



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

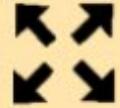
ADVANCE EQUITY

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

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

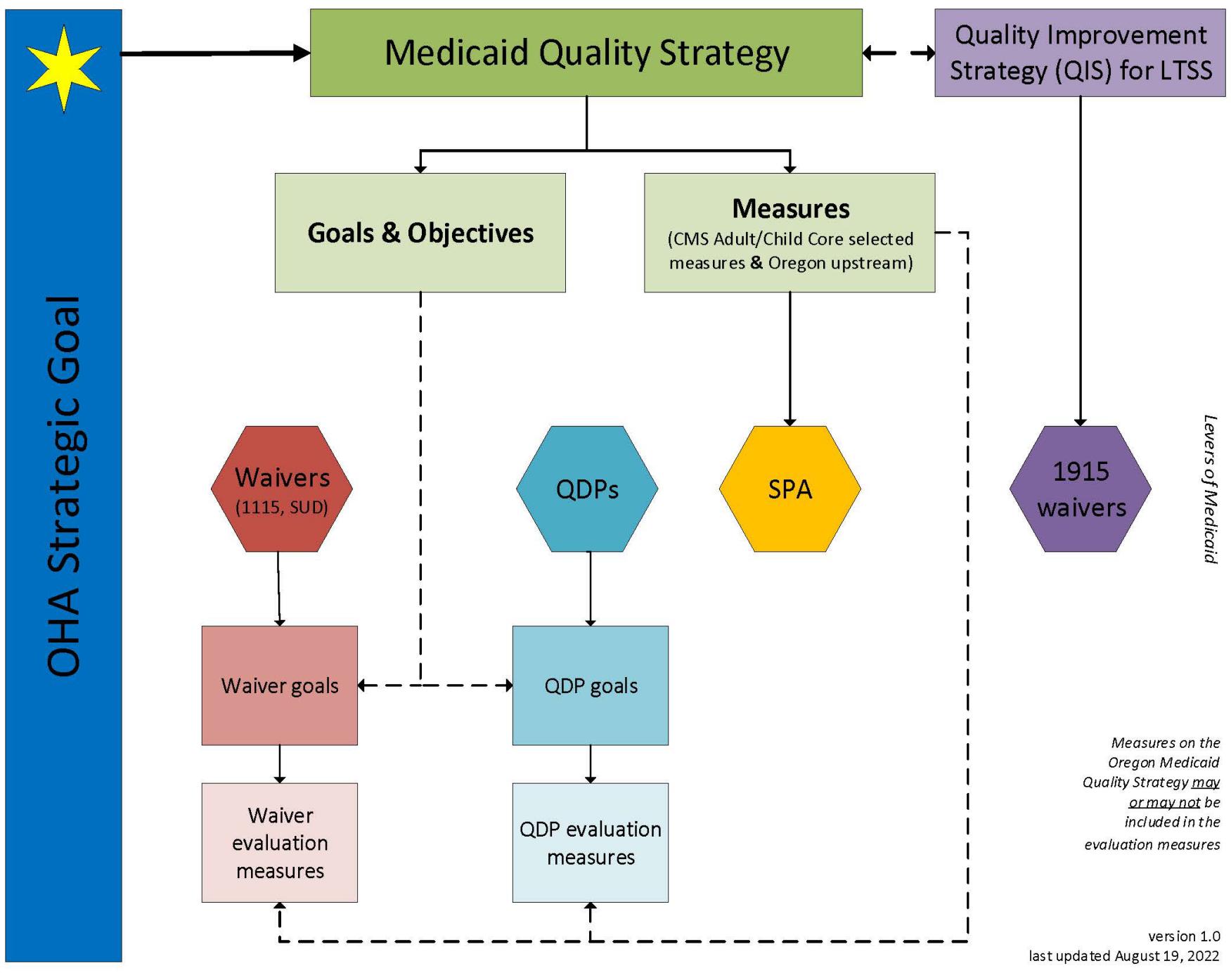
Updates made in May 2021

- 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





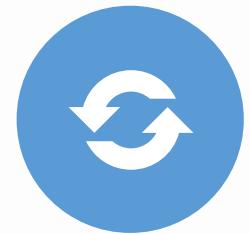
INCLUDE STATE
GOALS AND
OBJECTIVES



INCLUDE
MEASUREMENT TO
MONITOR TOWARDS
PROGRESS TO GOALS
AND OBJECTIVES



INCLUDE A HEALTH
DISPARITIES PLAN



UPDATED NO LESS
THAN EVERY THREE
YEARS



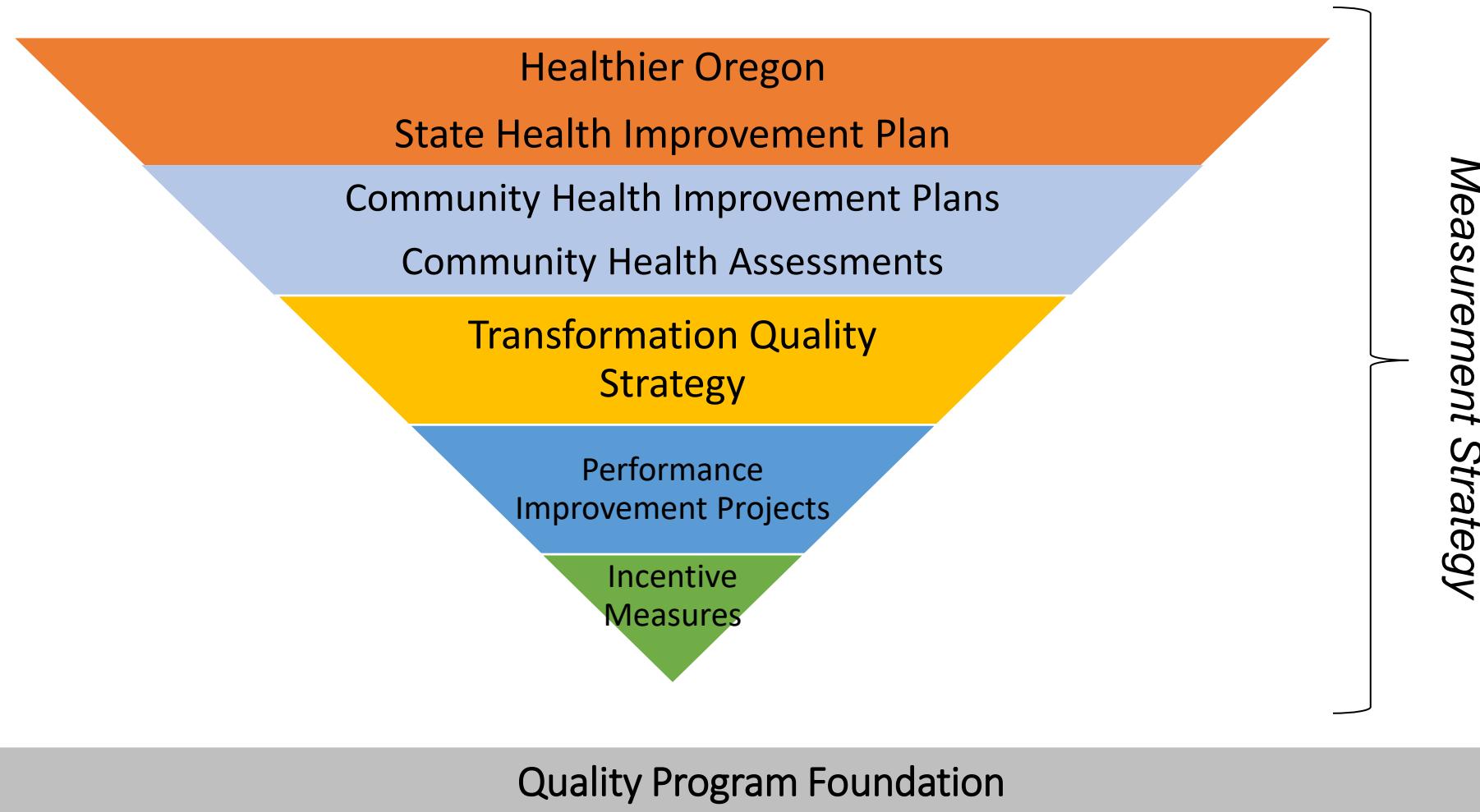
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COMMENT



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

Oregon's Medicaid Quality Strategy

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Oregon Goals and Objectives Example

- Format for goals, objectives and measures that will be 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 42.5% (CY2020) Rural 42.7% (CY2020) OHSU	Target is set at 60th percentile of the baseline year		
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

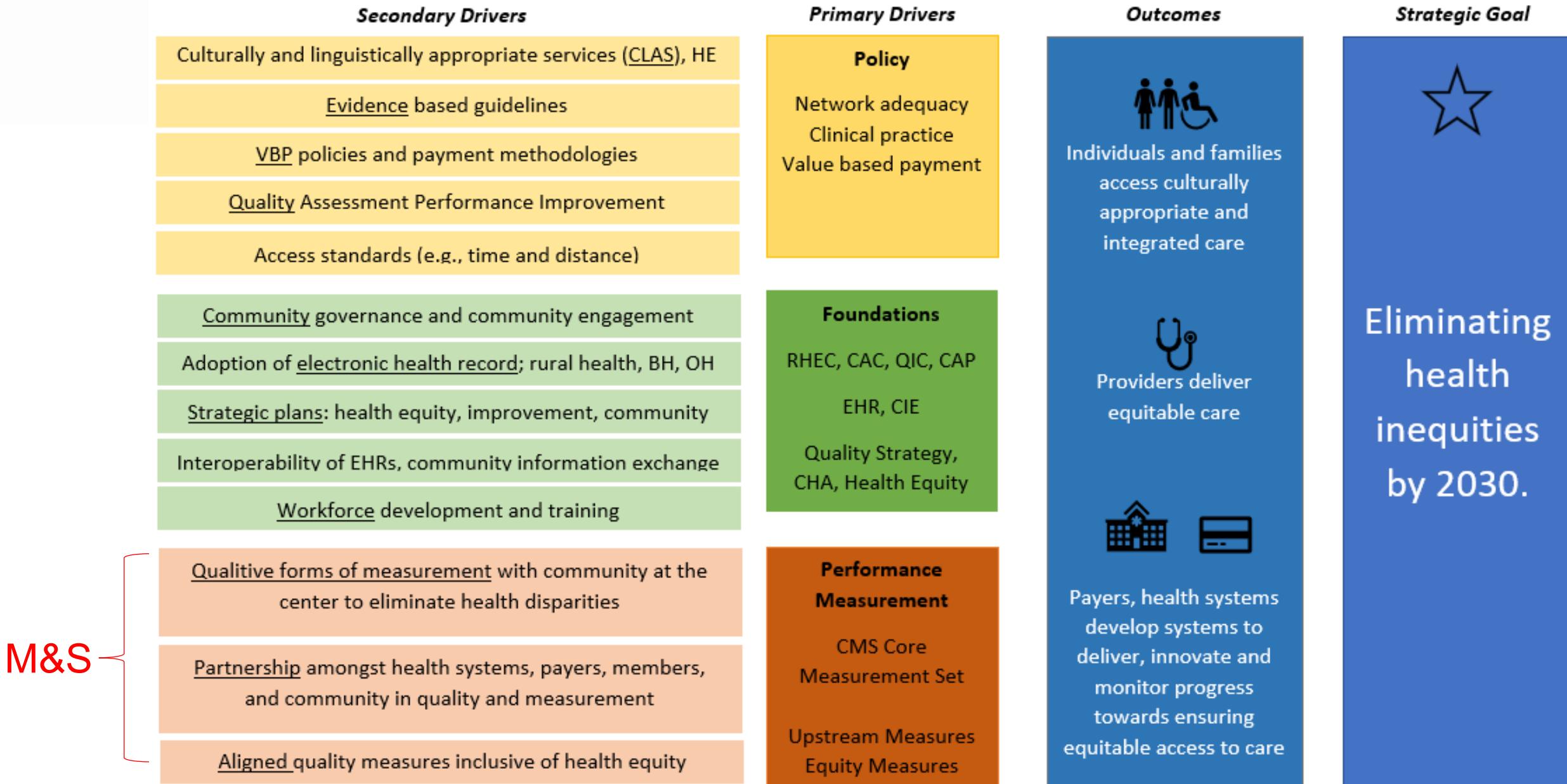
ACCESS TO EQUITABLE PREVENTIVE
HEALTHCARE

IMPROVE INTEGRATION AND CARE
COORDINATION

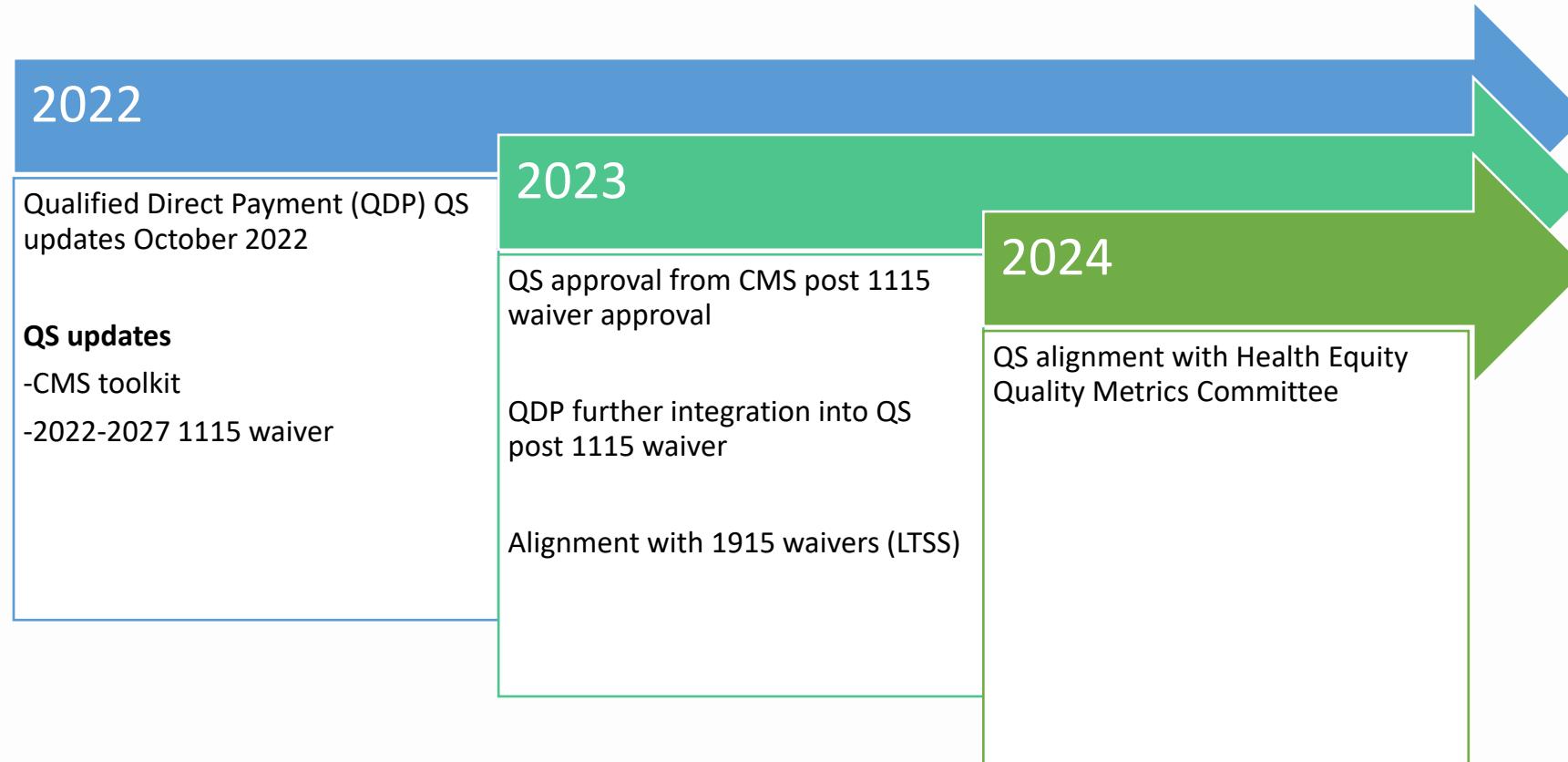
ENSURING A SKILLED AND EDUCATED
HEALTH WORKFORCE WITH A
CULTURAL COMPETENCY APPROACH

Metrics and Scoring Linkages





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:

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