



Work Session Minutes Public Meeting September 17th, 2025

In Attendance:

☐ Hammad Qadir, MD
☒ Paavani Atluri, MD
☒ Mike Rowley
☒ Linet Samson
☐ Andrea Zamora

☒ Dacey Brooke, MD
☒ Charles Toledo, MD
☒ Molly Johnson
☐
☐

☐ Wallace Webster, MD
☒ Jeffrey Lang
☒ Gregory Brigham, PhD
☒ Jason Bell, MD
☒ Tracy Lang ☐

Guest: Katie Gonzalez

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, CQCO, Wendy Haack, DO, CMO; Samyukta Vendrathi, COO; Erica Tesdahl-Hubbard, CITO/IT; Doris Kiragu, Health Equity Policy Analyst; Evelyn Bryant, Executive Administrative Coordinator

Work Session called to order at 7:01 A.M. by Dr. Toledo, Vice Chair with Dr. Webster not being able to make it the Vice Chair steps in for the purpose of discussion, but no action upon the Committee updates, including discussion of confidential and proprietary information constituting trade secrets under ORS 192.345.

Quorum established 7:01 am.

-Before getting started Ben takes the time to note that this is Dr. Brigham's last board meeting and thanks Dr. Brigham for his time serving on the Advanced Health Board and for the projects and work he has done within the community and wishes him well in his retirement.

-Dr. Brigham thanks Ben for that and states that it's been an honor to serve with the Advanced Health and all the partners in the community and appreciates the work they are doing. He states that Steve Barron will be with them on the next

board meeting and that he will be a strong leader to ADAPT and be a robust partner to all on the board.

-With that they begin the meeting:

Meeting Minutes:

- Dr. Toledo presented the meeting minutes from July 16th, 2025, Work Session.
- ❖ **MOTION:** Motion made Dr. Brigham to approve the July 16th, 2025, meeting minutes as presented and seconded by Dr. Atluri.
- ❖ **VOTE:** Unanimous approval. (End 7:02 A.M.)

Financials

- Chris presents on the Financials:

Western Oregon Advanced Health, LLC. STATEMENTS OF OPERATIONS For the Year Ended August 31, 2025					
	2025 Actual	2024 Actual	Variance Actual	2025 Budget	Variance Budget
	August '25	August '24		August '25	
REVENUES:					
Medical	112,002,833	108,101,099	3,901,735	110,175,022	1,827,812
Dental Health	8,422,945	5,954,170	2,468,775	8,326,161	96,784
NEMT	2,919,408	3,178,655	(259,247)	3,139,626	(220,218)
Investment Income	296,893	198,193	98,700	-	296,893
Total	123,372,143	117,434,847	5,937,296	121,640,808	1,731,335
MEMBER SERVICES EXPENSES:					
Medical	108,434,939	104,881,681	3,553,259	107,325,285	1,109,654
Dental Health	8,204,791	5,768,400	2,436,391	8,110,801	93,990
NEMT	2,797,022	2,474,181	322,841	2,556,876	240,146
Health Related Spending	1,302,211	357,933	944,279	810,447	491,765
Other	(281,277)	0	(281,277)	-	(281,277)
Total	120,457,687	113,482,194	6,975,493	118,803,409	1,654,278
Total revenues	2,914,456	3,952,653	(1,038,197)	2,837,399	77,057
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	1,432,785	1,176,635	256,150	1,444,548	11,764
Legal, accounting and professional	154,847	275,550	(120,703)	170,264	15,417
Employee benefits	301,897	260,723	41,174	300,067	(1,830)
Dues, membership, contributions	101,923	359,571	(257,648)	242,089	140,166
Office Supplies and Postage	148	41	107	50	(98)
Meals, travel and seminars	22,069	38,210	(16,141)	44,677	22,609
Other expenses	-	522,265	(522,265)	100	100
Total administrative expenses	2,013,669	2,632,994	(619,325)	2,201,796	188,127
Net Expenses	\$ 900,788	\$ 1,319,659	\$ (418,871)	\$ 635,603	\$ 265,184
Summary					
Revenue	\$ 123,372,143	\$ 117,434,847	\$ 121,640,808	\$ 5,937,296	\$ 1,731,335
COGS	\$ 120,457,687	\$ 113,482,194	\$ 118,803,409	\$ 6,975,493	\$ 1,654,278
Admin Expenses	\$ 2,013,669	\$ 2,632,994	\$ 2,201,796	\$ (619,325)	\$ (188,127)
Income Tax & Investment Expense	\$ (9,999)	\$ (9,232)	\$ (9,375)	\$ (767)	\$ (624)
Net Income	\$ 890,789	\$ 1,310,427	\$ 626,228	\$ (419,638)	\$ 264,560

- Chris states not a lot of budget variance and that revenue is up a bit relative to budget that coming from the HRSN benefit. This benefit is covering items like food insecurity and housing benefit beyond what's typically covered by flex expenses.

- Overall a positive budget variance of \$1.7 million and that flows through to member service expenses.
- Administrative expenses are close to budget year to date, about 9% under budget, the biggest difference is driven by dues and subscriptions. This is due to timing and that should be resolved between now and end of year.
- Bottom line is they're about \$900,000 in net income year to date which is above the year to date budgeted value of about \$630,000. As HRS catches up, they can expect that budget variance to diminish.
- With no questions on the profit and loss page above, he moves on to the balance sheet

Western Oregon Advanced Health, LLC.
August 31, 2025 and August 31, 2024

	August '25	August '24
ASSETS		
Cash and cash equivalents	\$ 15,174,920	\$ 8,460,221
Restricted Reserve	7,984,079	7,460,521
Cash Suspense	21,559	(157,673)
Investments	3,985,063	4,351,142
Physical Health Receivable	4,900,536	1,136,621
Mental Health Receivable	-	-
Dental Health Receivable	1,571,516	369,894
HRSN Receivable	-	-
Quality Pool Receivable	-	-
Accrued Interest Receivable	88,449	129,000
Accounts Receivable, net (Related party)	-	18,011
Other assets	29,352	278,828
Total Assets	\$ 33,755,474	\$ 22,046,565
LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	123,978	85,006
DOCS Management Admin Payable	504,377	10,266
Dental Health Payable	985	1,823
HRA Payable	-	-
MCO Payable	740,659	741,090
Mental Health Payable	145	1,619
Other Accrued Expenses	9,231,719	1,253,363
Payroll and Related Liabilities	\$ 263,748	\$ 231,842
Physical Health Payable	3,600,064	384,447
QDP Payable	978,778	2,774,672
Quality Pool	1,048,131	684,528
Capital Share Obligation	518,333	470,000
VBP Payable	252,688	178,625
Dividends Payable	-	-
Total Liabilities	17,263,605	6,817,280

- Year over year variance driven by the new risk corridors in 2025.
- Top line assets are up almost \$12 million and cash is up by \$6.7 million.
- Due to a reporting change any cash that is sitting in the restricted reserve account is now being categorized as cash and cash equivalents when it wasn't before and as of the end of August they had about \$900,000 of cash sitting in that account which is contributing to the year over year variance.

- Physical Health receivable is up year over year as well as dental health receivable and this is driven by the IHCP risk corridor, this is the risk corridor that covers tribal clinic costs. The physical health receivable is driven the HOP and Basic Health Plan corridor. They are logging a liability to the IHCP (Indian Healthcare Provider) risk corridor.
- He addresses Equity:

Equity		
Southwest Oregon IPA	9,711,504	9,072,926
North Bend Medical Center	-	-
Coos County	1,428,162	1,296,132
Advantage Dental	856,897	777,679
Bay Area Hospital	714,081	648,066
Coquille Valley Hospital	571,265	518,453
Bay Clinic	285,632	259,226
ADAPT	214,224	194,420
South Coast Orthopedic Associates	214,224	194,420
Waterfall	285,632	-
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	890,789	1,320,322
Capital Gain (loss)	1,319,457	947,640
Total stockholders' equity	16,491,869	15,229,284
TOTAL LIABILITIES AND EQUITY	\$ 33,755,474	\$ 22,046,565

- Changes in assets and liabilities net to a \$1.3 million variance on equity.
- Equity is looking good, year to date net income is reflected in retained earnings and they've seen unrealized gains increase since this time last year.
- With no comments or questions, they move to approve financials.

- ❖ **MOTION:** Motion made Dr. Bell to approve the August 31st, 2025, meeting minutes as presented and seconded by Mike Rowley.
- ❖ **VOTE:** Unanimous approval. (End 7:19 A.M.)

-With no public comment, they move on to the next agenda item.

Draft 2026 CCO Rate/Contract Changes

- Chris states that he's been participating in the CCO rate development process for years and this year's been different. A letter was sent to the state around the time that OHA was developing their draft rates and OHA submitted draft rates to the CCO's that reflected a 6% year over year increase in the CCO premiums. They have never seen a year over year increase like that, but even that was insufficient for some of the CCO's that are struggling more than we are. It appeared that many CCO's including the largest CCO would not be participating in the program in 2026.

CY26 CCO Rate Development
Rate Comparison to 2025

CCO	COA	CY26 Caseload Forecast ¹	CY25 Rate Excl. MCO Tax	CY26 Rate Excl. MCO Tax	% Difference
Advanced Health, LLC	PCR	26,188	\$ 556.37	\$ 680.85	22.4%
Advanced Health, LLC	PWO	2,984	\$ 525.52	\$ 598.95	14.0%
Advanced Health, LLC	CHILD 00-01	4,565	\$ 1,054.56	\$ 1,204.02	14.2%
Advanced Health, LLC	CHILD 01-05	23,923	\$ 238.56	\$ 254.00	6.5%
Advanced Health, LLC	CHILD 06-18	63,717	\$ 312.73	\$ 338.40	8.2%
Advanced Health, LLC	DUAL-MEDS	28,310	\$ 310.74	\$ 300.20	-3.4%
Advanced Health, LLC	ABAD & OAA	16,647	\$ 1,639.58	\$ 1,727.45	5.4%
Advanced Health, LLC	FOSTER	4,342	\$ 828.10	\$ 935.84	13.0%
Advanced Health, LLC	ACA 19-34	51,172	\$ 450.92	\$ 476.40	5.7%
Advanced Health, LLC	ACA 35-44	32,346	\$ 611.91	\$ 687.90	12.4%
Advanced Health, LLC	ACA 45-54	26,987	\$ 796.30	\$ 824.93	3.6%
Advanced Health, LLC	ACA 55-64	31,120	\$ 882.97	\$ 1,016.66	15.1%
Advanced Health, LLC	BBM 19-34	251	\$ 450.92	\$ 475.86	5.5%
Advanced Health, LLC	BBM 35-44	33	\$ 611.91	\$ 687.37	12.3%
Advanced Health, LLC	BBM 45-54	123	\$ 796.30	\$ 824.39	3.5%
Advanced Health, LLC	BBM 55-64	62	\$ 882.97	\$ 1,016.12	15.1%
Advanced Health, LLC	YSHCN	625	\$ 568.44	\$ 590.58	3.9%
Advanced Health, LLC	BCCP	55	\$ 1,639.58	\$ 1,727.45	5.4%
Advanced Health, LLC	Maternity	258	\$ 10,396.89	\$ 11,888.47	14.3%
Advanced Health, LLC	Total	313,450	\$ 579.11	\$ 633.08	9.3%

- In response to that as well as the financial crisis, OHA set up a work group among CFO's and what that led to was a reconsideration around 2026 rates and some contract elements. For Advanced Health the year over year rate increase is 9.3%, which is lower than the statewide average of 10.2%.
- When comparing 2025 to 2026, the tribal clinic risk corridor has significantly declined, which means that Advanced Health and its system will owe less to OHA through risk corridor settlements in 2026.
- However, the rates may not be enough it trends continue to grow at their current pace and could put us in the same place we're in in 2025.
- Big rate increase but still a lot of uncertainty next year.
- With no questions about the rates, Chris gives Anna the floor to talk about the admin changes.
- Anna states that she participated in a series of meetings with OHA and other CCO's aimed at looking at what kind of contract changes and administrative changes OHA could make to be implemented for January 2026 that would produce savings in administration costs for CCO's
- She goes over the documents below showcasing the changes from the 2025 contract v.s the 2026 contract
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Eliminate policies & procedures (P&Ps) deliverables; perform ad hoc audits if compliance concerns exist

Name	Change # in 9/4 revised 2026 decision draft	2025 contract	2026 contract
1. Care Coordination	391	Submit P&Ps annually for OHA review and approval, upon material change, and w/in 5 Business Days (BDs) of request	Submit P&Ps w/in 5 BDs of request
2. Behavioral Health	392	Submit P&Ps annually for OHA review and approval, upon material change, and w/in 5 Business Days (BDs) of request	Submit P&Ps w/in 5 BDs of request
3. Wraparound	393	Submit annual Attestation of compliance; submit P&Ps w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
4. System of Care	394	Submit annual Attestation of compliance; submit P&Ps w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
5. Fraud, Waste, and Abuse Prevention Handbook	408	Submit Handbook annually for OHA review and approval and or w/in 30 BDs of request; submit Attestation of compliance every other year if no change since prior year's approval	Submit P&Ps w/in 30 BDs of request
6. Grievance and Appeal System	395	Submit annual Attestation of compliance; submit P&Ps w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
7. Insolvency Plan	396	Submit Plan annually for OHA review and approval, upon material change, and w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
8. Moral Objection Policy (if applicable)	397	Submit policy annually for OHA review and approval, upon material change, and upon request	Submit policy w/in 5 BDs of request
9. Non-Emergent Medical Transportation	398	Submit annual Attestation of compliance; submit P&Ps w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
10. Third Party Liability Recovery	399	Submit P&Ps annually for OHA review and approval or Attestation of compliance if no change since last approved, upon material change, and upon request	Submit P&Ps w/in 5 BDs of request
11. Personal Injury Liens	400	Submit annual Attestation of compliance; submit P&Ps w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
12. Flexible Services fka Health Related-Services	401	Submit policy annually for OHA review and approval, w/in 20 days of material change, and w/in 5 BDs of request	Submit P&Ps w/in 5 BDs of request
13. Health Related Social Needs	402	Submit P&Ps for OHA review and approval upon request	Submit P&Ps w/in 5 BDs of request
14. Provider Directory	403	No submission requirements	Submit P&Ps w/in 5 BDs of request
15. Drug Utilization Review	404	Submit P&Ps for OHA review and approval upon request	Submit P&Ps w/in 5 BDs of request

Eliminate deliverables; maintain compliance monitoring through ad hoc audits

Name	Change # in 9/4 revised 2026 decision draft	2025 contract	2026 contract
1. CAC Demographic Report	409	Submit annual report	Delete entire contract section related to report
2. Report w/ facility level data about all members assigned to a PCPCH provider	410	Submit annual report	Delete entire contract paragraph related to report
3. Lien Templates	411	Submit annual Attestation of compliance; submit templates w/in 5 BDs of request	Delete entire contract paragraph related to submission
4. Grievance & Appeal System Member Notice Templates	414	Submit annual Attestation of compliance; submit templates w/in 5 BDs of request	Eliminate Attestation; retain existing language to submit templates w/in 5 BDs of request
5. NEMT Call Center Script	413	Submit annual Attestation of compliance; submit script w/in 5 BDs of request	Delete portion of contract paragraph related to submission
6. Transformation & Quality Strategy	415	Submit annual TQS	Delete all references to TQS and annual submission; require each CCO to have Quality Assessment and Performance Improvement program (for federal compliance purposes); require OHA and CCOs to work together to develop and
			implement CCOs' QAPs and identify deadline for annual evaluation report

Reduce frequency of deliverables submission

Name	Change # in 9/4 revised 2026 decision draft	2025 contract	2026 contract
1. IBHRT Referrals & Enrollment Quarterly Report	418	Submit quarterly, 30 days after each quarter	Submit bi-annually, 30 days after the end of each 6-month period
2. Language Access & Interpreter Services Report	419	Refer to OAR §19-141-3515(16)(g)(B) Submit quarterly, on the first day of each calendar quarter, reporting data for the 12 months ending one quarter before the due date	Requires OAR change to reduce submission frequency Remove "quarterly" from contract language
3. NEMT QA Report	420	Submit quarterly, 90 days after each quarter	Submit annually, 45 days after the end of each Contract Year

Other deliverables changes

Name	Change # in 9/4 revised 2026 decision draft	2025 contract	2026 contract
1. Combine Comprehensive Behavioral Health Plan with Community Health Improvement Plan (consistent with HB 2208)	421	Submit annual CBHP, including data for metrics previously submitted through Annual Behavioral Health Report	Delete entire contract paragraph related to CBHP See also # 374 and #375 that incorporate the provisions of HB 2208 into the CHP and CHA contract language (in 8/19 initial 2026 decision draft)
2. Allow Member Handbooks and NEMT Rider Guides to be distributed electronically, hard copy upon request	MH: 170 NEMT RG: 423	No provisions for electronic distribution	MH: Allow e-distro w/out member consent under specific conditions (in 8/19 initial 2026 decision draft) NEMT RG: Allow e-distro w/out member consent under specific conditions, same as MH

3. Eliminate submission of member materials with exception of federal- or OHA-required categories of materials	422	"Contractor shall refer to the Guidance Document located on OHA's Quality Assurance Material Submission and Review webpage, for guidance as to which materials do and do not require approval from OHA. The foregoing webpage is located at the following URL: www.oregon.gov/oha/HSD/OHP/Pages/CCO-QA-Materials.aspx ."	Minor contract language change; will be addressed by updating the guidance document referenced in the contract
4. Ensure guidance, evaluation criteria and reporting templates for all deliverables	n/a	No contract change; will be addressed through CCO Ops-QA Team's oversight of deliverables process	

- The documents above detail some of those changes that OHA has already agreed to make and are in the 2026 draft contract. While this does save some administrative time, it doesn't touch on some of the larger more time consuming contract deliverables. The 2026 contract says that for the policies and procedures we only have to submit it when OHA requests it, so it doesn't relive us of any of the work that's required to make sure policy and procedures are updated annually. They don't have to go through the additional step of submitting to OHA and the back and forth of that, but it's not a significant lightening of the admin burden, and that's the same situation for the deliverables.
- With no comments or feedback from the Board they move to the next document:

CY2026 Risk Mitigation

Changes from CY2025

Pharmacy Carveout

- Certain covered pharmacy drugs that are high cost / low incidence are being identified and will be carved out of managed care contracts and capitation rates.

Limited Behavioral Health Risk Corridor

- OHA will offer a 2-sided symmetrical risk corridor around a limited set of BH services to provide risk protection to both OHA and the CCOs.
- Risk corridor applied to limited BH services is intended to ensure State investments are supporting intended services while providing meaningful risk protection for CCOs.
- Maintain the current narrowing of the BH Directed Payment (option #1)

Updates to MMLR

- Temporary MMLR cap increase applies to all CCO tiers
- The MMLR only applies if a plan has a material gain beyond the margin assumptions built into rates.
- Chris goes over the document above.
- The most significant change he points out is the change to MLR:

Minimum Medical Loss Ratio (MMLR)

Temporary Increase for CY2026

Policy Goals

- Raising the Medical Loss Ratio ensures that a greater share of public Medicaid dollars is directed toward patient care and quality improvement
- Increased state protection paired with higher-than-usual rate increase
- Allow flexibility for potential further OHA benefits changes in CY2026 without amending to 9/4 proposed capitation rates
- Avoid implementing overly restrictive MMLR to allow for reasonable re-capitalization

Tier	CY25 Pricing MLR	CY25 MMLR	CY26 Final Pricing MLR	CY26 MMLR
1 (highest enr)	90.80%	85.00%	90.40%	87.00%
2	89.60%	85.00%	89.20%	86.00%
3 (lowest enr)	88.80%	85.00%	88.40%	86.00%

Notes:

1. Pricing MLR excludes PBR and MCO tax from numerator and denominator
2. Small plans will continue to have a credibility adjustment applied in MLR calculation consistent with CMS guidance
3. OHA does not intend to update the CCO contract requirement for subcontractor minimum MLRs of 85%.
4. Note: 8/28/25 presentation incorrectly noted CY2025 pricing MLR as 88.5%.

- Chris states that OHA is introducing a temporary increase in the minimum medical loss ratio. He gives context stating that if a CCO reports a medical loss ratio below a threshold which is normally 85%, there would be a settlement, where the CCO would have to give back some of its revenue until adjusted MLR is above that threshold. He states that Advanced Health's threshold is around 90%, however OHA has attempted to bring the threshold up to 89% or 90% and that would put significant risk of a settlement.
- Dr. Toledo asks what is the bottom line about not accepting this new corridor for Advanced Health and for patients?
- Chris answers that it means that there's no change related to whether we're at risk for the behavioral health benefit in 2026.
- With no questions from the Board, they move on to the next agenda item.

Share Spending Plan Process

- Anna presents an update for the 2025 SHARE Initiative. She goes over the document below:



BOARD ACTION ITEM: 2025 SHARE INITIATIVE SPENDING PLAN - UPDATE

Background:

Supporting Health for All through REinvestment, or the SHARE Initiative, was developed by the OHA to implement the legislative requirements in House Bill 4018 to address social determinants of health. The SHARE Initiative requires CCOs to reinvest a portion of the prior year's profits to improve social determinants of health and equity (SDOH-E). The SHARE Initiative began in 2020, with the first SHARE Initiative funding becoming available in 2021.

1. Spending must fall within SDOH-E domains and include spending toward a statewide housing priority.
2. Spending priorities must align with community priorities from Community Health Improvement Plans.
3. A portion of funds must go to SDOH-E partners.
4. CCOs must designate a role for the Community Advisory Council(s) related to SHARE Initiative funds.

The consolidated recommendations of the Curry County Community Advisory Council, and Coos County Community Advisory Committee for the SHARE Initiative were submitted to Advanced Health's board of directors and approved at their meeting of July 17, 2025.

Advanced Health has \$405,000 from the 2024 SHARE designation. Advanced Health also has \$60,000 remaining from an unspent SHARE award for a housing project in Curry County. That is a total of \$465,000 to be awarded in this SHARE cycle.

Advanced Health board of directors approved allocating the 2024 SHARE designation with 80% for Coos and 20% for Curry. Staff also recommend allocating 50% of each county's SHARE funds to the housing priority, and reserving the unspent \$60k carry over funds for Curry for the Curry housing priority. See the table below for a list of spending priorities and amounts per county.

Approved SHARE Spending Priorities and Allocations

Coos County		Curry County	
Program Category	Amount	Program Category	Amount
Housing and Homelessness	\$162,000	Housing and Homelessness	\$100,500
Nutrition Program	\$81,000	Nutrition and/or Childcare	\$40,500
Preventing Stigma	\$81,000	Total Funds Available	* \$141,000
Total Funds Available	\$324,000	* \$81k from 2024 + \$60k carry over	



Summary:

The SHARE spending priorities and allocations were released with Advanced Health's SHARE Initiative Request for Application (RFA) on July 21. The application window closed on August 29.

Applications received:

Coos County			
Priority	Funds Allocated	Funds Requested	Applications Received
Housing and Homelessness	\$162,000	\$162,000	1
Nutrition Program	\$81,000	\$106,000	2
Preventing Stigma	\$81,000	\$115,495	3
Total	\$324,000	\$383,495	6

Curry County			
Priority	Funds Allocated	Funds Requested	Applications Received
Housing and Homelessness	\$100,500	\$200,500	3
Nutrition and/or Childcare	\$40,500	\$80,540	2 (1 nutrition, 1 childcare)
Total	\$141,000	\$281,040	5

Staff have completed an initial administrative review of the applications received and have requested some additional budget information to aid in a complete review. Two applications that did not meet minimum requirements will not be moving forward for committee review.

A review committee has been selected, including Advanced Health staff, CAC members, and community partners. The review committee will meet and score applications in September. The committee's recommendations will be presented to the Coos and Curry CACs at their October meetings. Those recommendations will be presented to the Advanced Health board at the November meeting.

- With no comments or questions from the Board they move to the final agenda item.

Health Equity Plan Update

- Doris, Equity Policy Analyst presents on the 2025 Health Equity Plan with the slides below:

What is a Health Equity Plan?



A Health Equity Plan (HEP) aims to provide the coordinated care organization (CCO) and its stakeholders a clear framework to becoming an organization that values and prioritizes health equity.



The framework includes an action plan detailing where the CCO is headed, what it plans to achieve, the methods it will use, and milestones to monitor progress.



A successful Health Equity Plan is built on a thorough analysis of the existing CCO structure, governance, staff, program or service mix, community collaborations, and resources, including financial, human, technical, and material.

What is the importance of a Health Equity Plan?



Builds accountability

Provides measurable goals, timelines and evaluation strategies so CCOs can track progress and ensure commitments are followed through. Including qualitative and quantitative data.



Promotes fairness

Ensures resources, opportunities and services are distributed in ways that account for differing levels of need, rather than applying a "one-size-fits-all" approach.



Engages communities

Involves those most impacted in decision-making, ensures policies and programs are responsive, culturally appropriate, and trusted.

Focus Areas

REALD & SOGI

CLAS Standards as an organizational framework to advance health equity

People with Disabilities and LGBTQIA2S+ People

Community Engagement

Continued development of organizational health equity infrastructure

REALD & SOGI

Integrating and collecting REALD (Race, Ethnicity, Language, Disability) and SOGI (Sexual Orientation and Gender Identity) data into our reporting processes.

Partnership with Reliance HIE (Health Information Exchange) and UniteUs offer demographic statistics that guide us in tailoring our services to every member's unique journey.

- Accuracy
- Reliability
- Trust

Measure of success: to determine if the REALD/SOGI data will enhance the dashboard.

Strategy: All internal reporting dashboards will include REALD data and member-reported SOGI data which will track trends and display a trend (or not).

Ongoing goal: Advanced Health has gone through an internal analytics restructuring which has included reviewing each reporting dashboard for data accuracy and data addition.

CLAS Standards as an organizational framework to advance health equity

CLAS (Culturally and Linguistically Appropriate Services)

Theme 1: Governance, Leadership, and Workforce

- Annual CLAS trainings on Litmos and Governor's Interagency Council on Health Disparities supported by Washington State Board of Health.
- Advanced Health sponsored the local annual Diversity Equity and Inclusion (DEI) conference in 2025. 20% of Advanced Health and DOCS staff attended the DEI conference in 2025.
- Safety Committee: Advanced Health Safety Committee continues to include wellness in the committee's initiatives such as (SOAR).

New strategy: Engage more CCO staff members with the annual South Coast Diversity Conference.

New goal: Increase the number of CCO staff attending the annual South Coast Diversity Conference.

CLAS Standards as an organizational framework to advance health equity cont.

CLAS (Culturally and Linguistically Appropriate Services)

Theme 2: Communication and Language Assistance

- Member Services department
 - Continues to promote the availability of cost-free, in-person and virtual qualified healthcare interpreter services.
 - There are no language groups (in Advanced Health's service area) that meet the definition of a "prevalent language" however, Advanced Health makes Spanish language materials available.
 - Customer Services' commitment is about empowering members to voice their needs and preferences, ensuring every interaction is meaningful and accessible.
 - In 2024, a survey was created to collect data from primary care providers. The data is still being collected. The survey's goal is to track how members' cultural and linguistic needs are identified and addressed.

New goal: Survey clinics on their utilization of their in-house health care interpreter services.

Ongoing goal: Increase communication about availability of healthcare interpreter (HCI) services.

CLAS Standards as an organizational framework to advance health equity cont.

CLAS (Culturally and Linguistically Appropriate Services)

Theme 3: Engagement, Continuous Improvement and Accountability

- Member Engagement and Education Committee (MEEC)
 - At forefront of translating member-facing documents, providing resources and fostering dialogue with Advanced Health members.

Ongoing strategy: Increase participation from members with limited English proficiency and diverse cultural backgrounds by recruiting additional members to participate in Advanced health committees.

Ongoing goal & strategy update: Advanced Health has reached out to its CAC members to promote the MEEC. Additionally, the Director of Member Services held individual listening sessions to discuss the barriers potential MEEC participants experience or continue to experience.

Community Engagement

- Advanced Health is actively involved in supporting community initiatives that drive positive change.
 - Providing financial support for Adverse Childhood Experiences (ACEs) trainings
 - Partnership with local RHEC (Regional Health Equity Coalition), South Coast Health Equity Coalition that serves Coos and Curry counties.
 - Sponsor annual Diversity Equity Inclusion (DEI) conference
 - Sponsor Pride parades (Coos and Curry counties)

New strategy: Engage more members in the CAC meetings.

New goal: Increase number of CAC member attendees in both counties.

LADPC

- To reduce stigma, increase public awareness and improve access to local substance use treatment and recovery services, Advanced health has partnered with the Local Alcohol and Drug Planning Committee (LADPC).
- Website for more information: <https://www.coosladpc.org/>

New goal: Advanced Health and LADPC will host four outreach events in 2025 to educate residents on the variety of treatment pathway to reduce stigma around seeking help.

Non-FMT

- Advanced Health now offers non-EMT (emergent medical transportation) via Bay Cities Ambulance for Substance Use Disorder Groups as well as Self Help/Support Group Meetings.

New goal: Increase the number of members receiving care in non office settings such as Substance Use Disorder Groups, self-help support groups and meetings as well as Walk in Mental Health Crisis services.

People with Disabilities and LGBTQIA2S+ People

People with disabilities

System of Care (SOC)

- Advanced Health shall collaborate with the National Association of Developmental Disabilities and Mental Health Needs (NADD) for training and consultation.
- Staff attend monthly Community Living Case Managements (CLCM) meetings to identify additional barriers and gaps for people who have Intellectual and Developmental Disabilities.

Care Coordination (CC) program offers services to members that have been identified as having Special Health Care Needs (SHCN).

- Members have access to a nursing or Traditional Health Worker (THW) care coordinator.

LGBTQIA2S+ people

Advanced Health sponsors events such as Pride parade and supports local LGBTQIA2S+ youth initiatives which offers safe spaces, advocacy for the well-being of all individuals regardless of sexual orientation or gender identity.

In 2025, Advanced Health, South Coast Health Equity Coalition and AllCare held a listening session during Curry's Pride to discuss gender affirming care.

- Do you know how to access gender-affirming care in your community?
- Do you know what gender-affirming care looks like in healthcare?
- What do you want to see within gender-affirming care?
- What is working well accessing healthcare in your community?
- Do you know how to access a gender-affirming provider?

Continued development of organizational health equity infrastructure

- Data collection and assessment
 - Enhancement of employee needs by participation of REALD data collection across all employee, board, and committee members.
 - Responses offer insight into our workforce diversity and identify areas for improvement.
- Ongoing staff training
 - Reinforcement of our commitment to equity and inclusion at every level of the organization.
- Provider training
 - Advanced Health continues to offer Continuing Education Units (CEU)-accredited trainings for provider network.
 - The aim is to equip healthcare professionals with the necessary skills to effectively engage with diverse individuals and address healthcare disparities.

Ongoing goal: Continue the collection of REALD data and other employee focused surveys and trainings to further evaluate diversity and equity amongst staff, positions and departments. Additionally, continue and increase the amount of CEU provider trainings available.

Ongoing strategy: Continued REALD data collection, employee equity assessment survey and employee benefits evaluation.

- Dr. Atluri thanks Doris for the presentation and inquires about the cultural competency requirement that providers have to take for their license renewals, does she have any information or recommendation on that?
- Doris answers that they do have a culture competency CEU (Continuing Education Credit) and that she'll reach out to HR and have them send the resources to the physicians and providers.
- With no further comments or questions the meeting ends.

-The public work session was adjourned by common consensus at 8:09 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 09172025

