
CCO Metrics Technical Advisory Group (TAG)

March 31, 2022



Oregon
Health
Authority

Welcome!

- This meeting is being recorded and the recording will be posted on the CCO TAG [webpage](#)
- Housekeeping items
 - Logistical questions: Please use the chat function to message Brian Toups
 - Other questions or comments: Please raise your hand
 - Naming convention: Please include your name and your organization name in the participant list
 - Camera convention: If possible, please turn on your camera when you are speaking

Agenda

- Updates
- Social-Emotional Health measure requirements
- TAG periodicity survey – CCO responses
- Health Equity measure – Language services reporting
- CCO input on 2023 claims cutoff date

Updates

OHA Staff

Transformation Center Technical Assistance

See TC TA document for details for all activities.

Recruiting providers: Culturally responsive immunization presenter training

OHA is seeking 20 clinicians to receive vaccine education training and provide community presentations.

- Provider interest form: <https://oafp.org/community/building-immunity-by-building-community/>

Webinar – Collaborating to address housing and homelessness: An overview for CCOs from one Oregon region’s experience

An overview of Oregon’s state and local housing systems and ideas about specific housing supports and services CCOs can partner locally on, potentially using SHARE, HRS and ILOS. Examples from Central Oregon.

- April 13, 10:30–11:30 a.m.
- Register here: <https://us02web.zoom.us/meeting/register/tZYkce6gqD8pHtfV8uz9fDdwX29NNMMIsIEk>

Webinar – Centering equity in HRS flexible services

Opportunities to promote equity in selecting services, strategy and planning service delivery, reaching members experiencing the greatest inequities, communicating with providers and members, and monitoring efforts.

- May 11, 11 a.m.–noon
- Register here: <https://us02web.zoom.us/meeting/register/tZAvcOctrT0tHNTYU5E3QxutXh178Z7amjCS>

CCO Metrics Dashboards

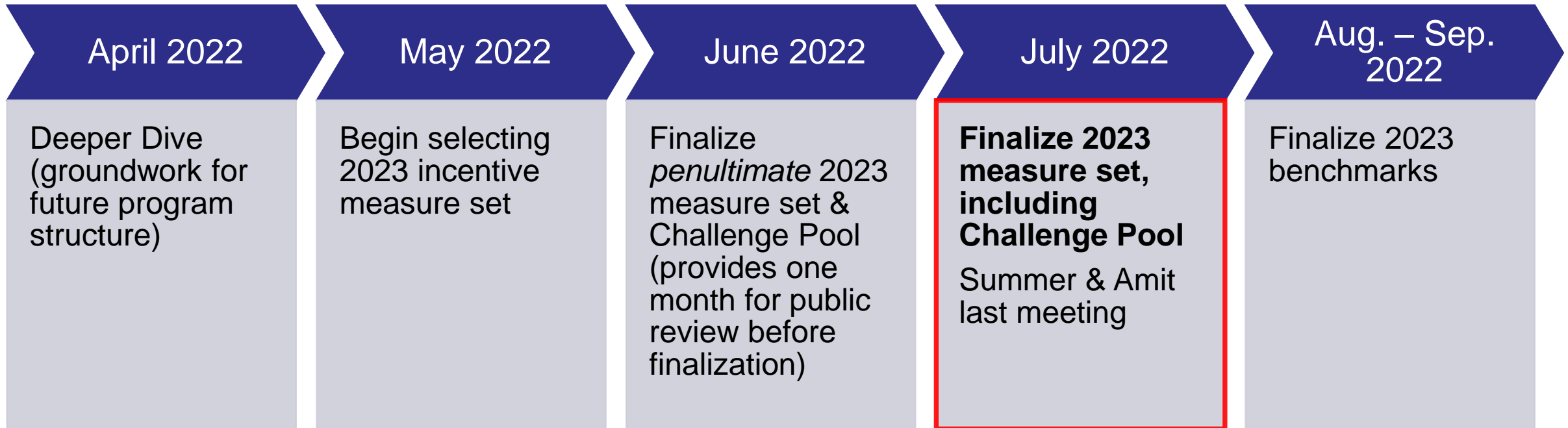
- Previous dashboard released January 31
 - Rolling window: October 2020 – September 2021
- Latest ALERT file posted March 30
- Next dashboard to be released April 29
 - CY2021 incentive measure results
 - CCO validation period through May 31

Metrics & Scoring Committee Updates

- **Met 18 March 2022**
 - Welcomed new members
 - Reviewed SDOH: Social Needs Screening & Referral Measure (voted to move to HPQMC)
 - Orientated to Deeper Dive Dashboard (stratifies claims-based CMS Core set measures by race & ethnicity and identified observed disparities)
 - **Committee planning (centering equity in decisions; work plan for selecting 2023 measures)**
***two options under consideration**
- **Next meet 15 April 2022**
 - Finalize work plan for selecting 2023 incentive measures; discussion of Deeper Dive Dashboard

Option 1: Possible Work Plan Through September 2023

~traditional schedule~



Option 2: Possible Work Plan Through September 2023

~decide measure set earlier; spend additional time focused on measuring for equity in future and potential for 2023 test in Challenge Pool~

April 2022

Deeper Dive (groundwork for future program structure)
Discuss *penultimate* 2023 incentive measure set

May - July 2022

May: Finalize 2023 incentive measure set (*not* including Challenge Pool)
May – July: Deeper discussions on incentivizing equity & Challenge Pool opportunity
July: Finalize Challenge Pool

Aug. – Sep. 2022

Finalize 2023 benchmarks

2023 Measure Set – OHA Recommendation

- Carry forward all measures from 2022 into 2023
- Add SDOH Screening & Referral measure to the program in 2023



Health Plan Quality Metrics Committee (HPQMC) Updates (1/3)

November 30, 2021 meeting

- Debrief from October joint meeting with Metrics and Scoring Committee
- Committee Membership Project update
- Workplan for 2022

No meeting in December

January and February meetings canceled because of omicron surge

Health Plan Quality Metrics Committee (HPQMC) Updates (2/3)

March 29, 2022 meeting:

- Discussed Social Determinants of Health: Social Needs Screening and Referrals measure
- Updated aligned measure menu (new measures available for 2023):
 - Added SDOH: Social Needs Screening and Referrals
 - Added two DQA dental sealants measures (changed from on-deck status to endorsed)
 - Retired OHA-stewarded dental sealants measure from the menu
- Reviewed committee workplan for 2022

HPQMC updates (3/3)

Scope and workplan for 2022

March 2022

- **Decide** on updates to measures menu
- Review draft legislative report outline

July 2022

- Discuss evaluation of meaningful language access measure
- Begin transition (“lessons learned”) report to share with new committee

Metrics & Scoring invited to listen in to HPQMC in July

November 2022

- Hear from communities on transition report
- Decide on updates to measure menu

April 2022

- Review Legislative Report Draft

April 2022: Metrics & Scoring reviews additional break-outs of 2020 CCO metrics; HPQMC invited to listen in

October 2022

- Joint meeting with Metrics & Scoring Committee
- Continue transition report

Timing TBD:
Potential collaboration with the Behavioral Health Committee

2023 legislative session

Depression Screening and Follow-up: Clarification on Denominator Exclusion (1/2)

Refresher: Measure guidance discrepancy

- Guidance statement in [2022 CMS specs](#) says the exclusion applies to “Patients who have ever been diagnosed with depression or bipolar disorder”
- **Other [CMS guidance](#)** indicates that, despite the guidance statement, “a patient previously diagnosed should only be excluded if the diagnosis onset date occurs before the qualifying encounter and if the diagnosis abatement date falls after the qualifying encounter or is missing/blank. **If the depression diagnosis is documented as ending before the qualifying encounter, the patient should NOT be excluded.**”
- OHA thought the discrepancy had been resolved for 2022, but has received clarification that the other CMS guidance continues to apply

Depression Screening and Follow-up: Clarification on Denominator Exclusion (2/2)

Next steps: OHA will update the [2022 spec sheet](#) with these changes:

Delete: *Additional note: The measure steward has clarified that the measure is intended to exclude patients who have ever been diagnosed with depression or bipolar disorder. Although conflicting guidance has been given previously, the measure steward states that the measure intent is for patients who have EVER been diagnosed with depression or bipolar disorder to be excluded from the measure.* Additional clarifying language to further emphasize that intent is expected to be added to next year's (2023) eCQM specifications.
<https://oncprojecttracking.healthit.gov/support/browse/CQM-4863>

Replace with this note:

Additional note (revised): The measure steward indicates that the denominator exclusion for depression applies only if the diagnosis is active. “If the depression diagnosis is documented as ending before the qualifying encounter, the patient should NOT be excluded.”
<https://oncprojecttracking.healthit.gov/support/browse/CQM-4608>

Social-Emotional Health Measure Requirements

Sara Kleinschmit & Laurie Theodorou

Partnership Effort



Subsequent slide material provided by partners at the Oregon Pediatric Improvement Partnership and Children's Institute

Metric Vision and Purpose

Vision

Children from birth to age 5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs.

Purpose

- Drive CCOs to address complex system-level factors that impact the services kids and families receive and how they receive them, and for which there may be payment or policy barriers that need to be addressed.
- Address gaps in existing CCO incentive measure set

Activities

- Build capacity within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities.
- Use child-level data to guide and inform efforts, assess the sensitivity and specificity of the child-level metric to those efforts.

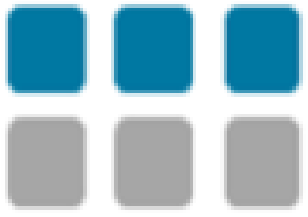


Glidepath from System-Level Metric to Child-Level Metric

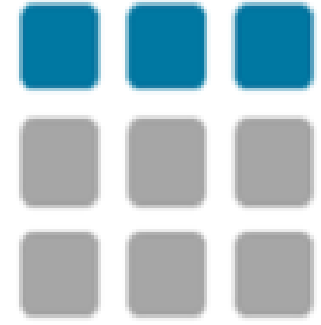
I specifically went in to [child's provider] to say I need him to see a specialist because I don't know what to do at this point. I asked, "Who could you refer me to?" and they said, "We don't have anyone here and I don't really know anyone nearby." I just didn't know what to do at that point.



Year 1



Years 2-3



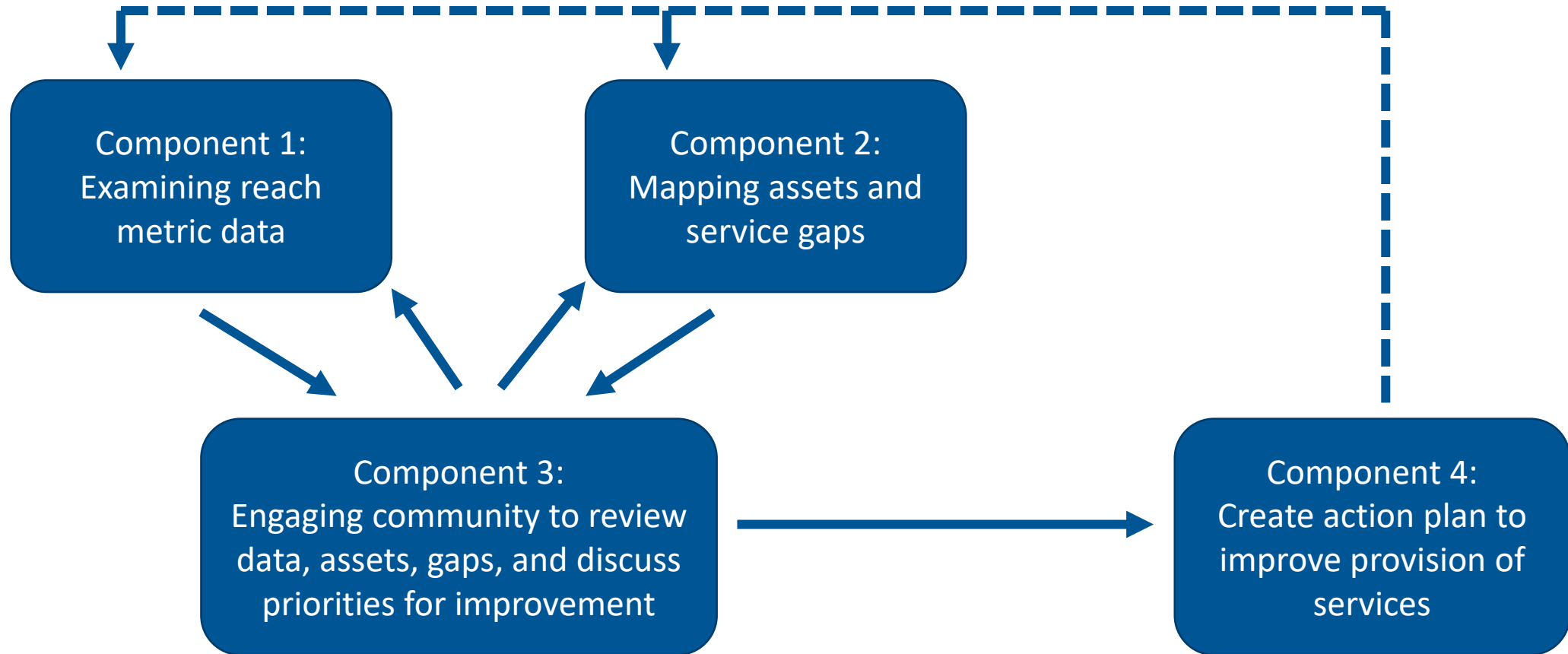
Year 4

1. Review Social-Emotional Health Reach Metric data
2. Develop Asset Map
3. Community Partner Engagement to identify services and gaps
4. Develop Action Plan

1. Review Social-Emotional Health Reach Metric data to identify whether Action Plan strategies led to improvement
2. Deepen Asset Map development
3. Deepen Community Partner Engagement
4. Adjust Action Plan targets and strategies

Transition to child-level metric with accountability for improving provision of social-emotional health services

Metric Components Build Toward Improving Provision of Social-Emotional Health Services



- *Data- and community-driven health system transformation*
- *Activities build off each other, create feedback loop*

Component 1: Social-Emotional Health Reach Data Review and Assessment

	MY 1 Requirements	MY 2 Requirements	MY 3 Requirements
1.1 The CCO has reviewed the 1) aggregate reports and 2) child-level data file provided by OHA in the Social-Emotional Health Reach Metric Data Report for children ages 1 –5 years (Appendix A).	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
1.2 The CCO has examined the Social-Emotional Health Reach Metric data for at least one population with historical inequitable outcomes , using CCO data available (Examples: race, ethnicity, use of translator, geographic region).	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
1.3 The CCO has assessed payment policies and contracts for the claims and services included in the Social-Emotional Health Reach Metric to ensure there is a continuum of services that address Social-Emotional health from prevention to treatment, including community options and arrangements.	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
Optional: 1.4 The CCO has identified missing assessment or service claims and intends to submit additional data capturing children accessing services not yet reflected in the reach metric results. (Documentation for proposed enhancement of the data to be based on CCO-provided claims for OHA measure validation.)	Yes/No (Optional) If applicable, incorporate into OHA Validation Process	Yes/No (Optional) If applicable, incorporate into OHA Validation Process	Yes/No (Optional) If applicable, incorporate into OHA Validation Process

Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

	MY 1 Requirements	MY 2 Requirements	MY 3 Requirements
<p>2.1 The CCO has developed an Asset Map to capture services and resources in the CCO region that address children’s Social-Emotional health, including key characteristics of services and providers to assess capacity and gaps.</p>	<p>CCO completes Asset Map form provided, summarizing the capacity and characteristics of contracted behavioral health services. (Must Pass)</p>	<p>CCO updates Asset Map for contracted behavioral health services (from MY 1) and completes Asset Map form summarizing the capacity and characteristics of social-emotional health services provided within Patient Centered Primary Care Home integrated behavioral health. (Must Pass)</p>	<p>CCO updates Asset Map for contracted behavioral health services, integrated behavioral health in PCPCH, and completes Asset Map form summarizing the capacity and characteristics of other community-based social-emotional health services, including those provided by early learning. (Must Pass)</p>
<p><i>Optional:</i> 2.2 The CCO has discussed key considerations and reflection questions as part of their asset mapping process, to be shared with community partners in Component 3.</p>	<p>Text entry (Optional)</p>	<p>Text entry (Optional)</p>	<p>Text entry (Optional)</p>

Glidepath – Asset Map Example

2022

- Assess capacity and characteristics of contracted specialty behavioral health (“state of the state”)



2023

- **Update** contracted specialty behavioral health as needed
- Assess capacity & characteristics of behavioral health services in PCPCH integrated primary care



2024

- Assess capacity & characteristics of **community-based social-emotional supports**

Component 3: CCO-Led Cross-Sector Community Engagement

	MY 1 Requirements	MY 2 Requirements	MY 3 Requirements
<p>3.1 The CCO engaged cross-sector community partners to review and discuss:</p> <ul style="list-style-type: none"> • Social-Emotional Health Reach Metric data • Asset Map of Social-Emotional Health Services and Providers • Barriers and opportunities to improve Social-Emotional Health service capacity and access. 	<p>Required partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>	<p>Required partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>	<p>Required partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>
<p>3.2 The CCO engaged communities experiencing historical and contemporary injustices* to review and discuss:</p> <ul style="list-style-type: none"> • Social-Emotional Health Reach Metric data • Asset Map of Social-Emotional Health Services and Providers • Barriers and opportunities to improve Social-Emotional Health service capacity and access 	<p>Select at least 1 (Must Pass)</p>	<p>Select at least 2 (Must Pass)</p>	<p>Select all 3 (Must Pass)</p>
<p>3.3 Select the strategies the CCO implemented to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2 above.</p>	<p>Check all that apply (Must Pass)</p>	<p>Check all that apply (Must Pass)</p>	<p>Check all that apply (Must Pass)</p>
<p>Optional: 3.4 Submit a summary of reflections from conversations with cross-sector community partners and families. Reflections may include steps the CCO took to minimize harm and specific lessons learned about engaging communities experiencing historical and contemporary injustices.</p>	<p>Text entry (Optional)</p>	<p>Text entry (Optional)</p>	<p>Text entry (Optional)</p>

CCOs must engage cross-sector community partners to.....

REVIEW

data on access to social-emotional health services
asset map of social-emotional health services and providers

DISCUSS

barriers and **opportunities** to improve social-emotional health service capacity and access

CO-CREATE

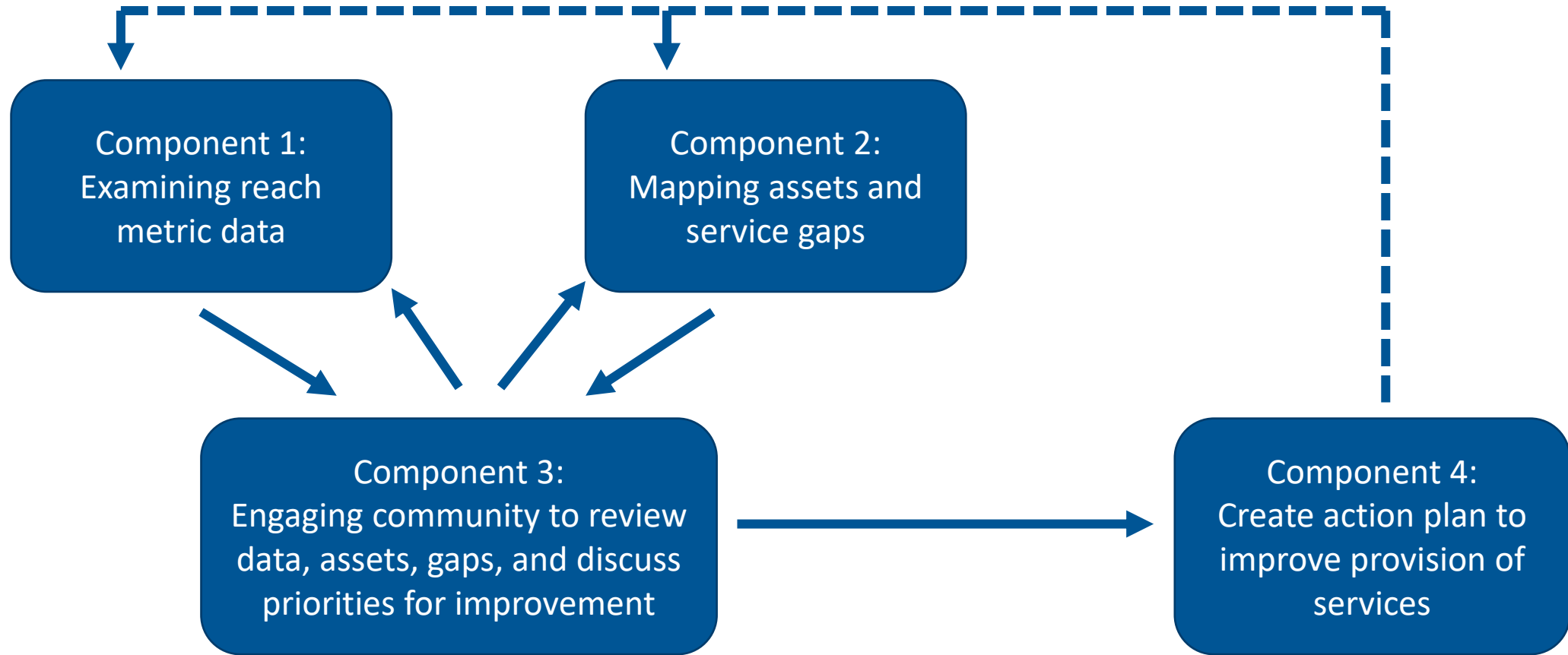
an **action plan** to address barriers.

Measure Requires CCOs to Lead Cross-Sector Community Engagement (Component 3, building of Components 1 & 2)

Component 4: Action Plan to Enhance Social-Emotional Health Capacity

	MY 1 Requirements	MY 2 Requirements	MY 3 Requirements
4.1 The CCO has identified at least two target areas for improvement to be included in their Action Plan, informed by data review, asset mapping, and community conversations in Components 1-3.	Select at least 2 (Must Pass)		
4.2 The CCO has included input from communities experiencing historical and contemporary injustices in the development of the Action Plan.	Yes/No (Must Pass)		
4.3 The CCO has attached/uploaded their Action Plan, including: 1) Target areas selected 2) Improvement strategies and progress milestones for each target area	Yes/No (Must Pass)		
4.4 The CCO has assessed progress on their Action Plan.		Yes/No (Must Pass)	Yes/No (Must Pass)
4.5 The CCO has attached/uploaded a revised Action Plan, including: 1) At least 2 target areas selected 2) Improvement strategies and progress milestones for each target area		Yes/No (Must Pass)	Yes/No (Must Pass)

Metric Components Build Toward Improving Provision of Social-Emotional Health Services



- *Data- and community-driven health system transformation*
- *Activities build off each other, create feedback loop*

Resources

- Measure specifications
 - [https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022-specifications-\(SE-health\).pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022-specifications-(SE-health).pdf)
- Transformation Center Technical Assistance
 - <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Emotional-Health-Metric.aspx>
- Pilot webinars (from measure stewards, Children's Institute & OPIP)
 - <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/KR-Health.aspx>
 - Webinar 1: Overview & Component 1 (reach measure report)
 - Webinar 2: Component 1 round-back and Component 2 (asset map)
 - Webinar 3: Component 3 (cross-sector community engagement) & Component 4 (action plan)

CCO Survey Responses

Periodicity for significant membership changes

Periodicity for CCO membership changes

Metric & Scoring Committee Decisions (July 2018 & March 2020)

- A CCO is considered to have a **significant membership increase** when membership increases by a minimum of **45%**.
- In such instances, the CCO's **targets will be adjusted** such that **improvement targets from the previous year are rolled forward.**
- CCOs can apply for additional single-year improvement target reassessment on a **case-by-case basis** for **other types of membership changes.**



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WHO?

- Responses representing 9 CCOs
- One response per CCO

HOW?

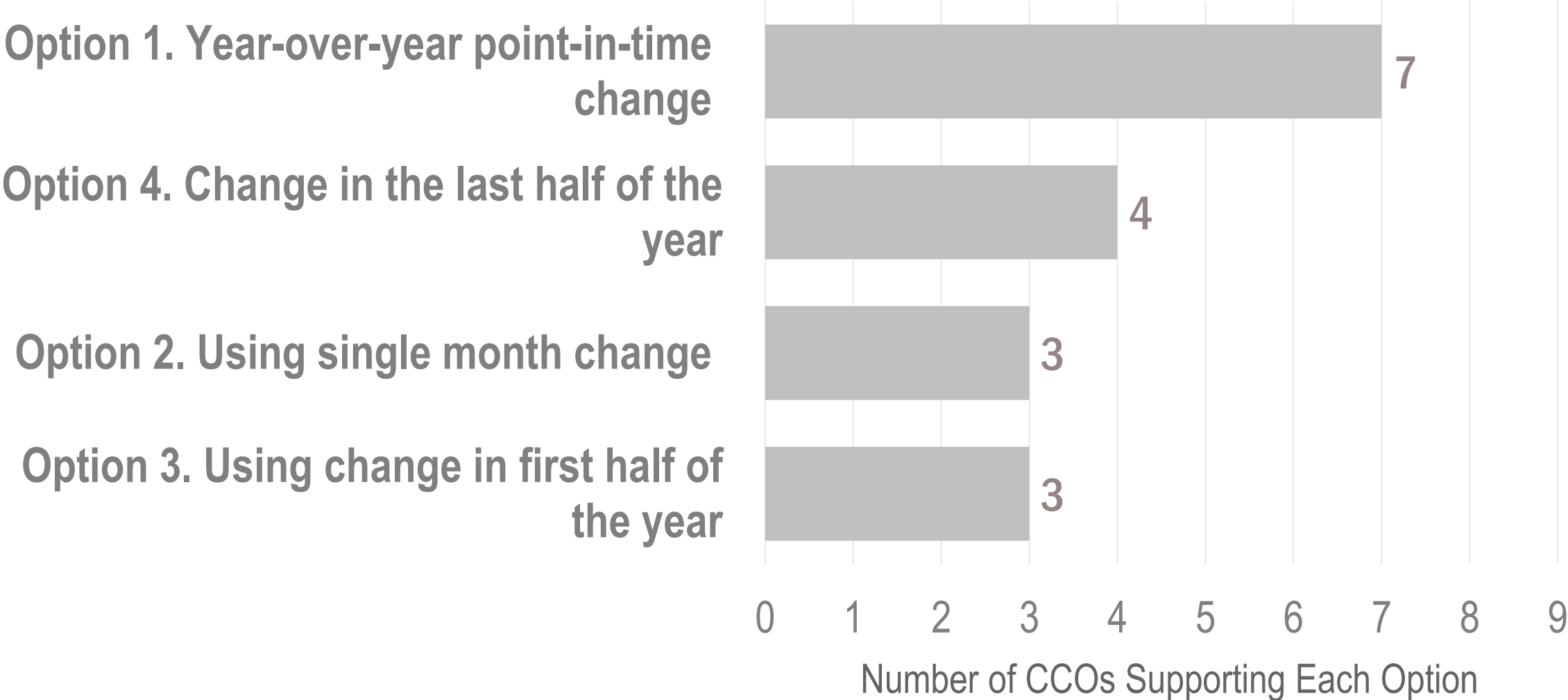
- Online survey fielded via TAG
- Quantitative & qualitative questions

WHAT?

- Year-Over-Year Point-in-Time
- Single Month Change
- Change in First Half of Year
- Change in Last Half of Year

Membership Change Periodicity Survey

Support for Options 1-4 to determine significant membership increase time period



Ranked Scores from Most Ideal to Least Ideal (higher score = greater support)

Option	Average ranking (scores can range from 1-4)
Option 1. Year-over-year point-in-time change	3.22
Option 3. Using change in first half of the year	2.78
Option 2. Using single month change	2.33
Option 4. Change in the last half of the year	1.67

OHA considering modified year-over-year point-in-time (1/3)

Taking survey feedback into account, OHA proposes this guidance for unplanned changes (e.g., not related to new procurement/RFP). Periodicity would be **45% membership change *within a 12-month period***, either in the same measurement year or crossing two measurement years.

- **CCOs responsible** for alerting OHA of 45%+ membership increases sourced **from mid-month enrollment reports** from OHA
- CCOs must **alert OHA no later than February 1** following the measurement year.
- Two-pronged approach **so CCOs & providers know** about target changes as **early as possible**

OHA considering modified year-over-year point-in-time (2/3)

Change occurs within the same measurement year:

- Any 45% **month-to-month increase** in the OHA mid-month enrollment reports **within the measurement year** will result in improvement target **adjustments within that measurement year**
 - E.g., Jan. 2023 – March 2023, 45% increase in enrollment = adjusted 2023 improvement targets
 - E.g., March 2023 – April 2023 45% increase in enrollment = adjusted 2023 improvement targets

OHA considering modified year-over-year point-in-time (3/3)

Change occurs over a 12-month period that **crosses two measurement years**:

- Any **point-in-time year-over-year** increases from OHA mid-month enrollment reports will result in improvement target adjustments
- Improvement targets would be **altered** for the **latter measurement year**
 - E.g., Feb. 2023 – Jan. 2024, 48% increase in enrollment = adjusted 2024 improvement targets
 - E.g., Nov. 2023 – Oct. 2024, 48% increase in enrollment = adjusted 2024 improvement targets

Break time

Health Equity measure – Language services reporting (Part 1)

Current reporting requirements (1/2)

- ❑ Annual Language Access Self-assessment: Third Monday of each January
- ❑ Same report for the CCO metric and for CCO contract

Clarification

Current reporting requirements (2/2)

Clarification

- ❑ Language Access and Interpreter Service (quantitative reporting):
 - Contract reporting frequency: quarterly; due 90 days after the end of each quarter
 - Contract report data period: rolling 12-month
 - Q4 contract report (covering calendar year period) will be used for the CCO metric starting MY2023 (due 3/31/2024)
- ❑ New optional field for 'refusal reasons' will be added to the contract reporting template

MY2022 hybrid reporting (1/3)

Clarification

- ❑ OHA to sample 30% or up to 411 members per CCO
 - Members with MMIS interpreter needs flag by 12/31/2021 (sample frame released on 1/31/2022)
 - Members won't be included in the final sample:
 - New enrollees in 2022 or members with interpreter flags newly added after 12/31/2021
 - Members whose MMIS interpreter flags are removed by 12/31/2022
 - Members without any visits in claims data in CY2022

MY2022 hybrid reporting (2/3)

Clarification

- ❑ OHA to release MY2022 final sample by 1/31/2023
- ❑ OHA will pre-populate all (claims) confirmed visits for sampled members in the reporting template including:
 - Member ID, confirmed interpreter needs flag
 - Type of care
 - Visit type/care setting
 - Visit date
- ❑ CCO to fill in interpreter service (numerator) information: type of interpreter service, interpreter qualification, etc.

MY2022 hybrid reporting (3/3)

Clarification

❑ 80% reporting completeness threshold:

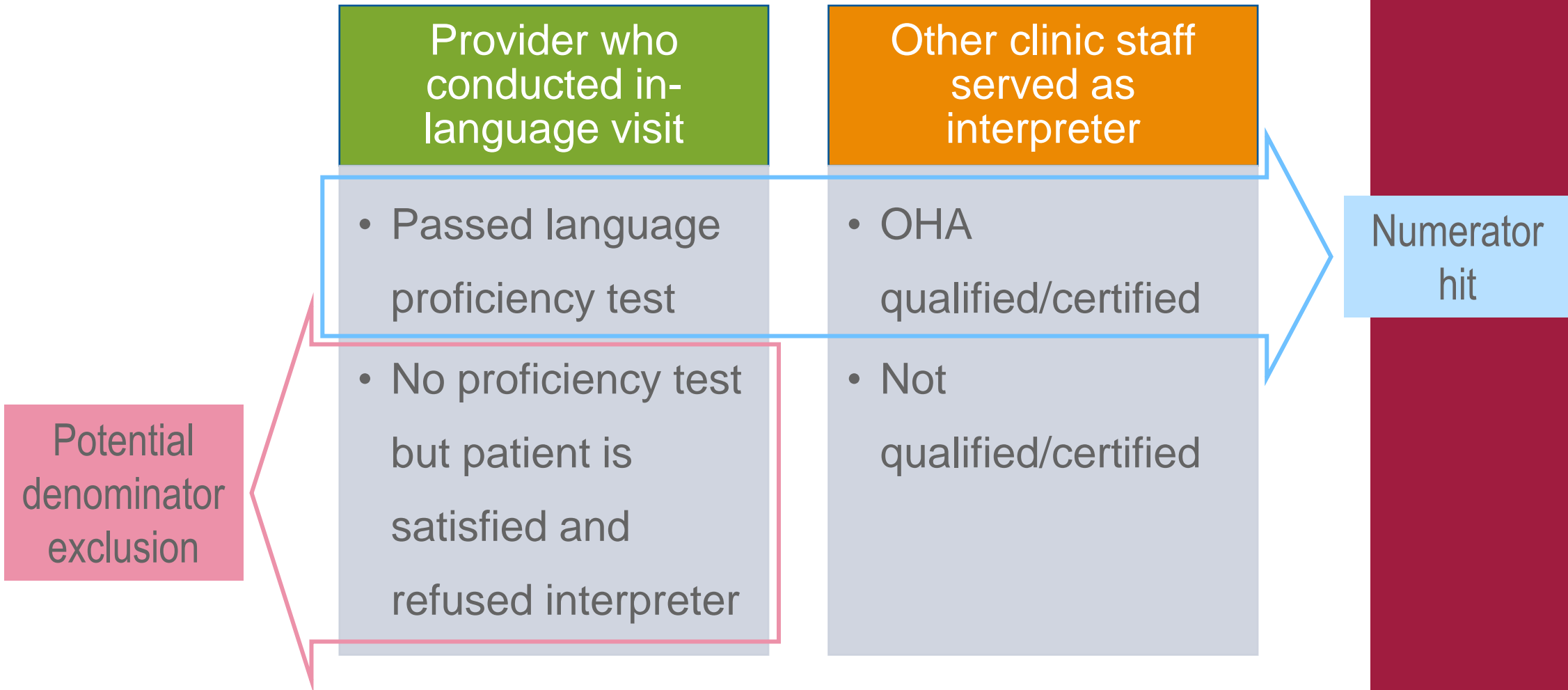
CCO must gather and provide interpreter service information for at least 80% of all visits sampled in the hybrid reporting template (including confirming no interpreter services provided for the visit) to be considered meeting the reporting-only requirement.

❑ MY2022 Required reporting elements include:

- Report In-person, telephonic or video interpreter services provided (Yes/No in all three fields)
- => if 'Yes' for any interpreter services, answer Was the interpreter OHA Certified or Qualified? => if the interpreter is OHA-certified or qualified, report the OHA Registry number
- => if no interpreter services provided, answer Did the member refuse interpreter service (Yes/No)

Bilingual staff

Clarification



Patient refusal reason data

Discussion

- ❑ Scenarios for patient refusing interpreter service
 1. Member refusal because in-language visit is provided
 2. Member confirms interpreter needs flag in MMIS is inaccurate
 3. Member unsatisfied with the interpreter services available
 4. Other reasons for patient refusal
- ❑ Does CCO collect the information?
- ❑ Does CCO have access to refusal records/reasons by providers?

Link to current template: [https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2021-2023%20specs%20\(Health%20Equity%20Meaningful%20Access\)%20Updated%202021.12.29.pdf#page=27](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2021-2023%20specs%20(Health%20Equity%20Meaningful%20Access)%20Updated%202021.12.29.pdf#page=27)

In-language visit data

Discussion

- ❑ Data elements to confirm in-language visit:
 - Provider's language capability => pairing patient with the provider they need
 - Language proficiency test record
 - Other?
- ❑ Does CCO collect/have access to the data?

Health Equity measure – Language services reporting (Part 2)

Preview discussion topics for May TAG

Topics for May TAG

- Visits do not need interpreter services?
- In-language visit - denominator exclusion or numer hit?
- Other member with interpreter needs – ex: children whose care takers need interpretation?
- Correction of MMIS flags when needed
- Other reporting difficulties?

Discussion

2023 Claims Cutoff Date

CCO input and discussion

Claims cutoff for CCO incentive measures

2022 (and prior) contract language

In the event a Measure eligible for a Quality Pool incentive Payment relates to claims for dates of service within a Measurement Year, CCOs, including **Contractor shall have up to and through the end of last Business Day of March of the Distribution Year to submit such Performance Data to OHA for inclusion in the incentive Measures calculation.** Any and all Performance Data relating to claims for dates of service in a Measurement Year submitted to OHA after the last Business Day of March of the Distribution Year will not be included in the incentive Measure calculation.

Claims cutoff for CCO incentive measure

2023 proposed contract language

In the event a Measure eligible for a Quality Pool incentive Payment relates to claims for dates of service within a Measurement Year, CCOs, including **Contractor shall have up to and through the end of last Friday of March of the Distribution Year to submit such Performance Data to OHA for inclusion in the incentive Measures calculation.** Any and all Performance Data relating to claims for dates of service in a Measurement Year submitted to OHA after the last Friday of March of the Distribution Year will not be included in the incentive Measure calculation. **Contractor is responsible for ensuring that encounter claims data are received and successfully processed by OHA prior to the submission deadline.**

Claims cutoff for CCO incentive measure

Why the change?

- Aligns with other OHA claims submission deadlines
- Aligns with OHA claims data system monthly processing dates
 - Avoids the need to append additional days of claims
 - Reduces chance of inconsistency or error
- Ensures calendar year incentive measure results provided to CCOs by end of April

Questions/Discussion

Next Meeting

- Thursday, May 26, 1:00-3:00pm