2022 CCO Transformation and Quality Strategy: Utilization Review

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Presented by:

Anona Gund, Transformation Analyst

Veronica Guerra, Quality Assurance and Contract Oversight Manager

Carrie Williamson, Quality Assurance and Compliance Specialist

Housekeeping

- Please keep yourself on mute when you're not speaking.
- Type questions into the chat at any time.
- This webinar is being recorded. The slides and recording will be available on the Transformation Center TQS TA webpage.

Agenda

- TQS background
- Defining utilization review
- Component requirements and scoring criteria
- MEPP criteria
- Tips, examples and resources
- Q&A

TQS background

TQS foundational principles

The TQS addresses three key principles:

1. Meet relevant CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. Decrease administrative burden
   - ✓ Supports OHA's use of information to monitor CCOs' progress to benchmarks.
   - ✓ Incorporates narrative style and specific/measurement methods.
   - ✓ Combines two annual deliverables from prior years 2012-2017.

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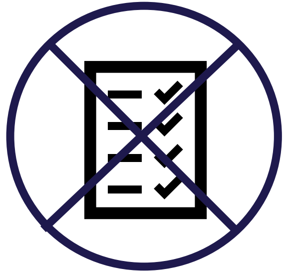
Why do the work



Efficiency

is doing things right;

Effectiveness

is doing the *right* things.

– Peter Drucker

2022 TQS components

Project needs to meet the requirements for each component assigned to it.

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 (SDOH-E)
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN): Full Benefit Dual Eligible Population*
7	Health Equity: Data	15	Special Health Care Needs (SHCN): Non-duals Medicaid Population*
8	Health Equity: Cultural Responsiveness	16	Utilization Review

**New for 2022: SCHN is now two components*

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2022 Utilization Review overview and definitions

Utilization review

This component refers to the process of reviewing, evaluating and ensuring appropriate use of medical resources and services. The review encompasses quality, quantity and appropriateness of medical care to achieve the most effective and economic use of health care services. (OAR 410-120-000)

Utilization review

42 CFR 438.330 requires that CCOs have an ongoing quality assessment and performance improvement (QAPI) program.

- Mechanisms to detect both underutilization and overutilization of services is a CFR-required component of QAPI.

CCOs shall maintain a health information system that meets the requirements of the Contract, as specified in 42 CFR 438.242, and that will collect, analyze, integrate and report data that can provide information on areas including but not limited to utilization of services (CCO Contract Ex B, Pt 7, Sec 1f).

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2022 Utilization Review requirements, project considerations and scoring criteria

2022 TQS scoring criteria

A project is scored on the following three elements (score of 0-3 for each element):

- Relevance
- Detail
- Feasibility

A "full-score" project would score a '9'.

For a project, if Relevance score is '0', Detail and Feasibility scores will automatically be '0's.

If a project scores a zero for a component, the CCO will not have the opportunity to resubmit a corrected version and the zero score will be included with the total component and total TQS score.

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2022 TQS Scoring Criteria

Relevance: Project fully addresses the component-specific requirements.

Detail: No additional details or clarity are needed in description, prior year assessment, project context, activities, targets or benchmarks. There is a detailed prior year assessment of the component area and sufficient justification for the project selected in the project context. For continued projects, the progress to date is sufficiently detailed with updates to both activities and targets/benchmarks.

Feasibility: Activities, targets, benchmarks and data sources are mostly to fully feasible (capable of being carried out) as described, and SMART (specific, measurable, achievable, relevant, time-bound) objectives are utilized.

Relevance scoring criteria for utilization review

A project addressing *utilization review* **must**:

- Directly link utilization management to quality of care;
- Demonstrate your CCO has mechanisms to detect both under-utilization and over-utilization of services as part of your CCO's quality assessment and performance improvement program and describe what those processes are – including workflow, case capture, target goals, second opinions or other procedural reviews;
- Document the utilization review findings, report aggregate data indicating the number of members identified, and describe follow-up actions for findings, including whether the process of utilization management has performed as expected/desired;

Relevance scoring criteria for utilization review

- Demonstrate your CCO has mechanisms to actively monitor utilization of services over time, and include trended charts to illustrate changes in utilization with accompanying explanations, particularly for continued projects; and
- Demonstrate the project is a result of the CCO's broader monitoring activities, including a macro analysis of the CCO's over-utilization and under-utilization compared to the availability of services. The project will include a plan for monitoring and improving utilization management over time. In the first year of a project, the context for creating the utilization report should include the processes described above. In later years, OHA expects to see an explanation of how utilization management has performed over time including changes in case utilization. In the TQS project, explain why the utilization management system performed as expected or did not meet expectations over time.

Medicaid Efficiency and Performance Program (MEPP)

- CCOs participating in the Performance Based Reward incentive program under CCO 2.0 are required to participate in MEPP.
- MEPP is based on an efficiency and quality algorithm that reviews claims data and identifies adverse actionable events (AAE).
- CCOs are asked to design interventions for three different types of episodes (e.g. diabetes, SUD, and asthma) with the goal of improving outcomes as measured by AAE.

Medicaid Efficiency and Performance Program (MEPP) & TQS

- CCOs have the option to utilize the Utilization Review TQS component area to satisfy the MEPP reporting requirements.
- CCOs opting to report on MEPP activities via the Utilization Review component area must still meet all relevant TQS scoring criteria.

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Medicaid Efficiency and Performance Program (MEPP) & TQS

- If CCOs opt to report on MEPP activities via TQS, they must also:
  - Describe what insights from the MEPP dashboard informed the decision to pursue the project, including statistics and an explanation of how the data specifically connects to the intervention;
  - Report on any available results for CY 2021 measured using the performance statistics you are using for this intervention;
  - Describe any key lessons learned from CY 2021; and
  - Describe the data strategy related to this intervention, including information about data sources used in addition to MEPP to execute on your intervention.

Note: This language is drawn from draft MEPP reporting guidance. Final guidance to be published by 12/15/21.

Tips, examples and resources

What’s the difference between TQS Section C and D?

Component prior year assessment – Section C

- Assessment of prior calendar year for the component(s) assigned to the project.
- Includes CCO-specific or region-specific data addressing the component
- Not project-specific.

Project context – Section D

- All projects: Includes CCO-specific or region-specific data addressing the component
- New projects: Describes why the project was chosen with clear rationale.
- Continuing projects: Describes progress to date

Project example: Utilization review

A. 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: ##

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 improving 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. Behavioral health utilization data is compiled monthly, along with utilization data for other service types, and is reviewed on a quarterly basis by our Quality and Utilization Management committees. 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 (see table below). 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

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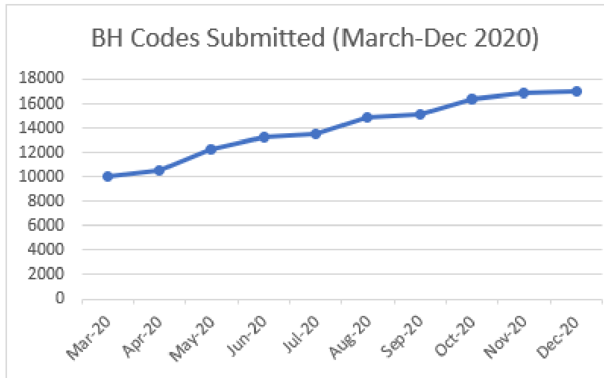
behavioral health telehealth services are offered language assistance services, if needed, to support them during their visit. We have revised our initial goals to account for the challenges faced during the last year.



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. We have not seen an increase in grievances related to language access services for BH services, which we monitor on a quarterly basis; however, 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 integration team to use data collected to compare utilization rates over time and geographic distribution and investigate whether national data is available (or comparisons from other states) to establish an appropriate benchmark for telehealth services.

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 measure 1.1	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	4/2022	Final criteria and reporting method	6/2022
Monitoring measure 1.2	% of providers reporting language access services using standard reporting criteria			
Baseline or current state	**Target / future state**	**Target met by (MM/YYYY)**	**Benchmark / future state**	**Benchmark met by (MM/YYYY)**
20%	50%	6/2022	80%	4/2023

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Activity 2 description: Collaborate with BH contractors for an 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 be 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 measure 2.1	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	9/2022	8/clinic or provider/per quarter	4/2023

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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 who utilized behavioral health telehealth services from April 1, 2022, through December 31, 2022. 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

Monitoring measure 3.1	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, 2022 through December 31, 2022.			
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	12/2022	100% of BH telehealth encounters for LEP members provide integrated interpreter services for all languages in service area	6/2023

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2021 areas of opportunity

Across components:

Rationale – Why did your plan choose this project specific to your CCO's target population? What is the overarching idea or purpose behind the project? Make sure you can provide clear justification as to why and how a project was chosen and that it is directly relevant to the component. The scope of the project should not be too broad. Include the data used to identify any gaps, population and intervention (CCO-or region-specific data). Baseline data needs to be specific, relevant and meaningful.

Demographics: Make sure you explain how your CCO *identified the target population* for the project.

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. Update revision dates, as necessary. Ensure progress to date needs is sufficiently detailed.

- Include meaningful data, charts, utilization information, etc.

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2021 areas of opportunity (continued)

Details – More details to describe how project will address the gaps identified (project-specific as outlined in your written assessments).

Monitoring activities

- Ensure strong and clear correlation between the component and the activities and goals
- Activities should have enough specificity and detail that they can be *measured* over time
- Include activities for the year (or beyond) – not just one short-term process measure
- As projects mature, move toward more outcome measures
- Project should be able to demonstrate progress over time

Continued Project – Ensure project and activities/strategies to date are sufficiently detailed. Include any modifications to activities, revisions to target dates/benchmarks and why they were made. For a continued project, the CCO should be able to demonstrate improvement over time.

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2021 areas of opportunity (continued)

A SMART objective is one that is specific, measurable, achievable, relevant and timebound.

- To provide a structured approach to developing and designing a work plan
- To systematically monitor progress towards a target
- To set the stage for measuring performance and identifying opportunities for improvement
- To succinctly communicate intended impact and current progress to stakeholders
- To concretely describes how goals will be met

2022 TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (October–November)

- ✓ **Purpose:** Provides technical assistance to CCOs for developing next year's TQS submission.
- ✓ 5-part webinar series that covers general and component-specific lessons learned and changes for the coming year. Webinars include time for CCOs to ask OHA SMEs questions.

Office hours (November–March)

- ✓ **Purpose:** Allows CCO to ask questions as the CCO is developing and finalizing the TQS submission.
- ✓ Offered monthly until submission

Written and oral feedback for each CCO (early summer)

- ✓ **Purpose**: Provides CCOs feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; optional 60-minute call with OHA.

Q & A

TQS contacts

OHA TQS SME for Utilization Review Component:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
- ✓ Veronica Guerra: Veronica.Guerra@dhsoha.state.or.us
- ✓ Carrie Williamson: Carrie.Williamson2@dhsoha.state.or.us

OHA TQS Leads:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
- ✓ Anona Gund: Anona.E.Gund@dhsoha.state.or.us
- ✓ Veronica Guerra: Veronica.Guerra@dhsoha.state.or.us

Resources

All TQS resources, including the templates, guidance document, 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 templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

Thank You