Community Advisory Council (CAC)
MINUTES

Date: Monday, July 10, 2017
Location: Corvallis, Oregon

Council representatives and others at the table:
CAC Chair: Ellen Franklin; **Past Chair:** Larry Eby
Benton: Karen Douglas (Liaison), Lisa Pierson, Michael Volpe, Stretch McCain;
Lincoln: Paul Virtue, Patricia Neal, Richard Sherlock; Rebecca Austen (Liaison);
Linn: Amelia Bremer, Catherine Skiens, Frank Moore, George Matland (Liaison);
Local Chairs: Dick Knowles (Linn), Paul Virtue (Lincoln);
Presenters: **Kelley Kaiser**, IHN-CCO CEO; **Rebekah Fowler**, CAC Coordinator; **Cristie Lynch**, Director of Customer Experience and Branding Strategy; **Dotha Canning**, IHN-CCO Director of Health Information; **Jenna Bates**, IHN-CCO Transformation Manager; and **Bill Bouska**, IHN-CCO Governmental Affairs and Community Solutions Director.
Absent: Tyra Jansson and Judy Rinkin

CALL TO ORDER

Ellen Franklin, CAC Chair, called the meeting to order at 1:02.

INTRODUCTIONS, ANNOUNCEMENTS, & APPROVAL OF AGENDA & MINUTES

- Introductions & Welcome Amelia Bremer
  - Housekeeping: Restrooms, Acronyms & Glossary
- Chair & representative announcements
- August 20th, 60th anniversary Larry and Mary Jane Eby at Mennonite Village
- Coordinator announcements
  - Tyra Jansson is the new Benton Local Advisory Committee Chair
  - Todd Noble is the new Linn County Health Administrator
- **ACTIONS:** The Council approved the present Agenda without changes and the Meeting Minutes from previous meeting.

PUBLIC ANNOUNCEMENTS

14 members of the public were present.

IHN-CCO UPDATE

Kelley Kaiser, IHN-CCO CEO, provided an IHN-CCO update

IHN-CCO Board Report:

July 2017 CAC Board of Directors report

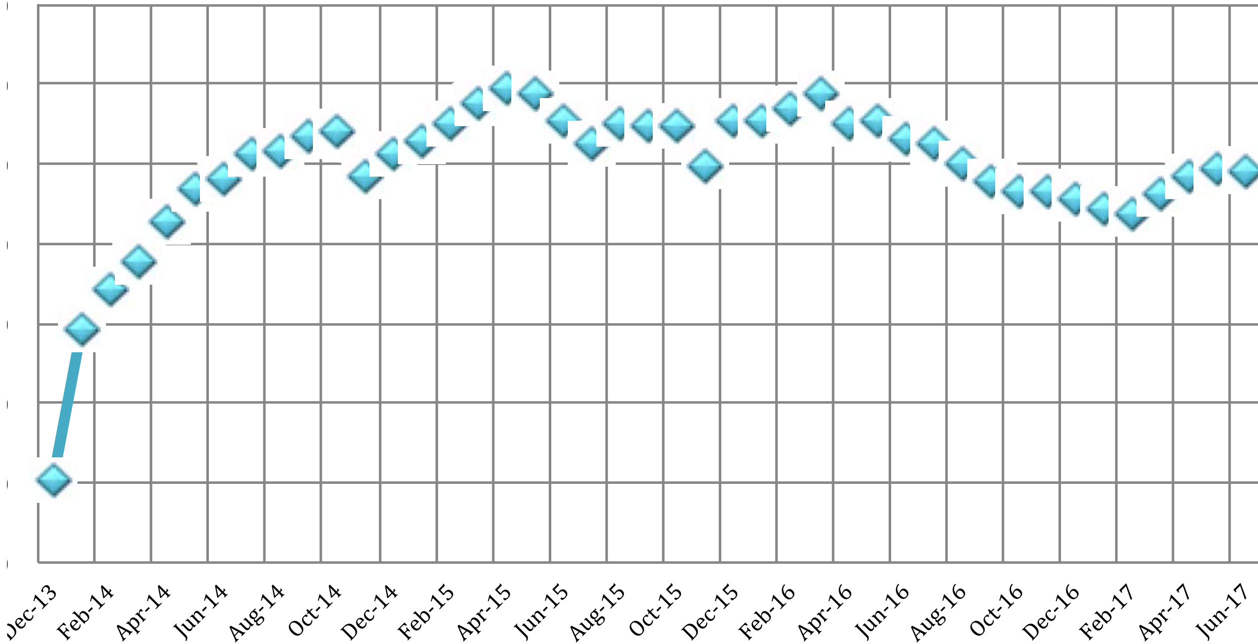
Operations Report

IHN-CCO Total Enrollment

As of June 2017 54,642

Enrollment has leveled out after a drop last year and then an increase late last year and earlier this year.

Benton12,145
Linn 29,963
Lincoln 12,533

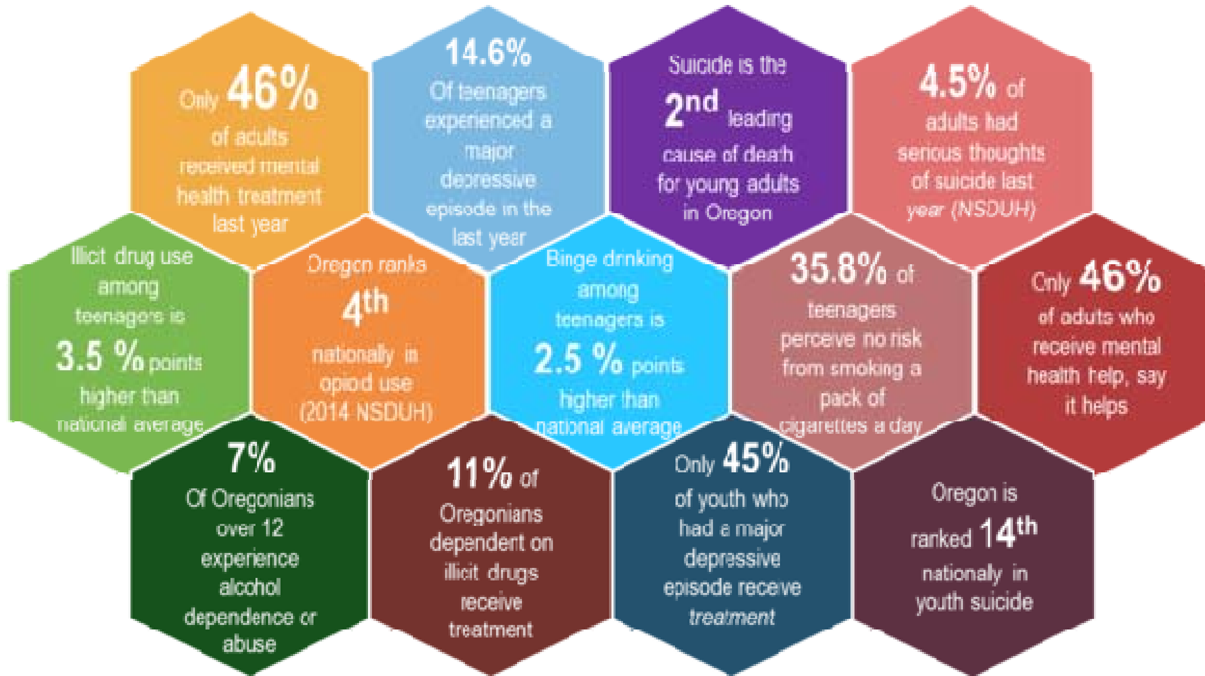


Highlights

OHA announces plans to transform Oregon's behavioral health system

Behavioral health touches every Oregonian. Everyone has a friend, a loved one, or a neighbor who has experienced a mental health issue or substance use disorder – and many Oregonians experience these challenges themselves. Although Oregon has made progress related to the behavioral health system,

there is still much work to do integrating behavioral health with the physical and oral health systems in the coordinated care model, and making sure that every Oregonian has easy access to the services they need.



OHA convened the Behavioral Health Collaborative (BHC) last summer to develop a set of recommendations to identify and address the systemic and operational barriers that prevent individuals and their families from getting the right support at the right time.

Behavioral Health Collaborative

The BHC comprised nearly 50 members from throughout the state that represent every part of the behavioral health system. The BHC worked for more than six months to develop a set of recommendations that will transform Oregon's behavioral health system, move toward a coordinated care model, and create a financially sustainable, results-driven model. The four recommendations include:

Recommendation 1 – Governance and finance: A single point of shared responsibility for local communities through a regional governance model.

Recommendation 2 – Standards of care and competencies: A minimum standard of care for all behavioral health workers.

Recommendation 3 – Workforce: A needs assessment of current workforce and a comprehensive plan that results in a well-trained behavioral health workforce, inclusive of certified, licensed and peer support specialists and community health workers throughout the state.

Recommendation 4 – Information exchange and coordination of care: Strengthen Oregon's use of health information technology and data to further outcome-driven measurement and care coordination across an integrated system.

When taken together these recommendations will help transform Oregon's behavioral health system from one that is fragmented and unable to serve everyone in need, to one that is integrated and providing better health and better care at a lower cost.

Oregon's tribes are reviewing the BHC recommendations and working with OHA to create recommendations specific to behavioral health services for the nine federally recognized tribes of Oregon and the urban Indian Health Organization.

Behavioral health mapping tool

Released in coordination with the BHC recommendations is the behavioral health mapping tool. It is a series of maps used to display interactive information about the behavioral health system in Oregon. This mapping tool:

- Provides a comprehensive look at Oregon's behavioral health system including identifying behavioral health service locations in each county, the numbers of Oregonians with behavioral health conditions and the state funding being spent on behavioral health in each county.
- Can be used to identify gaps in Oregon's behavioral health system and help the state and local communities begin to find solutions.
- Provides information to local services for Oregonians looking for help.

5/26/2017

Cleaning up Medicaid eligibility

Over the past week, the Medicaid eligibility and enrollment process has been in the news. While the Oregon Health Authority (OHA) appreciates the Secretary of State's shared commitment to ensuring that the right Oregonians get the health care and benefits for which they are eligible, we are concerned by the assertions contained in last week's "Auditor Alert," which referenced preliminary information and did not provide important Medicaid context for the Oregon Health Plan's renewal and eligibility process. On Tuesday OHA leadership testified to the Oregon Ways and Means Subcommittee on Human Services to provide this context and correct misinformation.

The transition from the Cover Oregon failure to the new ONE eligibility system has taken three years and is still underway. We are in the final stages of this transition and the subsequent anticipated clean-up of individual cases. As part of this final clean-up, OHA has identified a number of individuals for whom further analysis is need to determine what action, if any, is necessary. We are on track to complete this analysis by May 31, and we have an action plan in place to complete all renewals by August 31. It is important to emphasizethat all of these individuals were deemed eligible for at least a 12-month period, and just because a renewal is not complete does not indicate that the individual is ineligible for Medicaid.

Key facts about the Oregon Health Plan:

- The Oregon Health Plan (OHP) – Oregon's Medicaid program – serves more than 1 million Oregonians.
- That amounts to one in four Oregonians statewide, and in some rural counties up to one in three.
- Our transformation of Oregon's health systems has saved state and federal taxpayers $1.3 billion since 2013.
- When the Affordable Care Act was passed, it expanded Medicaid eligibility. In Oregon that meant that more than 400,000 Oregonians were able to get health insurance.
- Today 95 percent of Oregonians and 98 percent of children have health insurance compared with only a few years ago when we were closer to a 15 percent uninsured rate.

So that no OHP members would lose access to health coverage during the transition to a new eligibility system, Oregon asked the Centers for Medicare & Medicaid Services (CMS) for a waiver to pause Medicaid eligibility renewals. This waiver and four subsequent waivers were approved by CMS and the state until June 2016. OHA resumed the renewal process using the state's new system for eligibility in March 2016. Since then, OHA has completed 90 percent of this work. As of May 1, more than 733,695 eligible individuals were entered into the new ONE system.

Due to poor data quality from OHA's older legacy data systems, OHA had to contact each OHP member to have them complete a paper application. The paper application was then manually entered into the ONE system. This process took more than two years to complete. What now remains are the final renewal cases that are more complex in nature due to reasons that include multiple eligibility criteria and other household circumstances such as:

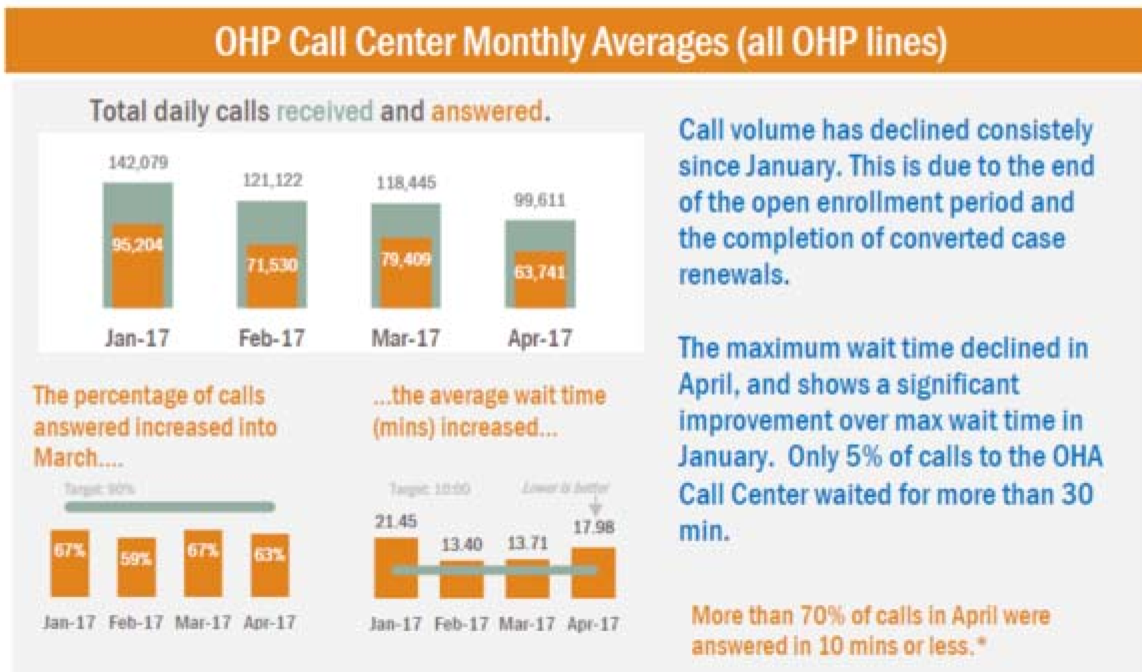
- Individuals who have a protected eligibility such as pregnant women or children under the age of 1 year.
- An individual has not responded to the renewal paperwork but is connected to an eligible case. For example, a child hasn't responded but the parent is eligible, so we have not terminated the child because we know that the child is actually eligible if their parent is.
- An individual has presumptive eligibility through categories like the breast and cervical cancer program, extended medical or hospital presumption.
- The individual is eligible but their case file is stuck in an old legacy system.
- Application was started in the ONE system but not finished due to procedural and system issues.

OHA anticipated that significant clean-up would be required once we reached the end of the transition into the ONE system. OHA has reported on this process on multiple occasions to the Governor, the Legislature and CMS throughout the last three years.

OHA has added capacity through outside contractors to assist and support in completing the final renewals, and ensuring the system is audited for fraud and abuse. We are continuing to work with the

Governor, the Legislature and Secretary of State's office to answer questions about this process.

OHA will be providing a monthly dashboard to demonstrate the progress related to member services. This dashboard will show the OHP call center monthly averages and total OHP enrollment. This will provide greater transparency and up-to-date information for the Governor, Legislature and stakeholders.



SOS audit shows eligibility processed appropriately

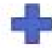
While we still have work to do to complete this transition, the good news is that we know the system works. In fact on Wednesday the Secretary of State issued a final audit of the MMIS and ONE systems that highlighted that 99.7 percent of the time, the systems accurately determine eligibility, properly enroll individuals in coordinated care organizations (CCOs), provide appropriate payments to CCOs and have a reconciliation process in place to identify potential enrollment errors.

Oregon has made tremendous progress on reducing the uninsured rate and transforming our health system. We are in the last stages of finalizing the transition to the new eligibility system, which will provide an improved process for all Oregon Health Plan members.

High Dollar Cases: IHN-CCO has **2** cases over $300,000 as of June, 2017

Transformation Update : IHN-CCO Alternative Payment Approach

Base Payment Methodology



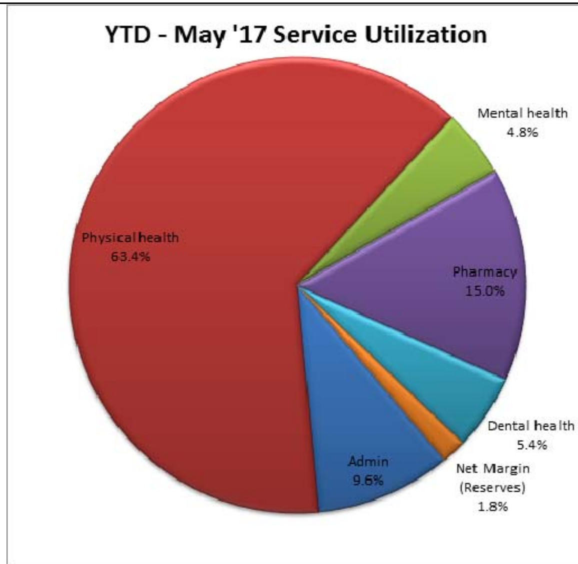
Quality Measure Performance

Share Saving Reinvestment Opportunity

Each APM contract contains a base payment and a payment based on achievement of Quality Metrics. A high level of performance allows the contract holder to retain shared saving and reinvest in quality programs.

Other Transformational topics:

1. Transformation
   a. 2016 Metrics update
      a. A summary report will be available at the meeting.
   b. 2017 Metrics – Developing a monthly process for reporting with providers that addresses provider workflow. Dashboard will be available when 2017 targets are released.
   c. DST – Currently accepting proposals



Quality Metrics IHN-CCO met 11.8 of the 17 metrics (See 2016 CCO metrics talking points handout). IHN-CCO earned back 10.5 out of 11.5 million. Kelley discussed the challenges of meeting the metrics and some of the ways in which the CCO is working to meet them. Despite not yet knowing their improvement targets for 2017 (waiting to hear from OHA), work is already in progress to meet the metrics for next year.

Paul Virtue said his perspective on the Quality Metrics is that they are meant to be difficult to meet. He can see that a lot of work is going toward making improvements and many improvements are being made. He appreciates that IHN is committed to the Collective Impact model and developing community relationships in order to have a longer term benefit. It means that it will take longer to meet goals, but it will be more sustainable because it will be built on strong relationships.

OREGON HEALTH AUTHORITY (OHA) UPDATE

Joell Archibald, OHA Innovator Agent, provided a State update

Innovator Agent Update for Regional Community Advisory Council IHN CCO (July 10, 2017)

• The 2016 Health Systems Transformation Report was released on June 27th, 2017. This is the 4th full year of reporting on Oregon's CCO model and compares the performance of all 16 CCOs on the Quality Pool and Challenge Pool metrics. 7 CCOs met the criteria for 100% payout, with another 7 receiving 80% payout. CCOs have additional potential for earnings in the Challenge Pool. See the full report here: http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx

- OHA launched their re-designed website in June. Check out the improvements at www.oregon.gov/oha. There is a fact sheet on the changes with additional web addresses at www.oregon.gov/oha/HSD/OHP/Tools/Changes%20to%20OHA%20website.pdf. Please help OHA by providing your feedback and suggested improvements on the website to http://www.oregon.gov/oha/Pages/WebsiteFeedback.aspx. CAC members may also want to "like" the Oregon Health Authority Face Book page for daily posts on current topics.

- In the first week of June, OHA shared an update on plans to complete the last stages of Medicaid eligibility clean-up with the Governor and legislators. The data clean-up plan was approved by the federal Centers for Medicare & Medicaid Services (CMS) in 2015. As of May 1, 2017, more than 733,600 Oregon Health Plan (OHP) members have been found eligible to continue receiving OHP coverage. OHA has developed a plan and shifted resources and staff time to complete the determination of the remaining 115,236 cases. The clean-up process will be completed by August 31, 2017. At that time all Medicaid case renewals will be in the ONE system and on an up-to-date renewal cycle. You can review Director Saxton's presentation on this topic to the Senate Health Care Committee here.

- The Centers for Medicare & Medicaid Services (CMS) approved Oregon's Medicaid 1115 Demonstration waiver renewal on January 12, 2017. This was a huge step forward in Oregon's health system transformation. It will allow the state to continue its innovative model of health care for OHP members and providers. The approval preserves more than two decades of work that have gone into building and improving the Oregon Health Plan. On June 28th, 2017 the Medicaid Advisory Committee and the Oregon Health Authority hosted a public forum for Oregonians to provide input on the 1115 Medicaid waiver's progress. The presentation on the CMS Waiver is at this link: http://www.oregon.gov/oha/HPA/HP-Medicaid-1115-Waiver/Documents/6.28.2017%20Waiver%20Post%20Award%20Forum.pdf. OHA is providing an extended opportunity to the public to provide public comment on the progress of the 1115 Medicaid waiver. Public comment or written testimony can be submitted from June 28, 2017 to July 28, 2017. Please submit your comments by completing this survey: https://www.surveymonkey.com/r/PMHTX67. Please submit all written comments by email or mail to: Margie Fernando, Oregon Health Authority, 500 Summer Street NE, E-65, Salem, OR 97301, Email: Margie.fernando@state.or.us

- Effective May 24th, 2017, OHA confirmed that services provided through the Women's, Infants, and Children (WIC) program are eligible for NEMT services for the OHP population served by CCOs. Services include WIC certifications, re-certifications, individual follow-up visits and WIC visits with a registered dietician. Transportation challenges which have been a

barrier to full WIC participation will be reduced by this change in policy.

- The Oregon Health Policy Board (OHPB) will meet on Tuesday, July 11th in Portland. The Board will hear a Legislative Summary as well as a Federal Health Policy update by state leadership. The OHPB Meetings are available via a live stream video feed. For more information on the agenda, meeting materials, or to register to watch by video, go to the OHPB web page at http://www.oregon.gov/OHA/OHPB/Pages/OHPB-Meetings.aspx

- The Oregon Health Policy Board (OHPB) is soliciting nominations for members of a Health Equity Committee which will provide recommendations to OHPB related to health equity issues. The deadline for applications is Friday, July 14th. The application form for interested candidates is available from Danielle Droppers, Oregon's Regional Health Equity Coalition Coordinator at Danielle.a.droppers@dhsoha.state.or.us

- The Consumer Assessment of Health Care Providers and Systems (CAHPS) Banner Books have been released for 2016. The CAHPS survey is fielded early in each calendar year for a statistically valid sample of each CCO's members. CCOs have two Quality Pool Metrics related to consumer responses in CAHPS related to Satisfaction with Care and Access to Care measures. The IHN 2016 CAHPS Banner Book can be found here: http://www.oregon.gov/oha/HPA/ANALYTICS/CAHPS%20documents/Intercommunity%20Hea lth%20Network%202016.pdf

- Oregon Health Authority's Transformation Center has created a private FaceBook group for CCO Community Advisory Council leaders and staff with the goal of creating a supportive environment for sharing and learning of the work of the CACs across the state. CAC Chairs and staff are encouraged to accept an invitation to join and participate in group discussions.

- The National State Health Policy Board has compiled a document which compares the Patient Protection and Affordable Care Act from the previous administration with both the American Health Care Act (the House plan) and the Better Care Reconciliation Act (the Senate plan). The comparison table can be found at this link: http://nashp.org/wp-content/uploads/2017/05/NASHP_ACA_AHCAHouseSenateBills_Matrix_6.26.17.pdf

- Congratulations to Lincoln County's Coordinated Healthcare Advisory Committee Co-Chair Paul Virtue on his selection to participate on the Oregon Health Authority's State Health Assessment Steering Committee to develop the next Oregon State Health Improvement Plan (SHIP). The Committee met for the first time on July 12th in Portland. The SHIP will be

informed by a State Health Assessment utilizing the MAPP (Mobilizing for Action and Planning) framework. Paul will serve as a strong voice for the local and consumer perspective in the planning process. Read more about the State Health Improvement Plan here: http://www.oregon.gov/oha/PH/ABOUT/Documents/sha/State-Health-Assessment-overview.pdf

Lisa Pierson said that some members of the Benton Local Advisory Committee interviewed IHN-CCO members at a Health Fair last month in Monroe. She said that about 1/3 of the people they approached said they were waiting to get enrolled in IHN-CCO, some for over 5 months. The delay is caused by the Oregon Health Authority.

IHN-CCO WEBSITE

Cristie Lynch, IHN-CCO, Director of Customer Experience and Branding Strategy, presented the new IHN-CCO website and described the development process. At the beginning of that process, IHN formed a workgroup to provide input, including some members of the CAC and local committees. They developed goals for the website and conducted focus groups.

The IHN-CCO member handbook is now on the website and is searchable. When you first arrive at the website, there is a quick start guide for members to know first steps in accessing services.

Several members of the CAC expressed their appreciation for the improvements to the website.

SEARCHABLE PROVIDER DIRECTORY

At the May CAC meeting, the CAC adopted an Issue Brief submitted by the Benton Local Advisory Committee requesting a report and updates on the CCO's ability to develop a Searchable Provider Directory.

Dotha Canning, IHN-CCO Director of Health Information, presented information about the development of a new searchable provider directory.

Project Goals: 1) Get as close to "best in class" as possible within budget, 2) Meet Medicare/Medicaid standards 3) Be member friendly – easy to use and understand. 4: Provide up-to-date information.

The provider directory will have 3 basic filters: Provider type; Location; and Doctor's name. After that, you can also search by specialty.

The directory will be accessible by smart phone or computer. There will be Google Maps enabled to help guide members to the new location.

Rebekah Fowler pointed out that many Local CAC committee members have volunteered to test the directory and will be contacted soon to begin testing.

Lisa Pierson, who was integral to the Benton Local Advisory Council Searchable Provider Directly Issue Brief adopted by the CAC in May, expressed that she is thrilled with the plan presented by Dotha Canning.

IHN-CCO TRANSFORMATION UPDATE

Jenna Bates, IHN-CCO Transformation Manager, provided an update on the newly approved 2017 pilot projects, which must fit within at least one of the Community Health Improvement Plan (CHIP) Health Impact Areas.

Jenna walked the group through an updated Summary of Current Pilots (handout) and talked briefly about the new 2017 pilot projects: CHANCE 2nd Chance, Community Paramedic (extension), Improving Infant and Child Health in Lincoln County, Oral Health Equity in Vulnerable Populations, Social Determinants of Health Screening with a Veggie Rx intervention, Traditional Health Worker Hub.

Jenna will send electronic copies of this summary for her to share with the local committees. Several CAC representatives expressed how useful the summary document is. It's very well organized and easy to understand.

LIAISON UPDATES

The CAC Liaisons reported on Local Advisory Committee activities since the previous CAC meeting.

Benton County Local Advisory Committee (BLAC) – Karen Douglas, BLAC Chair elections were held one month. The next month the BLAC was successfully facilitated by the new Chair, Tyra Jansson. The committee has shifted to having more time member concerns. They are focused on the community engagement project. They've done one event and have one planned for next month. The July BLAC has been cancelled and is focusing on a work meeting.

Lincoln County Coordinated Healthcare Advisory Committee (CHAC) – Rebecca Austen. The Lincoln Committee is working on establishing meeting ground rules, on the Community Engagement project. They had two community members present about working with the Latino Community.

Linn County Advisory Committee (LLAC) – Dick Knowles- Linn County focused on a Local Committee reboot. He said the committee is working on doing one survey even per month. They need someone who can do Spanish translations.

LEGISLATIVE UPDATE

Bill Bouska presented an update on the 2017 Legislative session.

InterCommunity Health Network Coordinated Care Organization
Legislative Update
July 6, 2017

Budget: The OHA budget (HB 5026) and revenue (HB 2391B) bills were signed by the Governor. The bills include hospital and insurer taxes as well as reductions in CCO rate of growth. Key components include; an insurer premium tax of 1.5%, additional tax of .7% on net revenue of large hospitals, and reduces the rate of growth in the CCO global budget from 3.4% to 2.58%. For IHN-CCO, the provider tax would be a pass through matching scenario that has been used in the past. These and other actions will maintain the current OHP coverage for eligibility and benefits.

The OHA has reductions in their fee for service budget, including the removal of $5 million to encourage the movement of around 60,000 individuals to CCO enrollment. There are new Key Performance Measures to track the processing time for eligibility determinations and the percentage of OHP members enrolled in CCOs. There are also two budget notes to conduct a rate review of the mental health residential rates and the other is to provide a report to the Legislature by December 2018 on each regions governance model and single plan of shared accountability for behavioral health system.

Legislation related to CCOs

By law the Session needs to be completed by July 10th. Bills are in **bold** if they are still in process (as of July 6th) and a **check** if signed by the Governor.

- ✓ **HB 2015 Enrolled**: Related to Doula's. Original language establishes a rate of $350 per pregnancy for Doula's. However, OHA was able to increase the FFS rate to this amount as of May 1, 2017. This bill requires CCO to make information available about how to access this service; OHA shall study and revise rates, and report to OHPB regarding utilization of Doula services. Governor signed on June 14th.
- **HB 2300B**: Creates Mental Health Clinical Advisory Group to establish medication algorithms for prescription drugs to treat mental health disorders. Drugs will still be managed FFS through OHA up to 2020.
- ✓ **HB 2303 Enrolled**: Changes the date for CCOs to report primary care spending and some other technical fixes for OHA. Governor signed on June 20th.
- **HB 2310B**: Provides for continued development of Public Health Modernization efforts, requires OHA to establish metrics to measure progress and clarifies when counties can

relinquish their local public health authority to the state. $5 million allocated for this effort.

- ✓ **HB 2398 Enrolled**: Prohibits providers from billing OHP recipients for 90 days and they must recheck MMIS before billing. Governor's signed June 14th.
- ✓ **HB 2675 Enrolled**: Requires the Community Health Improvement Plan and the Community Advisory Council to focus on the integration of physical, behavioral, and oral health. Governor signed the bill on May 17th and it has an effective date of January 1, 2018.
- ✓ **HB 2882 Enrolled**: Requires CCO Board membership for a DCO representative. Governor signed on June 22nd.
- **HB 3063B**: Provides funding for mental health housing fund for the development of community-based housing, including licensed residential treatment facilities, as well as crisis intervention services, rental subsidies, and other housing-related services for individuals with mental illness and individuals with substance use disorders.
- ✓ **HB 3090 Enrolled**: Requires all hospitals to have discharge policies following treatment for a behavioral health crisis. Governor signed on June 8th.
- ✓ **HB 3091 Enrolled**: Requires CCOs and group insurers to cover behavioral health services determined medically necessary. Mental health parity bill. Governor signed on June 8th.
- **HB 3135A**: Requires OHP coverage for long acting reversible contraception during hospital stay for labor and delivery. In Ways and Means and part of savings identified in OHA budget bill.
- **HB 3261B**: Creates health care provider incentive fund to pay for workforce incentive programs and new health care training programs. Allocates an additional $21 million into the program.
- **HB 3276A**: Requires insurers and CCO to cover to cover the costs of health services to combat a disease outbreak or epidemic. Requires public health director to convene task force related to improving health insurance coverage for students and use of vaccinations during public health emergencies.
- **HB 3355C**: Allows specially trained psychologists, who are practicing in a medical setting, to prescribe a formulary of mental health drugs. Passed through House and Senate.
- ✓ **HB 3372 Enrolled**: Requires CCOs to provide and health assessments within 60 days to children and foster care and report data regarding barriers to completion. OHA to report to Legislature on work with DHS and CCOs on action taken to increase completion. Governor signed on June 8th.
- **HB 3391 Enrolled**: Requires insurers and CCOs to provide coverage of reproductive health services for women without cost share, provides OHP coverage for 60 days after giving birth. Cost is $10 million in general fund. Passed through House and Senate.
- **HB 3440B**: Addresses treatment for opioid dependency, removes special training

requirements for prescribing, dispensing, and distributing naloxone. Passed the House, sent to Ways and Means July 6th.

- **SB 419A**: Establishes a task force on Health Care Cost Review to study the feasibility of establishing a hospital rate-setting process. Requires recommendations to be submitted by September 15, 2018.
- **SB 558A**: Provides OHP coverage to children regardless of federal citizenship status. Program is not eligible for federal matching funds so the cost is $36 million state general funds. Approximately 15,000 children under the age of 19 will be eligible.
- ✓ **SB 934B Enrolled**: Requires all insurers to spend at least 12% of total medical expenditures on primary care by January 1, 2023. Requires CCOs to submit a plan to OHA to increase spending by 1% per year if below 12%. Governor signed on June 27th.
- **SB 944B**: Establishes the Youth Acute Behavioral Health Council and Policy Advisor in Office of the Governor, directs OHA to contract with an Oregon-based non-profit to operate a 24 hour call center to track capacity placements available for youth needing high acuity behavioral health services. Allocates $833,690 general fund.

Active Legislation Related to Health Plans

- ✓ **HB 2339B Enrolled**: Prohibits out of network health care provider from balance billing patient covered by a plan or contract for services provided at in-network health care facility on March 1, 2018. Requires DCBS to convene an advisory group and report to Legislature by December 31, 2018 legislative changes needed to implement recommendations.
- ✓ **HB 2388 Enrolled**: Allows DCBS to deny, revoke or suspend registration of pharmacy benefit manager engages in specified conduct.
- ✓ **HB 2397 Enrolled**: Directs state Board of Pharmacy to establish by rule formulary of drugs and devices that pharmacist may prescribe and dispense. Signed by Governor May 18th.
- ✓ **HB 2340 Enrolled**: Grants DCBS flexibility to re-admit an insurer to a market within the 5 year ban of an insurer leaving a market. Signed by Governor on June 6th.
- ✓ **HB 2341 Enrolled**: ACA alignment, technical fixes. Signed by Governor May 25th.
- **HB 2342 Enrolled**: Market stabilization bill that allows DCBS to adopt rules not in compliance with Insurance Code to deal with potential Federal changes that could cause imminent destabilization of insurance market or risk life or health of residents. Sunsets July 1, 2019.
- ✓ **HB 2527 Enrolled**: Allows pharmacists to prescribe and dispense self-administered hormonal contraceptives and bill for consultation. Further refinement of the pharmacists prescribing policy. Governor signed June 14th.
- **HB 3276 A**: Requires health benefit plan coverage of health services necessary to combat

disease outbreak or epidemic. Requires public health director to convene task force related to improving health insurance coverage for students and use of vaccinations during public health emergencies.

- ✓ **HB 3091 Enrolled**: Requires CCOs and group insurers to cover behavioral health services determined medically necessary. Mental health parity bill. Governor signed on June 8th.
- **HB 3355C**: Allows specially trained psychologists, who are practicing in a medical setting, to prescribe a formulary of mental health drugs. Passed through House and Senate.
- **HB 3391 Enrolled**: Requires insurers and CCOs to provide coverage of reproductive health services for women without cost share, provides OHP coverage for 60 days after giving birth. Cost is $10 million in general fund. Passed through House and Senate.
- ✓ **SB 271 Enrolled**: Modifies the definition of small employer for the purposes of group health benefit plans to 50 or less FTE. Signed by Governor on May 24th.
- ✓ **SB 368 Enrolled**: Prohibits insurer from denying claim for reimbursement of health care services provided to an insured who is in detention pending adjudication by juvenile court. Governor signed June 14th.
- **SB 419A**: Establishes a task force on Health Care Cost Review to study the feasibility of establishing a hospital rate-setting process. Requires recommendations to be submitted by September 15, 2018.
- **SB 860 Enrolled**: Requires DCBS to examine parity of reimbursement paid by insurers to mental health providers and physicians, and adopt rules to ensure compliance with mental health parity and network adequacy requirements. Passed both House and Senate.
- ✓ **SB 934B Enrolled**: Requires all insurers to spend at least 12% of total medical expenditures on primary care by January 1, 2023. Requires CCOs to submit a plan to OHA to increase spending by 1% per year if below 12%. Governor signed on June 27th.
- **SB 1097A**: Cost containment bill to focus on government efficiencies. Health system impacts include PEBB and OEBB to adopt cost growth limits of 3.4% per year and limits hospital reimbursement of in-network hospitals at 200% and out-of-network at 185% of Medicare for most hospitals.

NEXT CAC MEETING AGENDA ITEMS

Ellen Franklin & Rebekah Fowler requested agenda items for the future CAC meetings to be scheduled as time permits.
Future presentations include:

- Oral health update
- Regional Health Assessment (November 2017)

MEETING ADJOURNMENT

- Ellen Franklin adjourned the meeting at 4:
- **Next CAC:** Sept 11, Center for Health Education, Halls B&C;
  740 SW 9th St, Newport, Oregon

Minutes approved by the CAC on September 11, 2017

Acronyms and Definitions

Acronyms

APM – Alternative Payment Methodology
CAC – Community Advisory Council
CCC – Communication Coordination Committee (subcommittee of the CAC)
CCO – Coordinated Care Organization (Medicaid services)
CEAP – Community Engagement Action Plan
CEO – Chief Executive Officer
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
CMS – Center for Medicaid/Medicare Services (Federal)
DCO – Dental Care Organization
DST – Delivery System Transformation Steering Committee, IHN-CCO, tasked with the IHN-CCO Transformation Plan & pilot projects
FQHC – Federally Qualified Health Center
HIA – Health Impact Area (in the CHIP)
IHN-CCO – InterCommunity Health Network CCO
OHA – Oregon Health Authority (State of Oregon, oversees Medicaid)
OHP – Oregon Health Plan (Medicaid)
O&I – Outcomes & Indicators (in the CHIP Addendum)
PCPCH – Patient Centered Primary Care Home or a Medical Home
SHS – Samaritan Health Services

Definitions

- ***Addendum:*** something added; *especially* a section added to the original document
- ***Alternative Payment Models*** are a form of payment based, at least in part, on achieving good outcomes rather than just being paid for providing a service (fee-for-service)
- ***Determinants of health*** are "the range of personal, social, economic, and environmental factors that influence health status.
- ***Fee-for-service*** is a form of payment where services are unbundled and paid for separately. In health care, it gives an incentive for healthcare providers to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.
- ***Epidemiologist:*** a person who studies the patterns, causes, and effects of health and disease conditions in defined populations. It is the cornerstone of public health, and shapes policy decisions and evidence-based practice by identifying risk factors for disease and targets for preventive

healthcare.

- ***Health disparities:*** Differences in access to, or availability of, services is a health disparity. **Health status disparities** refer to the differences in rates of disease and disabilities between different groups of people, such as those living in poverty and those who are not.
- ***Indicators***: measurements or data that provide evidence that a certain condition exists or certain results have or have not been achieved. They can be used to track progress.
- ***Liaison:*** a person who helps groups to work together and provide information to each other. CAC liaisons share information between the CAC and a local advisory committee.
- ***Oregon Health Authority:*** The state agency tasked with reforming healthcare. It holds contracts with the Coordinated Care Organizations and with Public Health Agencies.
- ***Outcomes***: results or changes, including changes in knowledge, awareness, skills opinions, motivation, behavior, decision-making, condition, or status.
- ***Social Determinants of Health:*** the conditions in which people are born, grow, live, work, & age. Examples include availability of resources to meet daily needs (e.g., safe housing and local food markets; access to educational, economic, and job opportunities; healthcare services; quality of education and job training. Some of these the CCO or its partners have the ability to impact.