



Community Advisory Council Minutes

July 19, 2016 at Noon
FamilyCare Offices
Multnomah County

Members Present: Jessica Coshatt, Nicholas Ocon, Leticia Sainz, Martha Spiers, Royal Harris, Christine Lau, Zuri Lopez, Estefany Carcano, Rowan Everard, Sarah Keefe.

Members Absent: Lance Gilbert, Celia Higuera.

Staff Present: Brett Hamilton, Kevin Clancy, Michele Luck.

Guests/Other: Dustin Zimmerman, Oregon Health Authority (OHA); Johnnie Gage.

Welcome/ Introduction: Chair Royal Harris welcomed the Council members and guests. Called the meeting to order at 12:05pm.

Approval of minutes:

1st: Leticia Sainz

2nd: Jessica Coshatt

Update from the Board Retreat: Harris provided an update from the Board Directors Retreat. Harris shared that the Board of Directors would like to see FamilyCare Health increase its interactions in the community through more collaborations and partnerships.

Harris also told the Council that the Board of Directors is excited about the work of the Council. He said that the Board of Directors wants the Council to be responsive to FamilyCare members and the community's needs and looks to the Council to provide FamilyCare the pulse of its members and the greater community.

Harris said the Board of Directors would like to see FamilyCare do more work in the early childhood and early learning sphere.

Finance 101: Kevin Clancy, FamilyCare's Chief Financial Officer, gave a Finance 101 presentation to the Council. Clancy explained that FamilyCare is the steward of the tax payer dollars and therefore fiscal responsibility is a top priority. Clancy said that his main duty is to ensure that, "FamilyCare is doing the right things by the numbers and spending funds correctly."

Clancy explained that FamilyCare is different than other health care companies. FamilyCare doesn't practice medicine; it coordinates services. He explained that FamilyCare work really affects people's lives.

Clancy then provided a financial breakdown of how FamilyCare operates, which is based on a Per Member Per Month Capitation (PMPM). FamilyCare is required to provide care to its members within the capitation rate. For example:

Revenue	\$100 PMPM
Medical Expense	\$ 87 (\$.87 is mandated by the state to be spend on medical care)
Operating Income	\$ 13
Admin. Expense	\$ 10 (The Board mandates this doesn't exceed 10 percent)
Net Income	\$ 3 (This amounts stays on the balance sheet and is used for community initiatives)

Sarah Keefe asked Clancy how FamilyCare has spent the 3 percent net income. Clancy said FamilyCare has put a lot of it back into the members and the community.

Keefe asked what Clancy thought about flexible spending. Clancy said he felt it was the glue of transformation. He said that flexible spending gives the CCO the ability to make the best decisions for its members.

Keefe noted that in the new contract with Centers of Medicare and Medicaid Services (CMS) the Oregon Health Authority requested a waiver on flexible spending. Keefe asked, "What affect will the waiver have if granted?" Clancy responded, "It would be less of a hit to the medical/ loss ratio."

Dustin Zimmerman added, "It really is about seeking clarification on flex spending categories." Nick Onon added, "It is a two-headed issue. One issue is the categorizing and the other issue is the waiver would allow more accurate rate setting."

Clancy then asked the Council, "If you were the CEO for a day what would you do?"

Below are some of the responses:

Keefe: More traditional health workers

Estefany Carcano: Better supports for special needs kids and creation of support groups for parents

Leticia Sainz: More culturally specific services

Martha Spiers: neighborhood community centers

Christina Lau: increased capacity of community centers, provide more education for members and providers.

Rowan Everard: A focus on health equity, specifically for trans-gender.

Zuri Lopez: More resources for undocumented women, more agile and cultural linguistic resources, more community programs

Jessica Coshatt: Embedding traditional health workers, peer specialists, in clinics; increase the availability of naloxone.

Asset Mapping Exercise: Each Council members shared the skills and knowledge they bring to the Council as well as what motivates them to serve on the Council.

Word of the Street: Sainz said that she has heard that OHP participates have had their insurance switched with their initiation.

Homework: Harris asked each Council to come prepared to answer the following question: Based upon your perspective what do you want to the Council to focus on and what do want to see happen?

Co-Facilitating: Z. Lopez will be assisting in the creation of the agenda and facillitating the next Council meeting.

Next Meeting: August 16, next council meeting at FamilyCare Noon-2PM.

Meeting Adjourned at 2:08pm