

MEDICAID FINANCIAL STRATEGIES – INFORMATION REQUEST

INSTRUCTIONS

OHA is working closely with CCOs to react to the health emergency and economic crisis occurring in Oregon due to the COVID-19 pandemic. At an April 14 CEO meeting, OHA agreed to request information of CCOs to facilitate collaboration on provider payment and other financial strategies.

Please fill out this form and return it to actuarial.services@dhsoha.state.or.us by **4/27/2020**. All the information provided in this questionnaire will be shared publicly.

CCO Name: AllCare CCO, Inc.
Primary Contact Person at CCO: Twila M. Farris
Primary Contact Person's email: twila.farris@allcarehealth.com

Describe your CCO's efforts to evaluate the financial need of *providers who have experienced or are expected to experience a sharp decline in revenue* ("Affected Providers") from your CCO since public orders limiting non-urgent care were adopted. What approaches have you taken, and what have you learned? (limit to 2 pages)

AllCare has broken down its provider network into service categories to help streamline the review and evaluation process for Affected Providers.

- **Primary Care:** 80% of AllCare's primary care network is under a capitated payment arrangement. After Executive Leadership discussion, it was decided to continue paying these providers their full capitation. As such, these providers Medicaid revenue stream will not be impacted. The remaining 20% of the network are paid on a FFS basis, these providers have been offered to move to a capitation arrangement. AllCare has encouraged and offered assistance in developing capabilities for telehealth services. In addition, AllCare paid the 2019 quality bonus money received early from OHA.
- **Specialty Care:** Due to the Executive Order suspending elective services and procedures, these providers are being impacted. AllCare contracts with specialty providers on a FFS basis and has developed and implemented a payment program which has been approved by the Board of Governor's Executive Committee. These payments were sent to the specialty providers on April 22. This payment program makes up a portion their average reimbursement over a 1 year period of time. The program will be reviewed on a monthly basis during the COVID-19 pandemic period. In addition, AllCare paid the 2019 quality bonus money received early from OHA.

- Behavioral Health / SUD: AllCare’s behavioral health providers are paid on a capitated payment arrangement. The smaller independent behavioral health and SUD providers are paid on a FFS basis. Based upon discussions and evaluations it was determined that the capitation arrangements would remain in force during the COVID-19 pandemic. In most cases, these providers are maintaining their business through telehealth services. AllCare continues to monitor and review utilization and work with the providers in situations where they may be experiencing budget short-falls. In addition, AllCare paid the 2019 quality bonus money received early from OHA.
- Oral Health: 100% of oral health providers are paid on a capitated payment arrangement. AllCare worked with each dental health organization and requested work plans for the time period during the Executive Order and into the future to ensure compliance with the Order and future utilization requirements. Based upon these plans, AllCare elected to continue paying all dental health organizations their full capitation during the COVID-19 pandemic. In addition, AllCare paid the 2019 quality bonus money received early from OHA.
- Hospital/Facilities: All hospital and facility contracts are FFS based. At this time, these payment arrangements have remained the same. AllCare continues to have dialogue with certain hospitals and facilities at this time.
- NEMT: AllCare’s NEMT provider is paid on a capitated payment arrangement. AllCare continues to work directly with the provider during the COVID-19 pandemic and has continued to pay the full capitation during this time.
- Social Services: AllCare has a number of fully developed programs that is continuing to be funded at various levels, depending upon the services being provided. One example is the gym program, as a result of the Executive Order, the gyms are closed. However, AllCare staff has worked with the gym staff and developed an outreach program that checks with our members and their health status, social isolation issues and encourages movement. To see a full list of the community investments please visit <https://www.allcarehealth.com/about-us/covid-19-community-involvement>. As issues are identified with our members the gym staff are referring these members to AllCare Care Coordination staff for follow-up and other interventions.
- Other / Ancillary Providers: These providers are paid on a FFS basis. AllCare is staying in close contact with all other providers to identify needs as they arise.

Describe your CCO’s payment strategies to Affected Providers. Select all that apply. Have you:

- Offered advance payments based on average historical monthly payments (per member per month (PMPM) with required quality metrics
- Offered advance payments based on average historical monthly payments PMPM without required quality metrics
- Pre-paid incentive dollars that were originally associated with quality metrics performance
- Relaxed quality metrics performance requirements

COVID-19 Medicaid Financial Strategies

4/20/2020 – Request to CCOs

- Modified existing risk-sharing payment arrangements
- Eliminated risk-sharing (while maintaining the shared-savings)
- Implemented other payment approaches, please describe: AllCare normally pays PCPCH on a quarterly basis; however, during the COVID-19 pandemic these payments will be made monthly.

Provide details regarding the terms and timing of your CCO's proposed alternative payment methods to Affected Providers, such as advance or capitated payments, risk-sharing, reconciliations, and quality or other bonuses:

At this time, the only changes in our terms and timing of payments is related to the increased frequency of AllCare's PCPCH payments and the early release of the 2019 quality pool dollars. We are reviewing the need of reconciliation with the prepayment of specialty FFS payments. No other terms or timing changes have been made to any of the continued payments to our Affected Providers.

Describe how any new payment arrangements to Affected Providers vary by provider type or other circumstances (e.g. behavioral health provider or regional differences).

Additional payments made to specialty providers during COVID-19 have been directed at our directly contracted providers at this time.

Describe your CCO's strategies to engage Affected Providers about moving to value-based payments. Are the proposed moves for a limited time (e.g. 2020 only in direct response to the COVID-19 emergency), or are these efforts linked to your ongoing efforts to meet VBP targets per CCO contractual requirements?

For the Primary Care providers that elect to move to a capitation payment, this change would be a permanent contract change.

OHA is seeking to provide advance payment to open card Affected Providers in 2020, subject to some extent of reconciliation that depends on policy decisions, logistics, and CMS guidance. How do you think your CCOs' provider engagement and payment strategies could integrate with OHA's open card efforts?

AllCare is available to discuss this directly with OHA.

If your organization has a commercial line of business, are you making similar changes identified above in your commercial plans? What differences in strategies do you expect? What barriers to you anticipate?

AllCare CCO has a related party entity which has a Medicare Advantage Plan. Executive leadership is evaluating provider needs for this plan as well and to date there have been no changes made to the payment structures for the Medicare Advantage providers. It should be noted that AllCare's MA Plan is a very small plan and the impact that any payment changes could have would be very minimal for the plan providers.

What suggestions do you have to engage and encourage commercial health plans to play a part in providing financial support to providers affected by steep declines in FFS revenue?

AllCare has no suggestions at this time.

What other actions would you suggest OHA consider to address Affected Providers payment and financial strategies?

If OHA could provide a rapid decision on the 2020 metrics and remaining withhold amounts this would provide the CCOs the ability to work with Affected Providers on the requirements for 2020. In addition, it would be very helpful to have feedback from OHA on if there will be a required reconciliation process for certain prefunded payments made to the Affected Providers during the COVID-19 pandemic. Will these payments be included in the overall medical loss ratio and counted in the rate setting process?

What financial or operational actions is your CCO taking to prepare for a potential increase in Medicaid enrollment? What areas present the greatest vulnerability to access to care and network adequacy as a result of increasing member enrollment? To the extent possible provide reference to geographic, technical, and provider type.

AllCare had initially anticipated approximately 60k members at the beginning of CCO 2.0 and are poised to take on any new enrollees in our service area. Currently, there are no access or network issues for Josephine or Jackson counties. However, due to reductions in providers located in Curry County, there could be potential access issues for both primary care and certain specialty/dental providers. AllCare is working to expand access in Curry County for OHP members and the county as a whole.

What requests do you have for OHA regarding modeling of potential enrollment and budgetary impacts resulting from COVID-19?

AllCare's requests:

- when will OHA provide the expected changes in enrollment due to the increased Medicaid eligibility;
- will OHA be re-assessing risk scores for the new population;
- with the 20% increase in Medicare payments for COVID-19 diagnosis, since hospital funding in the capitation rates is tied to the Medicare FFS payments, will OHA adjust the CCO capitation rates accordingly;
- will capitation rates be adjusted to expected increases in telehealth services;
- will capitation rates be adjusted to reflect increases in cost due to COVID-19 treatment, testing and vaccinations (future);
- what are OHA's expectations for how COVID-19 will impact medical loss ratios and rate of growth targets;
- with the significant changes to utilization for 2020 what models will OHA use to account for these utilization changes in the rate development for 2021?

Please summarize your strategies for Affected Providers to 1-2 paragraph that could be broadcasted to the public and help providers understand how to engage with your CCO. (This answer will be added to a summary by CCO and posted to a website quickly)

AllCare Health's focus during this crisis continues being the members we serve here in Southern Oregon. To help communicate any access to care changes and provide information about COVID-19 treatment, AllCare has compiled a list of answers to our member's frequently asked questions (located here:

<https://www.allcarehealth.com/information-for-our-members-about-covid-19>). In addition, AllCare has worked with our regions whole provider network to ensure members continue to have access to needed medical and social support services during the crisis and beyond. AllCare has identified and developed adjustments as needed and continues working directly with our contracted providers throughout AllCare’s entire service area to ensure that members have access today and in the future. For those providers that are contracted for capitation payment, AllCare has continued to pay their capitation at the full amount. For those primary care that are not currently capitated we have offered to move them to a capitation arrangement. AllCare has worked with our provider offices to expand telehealth options to ensure that members have the ability to utilize their services during COVID-19. Going forward, AllCare will be working directly with our providers to continue making targeted investments to ensure our locally-based network of providers can handle the on-going challenges created by COVID-19. We continue to communicate with all provider groups via our website, provider portal, provider relations staff, IPA staff, email newsletters, and mail communications. If providers have questions please contact our Provider Services staff at 541.471.4106 or email us at Andrea.Franchi@allcarehealth.com.

AllCare has also helped maintain and expand access to social services supports that help all Southern Oregonians during this time of crisis. AllCare has developed a COVID-19 Resiliency fund which is dedicated to funding programs and services that related to the SDoH-E and non-medical care (such as increasing access to food, housing, etc.). AllCare has well established relationships with many community partners and social services and have continued to our dialogue and work with partners during the COVID-19 pandemic. If you would like more information about accessing the fund, please contact Carrie Prechtel at 541.471.4106 or email her at Carrie.Prechtel@allcarehealth.com. To see the programs that AllCare is currently funding with the COVID-19 Resiliency fund please visit <https://www.allcarehealth.com/about-us/covid-19-community-involvement>.