**CCO 2.0 Policy Development – Glossary and definitions**

**Adult mental health residential:** A facility that provides mental health treatment in a residential setting (long-term, overnight care).

**Alternative payment:** Payments made to health care providers (such as clinics, hospitals, doctors, nurses and others) that pay for a wider range of services than the usual “fee for service” payments. Value-based-payments are one method of alternative payment.

**Behavioral health:** Mental health and addictive disorders such as problem gambling and/or substance use disorders.

**Behavioral health homes:** Behavioral health provider that serves as the health home for individuals with behavioral health issues.

**Care coordination:** Organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care.

**Community advisory councils (CACs):** Community advisory councils advise their CCO about community health issues and include Medicaid members and other community members.

**Community health improvement plans (CHPs):** 5-year plans to address community health issues, needs, and priorities.

**Coordinated Care Organization (CCO):** Coordinated Care Organizations are community-governed organizations that bring together physical, behavioral and dental health providers to coordinate care for people on the Oregon Health Plan. CCOs receive fixed monthly payments from the state to coordinate care and financial incentives that reward outcomes and quality. CCOs also have the flexibility to address their members’ health needs outside traditional medical services. This model is designed to improve member care and reduce taxpayer costs.

**CCO 2.0:** A reference to the vision and process being used by the state to design the next phase of coordinated care organizations. This process includes policy analysis, research, development, public input and discussion, as outlined on the CCO 2.0 website: [http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx](http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx)

**Cost containment strategy:** The state’s or a CCO’s goals or activities that try to control or reduce overall spending on health care services.

**Cultural competency:** a life-long process of examining values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient communication and interaction and preserves the dignity of individuals, families and communities.
**Culturally competent providers** do not make assumptions on the basis of an individual’s actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration/refugee status, marital status, socio-economic status, veteran’s status, sexual orientation, gender identity, gender expression, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law.

**Evidence based or emerging best practices:** Concepts or strategies that use fact-based information when designing programs and policies.

**Fee-for-service:** Payments to health care providers for delivering a specific service to a specific patient.

**Health disparities:** Differences in health status and outcomes between populations.

**Health equity:** Means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing economic and social obstacles to health such as poverty and discrimination.

**Health information exchange (HIE):** The electronic movement of health care information between two or more organizations.

**Health information technology (HIT):** Refers to a wide range of products and services — including software, hardware, and infrastructure — designed to collect, store and exchange health care information.

**Incentives:** Payments or other rewards given to CCOs based on whether they meet certain metrics focused on health care outcomes, quality, or other indicators of high performance.

**Integration:** When behavioral health, physical health, and/or oral health providers work together as a team.

**OHP member:** The Oregon Health Plan (OHP) is our state Medicaid program. It provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. Most OHP members get their care through a CCO.

**Oral health:** Refers to healthy teeth, dental care, and a disease-free mouth.

**Parity:** The Mental Health Parity and Addiction Equity Act of 2008 requires insurance to provide the same level of benefits for behavioral health as they do for medical/surgical care.
**Physical health**: Refers to the medical care provided for an individual's general health and well-being, NOT including behavioral health (mental health and addictive disorders) and oral health (dental). For example, health care services delivered by a primary care provider.

**Provider networks**: The list of providers who contract with an organization to provide services.

**Providers**: Someone who delivers health care, like a doctor or a nurse.

**Recognition program**: A way of identifying and rewarding programs and organizations for meeting certain targets, outcomes, or standards of performance.

**Recovery support services**: Incorporates social, legal and other services to assist individuals and families working towards recovery from mental health and addictive issues.

**Regional health equity coalitions**: Community groups that work to increase health equity in their communities.

**Reimbursement rates**: Payments made to health care providers (clinics, pharmacies, hospitals, and others) for delivering services to patients.

**Reinsurance pool**: A type of payment to a health plan used to balance some of the costs of very high cost patients or services.

**Social determinants of equity**: Factors such as racism, sexism, able-ism and others that determine how different groups of people experience Social Determinants of Health.

**Social determinants of health (SDOH)**: Factors that affect health, outside of the doctor’s office or hospitals, like poverty, access to housing, transportation, and neighborhood safety. Social determinants of health aren’t equally distributed in communities. Policies and structural factors like racism, sexism, age discrimination and others mean that certain groups face more issues like poverty and lack of access to education. This results in health disparities. Health disparities are also caused by factors inside the health care system, like access to doctors or the availability of health care providers who speak your language and health care in rural areas.

**Statewide preferred drug list (PDL)**: A set of prescription drugs that are given preferential pricing and access based on their efficacy, safety, cost effectiveness and other factors. This options would align or craft a single statewide PDL instead of continuing to allow individual CCOs to operate their own list.

**Sustainable rate of growth**: The Oregon Health Plan budget is built based on an annual fixed rate of growth in an effort to control and contain costs across the program. This target growth has been 3.4% for the last few years.
Telehealth/telepsychiatry: Telehealth is the delivery of medical, health and education services using telecommunications. Telepsychiatry is the delivery of psychiatric assessment and psychiatric care through telecommunications.

Traditional health workers (THWs): THWs help individuals in their communities by providing physical and behavioral health services. There are five types of THWs: doulas, peer-support specialists, peer-wellness specialists, personal health navigators, and community health workers. A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Value-based-payment (VBP): A strategy to pay health care providers for quality outcomes and value, rather than quantity or volume of services provided.