

CCO Guidance: Community Health Assessments and Community Health Improvement Plans

Background

New contracts and state rule require coordinated care organization's (CCO) community health assessments (CHAs) and community health improvement plans (CHPs) to be shared CHAs and CHPs with local public health authorities, hospitals, other CCOs and tribes.

The purpose of the new requirement is to:

1. Improve population health outcomes through CHA and CHP collaboration and investment;
2. Ensure the CHA and CHP reflects the needs and priorities of the entire community; and
3. Reduce the burden on stakeholders and community members who may have previously participated in multiple, independent CHA and CHP processes.

More information about CCO 2.0 is available on the Oregon Health Authority (OHA) website:

www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx.

Shared community health assessments and community health improvement plan requirements

By Oregon Administrative Rule (410-141-3730) and CCO Contract (Exhibit K, Parts 6 and 7), CCOs are required to do the following:

1. **Develop a shared CHA** with all of the following entities that share all or part of their service area: local public health authorities (LPHAs), hospitals and other CCOs. A federally recognized tribe may have already developed or will develop their own CHA or CHP. The CCO must invite the tribe to participate in the shared CHA and CHP if the tribe has developed or may develop a CHA and CHP in the future. These entities will be referred to as the "collaborative CHA/CHP partners". This collaboration shall be documented in the CHA and CHP, including the CHP progress reports.
2. **Develop a shared CHP** using the findings documented in their CHA, including any health disparities data. The CHP will serve as a strategic plan for the population health and health care systems to serve the communities within the CCO's service area. Any collaborative CHA/CHP partners from the shared CHA must collaborate in the development of a shared CHP or shared CHP priorities and strategies. The CCO's CAC(s) is/are responsible for adopting the CHP.

Means of demonstrating a shared CHA or CHP

CCOs may have one shared CHA/CHP or multiple shared CHAs/CHPs, depending on the service area covered and how the community chooses to define itself. For example, a CCO covering two counties may have a separate CHA and CHP for each county, or it could have a regional CHA and CHP covering both counties. The goal is that each community has a single CHA, instead of multiple, disconnected assessments published by individual organizations within the community.

For the purposes of the CHA, "shared" means a single document that is fully owned and endorsed by each required entity. CCOs could demonstrate this relationship in different ways, including, but not limited to:

1. Logos from each entity on the CHA cover page or introduction to note shared ownership of the document (entity logos that only denote participation in the CHA process, but not ownership or endorsement, would not suffice);

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2. Membership lists in CHA appendices that show each entity is represented on the CHA/CHP decision-making body and steering committee; or
3. Memorandums of understanding or agreements that outline each entity's role and responsibilities to clearly demonstrate ownership and endorsement that could be submitted as a CHA appendix or as separate documentation submitted to OHA.

Shared CHAs and CHPs may also include appendices or addenda for specific collaborative CHA/CHP partners with language fulfilling that specific entity's state or federal CHA/CHP requirements. The same means of demonstrating a shared CHA could be used to demonstrate a shared CHP.

While the shared CHA and CHP is required, CCOs will not be penalized if an LPHA, hospital or tribe is unable to fully partner with the CCO for the shared CHA/CHP. In this situation, the CCO must describe steps taken to meaningfully engage the LPHA, hospital, or tribe in the CHA/CHP development and how the CCO will continue to engage the organization. This would be documented in a supplemental questionnaire the CCO is required to submit to OHA along with its CHP or CHP progress report. Only sending an invitation to an entity will not be considered sufficient for meaningful engagement. In this scenario, the CCO must also demonstrate in its CHP what the shared health priorities and strategies are with any LPHAs, hospitals, or other CCOs that are not a full partner in the shared CHP.

Timelines for completing shared CHAs and CHPs

By rule and contract, CCOs are required to complete a new CHA and CHP at least every five years. However, nonprofit hospitals are required to complete a community health needs assessment (CHNA) every three years (per the Affordable Care Act). CCOs should convene Collaborative CHA/CHP Partners as soon as possible to begin discussing how to meet timeline and other requirements across organizations while working toward the shared CHA/CHP.

In addition to the hospital CHNA timeline, the timeline for when a new CCO CHA/CHP is due to OHA will be different for CCOs based on 1) whether a CCO's CHP was already submitted to OHA in the previous five years, and 2) whether a CCO's service area is new or has changed. Following are the CCO categories that will determine when the next CCO CHA/CHP is due:

1. **Returning CCOs with no change in service area:**
 - a. No new CHA/CHP required until five-year timeline has lapsed;
 - b. Most recent CHA due June 30, 2020, if not already submitted to OHA;
 - c. Annual CHP progress reports due annually; and
 - d. Progress reports will demonstrate progress toward CCO 2.0 CHA/CHP requirements until next CHA/CHP submitted.¹
2. **Returning CCOs with changes in service area:**
 - a. Updated or new CHA/CHP required by June 30, 2021, which meets CCO 2.0 CHA/CHP requirements;
 - b. Annual CHP progress reports due in all other years; and

¹ Updated CHP progress report guidance and required questionnaires will be shared with CCOs by May of each year through the OHA Transformation Center website: www.oregon.gov/oha/HPA/dsi-tc/Pages/CCO-CHIP.aspx.

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- c. Progress report in 2020 will demonstrate progress toward CCO 2.0 CHA/CHP requirements.
3. **New CCOs:**
- a. New CHA/CHP required by June 30, 2021, which meets CCO 2.0 CHA/CHP requirements;
 - b. Annual CHP progress reports due in all other years; and
 - c. Progress report in 2020 will demonstrate progress toward CCO 2.0 CHA/CHP requirements.

Returning CCOs with no change in service area (inclusive of CCOs noted below)

CCO Name	Year Last CHP Submitted
Advanced Health	2019
AllCare	2019
Cascade Health Alliance	2019
Columbia Pacific CCO	2019
Eastern Oregon CCO	2019
Health Share	2019
InterCommunity Health Network	2019
Jackson Care Connect	2019
PacificSource Columbia Gorge	2017
PacificSource Central Oregon	2016
Umpqua Health Alliance	2019
Yamhill CCO	2019

CCOs that have not changed service areas and have submitted a CHP within the past five years are not required to immediately develop a new CHA/CHP, but they must submit their most recent CHA to OHA by June 30, 2020. These CCOs will submit their next CHA/CHP in alignment with the CCO 2.0 requirements no later than five years from their last submission. For example, if a CCO submitted its last CHA/CHP in June 2019, the next one must be submitted by June 2024.

If a returning CCO with no change in service area has a new CCO entering the service area, this new CCO is required to submit a CHA/CHP for the community by June 30, 2021. In this situation, the returning CCO must collaborate with the new CCO on the aligned CHA/CHP, but should make full use of the prior CHA/CHP process and implementation to date. This avoids unnecessary duplication of recent community and stakeholder engagement efforts, and ensures ongoing CHP implementation work remains relevant. This could result in a smaller scale update to the current CHA/CHP or a completely new CHA/CHP aligned with the CCO 2.0 requirements. For example, a returning CCO that submitted a CHA/CHP in 2019 would collaborate with the new CCO to develop an updated CHA/CHP by June 2021. In this scenario, the returning CCO may submit one of the following:

1. New CHA/CHP in June 2021, which would restart the three- or five-year CHA/CHP timeline and would also be submitted by the new CCO; or

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2. Small-scale update to its own 2019 CHA/CHP and a progress report in June 2021, which would not restart the three- or five-year CHA/CHP timeline. If this update meets all CCO 2.0 requirements, the new CCO may also submit these updated versions as its first Cha/CHP.

The first scenario could be preferred because both CCOs will now have the same CHA/CHP timeline for future shared CHA/CHP submissions. However, if the collaborative CHA/CHP partners submitted a 2019 CHP and are already on a three-year timeline in alignment with nonprofit hospital CHNA requirements, the next CHA/CHP would likely be completed by 2022, and the second scenario would be preferred. This avoids submitting two new CHAs and CHPs within less than a year.

Returning CCOs with changes in service area

CCO Name	Year Last CHP Submitted
Trillium CHP	2016

CCOs that have changed service areas are required to submit a CHA/CHP in alignment with CCO 2.0 requirements by June 30, 2021, even if the CCO has submitted a CHP within the past five years. OHA anticipates at least two potential scenarios in which this could play out:

1. The returning CCO has added a neighboring county to its service area and submits a small-scale update to the current CHA and CHP that encompasses this new community and is in alignment with CCO 2.0 requirements; or
2. The returning CCO has added a neighboring or non-neighboring county to its service area and submits a separate CHA/CHP for this new community in alignment with CCO 2.0 requirements, while maintaining its 2019 CHP for the original community. In this scenario, the CCO could also submit a new, separate CHA/CHP for its original service area to maintain the same timelines for all of its CHAs/CHPs.

Regardless of the scenario, the CCO should make full use of the prior CHA/CHP process and implementation to date to avoid unnecessary duplication of recent community and stakeholder engagement efforts, and ensure ongoing CHP implementation work remains relevant.

A returning CCO with a change in service area may also have a new CCO entering that service area. This does not change the fact that both CCOs must submit a CHA/CHP by June 2021.

New CCOs

CCO Name	Year Last CHP Submitted
PacificSource Lane	n/a
PacificSource Marion-Polk	n/a

New CCOs that are entering a service area are required to submit a CHA/CHP in alignment with CCO 2.0 requirements by June 30, 2021. If the new CCO does not share any service area with another CCO, the new CCO should make full use of any prior CHA/CHP processes and implementation in the community to date. This

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avoids unnecessary duplication of recent community and stakeholder engagement efforts, and ensures ongoing CHP implementation work remains relevant.

Conversely, if a new CCO shares service area with a returning CCO, they must collaborate with the returning CCO on the CHA/CHP, but should make full use of the returning CCO's CHA/CHP process and implementation to date. In this situation, the new CCO could adopt a smaller scale update to the returning CCO's CHA/CHP to align with CCO 2.0 requirements or a completely new CHA/CHP aligned with the CCO 2.0 requirements. For example, if the returning CCO submitted a CHP in 2016, completed a new CHA in 2019, and plans to submit a new CHP in 2020, the new CCO could adopt the 2019 CHA and work collaboratively with the returning CCO to share the 2020 CHP, as long as the CHA/CHP are aligned with CCO 2.0 requirements.

Small, partial-county CCO shared service areas

While some CCOs may have shared service areas that encompass most of a county, others may have shared service areas that only encompass a small portion of a county. In the latter scenario, it is not an effective use of resources for each CCO to have a fully shared CHA/CHP. It is appropriate in this scenario for each CCO to appoint a representative to collaborate on the other CCO's CHA/CHP development process. This would be the same for an LPHA, hospital or tribe that only shares a very small portion of their service area with a CCO. CCOs will not be penalized if a CCO, LPHA, or hospital or tribe, as described on page one of this document, with a shared service area is unable to appoint a representative to collaborate on the CHA/CHP. In this situation, the CCO must describe efforts to meaningfully engage the CCO, LPHA, hospital, or tribal appointee in the CHA/CHP development.

Best practices for how to develop a shared CHA/CHP

The OHA Transformation Center has many CHA/CHP development best practice resources available on its CHA/CHP website: www.oregon.gov/oha/HPA/dsi-tc/Pages/chachp-technical-assistance.aspx. Additional CCO guidance on best practices for developing a shared CHA/CHP will be available to CCOs in Spring 2020. This guidance will also address how new CCOs or CCOs with new service areas can make full use of the prior CHA/CHP processes and implementation to date within their regions.