

**To:** Patrick Allen, OHA Director  
**From:** Lori Coyner, Medicaid Director  
**Date:** June 1, 2020  
**Subject:** Suspension of the 2020 Quality Pool Withhold – Summary of CCOs' Spending Plans

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On March 27, 2020 the Oregon Health Authority (OHA) informed all CCOs that starting in April 2020 OHA would suspend the quality withhold.

Under the 2020 CCO contract, OHA withholds 4.19% of CCOs' monthly 2020 capitation revenue for the quality pool and metrics evaluation after the close of the year. However, due to the disruption occurring during the COVID-19 pandemic, OHA opted to provide CCOs their full monthly capitation revenue. OHA may reinstate the withhold later in the year, such as once the emergency has passed.

To ensure accountability and transparency, OHA requested information about how CCOs will spend these funds. OHA requested from the CCOs:

- An overview of the methodology and/or strategy used to distribute the withheld funds received during the COVID-19 emergency
- Details of any increases to provider reimbursement, related party distributions, etc., anticipated to occur during the period of withhold suspension
- Information on the entities receiving these funds, including anticipated amounts and timing
- An estimate of any money not distributed and the reason why

CCOs reported that the previously withheld funds would fund a wide range of programs and initiatives, including but not limited to:

- Increasing payments to providers who are experiencing financial challenges
- Expanding telehealth capacity
- Health-related services for members
- Grants for community-based organizations working to address social determinants of health

The following is a summary by CCO regarding their spending plans. Please direct any questions or additional requests to OHA's Actuarial Services Unit at [Actuarial.Services@dhsoha.state.or.us](mailto:Actuarial.Services@dhsoha.state.or.us).

CCO	CCO Summary of Withhold Methodology & Strategy
Advanced Health	<p>Advanced Health is following contractual requirements to distribute a majority of the quality funds that were previously withheld. The contractual payment mechanisms will support Advanced Health’s provider network with increased medical payments to help offset the increased costs to the network associated with responding to the COVID-19 emergency and the necessary adjustments to increase telehealth services. This will help to maintain access to services for Advanced Health members both during the emergency declaration and after.</p> <p>Also, following contractual agreements already in place, Advanced Health will retain a portion of the funds to cover administrative costs, the Intensive Care Coordination program, and for Health-Related Services spending. Advanced Health’s Health-Related Services spending includes flexible spending to meet members’ needs as well as financial support for community-based organizations working to address social determinants of health.</p>
AllCare Health Plan	<p>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 trusted relationships with many community partners and social service agencies and have continued our dialogue and work with partners during the COVID-19 pandemic to address urgent and emergent needs.</p> <p>In alignment with this program, AllCare has established a similar fund for Providers. AllCare’s intention with this fund is to identify network provider offices that are continuing to struggle during the pandemic and help sustain their offices and operations to ensure continued stability of the entire provider network.</p>
Cascade Health Alliance	<p>Cascade Health Alliance’s (CHA) spending strategy for the funds that were previously withheld for quality initiatives are now focused on assisting our provider network through this difficult time to support ongoing care and telehealth services. Some of our providers are experiencing lower than normal utilization while others are experiencing increased costs due to the COVID-19 emergency. CHA will be providing additional payments to our contracted risk sharing entities to assist them through this time. CHA wants to ensure there is appropriate access to care for all its assigned members not only today but in the future as we plan for a potential surge. These additional payments will be made directly to providers and will not be based on fee for service or any other reimbursement rates currently in affect. 100% of the funds will be distributed to providers.</p>

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Columbia Pacific	<p>CPCCO is prioritizing funding for the most vulnerable providers in our network and implementing changes to help propel our network toward long-term goals. Our approach includes:</p> <ol style="list-style-type: none"> <li>1. Maintaining Alternative Payment Model funding by ensuring that we limit administrative effort, sustaining payments independent of utilization-based metrics, and taking steps to prepare for expanded membership. CPCCO’s membership expanded by 1,000 members last month alone. These steps enable us to maintain progress on our VBP roadmap, while increasing flexibility in the short term.</li> <li>2. Accelerating deployment of stability payments and increasing amounts paid to vulnerable primary care and behavioral health providers to offset lost Fee for Service revenue.</li> <li>3. Increasing the types of services covered via Telehealth, providing technical assistance and ensuring payment parity with in-office visits.</li> </ol> <p>We will use any remaining 2020 quality pool funds to support increased demand for Health-Related Services and increased medical visits/pent-up demand due to COVID-19.</p>
Eastern Oregon	<p>Providing \$2 Million in quality withhold funding to primary care providers including those associated with hospital systems. The distribution will be 50% based on the clinic’s performance meeting 2019 quality measures and 50% based on membership attribution. A portion of funds will be temporarily held should a provider within our service area require additional financial support that is in serious financial jeopardy. Any of the temporarily held funding that is not needed in the near term will be distributed back into the programs we have traditionally funded.</p>
Health Share of Oregon	<p>All funds will be reinvested in Health Share’s Provider Network. 90% of all withheld funds go directly to subcontracted partners upon receipt from OHA. These subcontractors then prioritize where to utilize funds based on the needs of their networks. They use a combination of monthly capitation payments and quality withhold funds to get resources to providers quickly. These provider payments vary by system but include: capitation payments, payments based on historic utilization, or waiving quality targets/risk corridors to expedite payment. The remaining 10% of funds have been allocated by Health Share’s Board for future regional supports related to emerging provider sustainability issues. Principles for distribution of these more targeted funds are in development. They will include focus on services utilized by all CCO members regardless of PCP relationship. Examples may include BH or culturally specific service providers.</p>

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	Investments may also support providers in moving toward success in a telehealth environment.
Intercommunity Health Network	IHN will utilize the additional funds in two capacities. First, to support the solvency of IHN’s Professional network by increasing Fee for Service rates. IHN has increased payment rates by 60% and will continue to monitor and adjust to maximize the withhold’s deployment to our network. Secondly, IHN has provided additional Health Related Services and access to our members directly impacted by the Covid-19 health and economic crises. We have increased our spending significantly to ensure IHN member can maintain living conditions that are critical to their health while protecting them from Covid-19 related risks IHN has also deployed funds to Community Based Organizations that are closer to the member and their needs. Often our CBOs are in the better position to directly intervene in a member’s situation.
Jackson Care Connect	<p>JCC prioritizes funding for our most vulnerable providers while helping propel our network toward long-term goals. Our approach includes:</p> <ol style="list-style-type: none"> <li>1. Maintaining Alternative Payment Model funding by ensuring that we limit administrative effort, do not decrease payments due to utilization-based metrics and prepare for expanded membership. JCC’s membership expanded by 1,500 members last month alone and we prioritize access to care for all members. These steps enable us to maintain progress on our VBP roadmap, while increasing flexibility in the short term.</li> <li>2. Accelerating deployment of stability payments and increasing amounts paid to vulnerable primary care and behavioral health providers to maintain strong access to care for members.</li> <li>3. Increasing the types of services covered via Telehealth, providing technical assistance and ensuring payment parity with in-office visits.</li> </ol> <p>We will use any remaining 2020 quality pool funds to support increased demand for Health-Related Services and medical visits postponed due to COVID-19.</p>
PacificSource	<p>PacificSource Community Solutions is quickly allocating and distributing all suspended quality withhold funds. The spending strategies include a diversified approach by which PacificSource and the Health Councils use two different mechanisms to distribute funds. The process is consistent with our underlying agreements with the Health Councils, which serve as the governing body for each PacificSource CCO.</p> <p>PacificSource is disbursing a portion of the funds to repay or return provider withholds as part of 2020 value-based payment arrangements. In addition, using suspended withhold funds and</p>

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	<p>additional funds, PacificSource is making provider stability payments associated with April, May, and June claims. The Health Councils are distributing the balance of suspended withhold funds to address community needs and other key areas of the provider network. For more information about Health Council distributions, please contact each Health Council. For questions about PacificSource's distributions, please contact <a href="mailto:ProviderRelief@pacificsource.com">ProviderRelief@pacificsource.com</a>.</p>
<p>Trillium Community Health Plan</p>	<p>Funding during the crisis will be available to providers who are currently in need of COVID-related assistance. At this time, Trillium is taking provider requests for COVID-related assistance through our public comments contact: <a href="mailto:PublicComments@TrilliumCHP.com">PublicComments@TrilliumCHP.com</a>. Each request will be expedited for approval through our management team, and final approval will be made by the Trillium Board.</p> <p>In addition to compensation models to help providers, Trillium is engaged in several activities, including providing in-kind PPE donations, investing in SDoH and temporary housing to help our safety net providers meet the needs for our members. A few examples of our recent COVID-19 related investments: Trillium has provided an OBGYN office with 105 blood pressure cuffs so pregnant moms can check blood pressure at home and not have to go into the office. Trillium through Centene COVID-19 Community Relief Fund, donated \$45,000 to Food for Lane County and Project Blessing in Reedsport and \$17,500 to residential providers and community partners that provide assistance to individuals experiencing houselessness. Trillium also donated another \$1,200 to Carry It Forward for tents, supplies and assistance and \$5,000 each to three organizations that prevent domestic violence. Trillium has also set up a program to assist providers with grant writing and small business loan applications and provided PPE to multiple provider offices and hospitals. Through a partnership with Quest Laboratories, Trillium will facilitate the distribution of 25,000 COVID-19 tests to FQHCs and other providers each week.</p>
<p>Umpqua Health Alliance</p>	<p>COVID-19 has significantly disrupted both the local health care and social service delivery systems. In addition to directly supporting the local public health pandemic response, Umpqua Health Alliance (UHA) has responded with rapid innovation to support the Douglas County community. UHA's community response includes two primary strategies. First, network providers of all types have experienced significant financial stress due to the limitations of the "stay home" orders and cessation of hospital/specialty care elective procedures. UHA responded by providing new contracting and VBC provisions which have provided much needed cash infusions to the entire network inclusive of hospital care, specialists, primary care, Substance Use Disorder, Behavioral Health and Non-Emergent Transportation. Second, UHA, in concert with its board of directors, community</p>

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	<p>partners, and Community Advisory Council, underwent significant community outreach to social service agencies to identify barriers and unmet needs of those individuals in our communities most at risk. This process has produced significant community investment since the inception of the pandemic in domestic violence prevention, basic goods and services, nutritional sustenance, transportation, and homelessness / housing supports. UHA will continue to engage with its health care and social service delivery systems with the goal of ensuring sustained capacity in these systems post COVID-19.</p>
Yamhill Community Care	<p>YCCO is utilizing the early release 2020 P4P funds for one-time provider payments. Payments will be made in a manner that assesses the needs of our network and members, to ensure network stability and availability of services both short and long term. Considerations for distributions include but not limited to:</p> <ul style="list-style-type: none"> <li>• Requires infrastructure or technology to implement telehealth services and/or services within a clean environment, to prevent further spread of COVID-19.</li> <li>• Support for providers not receiving funding via PPP loans, affiliated system supports, and/or other grants/funding supports.</li> <li>• Reliance on fee-for-service payments, and not able to quickly convert to alternative payment methods.</li> <li>• Experienced significant decreases in revenues and have not experienced progress towards a return to historical services and revenue levels.</li> </ul> <p>Furthermore, to maximize provider payments, YCCO has made the strategic decision to fund investments in HRS/SDOH initiatives for COVID-19 response from the CCO budget, rather than early release 2020 P4P funds.</p>