

# Meeting Minutes

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**Meeting:** Cascade Health Alliance Community Advisory Council (CHA), CAC)

**Date:** Wednesday, November 16, 2022, | **Time:** 12:00 PM to 1:30 PM

**CAC Members:** Pamala Dame (Chair), Nora Foster (Vice Chair), Rebecca Adams, **Burl Baker**, Amy Boivin, Jennifer Little, Raquel Mendoza, **Melissa Pisan**, **Jessie DuBose**

**Additional Attendees:** Patricia Pahl, **Chanel Smith**, David Shute, MD, **Belle Shepherd**, Brittiany Lewis, **Michael Donarski**, **Lori Ortiz-Bustos**, **Malea Waldrup**, Cristina Hernandez, **Yessenia Melchor Baltazar**, Kim Walls

**Location:** Hybrid

**Call in #:** 650-4191505 | **Virtual Access Code/Meeting ID:** 400 140 585

**In Person:** Community Health Education Center (CHEC) Classroom B  
2200 N Eldorado Ave. | Klamath Falls, OR 97601

**Overview:** The purpose of the CHA CAC is to bring the voice of CHA members and inform the CHA Board of the member experience. The CAC's purpose is also to identify and advocate for preventative care practices utilized by CHA and direct, track and review social determinants of health spending priorities in partnership with CHA.

## Agenda Items:

### Introductions and Call to order – Pamala

- The meeting was called to order by CAC Chair, Pamala Dame at 12:08 p.m.

### Review and Approval of the minutes of October 19, 2022 – Pamala

- Nora foster moved to adopt minutes and Raquel Mendoza second. The motion was carried out.

### Public Comment/Member Feedback – All (5 minutes)

- There was no public comment or member feedback during the meeting.

### Word on the Street – All (5 minutes)

- Public Health is hosting Vaccine Clinics at Oregon Institute of Technology in the college union building Mt Mazama on November 17, 2022, from 12-6 pm. Also, members have been inquiring about the flu vaccine, and public health may have found a vendor but more information to come.
- Prime + and Max's Mission also host a vaccine clinic at 220 Main St on Tuesday, November 15, 2022, from 12:30 to 4 pm. This event will include food boxes and \$25 gift cards to get the vaccine.
- The vaccine clinic and resource fair will be happening at Klamath Community College in building four on November 19, 2022, from 10 to 4 pm. All vaccine clinics will have food boxes and a \$25 gift card for those who receive vaccines.

### OHA (Oregon Health Authority) Update – Patricia (10 minutes)

- Public Health Emergency
  - The U.S. Department of Health and Human Services extended the national public health emergency on October 13, 2022, for 90 days (about three months), which is now going to have its last renewal of a 60-day event notice. At that time, Oregon Health Plan (OHP) members are going to need to re-enroll, getting a notification by mail that they will have 14 months to renew before the ending date.
- Covid 19 Vaccine Recommendations for Children
  - The Centers for Disease Control (CDC) recommends using COVID-19 vaccinations for children ages 5 through 11 that follow the FDA-updated COVID-19 vaccines.
- Long covid online seminar follow up
  - The October 5, 2022, updates about members who still have symptoms after recovering from the initial infection are presenting with prolonged symptoms and kept individuals from functioning at jobs. People affected can use protection such as the Oregon Family Leap Act and Americans with Disability Act.
- Durable Medical Equipment (DME) Listing Sessions for Oregon Health Plan (OHP) Members
  - Wants OHA Wants to be able to hear about the experience of having durable medical equipment. This listening session will be on Friday, November 18, 2022, from 1 to 3pm.
- 1115 Waiver Information
  - An update for The Oregon Health Authority (OHA) 1115 Medicaid Waiver for CAC members was held on October 19, 2022. Oregon.gov has the following recording slides, a summary of waiver changes, renewal, and evaluation.
- RSV (Respiratory Syncytial Virus)
  - With RSV on the rise in Oregon, things to watch for are symptoms within four to six days, including runny nose, appetite changes with fever, and wheezing. There are no treatments, but you can take steps to relieve symptoms and prevent the spread.
- Veterans Dental Program
  - It is now open to applicants who do not qualify for Oregon Health Plan (OHP) beginning November 1, 2022. Also, for those who are eligible dental care will start on January 1, 2023, and if approved for the veteran dental program, members will be enrolled in a coordinated care organization to access dental care, and funding is limited.

#### **Grievances and Appeals – Kim (20 minutes)**

- Refer to attached November 2022 Member Training ((Grievances – Complaints), Appeals, Hearings, and Dismissals from Care) for details.

#### **Transformation and Quality Strategy (TQS) – Patricia (10 minutes)**

- This was an update on 2022 TQS and request for 2023 TQS input. The 2022 TQS includes eight projects. TQS is also used to for Medicaid Efficiency and Performance Program (MEPP) reporting and the CHAs Quality Assessment and Performance Improvement (QAPI) program. CHA needs CAC input on Housing Infrastructure project is the project. CHA aims to bring all the different conversations about housing together and focus on housing needs. CHA has started to see what conversations are going on in the community, get involved, and identify what CHA's place is. The CAC voted yes to continue with housing as the Social Determinants of Health and Equity (SDOH-E) project.

#### **CHA Updates – Patricia (5 minutes)**

- CHA did not have updates; however, CHA had a couple questions.
- CHA asked the CAC's input on public CAC meetings with open forums and including more people in the monthly meetings. CAC members supports the idea; however, they gave CHA staff things to consider prior to changing how the meeting is structured.

**Applications – All (5 Minutes)**

- Two applications came in that will be invited to the next CAC meeting.

**Adjournment – Pamala**

- Pamala called the meeting to close at 1:17 p.m.

**Next Meeting: 12:00 – 1:30pm on Wednesday, December 21, 2022**

**Confidentiality Statement**

This Meeting Agenda document along with all attachments hereto shall be considered  
Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

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# Community Advisory Council OHA Innovator Agent Update

November 2022  
By Belle Shepherd, MPH

Oregon Health Authority Innovator Agent  
Supporting Cascade Health Alliance, Columbia Pacific  
and Jackson Care Connect CCOs

[Belle.Shepherd@dhsosha.state.or.us](mailto:Belle.Shepherd@dhsosha.state.or.us)  
503-983-1929 (call or text)



## Public Health Emergency ending timeline:

- The National Public Health Emergency (PHE) was extended effective October 13, for 90 days.
- If this is the last renewal, then the 60-day advance notice of the end of the PHE would be issued on **November 12, 2022**.
- If this is the last renewal, then the PHE would end on **January 11, 2023**.

### What this means for OHP members:

- Once the PHE ends, a process of re-enrollment will begin in Oregon
- All members on OHP will be asked to re-enroll, and will receive notification of that via mail
- Oregon will have 14 months to renew all members, once we know the PHE is ending
- Update your address so you can receive information about renewing:
  - Sending a secure email ([Oregon.Benefits@dhsosha.state.or.us](mailto:Oregon.Benefits@dhsosha.state.or.us))
  - Calling 800-699-9075 and reporting changes over the phone

## New COVID-19 Vaccine Recommendations for children ages 5 through 17:

The CDC Advisory Committee on Immunization Practices (ACIP) recommends the use of updated (bivalent) COVID-19 vaccines to children ages 5 through 11 years. This follows the [Food and Drug Administration's \(FDA\) authorization](#) of updated COVID-19 vaccines from Pfizer-BioNTech for children ages 5 through 11 years, and from Moderna for children and adolescents ages 6 through 17 years.

# Long COVID webinar (October 5) follow-up:

- About one in five adults in the United States who reported having COVID-19 in the past still have symptoms of *long* COVID-19, well after recovering from their initial infection. Symptoms can include prolonged fatigue, nerve pain and gastrointestinal issues, and not everyone experiences the condition in the same way.
- For people in Oregon who have trouble functioning in their jobs due to long COVID, there are protections, such as the Oregon Family Leave Act (OFLA), as well as the federal Americans with Disabilities Act (ADA).
- **Five key takeaways from the webinar:**
  - Long COVID is a condition that can affect people in dramatically different ways.
  - Anyone who gets COVID-19 can get long COVID. Even a mild infection in a vaccinated person can lead to long COVID.
  - Under the OFLA, workers in Oregon can take up to 12 weeks of protected leave, knowing their job will still be there when they return. The law allows for protected leave to be unpaid.
  - Long COVID is protected by the ADA. Anyone who has symptoms that inhibit major life activities (including breathing, thinking or standing) can request work accommodations such as a flexible work schedule.
  - Long COVID is a chronic illness that may take months, if not years, for health care systems, employers and society to fully adapt to and understand.
  - To watch the webinar on long covid: <https://www.youtube.com/watch?v=0IJoo2Slwg4>

# DME Listening Session for OHP Members

- Have you, a friend or a family member received Durable Medical Equipment (DME) through the Oregon Health Plan? **We want to hear about your experience.**
- DME includes (but is not limited to) the following: Wheelchairs (manual or electric/power), Scooters, Other personal assistive mobility devices like walkers, canes or crutches, Hospital beds, Lift chairs, Assistive equipment for personal hygiene like bedside commodes, or shower seats
- The [Ombuds Advisory Council](#), [Medicaid Advisory Committee](#), [Oregon Disabilities Commission](#), and the [Disability Services Advisory Councils](#) are coming together for a Durable Medical Equipment Listening Session. The Listening Session will be on Zoom.
- **Date: Friday November 18, 2022**
- **Time: 1 p.m. to 3 p.m.**
- You can register to attend using this link:
- <https://www.zoomgov.com/meeting/register/vJlscu-upj4rEqmljuio5CIVnG7kufw61gY>

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)



# 1115 Waiver information

- OHA Medicaid Waiver update for CAC members was held on 10/19

Follow up information is below:

- **Recording:** <https://www.youtube.com/watch?v=04hoJiGA2qg>
- **Slides:** <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/10-19-22%20CAC%20Mtg%20Slides.pdf>
- **Two-page summary of waiver changes:** <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-Changes.pdf>
- **Waiver renewal website:** <https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx>
- **Evaluation** – If you attended the session, please consider taking a minute to share your feedback here: <https://www.surveymonkey.com/r/N8B7LVH>

# RSV (Respiratory Syncytial Virus)

- **RSV is on the rise in Oregon and other states.**
- **Symptoms:** People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms of RSV infection usually include: Runny nose, Decrease in appetite, Coughing, Sneezing, Fever, Wheezing. These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties
- **Care:** Most RSV infections go away on their own in a week or two.
- There is no specific treatment for RSV infection, though researchers are working to develop vaccines and antivirals (medicines that fight viruses).
- **Take steps to relieve symptoms:** Manage fever and pain with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.) Drink enough fluids. It is important for people with RSV infection to drink enough fluids to prevent dehydration (loss of body fluids). Talk to your healthcare provider before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children
- **Prevent Spread:** Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands, [Wash your hands](#) often with soap and water for at least 20 seconds, Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others, Clean frequently touched surfaces such as doorknobs and mobile devices

# Veteran's Dental Program now open for applicants

- Oregon House Bill 4095, which creates the state's first Veteran Dental Program for Oregon veterans who do not qualify for Oregon Health Plan (OHP), passed in the 2022 Legislative Session. Administered by Oregon Health Authority, this state-funded program is separate and distinct from the dental benefit offered by the U.S. Department of Veterans Affairs.
- Beginning November 1, 2022, veterans can apply for the program using the OHP application.
- For veterans who qualify, dental care will start January 1, 2023. Eligible applicants must be veterans as described in [Oregon Revised Statute 408.225](#), except the veteran may be discharged or released under honorable or other conditions and must be at or below 400% of the federal poverty guidelines.
- To apply, veterans can visit [one.oregon.gov](https://one.oregon.gov) to login or create an account or have an application mailed by calling OHP Customer Service at 1-800-699-9075. Help filling out an application is also available through a network of local certified community partners statewide. You can find a community partner at [bit.ly/ohplocalhelp](https://bit.ly/ohplocalhelp).
- If approved for the Veteran Dental Program, members will be enrolled in a Coordinated Care Organization (CCO) to access dental care. The Veteran Dental Program offers the same dental care as OHP Plus, such as teeth cleanings, filling and extractions and emergency dental care. Individuals do not need to pay for dental care covered by the Veteran Dental Program.
- **Funding is limited for the program,** so eligible individuals are encouraged to apply now.

## Resources:

- To find a vaccination site near you: **Getvaccinated.Oregon.gov**

### CCO webinars for CAC members:

- Part 1: January 20, 11:30 a.m.–1 p.m.

Register here:

<https://www.zoomgov.com/meeting/register/vJltduyvrDktHlbzV9NOMW1vLP8r1hstUDA>

- Part 2: February 14, 11:30 a.m.–1 p.m.


Register here:

[https://www.zoomgov.com/meeting/register/vJlsduCppj4vGRoPsQMQfLFSjQWX\\_hlqlCM](https://www.zoomgov.com/meeting/register/vJlsduCppj4vGRoPsQMQfLFSjQWX_hlqlCM)

- If you would like to be added to the **Transformation Center's CAC member distribution list**, you can sign up here: <https://www.surveymonkey.com/r/JYHCTGY>. You will receive quarterly email updates to CAC members using this distribution list.

November  
2022  
Member  
Training

- **Grievances - Complaints**
- **Appeals**
- **Hearings**
- **Dismissals from Care**



Grievance is a complaint about any issue other than a denial. They can be, but are not limited to, access to see PCP or PCD, the quality of care provided, or getting a bill for a covered service.

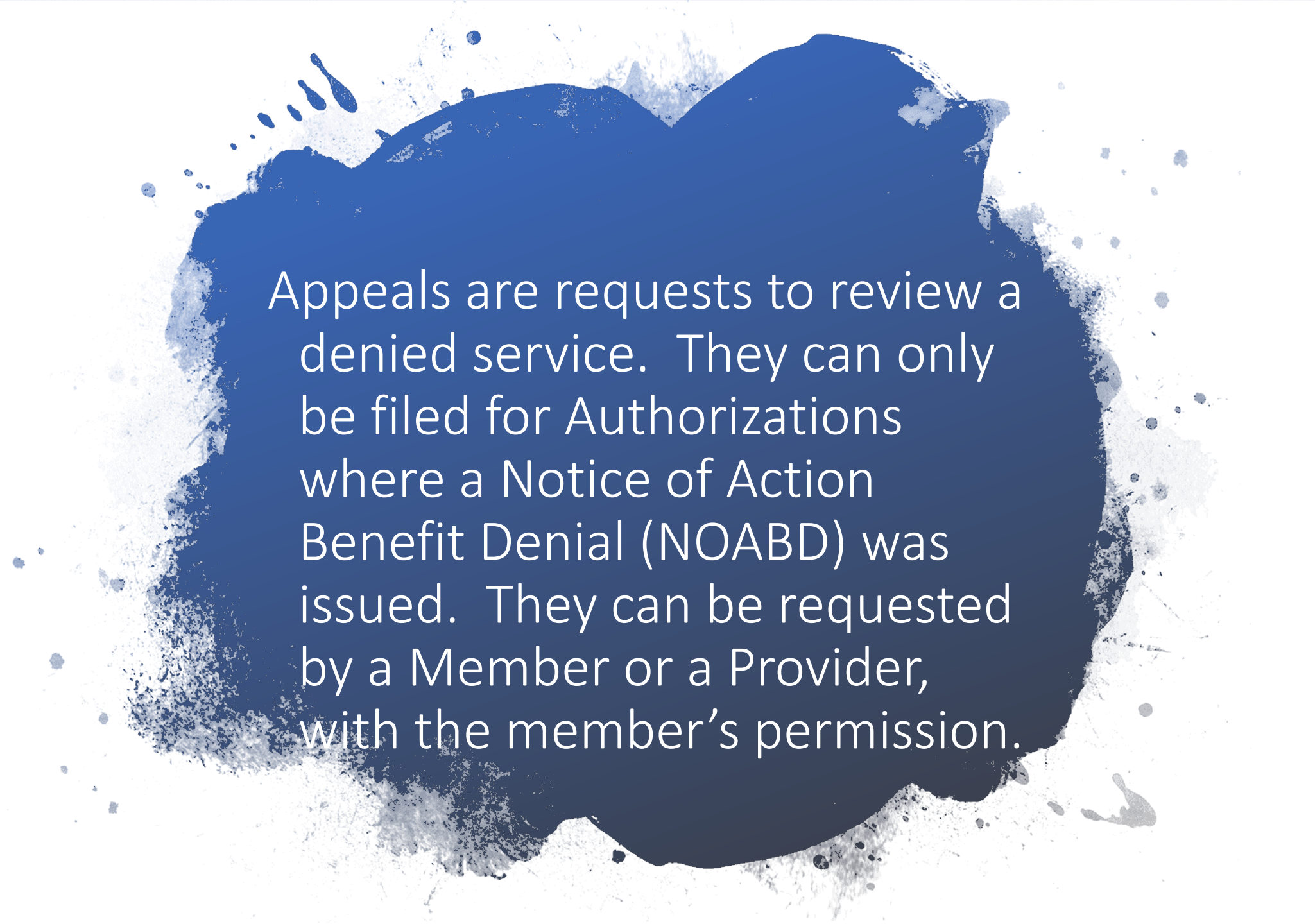
# Grievances

- ***Acknowledge*** CHA must acknowledge every complaint in writing
- ***Timeline*** Acknowledgement letters must be sent to member within 5 business days
- ***Resolution*** Complaints must be addressed in no more than 30 days
- ***Timeline*** Members must be sent a resolution letter within 30 days
- ***Resolution Example*** Member is approved to have a different PCP or PCD

# Grievances/Complaints Must Come from the Member

- ✓ ***Call In*** member can tell us about the complaint over the phone
- ✓ ***Written*** member can write a letter to CHA about their concern
- ✓ ***Complaint Form*** member can fill out a form on CHA's website
- ✓ ***Exception*** to the above is members that are children or disabled and unable to complete





Appeals are requests to review a denied service. They can only be filed for Authorizations where a Notice of Action Benefit Denial (NOABD) was issued. They can be requested by a Member or a Provider, with the member's permission.

# Appeals

1. ***Timeline*** must be filed within 60 days of the denial (NOABD) date
2. ***Request*** can be made orally or in writing
3. ***Request to Review a Health Care Decision*** form offers ability to list reasons why approval is needed
4. ***Forms*** should be included with NOABD mailing, but are also available by request or on CHA's website

# Appeal Timelines and Types

- ✓ **Standard Appeals** require a decision within 16 days
- ✓ **Expedited Appeals** are faster appeals, these require a decision within 72 hours
- ✓ **COB (Continuation of Benefits)** can be requested when the service was provided before but is now being denied
- ✓ **COB Requests** must be requested within 10 days of the denial (NOABD) date and has to be for an item/service that has been covered in the last 90 days
- ✓ **COB** determinations must be made within 72 hours
- ✓ **Notice of Appeal Resolution (NOAR), Expedited, and COB** determination letters will be sent to the member. We will try to contact members regarding Expedited and COB determinations as well

# Hearings

## ➤ Hearings:

- Requested for denied services that are upheld on Appeal
- *Require an Appeal to be completed first*
- *Can be requested up to 120 days after Notice of Resolution (NOAR) date*
- *Due to COVID, requests for Hearing can be made up to 240 days after NOAR*

# Hearings Continued

- *Are held by Telephone, no need to be physically present*
- *Hearings take place about 45 days after request*
- *Requests for Hearings are made on the same form as Appeal Requests*
- *Hearing request forms are sent to members along with instructions with the NOAR*
- *Hearings are attended by phone with OAH Administrative Law Judge (ALJ), OHA Hearings Representative, CHA Appeals & Hearings Coordinator, CHA Medical Testifier (Med Dir, Pharm Dir, P&R Dental), and member (can have representative attend).*
- *Final determination is made by ALJ, but it isn't during the Hearing. OAH mails decision as an Order of Disposition within 30 days of Hearing*
- *Hearing requests should be made in writing*
- *In order to request a Hearing, an Appeal must have been completely processed.*



# Dismissal from Care

- ✓ **Dismissal or Termination from Care** *may be issued by your Provider*
- ✓ **Reasons for Dismissal:** *many missed appointments without calling in advance, inappropriate behavior, member says they no longer want the provider's services*
- ✓ **If you are Dismissed** *the provider office sends you a letter with a copy to CHA*
- ✓ **The letter must say:** *reason for dismissal, there is 30 days of emergent care to allow time to get a new provider, you have rights to your medical records and how to get them, and to call CHA to get reassigned (if it is your PCP or PCD)*
- ✓ **Provider should send copy to CHA:** *so we can get your reassigned, if you don't call us first*

# Assistance

- **CHA has staff available to assist members with:**
- **Grievances**
- **Appeals**
- **Hearings**
- **Dismissals from care**
- **Other language documents are available upon request**
- **Larger printed documents are available upon request**

## How to ask for an appeal

If your coordinated care organization (CCO), dental plan or mental health plan denies a service that you think should be covered, you can ask for an appeal. To do this:

- Fill out pages 3 and 4 of this form. Return it to your CCO or plan, or
- Contact your CCO or plan by phone, letter or fax. If you ask for an appeal by phone, and do not need a faster appeal, you must also ask in writing.

If you need help doing this, ask your CCO or plan's Customer Service for help.

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### Deadline

Your CCO or plan must get your request within 60 days of the date shown on the first page of the *Notice of Action* (the letter you got about the denial decision).

If you ask after this deadline, you must show that you had a good reason for being late.

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### What happens if I ask for an appeal?

A different nurse or doctor from your CCO or plan will review the requested service, and all information in your appeal request.

- This review will help them decide if the denial decision should change.
- You have the right to see all information from this review before they decide (contact your CCO or plan's Customer Service to ask about this).
- You and your doctor can also give your CCO or plan more information, in person or in writing, to help them decide.

Within 16 days of your request, your CCO or plan will send you a *Notice of Appeal Resolution* to tell you their decision.

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### What if the service is still denied?

If, after the appeal, the CCO or plan has not changed their denial decision, you can ask OHA for a hearing.

## How to ask for a hearing

If you asked for an appeal and do not agree with the CCO or plan's appeal decision, you can ask OHA for a hearing. To do this:

- Fill out pages 3 and 4 of this form. Return it to OHA or a Department of Human Services (DHS) office; **OR**
- Fill out and return the Administrative Hearings Request (MSC 443). To get this form and help filling it out, go to a DHS office or call 800-273-0557 (TTY 711).

You can also find this form on at **OHP.Oregon.gov** (click on "Forms").

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### Deadline

OHA must get your request within 120 days of the date shown on the *Notice of Appeal Resolution* (the letter you got about the appeal).

If you ask after this deadline, you must show that you had a good reason for being late.

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### What happens if I ask for a hearing?

Before the hearing, an OHA staff member will call you to ask you for more information and answer your questions.

At the hearing, you can say why you do not agree with the decision. Most hearings are on the phone. These people will also be there:

- An OHA hearings representative
- Someone from your CCO or plan
- Your representative or helper (if you have one)
- An administrative law judge
- Any witnesses you invite

After the hearing, the judge will review the information from the hearing and make a decision. You will get a *Proposed and Final Order* (the judge's decision) within 30 days.

Hearings follow the Administrative Procedures Act, Oregon Revised Statute (ORS) Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-3900.



## What you need to know before you ask for an appeal or hearing

Here are two things you can do at any time, in addition to asking for an appeal or hearing. They will **not** give you more time to ask for an appeal or hearing, so you will need to do them right away:

1. You can ask your doctor about other ways to treat your condition.
2. You can ask for the information used to make this decision. To do this, call the Customer Service number for your CCO or plan.

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### Continuing services

If you were getting the service **before** the CCO or plan denied it, you can ask to keep getting it while you wait for your appeal or hearing. To do this, you must:

- Check “Yes” for Question 8 on page 4 of this form, and
- Ask for the appeal no later than 10 days after the “Date of Notice” shown on the *Notice of Action* or the “effective date” (if the notice lists an effective date), whichever is later and
- Ask for the hearing no later than 10 days after the “Date of Notice” shown on the *Notice of Appeal Resolution* or the “effective date” (if the notice lists an effective date), whichever is later.

If the appeal or hearing does not change the decision, you may have to pay for services you get on or after the effective date of the *Notice of Action* or *Notice of Appeal Resolution*.

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### If you want help at your appeal or hearing:

You can ask for a friend, family member, advocate, doctor or lawyer to help at the appeal or hearing. The CCO or plan decides who will be at your appeal. If you want a lawyer, you can ask for help from:

- Public Benefits Hotline at 800-520-5292 (TTY 711), for advice and possible representation. Legal Aid Services of Oregon and the Oregon Law Center provide this hotline.
- Oregon State Bar at 800-452-8260, to learn about free or low-cost legal services.

If you want someone to represent you at the hearing, give us their contact information on this form or the MSC 443 form, or tell the OHA hearing representative.

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### If your request is late or canceled, you do not ask for a hearing, or you do not attend your hearing:

**You may lose your right to an appeal or hearing on the decision.** If this happens, the most recent decision notice from your CCO or plan will be the final decision (or “final order by default”). It will become effective 120 days after the date of the notice. You will not get other notices about the decision. The record for the final order is the case file used to make the decision, with any materials you give later about it.

**If you cancel your hearing request or miss your hearing**, you will get a dismissal order. You may still appeal the dismissal under ORS 183.482 by filing a petition in the Oregon Court of Appeals. You must do this within 60 days of the date of the dismissal order. The dismissal order will tell you the deadline.

**Note to military personnel:** The federal Servicemembers Civil Relief Act gives active duty members the right to delay these proceedings. To learn more, you may contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or an Armed Forces legal assistance office, <http://legalassistance.law.af.mil>.

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### If you have an appeal or hearing and the service is still denied

You can choose to pay for it yourself. Ask your provider about this. You and your provider must then sign an *Agreement to Pay* to show that you understand you must pay for the non-covered service.

Agency Use Only		
Program	Branch	Case Number

## Request to review a health care decision

Complete pages 3 and 4 of this form.

### Send appeal requests to:

Your CCO or Plan  
(Use the address listed on  
the Notice of Action from your CCO or plan)

### Send hearing requests to:

OHA-Medical Hearings  
500 Summer St NE E49  
Salem, OR 97301-1077 Fax: 503-945-6035

### Type of request - Check only one of the following (see page 1 for more information):

Members of a CCO or plan **must** ask for an appeal before they can ask OHA for a hearing. Asking for an appeal or hearing will **not** affect your Oregon Health Plan eligibility. The choice is yours.

- ☐ **Appeal request:** Asks the CCO or plan to review their denial decision.  
*Attach a copy of the "Notice of Action" (decision notice) from your CCO or plan.*
- ☐ **Hearing request:** Asks OHA to review the CCO or plan's denial and appeal decision.  
*Attach a copy of the "Notice of Appeal Resolution" (appeal decision) from your CCO or plan.*

### Tell us about the member who received the service denial:

1. Member name: \_\_\_\_\_ Client ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security number\* (optional): \_\_\_\_\_  
Spoken language: ☐ English ☐ Spanish ☐ Russian ☐ Vietnamese  
☐ Other: \_\_\_\_\_

Do you need written material in another format? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

*\*The law allows the Oregon Health Authority to ask for your Social Security number (SSN). You can find these laws under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, and 42 CFR 457.340(b). You are not required to give an SSN. If you do, OHA will use it only to help locate your file and records.*

2. Does the member have someone who will help with the appeal or hearing? Example: friend, family member, advocate, doctor or lawyer. *If you don't have one now, you can add a representative at any time before the appeal or hearing:*

- ☐ No
- ☐ Yes, name: \_\_\_\_\_  
Address, City, State, ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### Who completed this form? Tell us about that person (if different from the member):

3. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_
4. Relationship to member: \_\_\_\_\_

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**Tell us about the request:**

5. What service(s) were denied? List them here.

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6. Did the member get the decision notice in writing? Check one:

☐ Yes. Notice date: \_\_\_\_\_

☐ No

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7. Was the member getting the service(s) before they were denied?

☐ Yes

☐ No

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8. If the member was getting the service(s) before they were denied, does the member want to keep getting them during the appeal and hearing process?

☐ Yes *(before checking this box, read the Continuing Services section on page 2)*

☐ No

☐ Does not apply: Member was not getting the service(s) before the denial.

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9. Does the member need a faster appeal or hearing decision because waiting could put the member's life, health, or ability to function in danger?

☐ No

☐ Yes. *Please explain how waiting may harm the member.*

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10. Tell us why the CCO or plan should cover this service. *You may also send documents and medical records that tell us why.*

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**Member signature (required for appeal requests):**

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Signature of member or member's legal representative

Date

## NOTICE OF HEARING RIGHTS

If you do not agree with a decision made about your request for Oregon Health Plan (Medicaid) services, you can ask the Oregon Health Authority (OHA) for a hearing to consider changing it.

If you are a member of a coordinated care organization (CCO), dental plan, or mental health plan and want a hearing about a service denied by your CCO or plan, you must first ask the CCO or plan for an appeal. If the CCO or plan still denies the service, then you can ask OHA for a hearing.

Asking for an appeal or hearing will **not** affect your Oregon Health Plan eligibility. The choice is yours.

### WHAT HAPPENS IF I ASK FOR A HEARING?

#### Before the hearing

An OHA staff member will call you to:

- Ask you for more information if needed
- Tell you what will happen at the hearing

The Office of Administrative Hearings will mail you information about:

- The hearing date and time
- Hearing procedures, your right to representation and other hearing rights

#### At the hearing

You can explain why you do not agree with the decision. You or your doctor can do this in person or in writing. Most hearings are by phone. These people will also be at the hearing:

- Your representative or helper if you have one
- Any witnesses you invite
- An OHA hearings representative
- The administrative law judge
- A CCO or plan representative (if the hearing is about a service your CCO or plan denied).

#### After the hearing

The judge will review the information presented at the hearing and make a decision. You will get a Proposed and Final Order (the judge's decision) within 30 days.

Hearings follow the Administrative Procedures Act, Oregon Revised Statute (ORS) Chapter 183, and Oregon Administrative Rules 137-003-0501 to 0700, 410-120-1860, 410-141-3900.

### HEARING DEADLINES

**For a hearing about a service denied by your CCO or plan:** OHA must receive your request within 120 days of the date of the *Notice of Appeal Resolution* (NOAR).

**For a hearing about a service denied by OHA:** OHA must receive your request within 60 days of the date of the decision notice.

If you ask for a hearing after these deadlines, you must show that you had a good reason for being late.

**You can ask for a faster hearing.** When waiting for a regular hearing could put your life, health, or ability to function in danger, you can ask for a faster hearing. OHA staff will review your medical records to decide if you need this.

### HOW TO ASK FOR A HEARING:

Fill out one of these forms. Return it to OHA or a Department of Human Services (DHS) office.

- Pages 3 and 4 of the Appeal and Hearing Request (OHP 3302); or
- The Administrative Hearings Request (MSC 443). To get this form and help filling it out, go to a DHS office, or call OHP at 800-699-9075 (TTY 711).

Please include a copy of the NOAR or decision notice with your request.

### You can mail or fax request forms to:

OHA Medical Hearings Unit  
500 Summer St. NE, E49  
Salem, OR 97301-1079

Fax: 503-945-6035  
Phone: 503-945-5785

**To get a denied service while you wait for your hearing, you must:**

- Have had the service prior to the denial,
- Ask for the service to continue on your hearing request form, and ask for the hearing no later than:
  - 10 days after the date of the decision notice, or
  - The “effective date” of the decision notice (if the notice lists an “effective date.”)

If the hearing does not change the decision, you may have to pay for services you get after the “effective date” on the decision notice.

**IF YOU WANT HELP AT YOUR HEARING:**

You may have a friend, family member, advocate, doctor or lawyer help at the hearing. If you want a lawyer, you can call here for help:

- Public Benefits Hotline at 800-520-5292, for advice and possible representation. Legal Aid Services of Oregon and the Oregon Law Center provide this hotline.
- Oregon State Bar at 800-452-8260, about free or low-cost legal services.

If you have someone who will help you at the hearing, list their contact information on the hearing request form, or tell the OHA hearing representative.

**IF YOUR REQUEST IS LATE OR CANCELED, YOU DO NOT ASK FOR A HEARING, OR YOU DO NOT ATTEND YOUR HEARING:**

**You may lose your right to have a hearing on this decision.** If this happens, the decision notice is the final decision (or “final order by default”). It will become effective 120 days after the date of the *Notice of Appeal Resolution* from your CCO or 60 days after the date of the decision notice from OHA. The record for the final order is the case file used to make the decision, with any materials you submit later about it. You will not get another notice about this decision.

**If you cancel your hearing request or miss your hearing,** you will get a dismissal order. You may still appeal the decision under ORS 183.482 by filing a petition in the Oregon Court of Appeals. You must do this within 60 days of the date of the dismissal order. The dismissal order will tell you the appeal deadline.

**Note to military personnel:** The federal Servicemembers Civil Relief Act gives active duty members the right to delay these proceedings. To learn more, you may contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571, or an Armed Forces legal assistance office, <http://legalassistance.law.af.mil>.

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**THE FOLLOWING STATUTES AND RULES MAY APPLY TO YOUR CASE:**

**Oregon Administrative Rules:** 410-120-1210 (*Medical Assistance Benefit Packages*); 410-141-3820 (*Covered Services*); 410-141-3825, 410-120-1200 (*Excluded Services*); 410-141-3830 (*Prioritized List of Health Services*); 410-120-1860, 410-141-3900 (*Contested Case Hearings*)

**Oregon Revised Statutes:** 183.415(2)(b) – *Notice of Right to Hearing*

**OTHER THINGS YOU CAN DO:**

You can always ask for the information used to make this decision. To do this, call the phone number listed in the **Questions** section of the decision notice. If you do not want a hearing, or if the final decision is still a denial after your hearing, you can:

1. Ask your doctor about other ways to treat your condition.
2. Ask your provider about paying for the service yourself. Your provider will have you sign an *Agreement to Pay* form (OHP 3165). This form states you understand the service is not covered and you will pay for it.

OHA follows state and federal civil rights laws. It does not treat people unfairly in any of its programs because of a person’s race, color, disability, national origin, religion, sex, sexual orientation, gender identity, marital status or age. You may file a complaint if you believe OHA treated you differently for any of these reasons.

### Complaint Form

If you have a complaint about Cascade Health Alliance's (CHA) services, fill out this form and send it to CHA's Compliance Department, 2909 Daggett Ave - Suite 225, Klamath Falls OR 97601.

Member name:	Member's CHA ID number or date of birth:
Your name <i>(if you are not the member)</i> :	Phone number:
<b>1. What happened?</b>	
<b>2. When did it happen?</b>	
<b>3. Who was involved? (Provider/Clinic)</b>	
<i>Attach any documents such as notices, denials of service, doctor's bills, or correspondence which might help us investigate the complaint.</i>	
<b>4. What would you like us to do?</b>	
<b>5. Do you want to talk to someone from our compliance department?</b> Yes <input type="radio"/> No <input type="radio"/>	
<b>6. When is a good time to call you to talk about this?</b>	
For complaints about CHA's phone service, <b>also</b> tell us the following:	
The day and time of the call:	
The number you called <i>(select one)</i> : <input type="radio"/> 541-851-2947 or <input type="radio"/> Other _____	
How long did you wait?	Who took your call?
Why did you call?	

**NOTICE:** If you still have a complaint about CHA or Oregon Health Plan, you can complete this form and send it to OHP Client Services at PO Box 14015 Salem OR 97309 or visit [www.ohp.oregon.gov](http://www.ohp.oregon.gov). If you do not agree with a denial you received from CHA, you will need a different form. To learn more, see the Member Handbook at [www.cascadehealthalliance.com](http://www.cascadehealthalliance.com).

Upon request, this document is available in other languages, large print, audio format, or a format that you prefer free of charge. Free Interpreter services are available in all languages by calling CHA Member Services at 541-883-2947 or Toll Free at 1-888-989-7846.



# 2023 TQS

## 2023 Transformation and Quality Strategy



[www.cascadehealthalliance.com/for-providers/quality-improvement/transformation-quality-strategy/](http://www.cascadehealthalliance.com/for-providers/quality-improvement/transformation-quality-strategy/)

[www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy.aspx)

[www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx)



# 2023 TQS

The Transformation and Quality Strategy (TQS) aims to move health transformation by aligning and coordinating our internal efforts related to health transformation and quality initiatives while making significant movement in overall health system transformation.

- Currently 8 projects total
- Initiatives align across the organization as well as community and provider initiatives (including Health Equity Plan, HIT Roadmap, DSN, CHA/CHIP, and others)
- Initiatives aim to improve member experience, satisfaction, health outcomes, and health disparities
- TQS is used for Medicaid Efficiency and Performance Program (MEPP) reporting and evaluation of CHA's Quality Assessment and Performance Improvement (QAPI) program
- Through collaboration with ATRIO, TQS supports seamless integrated and coordinated care for full benefit dual eligible (FBDE) members with special health care needs (SHCN)

## Efficiency

is doing things right;

## Effectiveness

is doing the right things.

- Peter Drucker

(Source: OHA 2022 TQS Slides)



# 2022 TQS Projects & Components

**Component Prior Year Assessment:** assessment of all prior calendar year applicable work related to components in project (NOT project specific) and includes CCO-specific data or region-specific data)

**Project Context:** describes progress to date of project (or rationale for new project) and includes CCO-specific data or region-specific data

**Narrative and Activities:** plans related to project

## 2022 CHA Projects and Component(s):

### Project Activities:

#### **Establishing Housing Infrastructure**

Social Determinants of Health and Equity (SDOH-E)

- Establish housing-project relationships with local community benefit organizations (CBOs) and other agencies
- Explore funding options for housing initiatives
- Develop ready-to-go housing-related projects waiting for funding

#### **Medical Dental Integration**

Oral Health Integration

- Help dental offices get established with Reliance eHealth
- Develop workflows for Dental-to-Primary Care referrals in Reliance
- Improve use of Konnect Dental Kare services

#### **Closed-loop Grievance System**

Appeals and Grievances

Health Equity: Data

Access: Timely

- Enhance reporting of grievance and appeals (including member reassignments due to provider dismissals) reports by race, ethnicity, language and disability (REALD) data
- Conduct targeted interventions using enhanced reporting
- Using grievances, enhance non-emergent medical transport (NEMT) services and educational materials

# 2022 TQS Projects & Components

**Component Prior Year Assessment:** assessment of all prior calendar year applicable work related to components in project (NOT project specific) and includes CCO-specific data or region-specific data)

**Project Context:** describes progress to date of project (or rationale for new project) and includes CCO-specific data or region-specific data

**Narrative and Activities:** plans related to project

2022 CHA Projects and Component(s):	Project Activities:
<b>Comprehensive PCPCH Plan</b> PCPCH: Tier Advancement PCPCH: Member Enrollment	<ul style="list-style-type: none"> <li>Comprehensive Patient-Centered Primary Care Home (PCPCH) Plan to support new certification or tier advancement</li> </ul>
<b>Cultural and Linguistic Services Provision</b> CLAS Standards Access: Cultural Considerations Health Equity: Cultural Responsiveness	<ul style="list-style-type: none"> <li>Acquire NCQA Health Equity Accreditation</li> <li>Meaningful Language Access: implement encounter-level reporting requirements to achieve Year 2 MLA OHA metric</li> <li>Bilingual and Health Equity workforce development</li> </ul>
<b>Holistic Diabetes Management</b> Special Health Care Needs (SHCN): non-duals Medicaid Access: Quality and Adequacy of Services (new) Utilization Review (UR)	<ul style="list-style-type: none"> <li>Medicaid Efficiency and Performance Program (MEPP) Data Project</li> <li>Enhance internal infrastructure</li> <li>Interorganizational collaboration and systems-level infrastructure</li> <li>Health outcomes, health disparities, and access to services (under-utilization)</li> <li>Over utilization and inappropriate use of health services related to potentially avoidable cost (PAC) and adverse actionable event (AAE)</li> </ul>

# 2022 TQS Projects & Components

**Component Prior Year Assessment:** assessment of all prior calendar year applicable work related to components in project (NOT project specific) and includes CCO-specific data or region-specific data)

**Project Context:** describes progress to date of project (or rationale for new project) and includes CCO-specific data or region-specific data

**Narrative and Activities:** plans related to project

## 2022 CHA Projects and Component(s):

### Potentially Avoidable Costs in SPMI and THW Sustainable Capacity

Behavioral Health Integration  
Serious and Persistent Mental Illness (SPMI)  
Utilization Review (UR)

## Project Activities:

- Two MEPP Episodes/Projects:
  1. Behavioral Health (BH) Intervention Project
    - ❖ High-ED-Use Serious & Persistent Mental Illness (SPMI) population support
  2. Initiation and Engagement in Treatment (IET) Data project
    - ❖ Using cost data to build collaborative efficiency for Substance Use Disorder (SUD) treatment
- Traditional Health Workers (THW) Sustainable Capacity
- Long Term Services and Supports (LTSS) - collaboration with ATRIO

### Collaboration and Care Coordination for LTSS FBDE Population

Special Health Care Needs (SHCN): full benefit dual eligible (FBDE)

# 2022 TQS Project: ***Establishing Housing Infrastructure***

# 2022 TQS Project: Establishing Housing Infrastructure

**Project Owner:** Health Equity

	Description
<b>TQS Components</b>	Social Determinants of Health and Equity (increasing economic stability)
<b>Project Description</b>	Expand CHA partnerships with local CBOs involved in housing work; explore feasibility of CHA-initiated housing projects.
<b>Target Population</b>	All CHA members
<b>Activities</b>	Community Collaboration
	Funding research
	Project research
<b>Monitoring Activities</b>	Number of CHA community partners involved in housing work
	Amount of funds acquired for housing work
	Number of vetted projects ready for implementation
<b>Alignment</b>	CHIP, CAC priority
<b>Collaborators</b>	Internal: Health Equity, Communications, Case Management
	External: Local CBOs; Provider Network
<b>Why was project chosen?</b>	The project was chosen because increases in housing prices has become a significant impact on member health. CHA is looking to get involved in housing support for the basin through partnerships with groups doing housing work. Living arrangements are one of the strongest factors of SDOH, so CHA wants to help coordinate and improve efficient use of community resources in this area so more people can be helped that need it.

## New TQS Project

**This slide shows a high-level overview of the TQS project.**

**Quality Management Department:** Functions as Quality Lead offering Project Management

**Project Owner:** Responsible for Project Content and Completion

**Collaborators:** Contribute time and resources

# 2023 TQS Components

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These are OHA component criteria found in the OHA TQS Guidance Document.

Specific component requirements can change from year to year; however, most of the criteria stay the same.

The TQS project must meet all criteria for component(s) addressed in project.

A prior calendar year assessment of applicable work related to component(s) must also be included. Applicable work is efforts that relate to component criteria but not included with the project.

Any member-level data used to support a TQS project needs to also be stratified by REALD & SOGI data, where possible, to identify and address disparities. This includes Part C, D, and Monitoring Measures.

## Establishing Housing Infrastructure

### **For Social Determinants of Health and Equity (SDOH-E) component, project must:**

- Actively engage members in the development of SDOH-E project (use holistic approach)
- Address social needs at the community level
- Collaborate with community partners
- Use community needs and priorities in the development of the project
- Address at least one of the following: economic stability, neighborhood and built environment, education, or social and community health

# Transformational and Quality Strategy (TQS) Acronyms

A1c: HbA1c (Hemoglobin A1c)	IET: Initiation & Engagement in Treatment	SPMI: Serious and Persistent Mental Illness
AAE: Adverse Actionable Event	LTSS: Long Term Services and Supports	SUD: Substance Use Disorder
APD: Aging and People with Disabilities (DHS)	MEPP: Medicaid Efficiency and Performance Program	THW: Traditional Health Worker
CAC: Community Advisory Council	MLA: Meaningful Language Access	TQS: Transformational and Quality Strategy
CBO: Community Benefit Organization	MOC: Model of Care	UR: Utilization Review
CCO: Coordinated Care Organization	MOU: Memorandum of Understanding	
CHA: Community Health Assessment	MTM: Medication Therapy Management	
CHIP: Community Health Improvement Project	NCQA: National Committee for Quality Assurance	
CIE: Community Information Exchange	NEMT: Non-Emergent Medical Transport	
CLAS: Culturally and Linguistically Appropriate Services	OHA: Oregon Health Authority	
DHS: Department of Human Services	PAC: Potentially Avoidable Cost	
DSN: Delivery System Network/Network Adequacy	PCP: Primary Care Provider	
ED: Emergency Department	PCPCH: Patient-Centered Primary Care Home	
EHR: Electronic Health Record	PDSA: Plan-Do-Study-Act	
FBDE: Full Benefit Dual Eligible	QAPI: Quality Assessment and Performance Improvement	
HbA1c: A1c (Hemoglobin A1c)	REALD: Race, Ethnicity, Language and Disability	
HE: Health Equity	SDOH-E: Social Determinants of Health and Equity	
HIE: Health Information Exchange	SHCN: Special Health Care Needs	
HIT: Health Information Technology	SHIP: State Health Improvement Plan	
HRA: Health Risk Assessment	SNP: Special Needs Plan	

## Interested in learning more about TQS?

[www.cascadehealthalliance.com/for-providers/quality-improvement/transformation-quality-strategy/](http://www.cascadehealthalliance.com/for-providers/quality-improvement/transformation-quality-strategy/)

[www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy.aspx)

[www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx)