CACs: CCO 2.0 Contract & Rule Updates

January 21, 12-1 p.m.
January 22, 10-11 a.m.

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Housekeeping Items

- If you are not able to connect to the webinar or cannot hear the 833-851-8340 or visit [https://support.goto.com/webinar](https://support.goto.com/webinar)
- Webinar I.D. is 943-355-123
- All participants will be muted during the webinar
- If you have questions during the webinar, please type them into the questions box
Webinar Goals

1. Changes from the CCO 2.0 contract and rulemaking process:
   • Highlight new CAC requirements
   • Highlight relevant CHA/CHP requirements

2. Identify areas where additional CAC guidance may be needed.
The Transformation Center was launched in 2013 with the goal of supporting innovation within Oregon’s health system.

- **Mission**: The Transformation Center is the hub for innovation and quality improvement for Oregon’s health system transformation efforts to achieve better health, better care, and lower costs for all.

- **Goal**: The Transformation Center identifies, strategically supports, and shares innovation at the system, practice, and community levels.
Transformation Center Areas of Support

- Population Health
- Behavioral Health Integration
- Oral Health Integration
- Primary Care
- Value-based Payment
- Social Determinants of Health & Health Equity
- Health-Related Services
- CAC
- CCO Incentive Metrics
CCO 2.0: CAC Areas of Change

- CAC Membership
- CAC Member Representation: CCO Governing Boards
- CAC Coordinator Role
- CAC Meetings
- CAC Duties
- Annual CAC Demographic Report
- Community Health Assessments (CHAs) and Community Health Improvement Plans (CHPs)
CAC Membership: Selection Committee

• CCO to convene a **CAC Selection Committee** that will be responsible for selecting members of the CAC by **March 31, 2020**
• Selection committee to be comprised of (in equal numbers):
  1. Individuals who sit on the CCO’s Governing Board
  2. Individuals who are rep’s of each county within the CCO’s service area
CAC Membership: Selection Committee

Responsible for ensuring the CAC:

1. Includes representatives from:
   - The community, including, but not limited to **consumer representatives (at least 51%)**
   - Each county government within the CCO’s service area

2. Represents the diversity of populations within CCO’s service area, with an emphasis on **people who are representative of populations that experience health disparities**
CAC Membership:
Defining Consumer Representative

• A person serving on a CAC who is currently or was within the previous six months a recipient of medical assistance; and
• Is at least 16 years of age
  OR
• A parent, guardian, or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance
**CAC Membership**

**Consumer CAC Members:**
A. If a consumer representative is no longer on OHP, they (or their proxy) may continue to serve as a consumer rep. for up to six months
B. After that time, they (or their proxy) can continue to serve on the CAC, but cannot be counted as a “consumer” CAC member
C. OHA recognizes that OHP “churn” happens. If a consumer CAC member falls off of OHP for three months or longer, the six month grace period (noted above in A) kicks in.

**Other notes:**
• Empty CAC member seats should be filled within 90 days
• A one-month extension can be requested from OHA if seats cannot be filled. Request email: [CCO.MCODeliverableReports@dhsoha.state.or.us](mailto:CCO.MCODeliverableReports@dhsoha.state.or.us)
CAC Membership: Tribal Participation

One tribe
- Tribe appoints one tribal rep. to serve on the CAC

Multiple tribes
- Each tribe appoints a tribal rep. to serve on the CAC

Metropolitan
CCO service areas: No tribes
- CCO asks Urban Indian Health Program to identify a tribal rep. for the CAC

Rural or frontier
CCO service areas: No tribes
- No tribal rep. required
CAC Member Representation: CCO Governing Body

- Each CCO’s governing body must include at least two members of the CAC (at least one of which must be a consumer)
- The consumer representative should be selected no later than March 31, 2020
- The second CAC member representative should be appointed no later than June 30, 2020
- CAC members of the governing body should have full voting rights
CAC Coordinator Role

• Ensure committee meetings are scheduled and committee agendas are developed

• Maintain committee membership (including outreach, recruitment and onboarding of new members)

• Facilitate communication between the CAC and CCO leadership

• Ensure CAC members are informed of CCO decisions relevant to the work of the CAC

• Ensure meeting space and materials are accessible for all attendees

• Oversee compliance with all CAC reporting and public posting requirements
CAC Meetings

• First regular meeting to be held after all CAC members have been selected, and before June 30, 2020

• Meet no less than once every three months thereafter

• Not subject to Oregon’s Public Meeting laws
CAC Meetings: Semiannual Meeting Requirements

1. Are open to the public and attended by the members of the CAC
2. Report on the activities of the CCO and the CAC
3. Provide written reports on the activities of the CCO
4. Provide the opportunity for the public to provide written or oral comments
CAC Meetings: Reporting Out

• Post written reports of each CAC meeting on the CCO’s website

• Contact information* posted for, at a minimum:
  1. The CAC chairperson
  2. A member of the CAC or CCO’s CAC Coordinator

*Name, role, affiliation

• The CAC or the CCO governing body can determine where public comments received at meetings open to the public will be included in reports posted to the CCO’s website
Duties of the CAC

- Identifying and advocating for preventive care practice to be utilized by CCO
- Overseeing CCO’s development and drafting of Community Health Assessment (CHA)
- Adopting a Community Health Improvement Plan (CHP) based on CHA
- Publishing an annual CHP Progress Report
Duties of the CAC

CAC members will:

- Have a role in reviewing Social Determinants of Health and Equity (SDOH-E) spending under the future (2021) Supporting Health for all Through REInvestment (SHARE) Initiative

- Have a role in determining how Health-related Services (HRS) Community-Benefit Initiative Investments are made
Definition of Important Terms

Health-related Services = services not covered under the Oregon Health Plan.

• Health-related services include flexible services and community-benefit initiatives.

• Community-benefit initiatives are community-level strategies that include, but are not limited to, members and are focused on improving the quality of care, and the health of communities.

Social determinants of health = the environments in which people are born, grow, work, live, and age.

Social determinants of equity are the factors that shape the social determinants of health in communities. Examples: distribution of money, power, and resources, institutional bias & discrimination.

Supporting Health for All Through REInvestment (SHARE) Initiative: This is a requirement that CCOs spend a small part of their annual excess net income or reserves to address health disparities and the social determinants of health. The spending requirement will not start until 2021.
Annual CAC Demographic Report

The report (due by June 30, 2021) shall include descriptions of all of the following:

• The demographic composition of CAC membership;
• How CCO defines the demographics and diversity of the communities within CCO’s service areas;
Annual CAC Demographic Report

- The number of consumer representatives who themselves are OHP Members (as opposed to the parent, guardian, or caregiver of an OHP Member);
- The percentage of the total CAC membership who are consumer representatives;
- The data sources relied upon to report CAC membership and the demographics of the communities within CCO’s service area;
- Whether and how CCO’s total CAC membership is in alignment with CCO’s CHP priorities;
- The number of consumer representatives sitting on the CAC.
Annual CAC Demographic Report*

• CCO’s organizational chart, which will indicate:
  – The number of persons and the names of the persons who sit on CCO’s Governing Board who also sit on CAC;
  – A narrative that describes relationship between the CAC and CCO’s Governing Board;
  – How information flows between CCO and CAC;
  – How all of the demographic, comparative, and means of communication compare in relation to, as applicable, the Tribes or tribal advisory committee in CCO’s Service Area.

*A report template and optional diversity recruitment worksheet will be provided to CCOs and CACs.
Community Health Assessments & Community Health Improvement Plans

- **CAC(s) still have oversight** for the community health assessment (CHA) & community health improvement plan (CHP)
- **New requirement** to submit the CHA to OHA
- **New requirement** to develop shared CHAs & CHPs with:
  - Local public health authorities
  - Hospitals
  - Other CCOs
  - Tribes (must invite, if they are developing or have a CHA/CHP)
CHAs & CHPs

  - One single document that is fully owned or endorsed by each partner that shared in developing the CHA/CHP.
  - CCOs could have one or more shared CHA/CHP.

• **How is shared shown?** Some examples include:
  - Logos from each partner;
  - Membership lists that show how each partner is part of the CHA/CHP decision making body; or
  - Memorandums of understanding or agreements that outline each partners’ roles and responsibilities.
CHAs and CHPs

• **New requirement** to include two State Health Improvement Plan health priorities

• **New requirement** to engage with representatives of local governments, local Tribal Organizations, community partners and stakeholders, and critical populations in CHA/CHP development.

• **Other new requirements** for CHA/CHP development are outlined in contract and OHA plans to develop an easy checklist for CCOs and CACs to use moving forward.
CHAs and CHPs

When do the new requirements have to be met?

1. Returning CCOs with no change in service area:
   - No new CHA/CHP due until current CHA/CHP finishes 5-year cycle (2024 for most CCOs)
   - Most recent CHA due June 30, 2020, if a copy not already submitted to OHA

2. Returning CCOs with changes in service area:
   - Updated or new CHA/CHP due June 30, 2021

3. New CCOs
   - New CHA/CHP due June 30, 2021

4. All CCOs
   - Annual CHP progress reports; and
   - Annual OHA CHP progress report questionnaire with questions for new and returning CCOs to show progress is toward the new requirements (even for returning CCOs not submitting a new CHA/CHP until 2024)

Next Steps for CCO 2.0 and CACs

The Transformation Center will continue to offer technical assistance to support CACs.

Upcoming opportunities:
• Ongoing monthly CAC Learning Collaborative Meetings
• 3/17 CCO 2.0: Moving Forward Together Event (open to CAC coordinators & CCO staff)
• 3/18 CAC Coordinator Meeting
• Topic-based webinars (e.g., Health-related Services)
• CAC annual event – Fall 2020
Transformation Center Support for Oregon’s CAC

We want to work collaboratively with CCOs to meet contractual requirements.

What type of additional CAC guidance may be needed?
For more information:

**CAC Supports:**
- Visit [www.oregoncac.com](http://www.oregoncac.com) and the Transformation Center’s [CAC Supports webpage](http://www.oregoncac.com)
- Staff contacts:
  - Adrienne Paige Mullock: adrienne.p.mullock@dhs.state.or.us
  - Tom Cogswell: thomas.cogswell@dhsoha.state.or.us

**CHA/CHP Supports:**
- Visit the Transformation Center’s [CHA/CHP webpage](http://www.oregoncac.com)
- Staff contact: Anona Gund: anona.e.gund@dhsoha.state.or.us

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[here](https://www.surveymonkey.com/r/OHATransformationCenterTA)
Thank you!