



# Oregon Medicaid Quality Strategy Updates

Metrics and Scoring Committee

April 24, 2023

Presenter

Lisa Bui, Quality Improvement Director



# Agenda

*Our collective conversations will cover:*

- Centers for Medicare & Medicaid Services (CMS) Quality Ecosystem
- Oregon's Medicaid Quality Overview
- Connections to OHA Strategic Goal
- Linkages to Metrics & Scoring scope of work
- What's next

# " TRIPLE AIM " FRAMEWORK



Better care for  
INDIVIDUALS



Better health for  
POPULATIONS



LOWER COST

Why we do our work

# CMS Strategic Pillars

## ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



## EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



## ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



## DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



## PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



## FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations



# CMS 2022 National Quality Strategy

**Mission:** Achieve optimal health and well-being for all individuals.

**Vision:** CMS is a trusted partner, shaping a resilient, high-value American health care system that delivers highest-quality, safest, and equitable care for all.

[CMS National Quality Strategy](#)

# CMS National Quality Strategy Goals

Embed Quality into the  
Care Journey

Advance Health Equity

Promote Safety to  
Achieve Zero  
Preventable Harm

Foster Engagement to  
Improve Quality and  
Build Trust

Strengthen Resiliency in  
the Health Care System

Embrace the Digital Age

Incentivize Innovation  
and Technology  
Adoption to Drive Care  
Improvements

Increase Quality  
Measurement  
Alignment to Promote  
Seamless and  
Coordinated Care



# Key Managed Care Quality Timeline

2009

Children's Health Insurance Program Reauthorization Act  
([CHIPRA](#))

2010

[CMS Core Set](#) – 26 measures for adults; voluntary reporting

2016

[Managed Care Rules](#) updates \*slight updates in 2020

2024

[CMS Core Set](#) - Mandatory

One way we do our work is  
through....

---

Medicaid





# Oregon Medicaid Landscape

## By the numbers

- **1,484,028** Oregon Health Plan members (as of March 7, 2023)
- **16** Medicaid plans: Coordinated Care Organizations (CCOs)
- **1** Fee-for-service plan “open card”
- **8** OHA innovator agents

## Alphabet soup

1115 Waiver, SUD waiver, State Plan Amendment (SPA), HERC Prioritized List



# OHA Accountability to CMS

2017-2022 waiver	2022-2027 waiver
<b>State Quality Measures</b> <ul style="list-style-type: none"><li>• Annual assessment of statewide performance on about 33* measures.</li><li>• Ensure quality of and access to care for Medicaid beneficiaries does not degrade during transformation.</li><li>• Because no additional money from CMS → no penalties to the state if quality goals are not achieved.</li></ul>	<b>Updates</b> <ul style="list-style-type: none"><li>• 2022-2027 1115 Waiver approved by CMS on September 28, 2022</li></ul> <b>To be determined</b> <ul style="list-style-type: none"><li>• Evaluation plan</li><li>• Monitoring plan</li><li>• Oregon's Medicaid Quality Strategy</li><li>• Measurement to assess quality</li></ul>



# Quality Strategy Purpose

## Why does the Quality Strategy exist?

- To provide a roadmap for direction and priorities for OHA, CCOs and health systems for how to improve the care and access for OHP members
- Federally required for managed care plans

# Updates to Oregon's Medicaid Quality Strategy

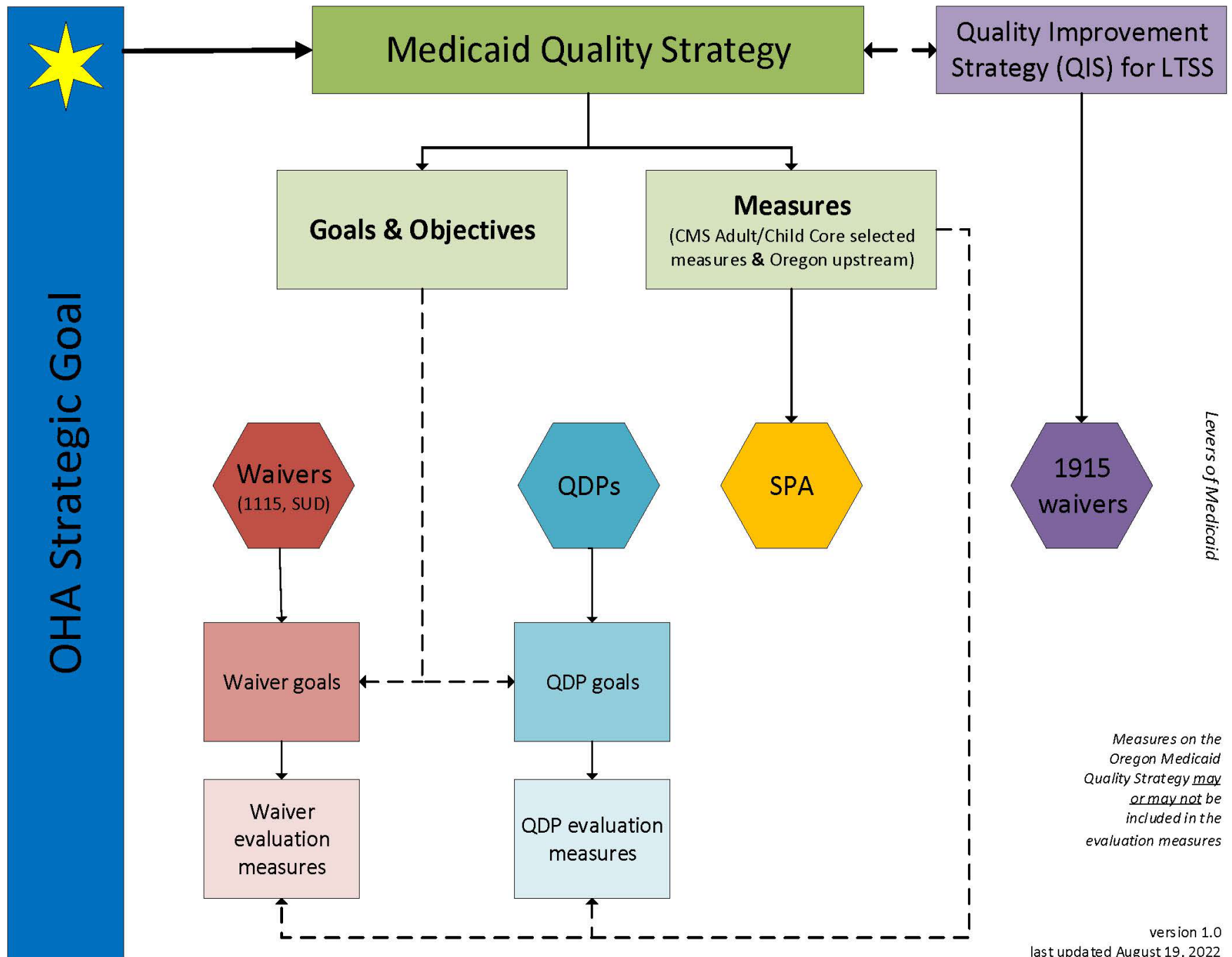
## Updates made in May 2021

- Inclusion of OHA's 10-year goal: Oregon Health Authority has a 10-year goal to eliminate health inequities by 2030.
- Alignment of strategies to include CCO 2.0 priorities – current CCO contracts
- Alignment of strategies to 2020 -2024 State Health Improvement Plan (SHIP)
- Alignment to November 2021 code of federal regulations (CFR) updates
- Alignment to quality payment programs

## Updates made in September 2022

- Qualified direct payment (QDP) goals, objectives, and measures

# Connecting the levers





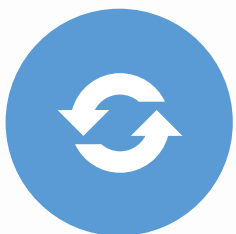
INCLUDE STATE  
GOALS AND  
OBJECTIVES



INCLUDE  
MEASUREMENT TO  
MONITOR TOWARDS  
PROGRESS TO GOALS  
AND OBJECTIVES



INCLUDE A HEALTH  
DISPARITIES PLAN



UPDATED NO LESS  
THAN EVERY THREE  
YEARS



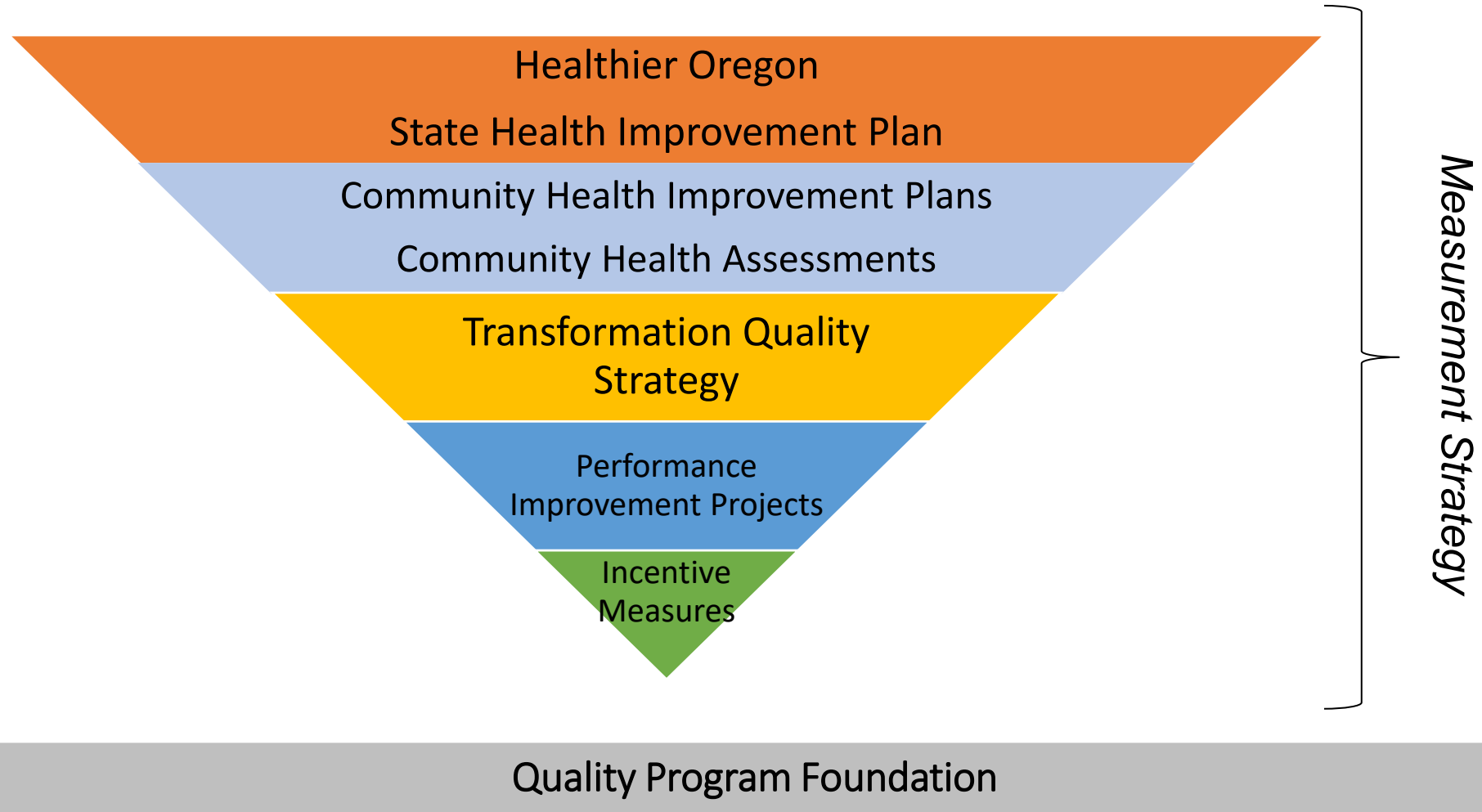
POSTED FOR PUBLIC  
COMMENT



PUBLICLY POSTED  
UPON COMPLETION

# Oregon's Medicaid Quality Strategy Key Requirements

# CCO Quality Elements



# Updating Oregon's Medicaid Quality Strategy





# Oregon's Medicaid Quality Strategy

[2022 version](#)

## Table of Contents

<b>I. Introduction</b>	3
<b>II. Background</b>	3
Oregon's 1115 Waiver Goals	3
Oregon Medicaid Landscape	3
<b>III. Overview</b>	3
Oregon's Quality Strategy Goals and Objectives	4
Framework for quality	6
Accountability summary	6
Methods and resources for monitoring	7
Standards for managed care contracts	7
Compliance and expectations for CCOs and DCOs	7
Health priority alignment	8
<b>III. Methods</b>	10
Accountability methods	10
Performance improvement	12
External Quality Review Organization (EQRO) activities	12
Surveys	13
<b>IV. Quality components</b>	14
Quality management plans	14
Performance improvement projects	15
Access	15
Provider Oversight	18
Member Satisfaction	19
Quality payment programs	21
Fiscal monitoring	22
Surveys	22
<b>V. Quality measurement</b>	23
Performance measures	23
<b>VI. Quality Strategy governance</b>	23
Quality structure	23

# Oregon Goals and Objectives Example

- Format for goals, objectives and measures that will be in the used throughout Oregon's quality strategy moving forward.
- Matches the direction from CMS.
- Current table is for qualified directed payment (QDP) from 2022 Quality Strategy updates.

GOAL 1	ENSURE QUALITY AND ACCESS THROUGH EQUITY		
Objective 1	Increase reporting of REALD and SOGI for Medicaid and CHIP populations		
Measure	Percent of hospitals that are reporting REALD+SOGI data in compliance with OHA specifications*	Baseline	Target
		0	100% (CY 2023)
Objective 2	Increase use of cultural and linguistic services for Medicaid and CHIP population		
Measure	Percent of hospitals providing Meaningful Language Access (MLA) to culturally responsive health care services*	Baseline	Target
		0	100% (CY 2023)
Measure	Utilization of culturally and linguistically appropriate service standards (CLSS) services based on encounter data modifier*	Baseline	Target
		0	TBD
Objective 3	Increase and retain the number of behavioral health practitioners available to Medicaid and CHIP members across the state.		
Measure	Utilization of services by provider Tier*	Baseline	Target
		0	Increase the # of encounters in both Tiers of providers
GOAL 2	ACCESS TO EQUITABLE PREVENTIVE HEALTHCARE		
Objective 1	Reducing preventable re-hospitalizations		
Measure	Rate of avoidable, primary care treatable, emergency department visits as a rate per 1,000 member months by REALD	Baseline	Target
		41.6% (CY2020) DRG	Target is set at 60th percentile of the baseline year
		42.5% (CY2020) Rural	
		42.7% (CY2020) OHSU	
Objective 2	Ensuring appropriate care is delivered in appropriate settings		
Measure	CARES Registry participation by provider participating in payment arrangement	Baseline	Target
		60.6% (CY2021)	5% increase
Objective 3	Improve the behavioral health system and address barriers to access to and integration of care.		
Measure 1	Initiation of AOD Treatment	Baseline	Target
		Alignment when possible - see CCO incentive metric for performance	
Measure 2	Engagement of AOD Treatment	Baseline	Target
		Alignment when possible - see CCO incentive metric for performance	
GOAL 3	IMPROVE INTEGRATION AND CARE COORDINATION		
Objective 1	Improving the coordination and integration across substance abuse and mental health disorders.		
Measure	Diagnostic data for co-occurring diagnoses*	Baseline	Target
		0	TBD
Objective 2	Cardiac Arrest Registry to Enhance Survival (CARES) reporting and coordination with CCOs		
Measure	CARES Registry participation by provider participating in payment arrangement	Baseline	Target
		60.6% (CY2021)	5% increase

# Current Oregon Medicaid Quality Strategy Goals

---

Goals: ENSURE QUALITY AND ACCESS  
THROUGH EQUITY

---

ACCESS TO EQUITABLE PREVENTIVE  
HEALTHCARE

---

IMPROVE INTEGRATION AND CARE  
COORDINATION

---

ENSURING A SKILLED AND EDUCATED  
HEALTH WORKFORCE WITH A  
CULTURAL COMPETENCY APPROACH

---

# Metrics and Scoring Linkages



**Secondary Drivers**Culturally and linguistically appropriate services (CLAS), HEEvidence based guidelinesVBP policies and payment methodologiesQuality Assessment Performance Improvement

Access standards (e.g., time and distance)

Community governance and community engagementAdoption of electronic health record; rural health, BH, OHStrategic plans: health equity, improvement, community

Interoperability of EHRs, community information exchange

Workforce development and trainingQualitative forms of measurement with community at the center to eliminate health disparitiesPartnership amongst health systems, payers, members, and community in quality and measurementAligned quality measures inclusive of health equity**Primary Drivers****Policy**Network adequacy  
Clinical practice  
Value based payment**Foundations**

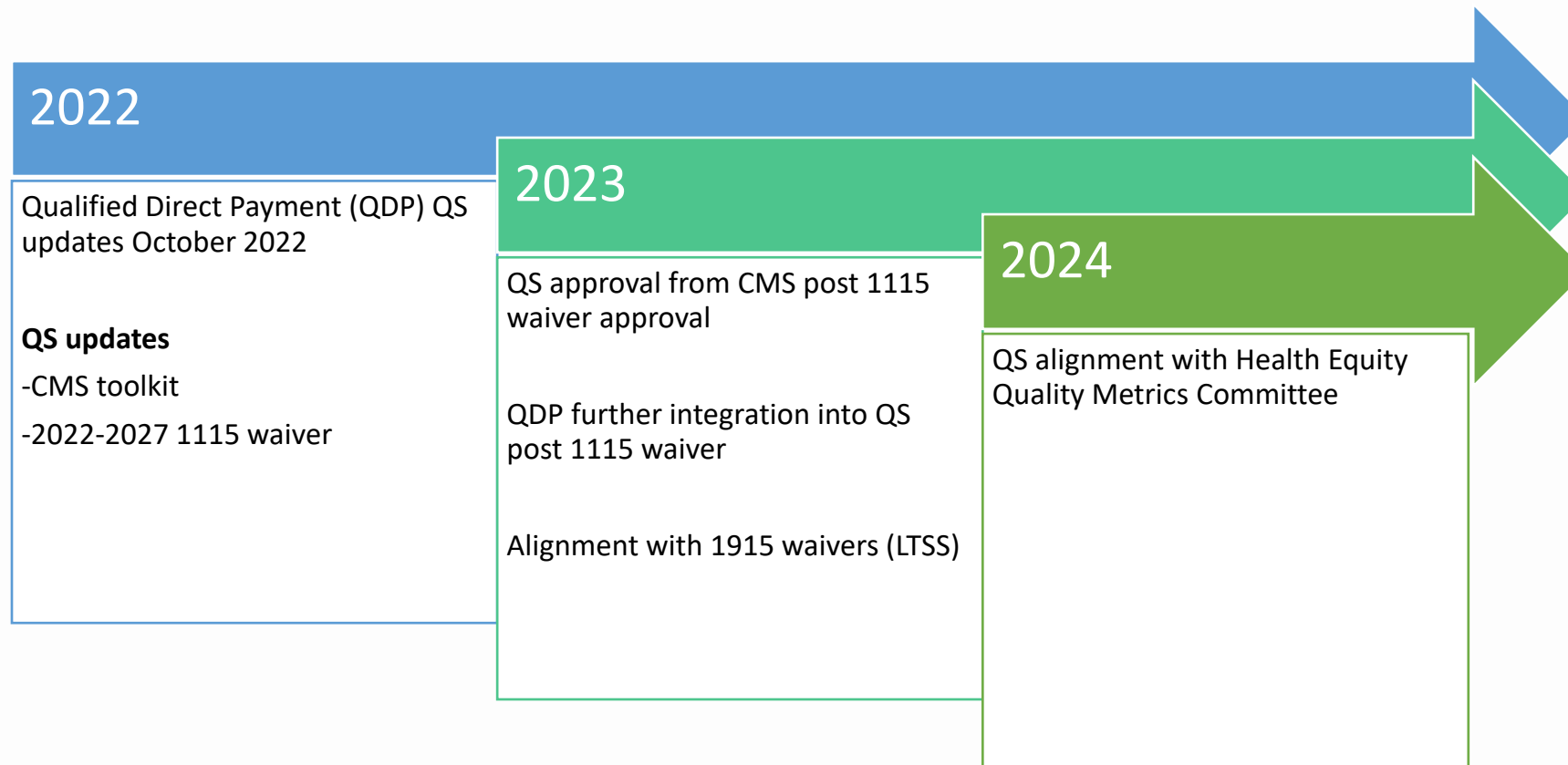
RHEC, CAC, QIC, CAP

EHR, CIE

Quality Strategy,  
CHA, Health Equity**Performance Measurement**CMS Core  
Measurement SetUpstream Measures  
Equity Measures**Outcomes**Individuals and families  
access culturally  
appropriate and  
integrated careProviders deliver  
equitable carePayers, health systems  
develop systems to  
deliver, innovate and  
monitor progress  
towards ensuring  
equitable access to care**Strategic Goal**Eliminating  
health  
inequities  
by 2030.

M&amp;S

# Quality Strategy...What's to come



Approximate timeline based on CMS negotiations

# Partners in Quality Strategy Development

## Members

Community Based  
Organizations

Tribes

Community Care  
Organizations

Oregon Department  
of Human Services

Hospitals

Providers  
(inclusive of FQHCs)





Questions



# Resources

- [Oregon's Medicaid Quality Strategy](#)
- [CMS Guidance on Medicaid and Children's Insurance Program \(CHIP\) Managed Care Quality Strategy Toolkit](#)
- [CMS Child and Adult Core Set Annual Review Workgroup](#)

## Questions:

- Lisa Bui, [lisa.t.bui@oha.oregon.gov](mailto:lisa.t.bui@oha.oregon.gov)