2021 CCO Transformation and Quality Strategy: Access Components

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Webinar Agenda

1. TQS overview
2. Define Access
3. Walk through the TQS Access components
   - Cultural Considerations; Quality and Adequacy of Services; Timely
   - 2021 CCO Contract
   - TQS Access Components; Key expectations
4. Review select Access TQS examples
   - Access: Cultural Considerations
   - Access: Timely
5. 2021 areas of opportunity
6. Q&A

Why we do this work…

Oregon Health Authority

2021 TQS Components

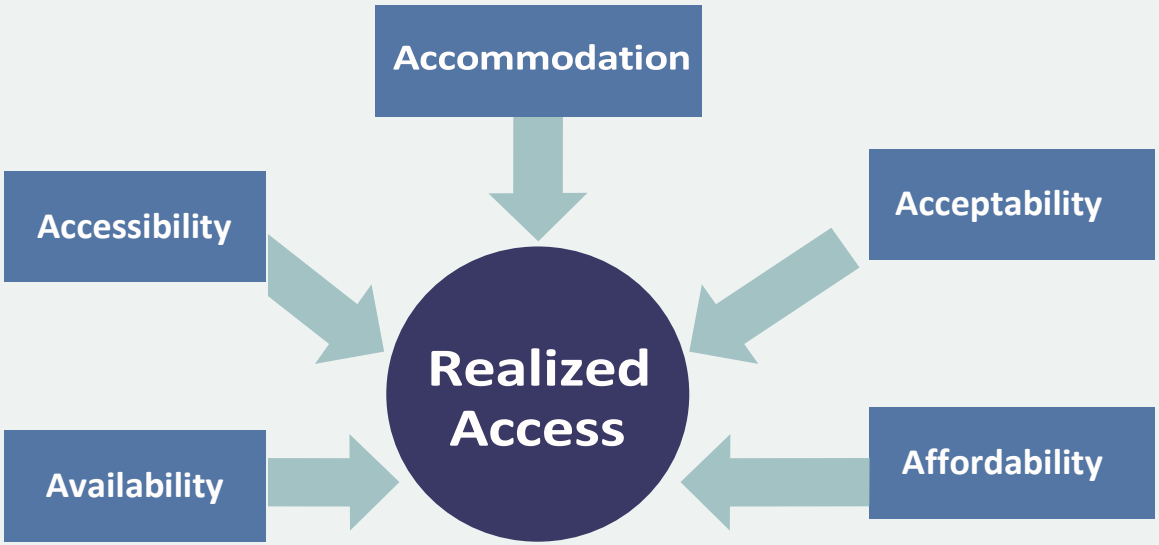
1	Access: Quality and Adequacy of Services	9	Oral Health Integration
2	Access: Cultural Considerations	10	Patient-Centered Primary Care Home (PCPCH): Member Enrollment
3	Access: Timely	11	PCPCH: Tier Advancement
4	Behavioral Health Integration	12	Serious and Persistent Mental Illness (SPMI)
5	CLAS Standards	13	Social Determinants of Health & Equity
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN)
7	Health Equity: Data	15	Utilization Review
8	Health Equity: Cultural Responsiveness		

Access to Care

- In the 2016 final rules for 42 CFR Part 438, Subpart B, 438.68 and Subpart D, 438.206 and 438.207, the Centers for Medicare and Medicaid Services (CMS) define network adequacy standards, availability of services and assurances of adequate capacity and services requirements for Managed Care Entities (MCEs).
- §438.320 Access Definition:
  - Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).
- Resources: In 2017, CMS published a toolkit, designed as a resource guide for State Medicaid agencies: https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf

Access to Care

Figure I.1: Access framework



This framework is similar to one proposed to CMS to enable it to monitor Medicaid enrollees' access to care across and within states for key services and populations covered by the program, regardless of the delivery system (that is, FFS, managed care, or waivers). The two frameworks are largely consistent. To view the "Proposed Medicaid Access Measurement and Monitoring Plan" https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf

Access: Quality and Adequacy of Services

- Comprehensive quality assessment and performance improvement strategies and activities to improve services provided to members per CFR 438.330 and OAR 410-141-3525(8)
- Regular monitoring and evaluation of availability and accessibility of services to ensure availability and use of services that reflect acceptable and appropriate health outcomes
- Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities
- Oversight, care coordination, transition planning and management of the behavioral health needs of members to ensure appropriate behavioral health care

Access: Quality and Adequacy of Services

- Questions to consider in developing projects:
  - How does project support member choice and make services covered by CCO contract more accessible/available to member?
  - Availability of standard, urgent, and emergency services for all service types (physical, behavioral & oral health)
  - Availability of services for all age groups and geographic service area
  - How does the proposed project contribute to members getting the right care, at the right time, and in the right place with appropriate coordination, continuity and use of medical resources and services?
  - How will your CCO evaluate members to ensure placement in settings that are appropriate, the most integrated appropriate for that person, and that members' needs are re-evaluated at regular intervals to capture changes?

Access: Cultural Considerations

- This component refers to assessment and analysis of the quality and effectiveness of the program operated by your CCO for **monitoring, evaluating and improving the access, quality and appropriateness of services provided to members consistent with their cultural and linguistic needs**.
- A few questions to consider in developing projects:
  - Available data on age, culture, language and disability data available to demonstrate project is targeting specific CCO members
  - Community Advisory Council guidance, input and recommendations
  - Data already collected by CCO that can be stratified by ethnicity or language
  - Data already collected by CCO that shows underutilization of services including preventive care, interpreter services, behavioral health, dental health.

Access: Timely

- Is the assessment and analysis of the quality and effectiveness of the program operated by your CCO for monitoring, evaluating and improving **timely access** to services provided to members consistent with the priorities identified in your Community Health Assessment, Community Health Plan and Contract
  - Ensure member's choice of providers and delivery of timely, quality services in locations that meet regulatory time and distance standards
  - Example project: Increase the number of non-emergent medical transportation providers in county X during X times, M-F, to decrease member wait for behavioral health (standard) appointments from average of 6 weeks to average of 4 weeks.
- Sample questions to consider in developing projects:
  - How does the project and measurement selected by your CCO apply OAR and contract standards for time and distance, or time to appointment?
  - Does the project apply to the behavioral health, physical health and/or oral health provider networks?

Access to Care

- Primary monitoring activities:
- Activities that draw a direct correlation, from member generated data, to the ability to access services (e.g., complaints, utilization rates and member surveys)
- Secondary monitoring activities:
  - Activities that use primary data, but do not provide a direct correlation to access (e.g., provider surveys, performance metrics, ratio of providers to members, referral patterns, average wait times)
  - Activities that draw from qualitative data sources (member self-reported data, provider team satisfaction and comments) or rapid cycle quantitative data (tally sheets in key practices)

2020 Areas of Opportunity

Across components:

- **Rationale –** Include the data used to identify the gap, population and intervention (CCO-or region-specific data).
- **Progress –** For continued projects, describe what happened in prior year. Describe if/how the project is changing this year, what targets/benchmarks were met and if not, why.
  - Include data, charts, etc.
- **Details –** More details to describe how project will address the gaps identified (project-specific as outlined in your written assessments).
- **Monitoring activities**
  - To ensure stronger connections between activities and goals
  - Include activities for the year (or beyond) –not just one short-term process measure
  - As projects mature, move toward more outcome measures
- **Project continuation –** Continue reporting on the same projects to see improvement over time.

2020 Areas of Opportunity: Access

Specific to access component:

- **Access: cultural considerations –** Describe (including data) how your CCO identifies the cultural and linguistic needs of members.
- **Access: timely –** Demonstrate oversight of provider network to monitor and address compliance with OHA timely access requirements.

Example #1
Access: Cultural Considerations

Section 1: Transformation and Quality Program Details

A. **Project or program short title:** Project 1: Improving utilization of language access services in behavioral health settings

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project or program

If continued, insert unique project ID from OHA: Add text here

B. **Components addressed**

i. Component 1: Access: Cultural considerations
ii. Component 2 (if applicable): Utilization review
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?

☐ Economic stability
☐ Education
☒ Neighborhood and build environment
☐ Social and community health

C. **Component prior year assessment:** Include calendar year assessment for the component(s) selected with CCO- and region-specific data

Due to the pandemic, we faced several challenges with improvement of utilization of language access services in behavioral health settings. Utilization of services were impacted due to the various protective orders and social distancing measures to reduce the spread of COVID-19. Our ExampleCCO has expanded access to telehealth services as long as those services are needed and in keeping with state guidance. Behavioral health providers and other providers transitioned quickly to telehealth care delivery. Due to the quick transition, we did not have standard processes in place to ensure members receiving behavioral health services through a telehealth visit had access to language access services. We reviewed BH utilization data from March 2020 through December 2020 and found a 70% increase in use of codes associated with behavioral health services. In comparing that data to member information, we found 45% of members seeking BH services were identified as Limited English Proficiency (LEP) or had another language other than English identified as their primary language. We are working internally to set up operational processes to ensure LEP members seeking behavioral health telehealth services are offered language assistance services, if needed, to support them during their visit. We have revised our initial goals to account for the challenges faced during the last year.

Example #1
Access: Cultural Considerations

D. **Project rationale and progress**: Include justification for the chosen or continued project with CCO- and region-specific data, and progress to date for continued projects

Use of language access services by CCO behavioral health (BH) providers' offices has been stable over the past four years. The average rate of requests for language assistance was 2.5 per clinic per quarter. However, the percent of members enrolled in the CCO whose primary language is identified as not English increased 25% over the last two years and there has been a slight decrease in the BH utilization rates in the last four years. Due to the COVID-19 related delivery system changes, we believe it is important to continue working on improving language access services for BH services, with a new emphasis on telehealth care delivery. In the last 9 months, many providers have shifted to offering telehealth services and we made limited progress towards achieving the monitoring activity defined for last year's submission to improve language access for in person care delivery. We plan to modify our monitoring activity for improvement to incorporate goals for achieving language access in telehealth services. Other future activities could determine the quality of the various interpretive service modalities in meeting behavioral health access needs for LEP members whether for in-person or telehealth encounters.

E. **Project or program brief narrative description**:

The ExampleCCO QIC will coordinate with behavioral health contractors and subcontractors to analyze language access service utilization rates for CCO members who identify their primary language as not English. The QIC will delegate to the ExampleCCO Quality Management team and ExampleCCO integration team to use data collected to compare utilization rates over time and geographic distribution and investigate whether there is national data available (or comparisons from other states) to establish an appropriate benchmark for telehealth services.

Example #1
Access: Cultural Considerations

F. **Activities and monitoring for performance improvement:**

Activity 1 description: Develop standards for interpretation services reporting across all provider groups. Investigate national average for reporting, utilization and state trends to inform standards and reporting. Communicate and support provider network in reporting interpretation services.

☒ Short term or ☐ Long term

Monitoring activity 1 for improvement: CCO developed standard interpretation services reporting criteria

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
No standard reporting across all providers	Review of criteria and draft plan.	4/2021	Final criteria and reporting method	6/2021

Monitoring activity 1 for improvement: % of providers reporting language access services using standard reporting critiera

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
20%	50%	6/2021	80%	4/2022

Example #1
Access: Cultural Considerations

Activity 2 description: Collaborate with BH contractors for a ongoing analysis of utilization of language access (including ASL) services for BH services, including contractors and subcontractors. Historical data will be collected and reviewed for the last four years to inform baseline, target and benchmark selection. Analysis will include but not limited to: a comparison of utilization at BH locations with geographic distribution of members and member assignments; BH telehealth services and data on utilization of language access services in the last year.

☐ Short term or ☒ Long term

Monitoring activity 2 for improvement: Average language access services utilization rate

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
2.5/clinic/quarter	5/clinic or provider per quarter	9/2021	8/clinic or provider/per quarter	4/2022

Example #1
Access: Cultural Considerations

Activity 3 description: Based on activity 2, stratify utilization of BH telehealth services by languages in service area, race, ethnicity, and other socio-demographic factors to determine over and underutilization of language access services for identified LEP members or deaf and hard of hearing members that utilized behavioral health telehealth services from April 1, 2020 through December 31, 2020. Compare utilization data to language access services billed to determine if there is realized access to interpreter services during telehealth encounters. Make recommendations to QIC to improve integrated interpreter services to all languages in service area.

☐ Short term or ☒ Long term

Activity 3 for quality improvement: Determine over and underutilization of language access services for identified LEP members or deaf and hard of hearing members that had a behavioral health telehealth encounter from March 1, 2020 through December 31, 2020.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
40% of BH telehealth encounters for LEP members provide integrated interpreter services for all languages in service area	80% of BH telehealth encounters for LEP members provide integrated interpreter services for all languages in service area	12/2021	100% of BH telehealth encounters for LEP members provide integrated interpreter services for all languages in service area	6/2022

Example #2
Access: Timely; Special Health Care Needs

A. **Project or program short title**: Project 3: Assess appointment wait times to be seen for routine oral care for members with special health care needs (SHCNs).

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project or program

If continued, insert unique project ID from OHA: Add text here

B. **Components addressed**

i. Component 1: Access: Timely
ii. Component 2 (if applicable): Special health care needs
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?

☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health

C. **Component prior year assessment:** Include calendar year assessment for the component(s) selected with CCO- and region-specific data

While COVID-19 posed severe challenges for access to routine oral care for all members, this was especially true for members with special health care needs. Access to dental providers was limited for several months due to the various protective orders and social distancing measures to reduce the spread of COVID-19. The continued guidelines and protective orders have continued to impact providers' ability to see members within the allotted timeframes defined in state and federal regulations. In analyzing enrollment and utilization data, the timeline for members with special health care needs to be seen, treated or referred for routine oral care is currently 12 weeks. We are continuing to work with dental providers to expand capacity for in-person and telehealth services.

Example #2
Access: Timely; Special Health Care Needs

D. **Project rationale and progress**: Include justification for the chosen or continued project with CCO- and region-specific data, and progress to date for continued projects

The CCO Quality Management (QM) team has noted through monitoring of grievances for calendar year 2019 and 2020 that 60% of the complaints for appointment wait times to be seen for routine oral care are made by SHCN members unable to be seen within the OHA-established timeframe of eight weeks. In accordance with OAR 410-141-3515, a member must be seen, treated, or referred for routine oral care within eight weeks.

E. **Project or program brief narrative description**:

The CCO QM team will coordinate with dental providers to analyze appointment wait times to be seen for routine oral care for all CCO members over the last two calendar years. The CCO QM team will use this data to compare the length of appointment wait times to be seen for routine oral care for SHCN members and non-SHCN members. As the project evolves and is continued over time, and as gaps and barriers are identified, CCO will develop and implement additional monitoring activities to ensure equity for all members in appointment wait times to be seen for routine dental care ±5% within eight weeks, including providing oversight of dental providers to monitor and address compliance. Examples of monitoring and oversight provided by the CCO include, but are not limited to, establishing mechanisms to ensure compliance by dental providers, regular monitoring of dental providers to determine compliance with wait times or taking corrective action for provider failure to meet timely access requirements.

Example #2
Access: Timely; Special Health Care Needs

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Conduct a short assessment across providers for wait time for routine oral care over visits for all patients and include a SCHN designation for analysis. Analyze assessment data to develop baseline of wait time for all members and for SCHN designation population. Determine whether a disproportionate number of this cohort are members with SHCNs and use to inform improvement interventions.

☒ Short term or ☐ Long term

Monitoring activity 1 for improvement: Appointment wait times to be seen for routine oral care

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Wait time assessment tool developed	N/A	3/1/2021	N/A	N/A
Wait time assessment tool implemented across oral health providers for 1-2 weeks	N/A	4/30/2021	N/A	N/A
Analyze wait times across providers, across populations (including SCHN designation)	N/A	5/31/2021	N/A	N/A

Example #2
Access: Timely; Special Health Care Needs

Activity 2 description: Conduct pilot of improvement interventions with targeted providers and SCHN population. Connect SCHN population with targeted providers for oral health visits. Improvement interventions could include: monthly clinic for SCHN population, care coordination outreach within integrated practice to achieve oral health visits, outreach to additional providers to support SCHN population oral health services.

☒ Short term or ☐ Long term

Monitoring activity 2 for improvement: Pilot intervention tracking; depends on intervention

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Pilots conducted with targeted providers	2-4 provider practices	6/1/2021	N/A	N/A

Example #2
Access: Timely; Special Health Care Needs

Activity 3 description: Develop reporting of SCHN and oral health visit utilization

☒ Short term or ☐ Long term

Activity 3 for quality improvement: Develop reporting for utilization specific for SCHN population, including oral health services. QM regularly reviews utilization reports to identify gaps and inform interventions for SCHN population; as tested in Activity 2.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Report development	N/A	5/2021	N/A	N/A
Regularly monthly report review	N/A	6/2021	N/A	N/A
Report on utilization trends with oral health providers	N/A	6/2021	N/A	N/A

Example #2
Access: Timely; Special Health Care Needs

Activity 4 for quality improvement: Conduct annual secret shopper survey to assess appointment wait times for SHCN members to access oral health services and compare to appointment availability for individuals with commercial health insurance.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Develop secret shopper survey	N/A	6/2021	N/A	N/A
Conduct secret shopper survey quarterly for random sample of oral health providers	N/A	7/2021	Ongoing	Ongoing

Activity 5 description: Implement strategies based upon Activities 1-4 across oral health providers for SCHN population. Review ongoing utilization data to support adjustments to interventions.

☐ Short term or ☒ Long term

Activity 5 for quality improvement: Annual report on utilization including SCHN population detail. Review at QM meeting and develop future strategies. Update annual TQS reporting and QAPI program for ongoing improvements.

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Annual data report on utilization	N/A	12/2021	N/A	N/A

Access Complementary Reporting

- **DSN Provider Capacity Reporting and annual DSN Evaluation** requires CCOs maintain and report a network of appropriate health care providers to ensure adequate access to all services covered under the Contract
- **Annual EQR Compliance Reviews:** Evaluation of CCO compliance with state and federal requirements related to Assurance of Adequate Capacity and Services, Availability of Services, and Quality Assessment and Performance Improvement
- **Mental Health Parity:** Analysis to determine if the existing benefits and any NQTLs are compliant with the MHP regulations in 42 CFR §438 Subpart K.
- **Secret Shopper Survey:** telephone survey among primary care-type providers (PCPs) to assess appointment availability/timeliness for each CCO and to evaluate data validity in each CCO's region(s).

Wrap-up

- Each CCO structure is different—oversight and monitoring of access and how the CCO's QAPI program incorporates this will vary. The format of the TQS is intended to allow flexibility in reporting to adapt to this variability.
- Access component focus on three areas of access within the CCO contract—the TQS is not intended to be an exhaustive report of *everything* related to access in the CCO contract.
- Most CCOs are already doing access work/activities within their organization. TQS is intended to capture this work, not to add new access projects.

- Please unmute yourself to ask a question or type your question into the “Chat” box on your GoToMeeting control panel.
- We will update our Frequently Asked Questions after each webinar in this series.

For more information:

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- All TQS resources, including the template, guidance document, scoring criteria, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

- The template and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx