

Regional Community Advisory Council (CAC)

MINUTES

Date: Monday, Sept 8, 2014

Location: Oregon Cascades West Council of Governments, Albany, Oregon

Council Representatives:

CAC Chair: Lawrence Eby;

Benton: Hilary Harrison, Joe Zaerr, Melissa Marshall, Michael Volpe, Stretch McCain;

Lincoln: Ellen Franklin, Patricia Neal, Richard Sherlock;

Linn: Catherine Skiens, Frank Moore, Miao Zhao, Paul Virtue, Summer Vestal;

Others on the Agenda: Kelley Kaiser, IHN-CCO CEO; Rebekah Fowler, CAC Coordinator; Marci Howard, Oregon Cascades West Council of Governments Medicaid Program Manager; Bill Bouska, Oregon Health Authority (OHA) Innovator Agent; Eryn Womack, IHN-CCO Dental Program Coordinator; Frank Moore, Linn County Health Administrator

Absent: Rocío Muñoz, Betsy Williams

CALL TO ORDER

Larry Eby, CAC Chair, called the meeting to order at 2:00

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Everyone introduced themselves, public and representatives
- Chair and Representative announcements
 - IHN-CCO Grants: (handout) Representative Volpe saw in the Lund Report a positive article on the IHN-CCO \$4 million in grants received in collaboration with the counties. He commended the CCO and asked for, how much was each grant was awarded. Ms. Kaiser said that she would get those number to the CAC and said that there is a 1.6 million technology grant for provider communication sharing (for example, if a member gets a vaccination at Rite Aid, this information could be shared with the PCP) She said that the other grant amounts range from 50K – 400K, and she will get specifics to the CAC through the CAC Coordinator.

ACTIONS: Council approved present agenda and meeting minutes from previous meeting.

PUBLIC COMMENT

17 members of the public present. All introduced themselves. No comments

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided a CCO and Board of Directors update

Highlights of the August IHN-CCO Board Directors meeting:

There are now 55,000 IHN-CCO members, which are about 19,000 new members since January 1. OHA predicted to expect 6,000-7,000 by the end of year, then that many again in 2015. The CCO got all of those in the first four months but enrollment seems to be leveling out.

Access and Capacity were a major focus at the Board meeting

It was announced that Suzanne Hoffman is the Interim Director of the Department of Medical Assistance Programs (DMAP).

A summary of Targeted Case management was presented at the Board of Directors.

Overview of Targeted Case Management (currently planned to roll into CCO 7/1/2015)

Public Health Nurse Home Visiting Programs

Below are descriptions of the public health nurse home visiting programs.

- Babies First! Public Health Nurses in the Babies First! Program provides home visiting services to infants and children who are most at risk for delayed development and chronic health conditions.
- Nurse-Family Partnership Nurse-Family Partnership (NFP) is an evidence-based, community health home visiting program for first-time, low-income moms and their babies.
- CaCoon is a statewide public health nurse home visiting program that focuses on community-based CAre COordinatiON for families with children, birth to 21 years, with special health needs.
- Maternity Case Management provided by public health nurses, is a home visiting program offered to medically and socially high-risk pregnant women early in pregnancy and continuing through two months postpartum.

Community Education Program

Life-health campaign wraps up in Linn County

The campaign is a Transformation Plan pilot created to address the stigma associated with mental health. The campaign's slogan, 'Your wellness is more than physical', encourages local communities to accept a broader meaning of wellness, which incorporates eight aspects of a person's life: emotions, body, mind, environment, finances, community, spirit, and work. By emphasizing that wellness is more than one part of a person's life, the campaign strives to normalize mental health as part of overall well-being.

Because of this campaign, the CCO wants people to stop and think twice about what is going on in

their life that may be affecting how they look and feel, and to have compassion for those in their community who may be unwell. The campaign asks, ‘What affects you?’, and urges readers and listeners to visit [samhealth.org/ TodayIAM](http://samhealth.org/TodayIAM), a website with a confidential, self-assessment tool to help identify areas of their life-health that may need attention, along with ways that an individual can improve their wellness.

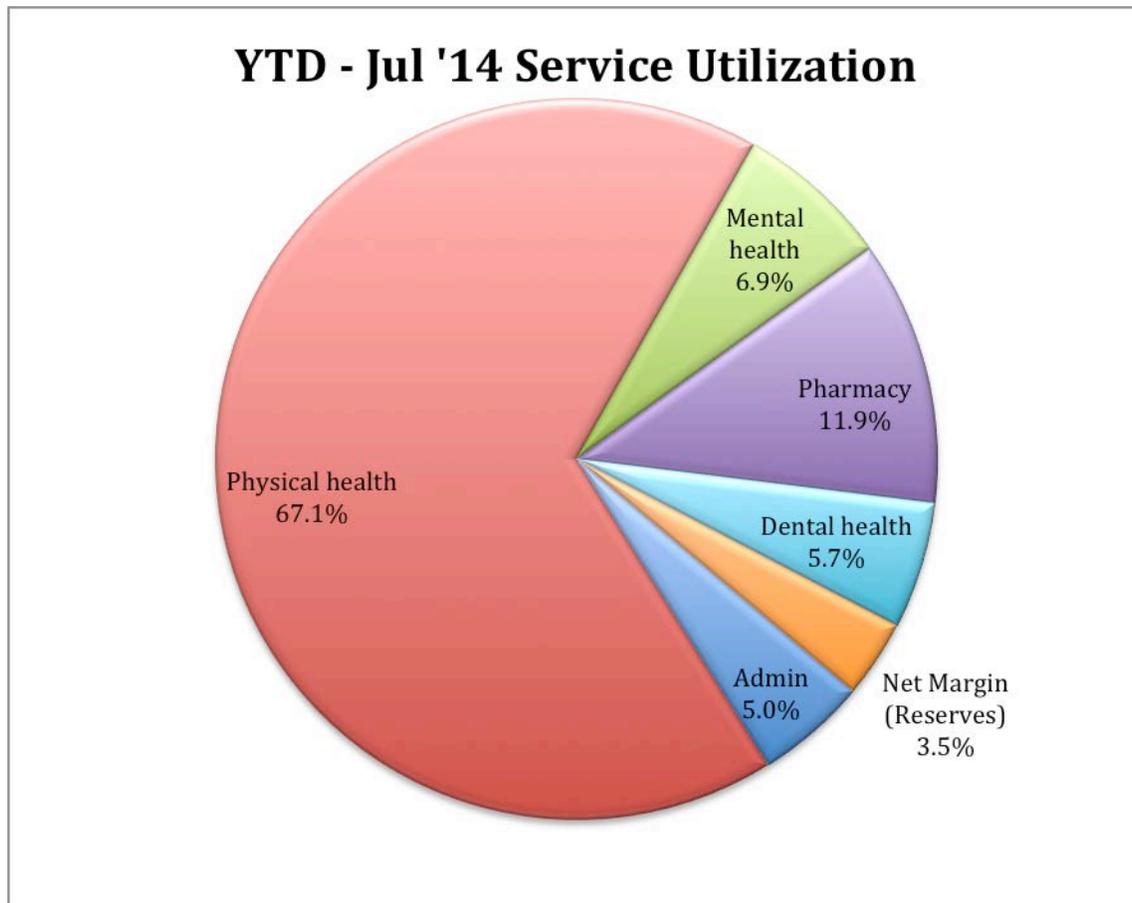
Website results for samhealth.org/TodayIAM as of July 16, 2014

- Unique visitors: 1,533
- Completed surveys: 248

Surveys will be conducted in Linn County during August to determine the effectiveness of the education campaign. A training presentation for primary care providers and IHN-CCO entitled, “There’s more to wellness than physical health – understanding mental health and mental illness”, will be made available on the new IHN-CCO training website to be launched Sept. 1, 2014.

IHN-CCO Website

- Announced and published Community Advisory Councils’ Community Health Improvement Plan.
- Announced and published Transformation Milestones Report.



Representative Harrison asked what the state's pie look compared to the IHN-CCO's. Bill will work on getting that to Coordinator.

Representative Virtue asked how many new members have been seen? Ms. Kaiser said that IHN doesn't know because that data comes through claims data and providers have up to a year to file claims. All new members have been assigned a PCP and the CCO has implemented a financial incentive plan for providers to see IHN-CCO members.

All members have been assigned a dental medical home. There are four Dental Care Organizations on board and they have been beefing up for increased access.

Representative Harrison said that she is aware of two members who have been approved for OHP but haven't heard from IHN. Ms. Kaiser asked if they are "open card" (assigned to the state) or IHN members. From IHN's perspective, she said that send a letter once they know who is enrolled. These members should call IHN and they can sort it out if they are IHN or Open Card.

Representative Virtue said that his son-in-law found out he was eligible but didn't hear from IHN. Kelley said it would be most helpful to IHN to hear from him so they can know if there are gaps in communication between the state and IHN.

Dr. Eby asked if all members are enrolled in a Patient Centered Primary Care Home (Medical Home/PCPCH). Ms. Kaiser said that the CCO and clinics are working on making all their clinics Medical Homes.

Representative Sherlock asked if someone comes in sick with the flu, for example, and the doctor sees that all their teeth are rotten, would they be referred to a dental? Ms. Kaiser said that this is the plan for coordinated care, that such referrals should take place.

Representative Harrison asked about Emergency Department utilization? Ms. Kaiser said it is said that it is increasing but they don't have data on that yet because they have a year to file their claims. It is expected that ED use will increase with the new enrollment and there are strategies in place to bring that utilization back down.

Representative Zaerr said he talked to a primary care physician who didn't know what a PCPCH is. Are they being assigned to a PCPCH. Ms. Kaiser said that's not how it works. IHN-CCO can't make providers belong to a PCPCH but the docs are incentivized to be part of a PCPCH as that becomes the model.

- Specialties haven't' become integrated into the system, yet.

Representative Vestal asked Ms. Kaiser to expand on whether there would be new providers for all these new patients because there is sometimes a wait of 3 months to see a PCP and ED visits will increase.

- Ms. Kaiser said that COMP medical school is training family doctors and offering residencies locally. Residents are more likely to stay where trained. The CCO is also incenting financially to do things differently, work at the top of their license in a PCPCH. Some teams are led by a nurse practitioner, for example. The CCO and providers are working to think out side the box to provide services differently and to recruit more providers.

Representative Franklin asked how she could find out more about the incentives. Ms. Kaiser said that it's a pilot project. Cheryl Connell, Lincoln County Health Director, has all that information.

Representative Zhao said that the targeted case management seems focused on maternal and child health. What other areas are the focus? Ms. Kaiser said that the county CHIPs (at the local public health level) have those answers.

Dual Eligibility Discussion

Marci Howard, Medicaid Programs Manager for Oregon Cascade West Council of Governments (COG) along with Kelley Kaiser, IHN-CCO CEO, spoke and answered questions related to serving members who are dually eligible for Medicaid and Medicare.

Long term care includes a large portion of the dual eligible. Services aren't included in the CCO.

Kelley Kaiser defined Dual Eligibles as Medicaid eligible (65 and over) and Medicare eligible. Patients are enrolled in IHN. CCO prefers that they be enrolled in Samaritan Advantage, then they can coordinate care best. If they're as secondary, then it takes more work to coordinate. IHN cannot market, however, due to federal rules.

1500-1600 dual eligible are on IHN Samaritan Advantage and as IHN as secondary.

The COG looks at eligibility and is the ones who follow the OHA rules to determining that. Also, they provide long-term care and supports.

Advantage plan coordinates the benefits and payment.

Representative Franklin said that Medicare and Medicaid have different billing rules, which complicates how it's paid; it's complex. But for Representative Franklin it's easier, as the Billing Manager for Lincoln County Health Services, if someone is on the Samaritan Advantage Plan.

The COG is the agency that determines Medicaid eligibility and follows OHA rules in determining what plans the consumer is eligible to enroll in, and then choice counsels those consumers. Medicare recipients have a choice if they want to be enrolled in IHN CCO or not. Also, they provide long-term care and supports.

Ms. Howard said that at the OCWCOG, when they are counseling dual eligible on how they can enroll,

they provide all of the information on plans that may be available to them. Those that have traditional Medicare a stand alone Part D plan and IHN for the Medicaid side have three different insurance companies to talk to in terms of their coverage. When clients ask the COG if there is a way to have one person to talk to about their coverage and who is in charge of that, the COG gives Samaritan Advantage as the option that does that. Many choose this option also because it's a local coverage. When you call Samaritan Advantage, the person they speak to is in Corvallis, not some other state.

Representative Volpe said that many who are dual eligible are from a population who have high medical needs with severe disability but they don't qualify for Medicare. He asked if Ms. Kaiser knows how many people there are like that and what their costs are. Ms. Kaiser said she would get those numbers for those who are duals in theory but not duals in actuality.

Representative Harrison said that there are 1500ish who are dual eligible, but then we have people who aren't dual eligible because they didn't qualify with work credit, but who have extremely high needs. What sense do you have of how many? Ms. Kaiser will look up those numbers.

Representative Franklin & Ms. Kaiser both said that it's preferable to them dual eligible are on Samaritan Advantage.

Representative Marshall asked if a child were born to someone on IHN who is disabled, how would they know if they're eligible for Medicare? Ms. Kaiser said that IHN wouldn't know. The COG would not necessarily know. Ms. Kaiser said that she is guessing that the process would begin with the DHS caseworker.

Representative Moore said it's a high cost, high need population and that Representative Virtue lives it daily, so the counties are having conversations with the CCOs about this population. For the developmentally disabled, for example, they know they often have behavioral health issues, but they are less aware of how those with physical disabilities are identified as being dually eligible.

Representative Harrison said that, in thinking about Transformation to the system, what role do Traditional Health Workers have in this area. She hasn't seen much movement in that area in terms of bringing on new kinds of THWs. Ms. Kaiser said that she would have the DST raise that issue in the subcommittee meeting and discuss it.

LIAISON UPDATES

Benton, Lincoln, and Linn Liaisons provided updates on Local Advisory Committee activities that have occurred since the previous CAC meeting

BENTON: Representative Marshall said that she was voted at the Benton Liaison during a meeting she had missed a meeting, so Representative Harrison said that the Benton Local Advisory Committee met twice and talked about the purpose and are also looking for new members. Sam Sappington has agreed to be a co or vice chair. not sure which. Stretch said that the minutes from the BLAC said that he's a co-chair.

LINCOLN: Representative Franklin, Lincoln Liaison said the CHAC met last Wednesday and heard updates and has a subcommittee working on bylaws and the Charter. They'll be meeting again this next week to continue this conversation. An Issue Brief is likely to come forward to the CAC from CHAC.

LINN: Representative Zhao, Linn Liaison 2nd Thursday of each month will be a three hour meeting. The fourth Thursday will be reserved for workgroup meeting. She said that they worked on identifying Interests underlying a Position, as was requested by the trainer, Kevin Boyle. She said that they are working on an issue brief on midwifery. They are close to finishing up their Local Charter development, which outlines roles and responsibilities using the CAC's Charter as a template.

CAC SEAT EXPIRATION

Rebekah Fowler, CAC Coordinator, informed the Council of which CAC seats are expiring and of the application/reapplication process (Attachment: CAC term expiration dates). She said that the seats expiring in Benton are Representatives McCain and Muñoz. Representative McCain has submitted an application, and Health Director Mitch Anderson is considering another staff member to appoint to Muñoz's seat, as her work responsibilities have increased with a new position.

COMMUNICATION COORDINATION (CCC) SUBCOMMITTEE UPDATE

Larry Eby and Rebekah Fowler, CAC Coordinator, talked about the CAC's Communication Coordination Subcommittee.

Dr. Fowler said that the CCC will be working on a variety of issues, including

- Local Advisory Committee alignment on work projects and purpose.
- CHIP reporting work plan discussion and coordination.

She said that the committee is Chaired by the CAC Chair and consists of 3 Local Chairs, 3 Liaisons, and is staffed by the CAC Coordinator, the IHN-CCO CEO, and a member of the Regional Planning Council Management Group, specifically one of the Health Administrators.

Mr. Moore, of the Regional Planning Council Management Group, said that each group should choose one Chair and one Liaison to attend and maintain that person's participation.

Representative Harrison said that she already knows she must miss the first meeting and would like to send her vice-chair. Mr. Moore said that's fine so long as it's the exception and not the rule. For the Committee to function well, there needs to be continuity of membership.

Representative Franklin said that aligning the counties' work sounds good so long as the local flavor and needs are maintained.

Representative Zaerr expressed concern that members of the local committees are waiting for

someone to tell them what to do. He would like for them to get started on something now (or sooner).

Dr. Eby said that local committees can be working on Issue Briefs now and that two of the other counties have a couple in progress.

OREGON HEALTH AUTHORITY UPDATE (OHA)

Bill Bouska, OHA Innovator Agent, provided a State update on OHA and OHP related business.

Mr. Bouska talked about how the previously “Fast Tracked” OHP members, those who had Supplemental Nutrition Assistance Program, were not originally asked for complete financial documentation and that this fall they will be asked to provide more documentation in order to maintain their OHP/IHN eligibility.

Representative Marshall said that her “kiddos” application process, which wasn’t fast track, went very smoothly and was quite simple. They were previously on OHP before fast tracking.

Mr. Bouska said that OHA calls for OHP eligibility have doubled and that wait times have increased from 1000 per month to 4000 per month. OHA has increased staff to accommodate more calls. Representative Franklin said that when she calls DHS for clients, they say to call OHA because DHS no longer has the necessary information.

Representative Zhao asked when the deadline is. Mr. Bouska said that it varies. The letters didn’t all go out at once. Rep Zhao asked how people could find out. Mr. Bouska said they could call, look at their mailed letter, or look on-line. Representative Neal asked why they rely on the internet when OHP members may not have internet access. Mr. Bouska said that the internet is only one option but calling and mail are still options.

Mr. Bouska announced that there is a Dec 3,4 CCO Model Summit. Anyone can register now for free. He said that three CAC Representatives would be funded by the Transformation Center. Dr. Fowler solicited names of those interested in attending and being funded. Mr. Bouska stated that anyone could register and attend for free. They are expecting over a 1000 attendees. The Governor will be there. Executives from the CCOs will be there as well as many providers, OHP members, and the community.

Mr. Bouska said that the state has accepted the IHN-CCO CHIP without changes and will be providing, by October 1, some guidelines of what they expect to be included in the 2015 CHIP Milestone Progress Report.

OREGON HEALTH PLAN BENEFIT APPEAL PROCESS

Frank Moore, Linn County Health Administrator, and Stretch McCain, CAC Representative outlined the OHP grievance process and State’s benefit appeal process.

Representative McCain said that the judge ruled that IHN-CCO is not responsible for paying for

dentures for him because he hasn't had a tooth pulled in more than 6 months. He intends to pursue having the benefit added to the plan as he believes that lack of teeth contributes to poor nutrition and an inability to gain weight. He said that there's no payment plan offered and it would cost him \$1400 out of pocket. Representative Sherlock said that he has the same problem.

DENTAL HEALTH UPDATE

Eryn Womack, IHN-CCO Dental Program Manager, discussed issues and answered Council questions about CCO dental health services on the following topics:

- Capacity and access issues
- Enrollment numbers
- Appointment wait times

Mr. Womack said that dental integration had been rocky at first but is calming down. It began in October 2013. He said that Enrollment is at 97% and 99.7% having a Dental Care Organization (DCO) assigned. Advantage and Capital DCOs are still open for further enrollment. Willamette and ODS are closed.

He said that the CCO is at 83.5% total capacity.

Representative Marshall said that her kiddo had a dental provider switched. Mr. Womack said that she should call and ask to have it switched back, if she wants, because when the assignment to DCO occurred, they didn't always know who their previous provider was and so they were randomly assigned.

Mr. Womack said that the majority of grievances are around the denture benefit.

With regard to Wait Times, all DCOs are in compliance. Emergency visits must occur within 24 hours, Urgent within 2 weeks, and Routine within 3 months. Representative Zhao asked how they assess how long. Mr. Womack said that they ask what the issue is the client is having and triage from there based on guidelines.

Representative Volpe said that he went in for a routine checkup and they required him to come in for three different visits, one for the assessment, one for a cleaning, and one to be seen by the doctor. This is a frustrating hardship and he was told by a fellow Benton County Local Advisory Committee member (a dental hygienist) that this is done so the DCOs can bill at a higher cost. Someone mentioned that this might be a good issue brief topic.

Dr. Fowler asked where could the CAC have input into dental care. Mr. Womack said at the Regional Oral Health Alliance.

Dr. Eby asked about prevention. Mr. Womack said that there's a new Quality Metric for the CCOs in dental, which is for sealants for young people. He said that a subcommittee of the DST is looking at Project improvements, utilization, and coordination of care.

Representative Sherlock said that Safe Harbor, a Drop-in Center (unrelated to dental) closed and they would like to open it as a peer run center. He wondered if there is money for that. Dr. Eby suggested maybe this was an issue brief topic for Lincoln County.

AGENDA FOR NEXT COUNCIL MEETING

Larry Eby solicited agenda items and reviewed action items for the next CAC meeting.

Dr. Fowler asked whom from Lincoln County they might want to hear from at the next meeting. Someone suggested that we hear from David Bigelow at the Hospital to talk about how the increased enrollment is impacting them.

Representative Harrison suggested that maybe at the end of CAC meetings there could be a ten minute Representative comment period.

Representative McCain suggested that the meeting could be earlier in the day so they weren't driving at night in November. Dr. Eby asked around the room if this would work and it was agreed that Dr. Fowler should try to get a room for an earlier time, perhaps noon-3:00.

MEETING ADJOURNMENT

Larry Eby to adjourned the meeting at 4:48.

- Next CAC meeting: November 10, Western Title Building, Newport, Oregon
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Acronyms

CAC – Community Advisory Council

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CCO – Coordinated Care Organization

DCO – Dental Care Organization

IHN-CCO – InterCommunity Health Network CCO

OHA – Oregon Health Authority

OHP – Oregon Health Plan

Minutes approved by the CAC November 10, 2014