
2020 CCO Transformation and Quality Strategy

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Presented by:

Veronica Guerra, Interim Quality Assurance Manager

Lisa Bui, Quality Improvement Director

Anona Gund, Transformation Analyst



Webinar Agenda

1. Walk through the Transformation and Quality Strategy (TQS) Access components
 - Rationale
 - 2020 CCO Contract
 - TQS and Access Components
2. Review select Access TQS examples
 - Access: Cultural Considerations
 - Access: Timely
3. Wrap-up
4. Q&A

Purpose of the TQS

To support safe and high-quality care for all CCO members by ensuring the Transformation and Quality Strategy (TQS) adequately covers federal requirements, pushes health transformation forward, and continues the path toward the Triple Aim (better care, better health, lower cost).

NOTE: The Oregon Health Authority recognizes that the programs and projects included in each CCO's TQS are a **showcase of current CCO work** addressing TQS components that aim to make significant movement in health system transformation. Additionally, OHA recognizes that the work highlighted in the TQS is **not a comprehensive catalogue or full representation** of the CCO's body of work addressing each component. CCOs are understood to be continuing other work that ensures the CCO is meeting all OARs, CFRs, and CCO contract requirements.

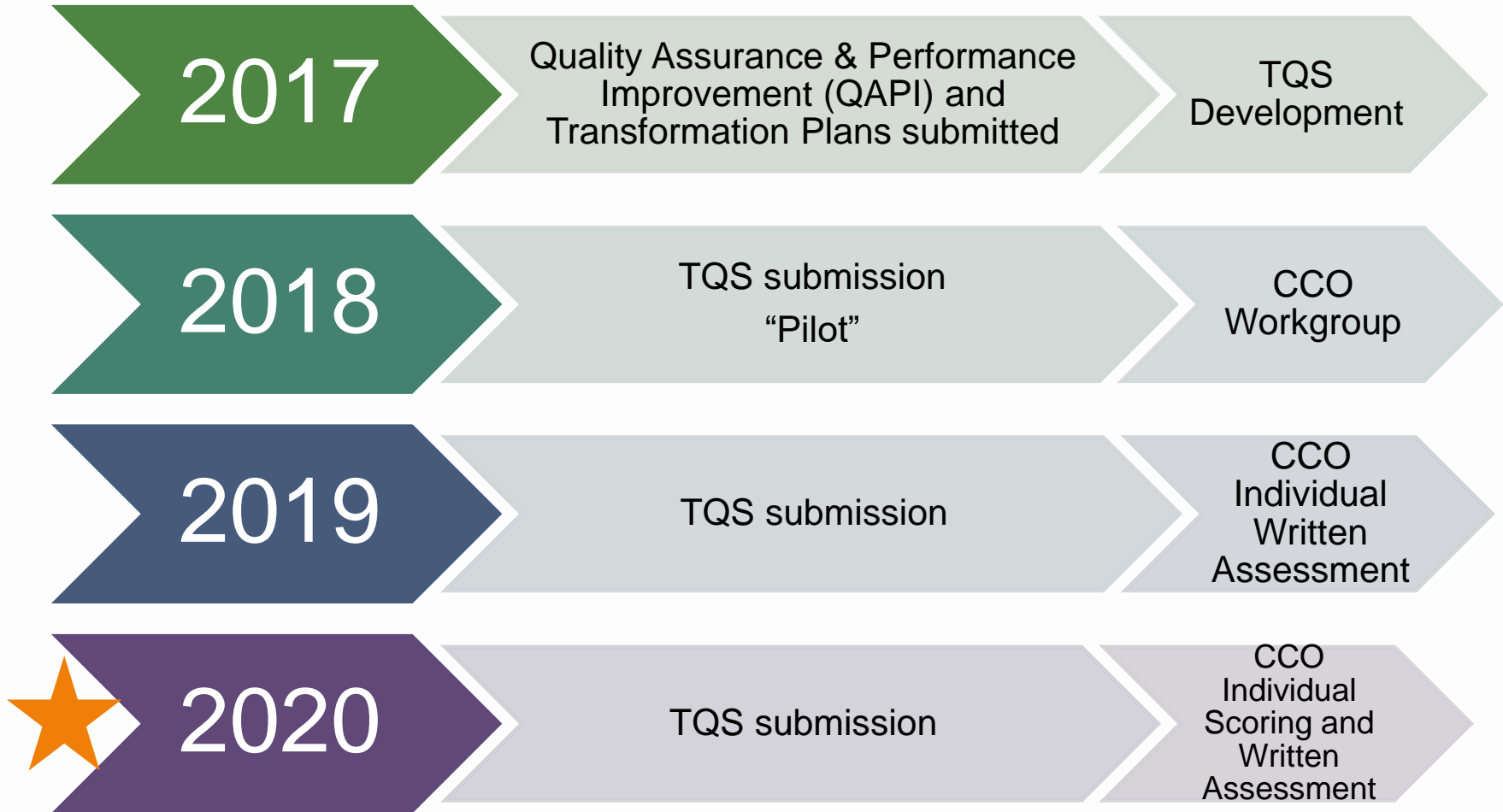
Foundational principles

TQS is a means for CCOs to report health transformation and quality work. The work is determined, developed and implemented by the CCOs with the direction from their community advisory council(s), community and CCO leadership.

The TQS addresses three key principles:

1. Meets CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. Decreases 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).

Key functions



Deliverables

Annually CCOs submit:

- Annual TQS
 - Due March 16
 - Reporting period: January–December
- TQS Progress Report
 - Due September 30
 - Reporting period: progress for January–June

Annually OHA:

- Reviews TQS submissions and provides feedback to CCOs
- Posts TQS to OHA Transformation Center website. Benefits include:
 - Peer learning to see how other CCOs described their work
 - Transparency with clinics and community partners to better align work
- Posts guidance document updates to TC website
 - Due October 1

2020 components

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

2020 TQS template

Section 2: Transformation and Quality Program Details

(Complete Section 2 by repeating parts A through E until all TQS components have been addressed)

A. Project or program short title: [Add text here](#)

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

B. Components addressed

- i. Component 1: [Choose an item.](#)
- ii. Component 2 (if applicable): [Choose an item.](#)
- iii. Component 3 (if applicable): [Choose an item.](#)
- iv. Does this include aspects of health information technology? Yes No
- v. If this component addresses social determinants of health & equity, which domain(s) does it address?
 Economic stability Education
 Neighborhood and build environment Social and community health

C. Background and rationale/justification:

Add text here

D. Project or program brief narrative description:

Add text here

E. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Add text here

Short term or Long term

Monitoring activity 1 for improvement: Add text here

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
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2020 TQS support

Annually OHA Transformation Center provides:

- Webinar series to support learnings from submission and guidance on TQS updates
- Monthly office hours
 - Open to those who just want to call in
 - Quality improvement, quality assurance, transformation leads

Supporting resources provided annually

- Guidance document for template completion (data dictionary)
- FAQ
- TQS example strategies
- Health equity lens guidance document
- Available at: [www.oregon.gov/oha/HPA/dsi-
tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/dsi-
tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx)

Access to Care

- In the 2016 final rules for 42 CFR Section 438 Subpart D, the Centers for Medicare and Medicaid Services (CMS) define Access requirements for Managed Care Entities (MCEs).
- In addition, CMS has issued general guidelines in a “toolkit” for states: <https://www.medicare.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" visit

<https://www.medicaid.gov/sites/default/files/2019-12/monitoring-plan.pdf>

Access to Care: Quality and Adequacy 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 to Care: Quality and Adequacy

- 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.**
- Questions to consider in developing projects:
 - Age, culture, language and disability data available to demonstrate project is targeting necessary CCO members
 - CAC 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.

Access to Care: Timely

- 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 CHA, CHP, 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.
- 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)
- Resources:
 - <https://www.medicaid.gov/medicaid/access-care/access-monitoring-review-plans/index.html>

2019 Areas of Opportunities: Access

- Include trend data
- Explain why the project was chosen – describe the gaps identified
 - Contractual obligation is not sufficient rationale
 - Include assessment of prior year's performance for continuing projects
 - Utilization data can indicate gaps in access or services; however, it does not usually provide the causation. Additional assessment, root cause analysis, etc. will be needed.
- Include baseline or describe plan for obtaining baseline
 - Baseline information (numbers, data, elements that can be measured) is necessary so the plan can track and compare over time for improvement, gaps, barriers.
- Greater connection on how the process changes will address patient issues

Example #1 for Access: Cultural Considerations

Section 2: 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

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

C. Background and rationale/justification:

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.

D. 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.

Example #1 for Access: Cultural Considerations

E. Activities and monitoring for performance improvement:

Activity 1 description: Coordinate with BH contractors and subcontractors to collect data on utilization of language access (including ASL) services by members over the last four years; compare utilization at BH locations with geographic distribution of members and member assignments; investigate national average for utilization and state trends to establish benchmark; make recommendations to QIC based on findings.

Monitoring activity 1 for improvement: Language access services utilization

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
2.5/clinic/quarter	TBD	4/2020	TBD	4/2021

Example #2 for Access: Timely, Special Health Care Needs

A. **Project or program short title:** [Project 3: Assessing wait times for dental care for members with special health care needs](#)

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

B. Components addressed

- i. Component 1: Access: Timely
- ii. Component 2 (if applicable): Special health care needs
- iii. Component 3 (if applicable): Oral health integration
- iv. Does this include aspects of health information technology? Yes No

C. Background and rationale/justification:

Average wait times for standard dental appointments for CCO members is X weeks. This meets the OAR and contract standard for wait times. This average includes SHCN members. However, the CCO quality team has noted through monitoring of grievances in 2017 that many of the dental access complaints submitted are made by SCHN members. See attached supporting data and CCO policy and procedure on identification and definition of SHCN CCO members

D. Project or program brief narrative description:

The ExampleCCO Quality Management (QM) team will coordinate with contractors and subcontractors to analyze wait times for dental care for CCO members who are identified as having special health care needs (SHCN). The CCO QM team will use data collected to compare wait times for standard vs. urgent dental care and emergency department use for dental services over the last five years, compare the length of wait time experienced by SHCN members and non-SHCN members and investigate whether national data is available (or comparisons from other states) to establish appropriate benchmark

Example #2 for Access: Timely, Special Health Care Needs

E. Activities and monitoring for performance improvement:

Activity 1 description: Coordinate with contractors and subcontractors to collect data on dental wait times for last five years. Stratify data by SHCN designation. Investigate national average to establish benchmark and make recommendations to quality improvement committee based on findings of analysis

Short term or Long term

Monitoring activity 1 for improvement: Dental care wait times

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
X weeks for standard dental care (all CCO members)	TBD	9/2019	Average wait times for SHCN members is equal to CCO member average $\pm 5\%$	4/2022
X weeks for standard dental car (SHCN members)	TBD			

Access Complimentary 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 under 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

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 type your questions and comments into the “Questions” box on your GoToWebinar control panel.
- We will update our Frequently Asked Questions after each webinar in this series.



For more information:

- **OHA TQS Leads:**

- Lisa Bui, Health Policy & Analytics Division: Lisa.T.Bui@dhsoha.state.or.us
- Anona Gund, Health Policy & Analytics Division: Anona.E.Gund@dhsoha.state.or.us
- Veronica Guerra, Health Systems Division: Veronica.Guerra@dhsoha.state.or.us

- **OHA Access Component Lead:**

- Rosanne Harksen, Quality Assurance, Health Systems Division,
Rosanne.M.Harksen@dhsoha.state.or.us

- All TQS resources, including the templates, guidance document, examples 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