

FREQUENTLY ASKED QUESTIONS

Background

In 2018, the Oregon Health Authority (OHA) engaged stakeholders and local communities across the state about the next phase of health system transformation. It's often referred to as "CCO 2.0." One theme that emerged was a desire to further elevate the role of consumer Oregon Health Plan (OHP) members in advising CCOs on how to improve the health of communities. This theme was captured by the Oregon Health Policy Board (OHPB) in their [CCO 2.0 policy recommendations](#), specifically:

“Consumers must be meaningfully included in designing and making decisions about the health systems that serve them. CCOs will be expected to develop community advisory councils (CACs) that are representative of the communities they serve; ensure OHP members are actively involved on CCO boards; meaningfully engage tribes in their service areas, along with other local governmental bodies; and build trusted relationships with these and other key partners to improve health outcomes and address health disparities”.

As a result, language referencing this elevated role for CACs was included in OHA's [Request for Applications for Coordinated Care Organizations](#) issued in January 2019. In October 2019, OHA signed 15 contracts with organizations to serve as CCOs for OHP's nearly one million members. On January 1, 2020, the CCOs began serving OHP members across the state. The CCO contracts for 2020-2024 set new requirements for CCOs to improve care for OHP members and to hold down cost increases for Oregon's Medicaid program. Contract requirements for CCO CACs can be found in Exhibit K of the new contract. Additional requirements are laid out in the updated Oregon Administrative Rules¹ effective January 1, 2020.

This document addresses frequently asked questions (FAQs) about the new CCO 2.0 CAC requirements.

Important Definitions

Community Advisory Council (CAC):

The CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of CCO members and the community consistent with ORS 414.625.

Consumer Representative: A person serving on a CAC who is, 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.

¹ [410-141-3845 Health-Related Services](#), [410-141-3730 CHA and CHPs](#), [410-141-3715 CCO Governance; Public Meetings & Transparency](#), [410-141-3500 Definitions](#)

This FAQ will be updated as additional questions are addressed. Additional questions can be emailed to thomas.cogswell@dhs.state.or.us.

Annual CAC Demographic Report

1. Will the OHA Transformation Center be providing guidance to CCOs on completing the Annual CAC Demographic Report?

Yes, the Transformation Center is developing a template for CCOs to use to complete the annual CAC demographic report and will be sharing this guidance with CCOs by August 2020. In the meantime, the Transformation Center has shared a supplemental recruitment worksheet with CAC Coordinators so they can get a better sense of the information that will be required to submit to OHA by June 30, 2021.

CAC Membership & Selection

1. Can CAC coordinators participate on the CAC Selection Committee?

CAC coordinators can participate in the CAC Selection Committee if they are local county employees. If they are not county employees, CAC coordinators are not able to participate on the CAC Selection Committee. It is the expectation that CAC coordinators will engage in CAC recruitment activities and nominate potential CAC members to the CAC Selection Committee to consider.

2. If the CAC Selection Committee is unable to select all CAC members by March 31, 2020, can an extension be requested? If so, how?

The deadline for CAC member selection, which was previously extended from March 31 to April 30 and to June 30, 2020; has since been extended to September 30, 2020. This applies to all CAC member seats, including tribal representation.

3. Do CCOs need to submit the names of selected CAC members to OHA by 6/30/20?

No. However, please refer to [question #1](#) under the Annual CAC Demographic Report section for additional information about tracking CAC member demographics.

4. Is the CAC Selection Committee responsible for selecting the two CAC members (one who must be a consumer) to the CCO's governing board?

No. It is up to the CCO to determine how these two CAC members will be selected.

5. By what date do the two CAC members need to be selected in order to serve on the CCO's governing board?

The deadline for selecting CAC members to serve on the CCO's governing board has been extended to June 30, 2020. This includes both the Consumer Representative and the second CAC representative. If a CCO is having difficulty meeting this deadline, they should email CCO.MCodeliverableReports@dhsoha.state.or.us with a Cc to transformation.center@dhsoha.state.or.us.

6. Do CCOs need to submit the names of their CAC governing board members to OHA?

No. However, OHA is starting a new learning collaborative for CAC members serving on CCO governing boards, and Innovator Agents will be reaching out to CCOs to confirm CAC governing board members.

7. Does a CAC need to have consumer representation from each county in its service area?

No. However, the CAC selection committee is responsible for ensuring that the CAC:

- 1) “Includes representatives from the Community, including, but not limited to Consumer Representatives, and representatives of each county government (where such representatives are employees of the county) within Contractor’s Service Area. Consumer Representatives must constitute a majority of the CAC; and
 - 2) Is representative of the diversity of populations within Contractor’s Service Area, with a specific emphasis on persons who are representative of populations that experience health disparities”
- Candidates for CAC membership should be selected based on the above criteria.

8. Do CAC members who are county representatives (i.e., county employees) need to be voting members?

Yes. All CAC members are expected to be voting members.

9. What are the requirements for tribal CAC membership?

- In CCO service areas where only one tribe exists, the tribe shall appoint a tribal representative to serve on the CAC.
- In CCO service areas where multiple tribes exist, each tribe shall appoint a tribal representative to serve on the CAC.
- In the *Portland tri-county metropolitan area*, CCOs shall also solicit the Urban Indian Health Program to identify a representative to serve on the CAC.
- Note: A tribe may determine that it would not like to identify a tribal member to serve on a CCO’s CAC.

10. Do tribal CAC members need to be included in the total count of CAC members?

Yes.

11. How do I determine which local tribes my CCO should reach out to about tribal CAC membership?

Please refer to [this document](#) which is a crosswalk of tribal-CCO service areas.

12. Who should I reach out to at local tribes?

Please refer to [this list of Tribal Advisory Council \(TAC\) members](#), which includes primary CCOs that each tribe would like to work with at this time.

13. Who do I contact at OHA with questions about or for help with tribal CAC recruitment?

Please contact Michael Stickler, Tribal Affairs Health Policy Analyst, at michael.d.stickler@dhsosha.state.or.us. Contact him as early as possible with questions or for help.

14. If an empty CAC seat cannot be filled within 90 days, can an extension be requested? If so, how?

Yes. A one-month extension can be requested by emailing CCO.MCodeliverableReports@dhsosha.state.or.us with a Cc to transformation.center@dhsosha.state.or.us. The extension request is subject to OHA approval. OHA may ask for information about the CCO’s efforts to fill the vacant seat.

15. Is there an age limit for considering children as consumer OHP CAC members? For example, if a parent/guardian has a 30-year old child on OHP, could the parent/guardian be considered a consumer CAC member?

The parent/guardian of the child on OHP would count as a consumer regardless of the child's age. At this point, age has not been a part of the consumer definition for the parent/guardian.

As defined on page one of this document, a Consumer Representative is a person serving on a CAC who is, 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.

16. Some consumer CAC members fall on and off of OHP (often referred to as “churn”). When are these members no longer considered consumers?

If a CAC member (or the person for whom the parent, guardian, or primary caregiver serves as a proxy, ceases to be a member), has not been on the OHP for more than a month, they may continue to serve as a consumer CAC representative for six months after they cease to be a member. After the six-month period has expired, the former member or the former member's proxy may continue to sit on the CAC but not as a consumer representative.

CAC Meetings

1. By what date do CCOs need to convene their first CAC meeting?

The deadline for holding the first regular CAC meeting is extended from June 30, 2020, to September 30, 2020.

2. If the regularly scheduled CAC meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the CCO is required to hold semiannual meetings that provide written reports on the activities of the CCO. What are some examples of written reports?

Some examples of reports include the Community Health Improvement Plan (CHP), Health Equity Plan, and the Transformation & Quality Strategy (TQS) Report.

Duties of the CAC

1. Are there specific parameters that CCOs should use when developing a role for the CAC in determining whether investments are made and how much for health-related services (HRS) community benefit initiatives? (CBI)

The CCO may determine the CAC's role for HRS CBI investments and that should be clearly defined within the CCO's HRS policy and procedure. The role must address how the CAC supports CCO decisions in determining HRS CBI investments (both what is funded and how much funding).

2. Are there specific parameters that CCOs should use when developing a role for the CAC when it comes to CCO Supporting Health for All Through REinvestment (SHARE) Initiative spending decisions?

It is up to the CCO to define the specifics of the CAC role related to CCO SHARE-related spending decisions. In April 2021, CCOs are required to report their SHARE designation to OHA in their “Exhibit L” annual report. In June 2021, CCOs are then required to submit their SHARE Initiative Spending Plan to OHA. This plan must meet all the requirements for SHARE spending, including the role played by the CAC.

3. How often do CCOs need to complete a CHA and CHP?

At least every five years.

4. When are CCO Community Health Assessments (CHAs) due to OHA?

For previously existing CCOs, CHAs were due to OHA by 6/30/20 if they were not previously submitted with their most recent CHP submission. For most CCOs, the most recent CHP submission was June 2019. All new CCOs as of 2020 must submit their first CHA by 6/30/2021. OHA requests also requests that CCOs submit their new CHA alongside with their new CHP.

5. When are CCO Community Health Improvement Plans (CHPs) due to OHA?

All CCOs must submit a new CHP at least every five years. If a previously existing CCO submitted its most recent CHP in June 2017, its next CHP is due by 6/30/2022. If a previously existing CCO submitted its most recent CHP in June 2019, its next CHP is due by 6/30/2024. All new CCOs as of 2020 must submit their first CHP by 6/30/2021.

6. When are CCO CHP Progress Reports due to OHA?

The CHP Progress Report deliverable was waived for 2020, so the next CHP progress report would be due on 6/30/21.