big ideas” to improve our state’s innovative coordinated care system:

1. Improve behavioral health: Give OHP members immediate access to mental health and substance use treatment without having to navigate the system on their own.
2. Address social factors that affect health and health disparities: Improve housing, nutrition and transportation for OHP members so they can stay healthier.
3. Reduce health care costs: Keep health care inflation in line with growth in the cost of living by rewarding CCOs for delivering care more efficiently and working with our partners to control drug costs.
4. Pay for better health: Pay more health care providers for improving patient health and lowering costs, not for the volume of visits they provide.

5. Improve transparency and accountability: Ensure CCOs are more accountable to members and their communities.

We heard clearly that these are the right priorities for our state. We also heard that CCOs can't do this work alone – schools, local non-profits and public health departments want to play a bigger role in health transformation and help find solutions to the social factors that can undermine good health for OHP members. The core of Oregon's bi-partisan health reform success is that CCOs have local roots and connections. That was evidenced across our 10-city tour as we heard people talk about efforts CCOs have made to support programs that tackle local problems, support their community advisory councils, and partner with local organizations to develop effective community health improvement plans.

Community members also emphasized the need for a continued focus on integrating oral health and for more providers in rural communities, so people have greater access to care. Providers told us they're interested in pay-for-health innovations, but they're cautious about the pace of those changes. The OHA takeaways from the CCO 2.0 summer community meetings were presented to the Oregon Health Policy Board (OHPB) at the [July meeting](#). Over the next several weeks, OHA will also participate in listening sessions with culturally specific community organizations and begin a phone survey to a representative sample of OHP members.



#### In Case You Missed It

[Director Allen recently met with the editorial board of the Oregonian](#) about CCO 2.0.

#### Important Upcoming Dates

[OHPB and CCOs meeting](#): July 30, 10 a.m. to noon, Portland State Office Building, Room 1B, 800 NE Oregon St, Portland

**OHPB August meeting:** August 7, 8:30 a.m. to 3 p.m., OHSU Center for Health and Healing, Portland

**OHPB September meeting:** September 11, 8:30 a.m. to noon, OHSU Center for Health and Healing, Portland

**OHPB October meeting:** October 10, 8:30 a.m. to noon, OHSU Center for Health and Healing, Portland

OHA recruiting for executive leadership positions

The Oregon Health Authority is looking for visionary health care leaders who can carry on our agency's progress in health system transformation. The positions under recruitment are chief financial officer, behavioral health director, and PEBB/OEBB director.

Oregon is at an important milestone of its health system transformation journey. Oregon's Medicaid reforms and the coordinated care model have saved taxpayers an estimated \$2.2 billion since 2012. Oregon has also improved health quality and outcomes, including effective contraceptive use, follow-up after hospitalization for mental illness, and dental sealants for kids.

We also know there are many opportunities for improvement, and Governor Kate Brown has tasked OHA with focused improvements in the next phase of our transformation journey – in paying for better outcomes, influencing factors outside of the clinical setting that impact Oregonians' health, such as housing, and in behavioral health, which includes mental health and addiction recovery. We understand the importance of focusing efforts on reducing addiction and increasing addiction recovery rates, and we are looking for a dedicated change agent to transform our behavioral health system into one that improves outcomes for all Oregonians suffering from mental health issues or the disease of addiction.

These new leaders will be critical drivers of OHA's next push for better outcomes, better care, and sustainable costs.

### Recertification

MEMO

Date: June 6, 2018

To: CCO Leadership

From: OHA Leadership

Re: CCO re-certification

We are sending this letter to let you know the steps the Oregon Health Authority is taking related to CCO re-certification.

As you are aware in the 2012 Request for Applications (RFA), the separate process of certification preceded the award of a CCO contract. Issuance of certification was OHA's determination that an applicant was ready to perform under the CCO contract. The date of certification under the 2012 RFA varied by CCO. The CCOs were certified in waves beginning August 2012 through April 2013, with all but one of the CCOs certified by December 2012.

The duration of certification is currently set by OAR 410-141-3010(6), which provides:

(6) The Authority shall certify CCOs for a period of six years from the date the certification application is approved, unless the Authority certifies a CCO for a shorter period.

Accordingly, the certification of the current CCOs is for 6 years from the date of certification. Their certification will expire after six years which, depending on the date of original certification, will occur between August 2018 and April 2019.

Currently, the CCO contract is a 5-year contract. This current contract was originally set to expire December 31, 2018. Under the original contract expiration date, all but one of the certifications would have expired during the fifth year of the contract. Recently, the contract was extended for one additional year and now will expire December 31, 2019 with the new contract beginning January 1, 2020.

The current CCO contract and rules require that the holder of the contract be a certified CCO. Because of how the certifications were completed and the current timing of the contract expiration, there will need to be a “bridging” certification to ensure that there is continuity of services for members who are currently enrolled in CCOs until the next contract cycle. This bridging will bring the certification dates in alignment with the contract expiration of December 31, 2019. The bridging procedure needs to be effective by August 1, 2018.

OHA Leadership is committed to making the process align with the extension of the contract. To accomplish this, OHA will be extending the certification by amending the OAR so that certification will be extended until the end of the contract, with minimal requirements of the CCOs as noted below.

1. Provider Network – submitted through current DSN report which is due in July of every year.
2. Financial information would be met by information provided throughout the year per contractual requirements.

OHA will complete review of these documents for all CCOs to extend all CCO certifications through the end of the 2019 contract.

If you have any questions about this process, please contact Rhonda Busek  
Rate Setting

### 2019 CCO Rate Timeline

Date	Meeting	Topic
7/10/2018	Rates Workgroup	Base Data Policy and Program Changes
7/27/2018	Rates Workgroup	Risk Score, Trend, Maternity, Dental
<b>8/17/2018</b>	<b>Milestone**</b>	<b>Draft Rates Delivered to CCOs</b>
8/20/2018 – 8/22/2018	CCO 1:1 Meetings	Draft 2019 CCO Rates** (feedback due 8/24)
9/4/2018	CCO-specific or Rates Workgroup Meeting if needed	Final CCO Payment Rates

\*\*The recently passed legislation (HB4018) requires OHA to provide enough information to allow each CCO to make an informed business decision to continue participation 134 days prior to the contract (8/20/2018).



High Dollar Cases: IHN-CCO has 0 cases over \$300,000 as of August 2018

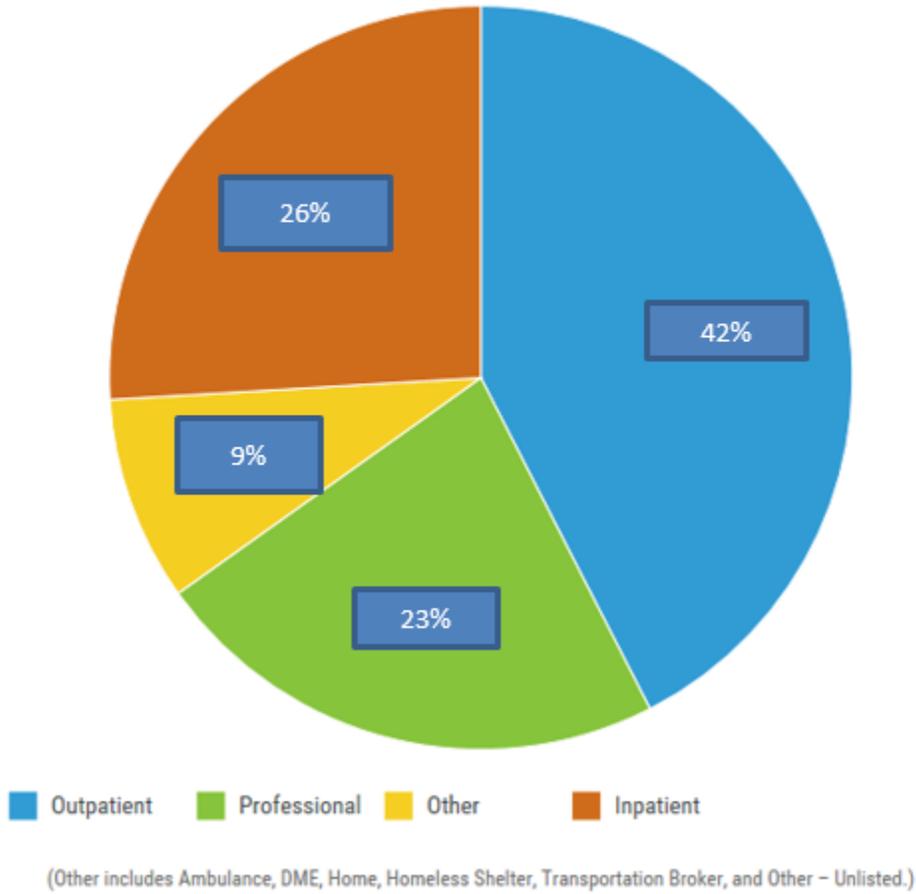
Transformation Update – stories from the field

Community Doula	At the regional MCH (Maternal Child Health) meeting in Albany, a home-visiting nurse shared with the group how instrumental one of the doulas was to their home-visiting care team for a Spanish-speaking family. The nurse explained how easily she transitioned into the care team and how she provided specific services that filled the gaps in care that this mother was experiencing.
Community Doula	In early June 2018, one of the bilingual, Spanish-speaking doulas attended her first birth from the program’s 911 Doula List. In her reflection of the birth experience, she discussed how she felt confident and really enjoyed the experience stating, “I just left the birth, it was amazing!” This doula is continuing care by providing two postpartum visits to this family.
Community Doula	In a new podcast called Midwifing America, a client shared how doulas from this program transformed her birth experience as they led her down a path of healing from a history of early childhood abuse. This powerful episode can be found here: <a href="https://www.midwifingamerica.com/episodes-rss/">https://www.midwifingamerica.com/episodes-rss/</a>
CHANCE 2nd Chance	One client lived on the streets for two years before she connected with C.H.A.N.C.E. She found stable housing, became engaged in treatment, had her rent paid, and obtained a birth certificate and ID. She began talking about changing her life. She was connected with a PCP, got nicotine patches, had a Nexplanon birth control implant, and got a job! Now she pays her own rent, makes positive life choices, and is a productive member of the community. It is because of this pilot that there were funds to help her stay focused on her recovery. She did not have to stress about staying warm, dry, or to find food. Her basic needs were taken care of, she is not starving, and she no longer needs assistance. This all took place in a six-month period.
CHANCE 2nd Chance	Two brothers in Sweet Home were facing a 72-hour eviction. They were engaged in treatment through a recovery center in Sweet Home and initially didn't qualify but, after working with them to get case management and provide other support like employment resources, this pilot helped them find jobs. Their eviction was prevented because they are both working and they have a way to pay rent the following month! It really changed their lives.
Social Determinant of Health Screening with a Veggie Rx Intervention	Providing tokens has been powerful for many patients. Staff with the High Complexity Care Team spoke of someone who broke down in tears when given the \$20 tokens because healthy food access is so difficult for them. The relief from having an immediate resource to meet their needs was incredible.
Social Determinant of Health Screening with a Veggie Rx Intervention	The diabetic educator, who talks all day long about what patients need to do and want to do with diet, has seen a lot of gratitude and appreciation from those who have been provided tokens. There is genuine excitement that they are one step closer to getting access to the health supports they know they want/need but are not always able to access.

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### Allowed Amounts by Care Setting

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## Allowed Amounts by Physical & Mental Health - All Care Settings

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