

Transformation and Quality Strategy Section 1

A. CCO governance and program structure for quality and transformation:

i. Describe your CCO’s quality program structure, including Complaints & Grievances and Utilization Review:

Columbia Pacific CCO (also called Columbia Pacific or CPCCO) is a wholly owned subsidiary of CareOregon, and has two contracts with CareOregon: one to provide administrative and health plan services to the CCO and the other to manage the insurance risk for physical health services. Under the first arrangement, the CPCCO Board of

Directors receives regular (at least semiannual) reports on process and performance from the CareOregon Quality Management Committee pertaining to activities related to CPCCO. Please see section C for a description of the CareOregon QMC.

Quality Oversight Structure



ii. Describe the organizational structure of the CCO for quality and transformation (referencing the connection between the CCO Board and CAC structure):

The annual CPCCO Transformation & Quality Strategy leverages the CareOregon Health Plan Quality Assurance department’s structure and staffing to monitor its quality program and regulatory compliance to ensure the CCO consistently delivers the required standard outcomes and reliable services to CPCCO

members The TQS is reviewed and executed by the Columbia Pacific CCO Clinical Advisory Panel (CAP). The CAP is a separate committee of the Columbia Pacific CCO, accountable to the CCO Board of Directors. The CAP has developed a strategic approach to quality that combines the CPCCO Board’s strategic plan, the state mandated TQS components, clinical priority initiatives, and Performance Improvement Projects (PIPs) into a defined set of well-articulated goals to improve and transform the health and wellness of the CPCCO population. The 2018 TQS will focus on the following clinical strategic priorities: achievement of CCO Incentive Measures and Medicare star metrics; continued advancement of regional improvements in opioid prescribing, development of additional services to address SUDs and alcohol abuse, focus on tobacco cessation, continued training and programs to address ACEs, and implementation of strategies addressing high risk patients and high cost practices. Columbia Pacific CCO has three local and one regional Community Advisory Council (CAC). These CACs develop and decide the health improvement priorities of the regional Community Health Improvement Plan (CHIP), decide funding of community initiatives to address those priorities and decide and oversee community work to help achieve quality metrics and PIPs. See more, below.

All three governance entities – Board of Directors, CAP and CACs – have worked on an Equity Plan and trainings that will be implemented in 2018. These activities are described elsewhere in the TQS.

iii. Describe how your CCO uses its community health improvement plan as part of its strategic planning process for transformation and quality:

CPCCO as four community-focused governance committees: three local CACs and one regional CAC. Three of the four CACs have met the requirement of 51% consumer participation. As such, these councils play a critical role in communicating member needs, preferences and health improvement priorities to the CPCCO Board and staff. The Regional CAC meets annually with the full Board, and there is monthly bi-directional communication between these governance bodies. The CACs all play a role in developing and advancing the Community Health Needs Assessment (CHA) and Community Health Improvement Plan (CHIP). In addition, the local CACs play a role in quality improvement through several specific accountabilities: 1) reviewing and approving funds from the CCO to support health improvement initiatives spelled out in the CPCCO CHIP; 2) selecting and implementing county specific projects to help the CCO achieve its Incentive Metric targets or PIP goals; and 3) developing community education campaigns and/or coordinating with other local health and wellness campaigns in each county.

iv. Describe how your CCO is working with community partners (for example, health systems, clinics, community-based organizations, local public health, local mental health, local government, Tribes, early learning hubs) to advance the TQS:

In addition to the community connections mentioned above, through the CAP for clinic and health system transformation, and through the CACs for community-based interventions, CPCCO has developed direct partnerships. The CCO is working with the three local Public Health departments, the state and other community agencies on improving rates of childhood immunizations, leveraging opportunities for risk assessment through home visiting programs (medical and housing), prevention of chronic disease and addictions, and integrating behavioral, medical and oral health services through co-location, alternative payment models and shared care plans. Finally, the executive director of CPCCO is also the Co-Chair of the NW Regional Early Learning Hub, allowing a stronger connection between early childhood health and kindergarten readiness. Several initiatives have been enabled through this partnership including strengthening the assessment and treatment of developmental delays, parenting supports, and integration of ACEs interventions and training in local schools.

B. Review and approval of TQS

i. Describe your CCO's TQS process, including review, development and adaptation, and schedule:

The 2018 TQS process is administered managed by CareOregon's Health Plan Quality Assurance department. Senior QA staff partner with CCO Leadership teams and CareOregon department leaders to interpret the TQS requirements, establish timelines for completion, and ensure that TQS projects, programs, and performance improvement activities are aligned with the applicable OHA guidance and CCO contractual language. The 2017-2018 TQS cycle began in September 2017. The Gantt Chart below outlines key dates, review milestones, and deliverables:

ID	Task Name	Start	Finish	Responsible	2017												2018											
					10/1	10/15	10/30	11/10	11/20	11/30	12/10	12/20	12/31	1/10	1/20	1/31	2/10	2/20	2/28	3/10	3/20	3/31	4/10	4/20	4/30	5/10	5/20	5/31
1	Ongoing feedback on TQS template and process	9/1/2017	9/8/2017	Multiple Stakeholders	[Progress bar]																							
2	QMOC: Updated TQS Template	9/11/2017	9/11/2017	QA	[Milestone diamond]																							
3	Populate TQS template with 2017 content	9/5/2017	9/15/2017	RC	[Progress bar]																							
4	Overlay QAPI feedback on 2017 TQS	9/15/2017	9/29/2017	QA	[Progress bar]																							
5	Develop TQS based on 2017 template, QAPI feedback, and 2018 goals	10/2/2017	1/10/2018	Multiple Stakeholders	[Progress bar]																							
6	2018 TQS Effective Date	1/1/2018	1/1/2018														[Milestone diamond]											
7	Review, validate, solicit stakeholder input (incl CCO Boards)	1/31/2018	3/1/2018	QA, CCO Leadership, Legal Affairs													[Progress bar]											
8	Develop TQS Monthly Monitoring Plan	10/31/2017	12/29/2017	RC	[Progress bar]																							
9	Finalize TQS Submissions	3/1/2018	3/15/2018	Multiple Stakeholders													[Progress bar]											
10	Submit TQS	3/16/2018	3/16/2018	QA (Director)													[Milestone diamond]											

C. OPTIONAL

Describe any additional CCO characteristics (for example, geographic area, membership numbers, overall CCO strategy) that are relevant to explaining the context of your TQS: As described above in Section 1A, CPCCO is wholly owned by CareOregon. Founded in 1993, CareOregon is a nonprofit, community benefit company serving approximately 200,000 Oregon Health Plan and Medicare members and their communities



with integrated managed care services. CareOregon owns Jackson Care Connect (JCC) and Columbia Pacific CCO (CPCCO), partners as a risk-accepting entity with HealthShare CCO (HSO), and contracts to provide administrative services for Yamhill County CCO (YCCO). In addition to two Medicare plans and CareOregon Dental, Housecall Providers (HCP) is now part of the CareOregon family. HCP, located in Portland, delivers primary, palliative and hospice care to home-bound patients. Together, the collective organizations that comprise CareOregon focus on the total health of members, over and above traditional health care. CareOregon

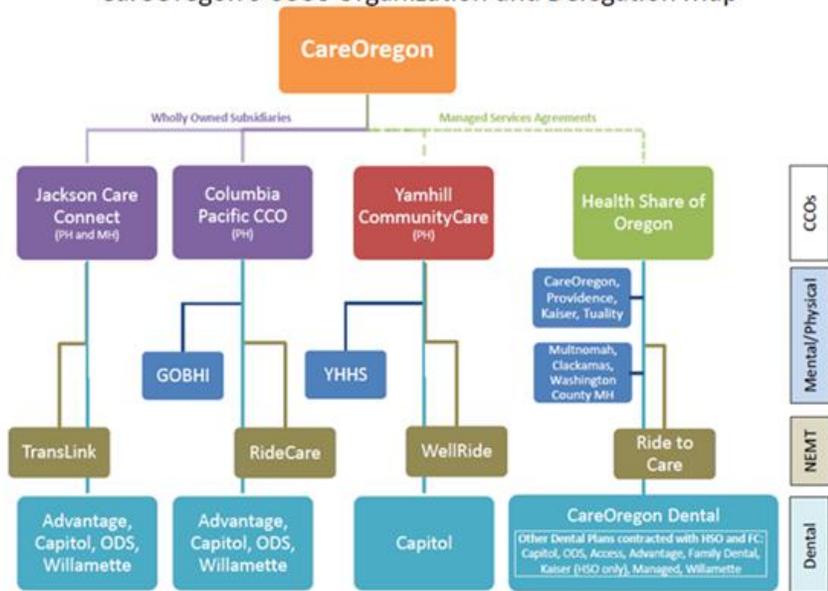
connects with members, their families, providers and communities to help Oregonians prevent illness, respond effectively to health issues and live better lives.

In the context of the Transformation and Quality Strategy (TQS), the CCO is ultimately accountable for the submission of the TQS as a CCO contractual requirement, but responsibility for each of the thirteen TQS components is determined by the administrative agreements between CareOregon and the CCO.

CareOregon administers the following health plan services to CPCCO for physical and behavioral health: utilization monitoring (TQS 1d, 12), quality of care outcomes (TQS1c), member services including translation and interpreter services (TQS 2), grievance system inclusive of complaints, notices of actions, appeals and hearings (TQS 3), provider relations and quality monitoring (TQS 1c), monitoring and enforcement of consumer rights and protections (TQS 3), and assessment of the effectiveness of the fraud, waste and abuse program (TQS 4). CareOregon also supports and administers the CPCCO IT infrastructure (TQS 6a, 6b, 6c), assures and monitors network adequacy (TQS 1a, 1e), administers value-based payment models (TQS 13), and supports the Equity and Diversity strategy and organizational equity plan (TQS 5b). CareOregon is

responsible for ensuring that delegates of all CCOs and lines of business are provided appropriate oversight and are operating in full compliance with state and federal regulations.

CareOregon's CCOs Organization and Delegation Map



CareOregon's Quality Program is operationalized through the Health Plan Quality Assurance department at the direction of the Chief Medical Officer, who is delegated by the CareOregon Board of Directors to be the accountable executive of the quality program, and holds overall accountability for ensuring that all elements of the quality program are implemented in alignment with regulatory requirements and that performance is monitored and reported regularly. The overall quality work plan is reviewed through

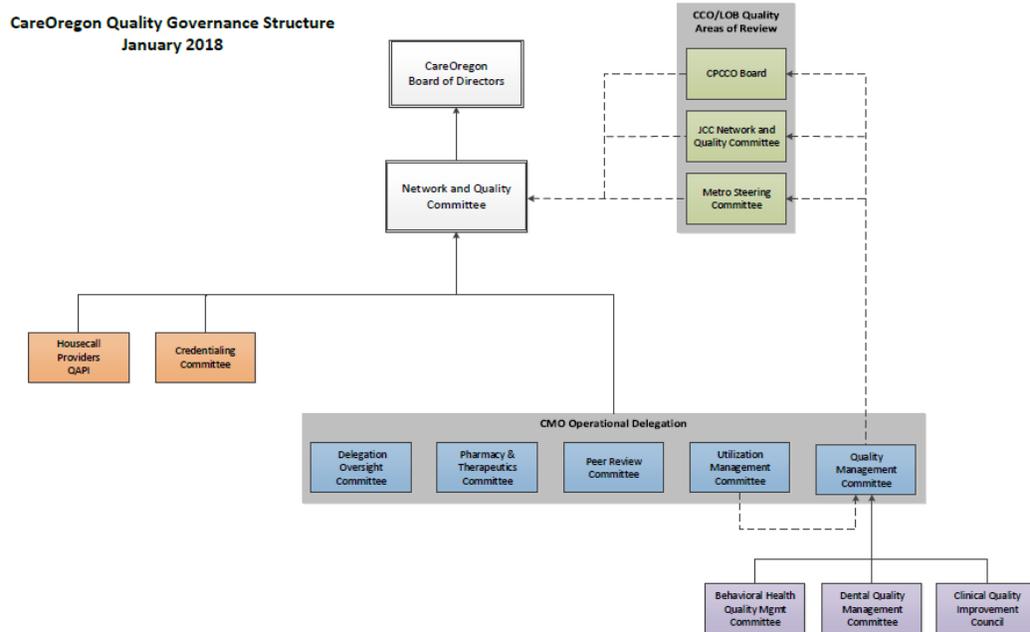
CareOregon's Quality Management Committee (QMC), a governance committee established at the direction of the CMO and Director of Quality Assurance. The QMC reviews and approves the CareOregon annual quality work plan that includes all CareOregon quality program submissions, reviews current status and impact on members and the network, and monitors performance improvement projects. QMC ensures that CareOregon is continuously and systematically evaluating the adequacy and appropriateness of CareOregon's operations through performance improvement processes and alignment with regulatory requirements. The scope of the QMC includes:

- Review and approve CareOregon's Annual Quality Work Plan that includes all CCO and LOB quality program submissions, the grievance and appeals system, and performance improvement projects. Monitor their effectiveness and provide feedback on how to improve
- Decision making authority for CareOregon medical policies relating to benefit management and quality of care
- Review, approve, and ensure dissemination of practice guidelines. Bring forth other best practices based on various populations utilized in the network
- Review how CareOregon structures its utilization management program and monitors for completeness and what impact, if any, relates to the network
- Monitor subcommittees related to Dental and Behavioral Health and identify areas of integration.
- Monitor clinical performance metrics for 4 areas (governance, data collection, measurement system and interventions, and pathway for decision making)
- Review and add feedback to performance improvement projects related to OHA and CMS performance improvement projects

The CPCCO Board receives reports from CareOregon HPQA at least semi-annually that include but are not limited to: Appeals and Grievance analysis, Delegation Oversight status and any relevant Corrective Action Plans,

outcomes of the state External Quality Review and the progress of the TQS. The CPCCO Medical Director sits on the CareOregon QMC to provide alignment between CPCCO and CareOregon.

In addition to regulatory oversight and quality assurance, a system of clinical monitoring occurs in the CareOregon Quality Improvement Council (QIC), a workgroup that ensures that clinical programs and strategies



are aligned with clinical performance goals and incentive measures. This workgroup has responsibility for identifying, prioritizing, and problem-solving cross-departmentally to improve performance of the CCO incentive measures and has CCO representation.

A critical delegate and partner to CPCCO is Greater Oregon Behavioral Healthcare, Inc (GOBHI), who is responsible for managing the behavioral health benefits for OHP. Based on its 24 years of experience as an MHO, its three-year accreditation by NCQA, and its programs and learnings in the twelve counties of EOCCO, GOBHI brings necessary resources, quality improvement infrastructure and clinical innovations to improve and transform the behavioral health clinics and integration opportunities in CPCCO’s three counties. GOBHI’s performance and compliance with OHA contract requirements is monitored through CareOregon’s Delegation Oversight unit, as part of that entity’s management services agreement with CPCCO.

A. TQS COMPONENT(S): 1a, 1e, 6a			
Primary Component:	Access	Secondary Component:	Health information technology
Additional Components:	Access-Timeliness		
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):	HIT-HIE Access: Timely
B. NARRATIVE OF THE PROJECT OR PROGRAM			
<p>CPCCO has developed a formal Network Adequacy structure that includes a Steering Committee to oversee regular monitoring and reporting and updated policy and procedures used to guide activities related to monitoring CCO network adequacy and access. The policy includes a specific methodology used to assess CCO network adequacy and incorporates explicit standards, a measurement method and measurement frequency. The basic methodology and standards are those incorporated in CMS requirements and include calculations of ratios of providers by specialty type to numbers of members, tracking of distances from member residences to provider locations and the time of travel from member residence to provider locations. Network assessments are conducted at least annually.</p> <p>The customer service, quality assurance (QA), care coordination and provider services departments also provide real time responses to access issues that emerge through direct communications with members and/or providers. Quality assurance staff members track member complaints related to access and ensure that Provider Services representatives receive information when providers demonstrate a trend in poor access or access complaints.</p> <p>We ensure that our provider network has expertise that corresponds to our members' needs by including a breadth of physical health, dental health, and behavioral health providers on our network, including contracting with Federally Qualified Health Centers. These safety net clinics have expertise in working with vulnerable populations that are very linguistically and ethnically diverse, and work closely with the local community to coordinate social services. We also contract with every major hospital and health system within the communities we serve. In that way, we ensure that all specialized services are available to our members at participating network facilities.</p>			
C. QUALITY ASSESSMENT			
Evaluation Analysis:	<p>In 2017, the Network Adequacy Steering Committee approved an upgrade to Quest Analytics software to enable more accurate capture of its network data and support readily available reporting to our network and clinical teams. The committee also refined and updated internal policies and procedures relevant to network adequacy reporting.</p> <p>The Provider Services department monitors network partners for appointment availability; average wait time for a new PCP appointment among CPCCO providers was 9 days in 2017, and established patient visits averaged 3 days. Complaints about access can reflect both actual member experience and member perception. CareOregon relies on strong relationships with network partners to identify access issues, and analyzes actual appointment availability from providers against access complaints received. Provider</p>		

	<p>Services Representatives then work collaboratively with the provider to assess barriers to access for members. HPQA tracks this data for Provider Services and reports regularly to Quality Committee, and, as appropriate, to Peer Review Committee. In evaluating complaints related to access, complaints in 2017 related to access decreased slightly from 2016; CareOregon QA will be prioritizing that analysis in 2018 and continue to partner with local Provider Services Representatives to outreach to provider groups who demonstrate trends in access complaints. (See TQS Component 3)</p>
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D. PERFORMANCE IMPROVEMENT

Activity: Access Complaint Tracking and Improvement

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Access complaint report is sent to Provider Services to assess providers with repeated access issues; number of complaints only	Report is generated but only contains number of complaints	Expand reporting capabilities to include more detail about complaint and identification of unmet gaps in care for meaningful intervention	12/31/2018	Expand reporting capabilities to include more detail about complaint and identification of unmet gaps in care for meaningful intervention	12/31/2018

Activity: Improve availability of dental services by enabling PCP request for dental outreach: CPCCO has implemented an electronic form on its provider portal website whereby a medical provider can request their patient receive outreach and care coordination by the dental plan. Each morning at 6:00am, forms submitted during the day before are compiled into a spreadsheet, the members' DCO is added, and the spreadsheet is sent to the CareOregon dental team. The next morning, the dental team divides the list by DCO and sends the applicable member information to each dental plan. The dental plan then conducts outreach to their members and schedules dental appointments.

Short-Term Activity or
 Long-Term Activity

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Provider groups identified, trained and implement use of e-form	0	# PCPs trained-target TBD by 3/31/2018	6/30/2018	# PCPs trained-target TBD by 3/31/2018	12/31/2018
Monthly monitoring to determine number and percentage of medical providers using the form.	Not currently reviewed			Review monthly	6/30/2018

E. TQS COMPONENT(S): 1a, 13					
Primary Component:	Access	Secondary Component:		Value-based payment models	
Additional Components:	Add text here.				
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):		Add text here.	
F. NARRATIVE OF THE PROJECT OR PROGRAM					
<p>CPCCO believes in a multidisciplinary approach to providing medication assisted treatment (MAT) for opioid use disorders. In spring of 2016, we partnered with OHSU-Scappoose to expand the MAT services they provided to their patients. In 2017, they expanded those services to the point that they became available to members across the region. For participation in this program a provider must demonstrate: Multidisciplinary team consisting of the following:</p> <ul style="list-style-type: none"> - Prescriber - Case manager - Counselor (MSW) <p>We are committed to continue to support the implementation and spread of MAT programs to provide access to substance use disorder treatment.</p>					
G. QUALITY ASSESSMENT					
Evaluation Analysis:	In 2017 CPCCO collaborated with a large family practice clinic to implement a MAT program that provided multi-disciplinary care for patients going through the program. The program serves at least 100 people. Added 3 DATA waver X license providers Developed a payment model to reimburse for behavioral health services provided within a primary care clinic.				
H. PERFORMANCE IMPROVEMENT					
Activity: In 2018, our goal is to spread CPCCO’s multi-disciplinary MAT approach to at least one clinic in each CPCCO county. We have providers interested and are working towards implementation.				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Claims review	100 members served	Each new prescriber panel up to 40 patients	12/31/2018	1 participating practice in each county	12/31/2018
A. TQS COMPONENT(S): 7, 13, 1c					
Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:		Value-based payment models	
Additional Components:	Add text here.				
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):		Add text here.	

B. NARRATIVE OF THE PROJECT OR PROGRAM

Columbia Pacific CCO has focused on behavioral health integration into a primary care setting for the last 5 years. A one-time funding opportunity was developed jointly with our behavioral health partner, GOBHI, to support hiring of BHC’s within our region. In the last 5 years we have funded 5 BHC’s throughout our region. For sustainability, CPCCO developed a value based payment to recognize the unique work a behavioral health clinician brings to a primary care setting. This payment program is a PMPM with quality metrics that must be reported to the CCO. In the integrated behavioral health model, the recommendation is 1FTE BHC per 6FTE of provider. The behavioral health clinician is available for warm-handoffs from the provider during a clinic appointment. Additionally, the clinician will have 25% of the schedule for pre-booked appointments. These appointments are focused on brief interventions resulting in behavior change.

C. QUALITY ASSESSMENT

Evaluation Analysis: All clinics within the region that are eligible for the behavioral health PMPM are participating in the program. Six of our nine large clinics have implemented the integrated behavioral health model. CPCCO provided clinic specific technical assistance and trainings to assist in implementation of the BHC model.

D. PERFORMANCE IMPROVEMENT

Activity: Support clinics through technical assistance to maximize the behavioral health integration model and be eligible for the PMPM payment that has been implemented. Short-Term Activity or Long-Term Activity

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Number of clinics participating in APM	5 clinics	Increase number of clinics participating/eligible for payment program by 2, to reach 80% of CPCCO members served.	12 /31/2018	# of clinics participating	12/31/2018

Activity: Continue to support BHC integration via: one-to-one clinic technical assistance, peer-to-peer monthly meetings, participating in the CPCCO primary care learning collaborative (PC3), and clinic to clinic learnings Short-Term Activity or Long-Term Activity

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monthly monitoring	2-3 clinic interactions /month	3-5 clinic interactions/month	12/31/2018	Review monthly	12/31/2018

A. TQS COMPONENT(S): 1a, 9, 7, 1c

Primary Component:	Access	Secondary Component:	Severe and persistent mental illness
Additional Components:	Integration		
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):	Quality and Appropriateness

B. NARRATIVE OF THE PROJECT OR PROGRAM					
<p>There is a sub-population of CPCCO members who consider the Community Mental Health Program (CMHP) to be their primary medical home. In recognition of this phenomenon across the country, the federal government created a planning grant for a demonstration program CMHPs that mirrors the FQHC designation for primary care clinics, called Certified Community Behavioral Health Centers (CCBHC). Columbia Community Mental Health (CCMH), CPCCO’s CMHP in Columbia County, applied for and was accepted to participate in the demonstration program. In this program, CCMH will be required to integrate primary care into the behavioral health clinic.</p>					
C. QUALITY ASSESSMENT					
Evaluation Analysis:		<p>Individuals with serious mental illness may have a significant truncation of their lifespan due to failure to establish a primary care medical home. Bi-directional integration, the availability of on-site primary care within a behavioral health setting, will begin to address this phenomenon, allowing more integration and comprehensive care of the population.</p>			
D. PERFORMANCE IMPROVEMENT					
Activity: Provide technical assistance and supports to CCMH, based on CPCCO’s deep working relationship and knowledge of primary care practices, workflows and challenges.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Claims review	No current bi-directional integration in the CPCCO service area.	Availability of primary care appointments within CCMH	6/30/18	3% improvement in engagement with primary care for SPMI population.	6/2019
A. TQS COMPONENT(S): 1c					
Primary Component:	Access	Secondary Component:		Choose an item.	
Additional Components:					
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):			
B. NARRATIVE OF THE PROJECT OR PROGRAM					
<p>As early as 2013, claims and pharmacy data from Columbia Pacific CCO indicated a significant problem of opioid use and misuse by members. As a result of that, CPCCO initiated a comprehensive and multifactorial opioid prescribing and addictions improvement initiative including: development and distribution of an opioid prescribing manual, clinic training on patient tapering, a community education and involvement campaign, an annual opioid and substance use summit with over 250 attendees each year, and the creation of three county-specific pain clinics to address chronic pain using a behavioral, non-prescribing intervention. The MAT program, described elsewhere in this TQS, has been a recent addition to the multifactorial approach.</p>					
C. QUALITY ASSESSMENT					
Evaluation Analysis:		<p>Columbia Pacific CCO had the highest rate of opioid use and deaths in the state. In the 4th quarter of 2015, CPCCO had about 850 members using opioids chronically, with an average Morphine Equivalent Dose (MED) of 100.</p>			

D. PERFORMANCE IMPROVEMENT					
Activity: Reduce number of chronic users and MED for CPCCO members.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Pharmacy claims	Quarter 4 2017 members over 50 MED was 202.	30% reduction in members over 50 MED.	12/31/18	30% reduction in members over 50 MED.	12/31/18

A. TQS COMPONENT(S): 7, 1c			
Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Access
Additional Components:	Add text here.		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM

Columbia Pacific CCO is training primary care providers in First Tooth, a curriculum that includes an oral assessment, fluoride varnish application, anticipatory guidance and dental home referral. Technical assistance is provided in advance of and subsequent to the training. By providing basic oral health screenings and fluoride varnish in the medical office, children receive earlier and more frequent oral health care. The referral to a dental home allows for improved quality and appropriateness of care in the dental office.

C. QUALITY ASSESSMENT	
Evaluation Analysis:	Dental care should start at the time the first tooth erupts. Unfortunately, many children do not establish care with a dental provider until well after this time. Children however do see their medical provider frequently during their first five years of life. Columbia Pacific CCO has adopted the First Tooth curriculum and will roll out the program to primary care provider groups, thereby increasing the number of children receiving oral health services and dental home referrals. Columbia Pacific CCO will measure: <ul style="list-style-type: none"> • The number of primary care sites trained • The number of providers providing the service • The number/percentage of children receiving oral health services in primary care

D. PERFORMANCE IMPROVEMENT					
Activity: Train additional sites; work with existing sites to improve workflows.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Training plan; number of sites trained and	3 sites trained			6 sites trained	12/31/2018

successfully implemented					
Activity: Analyze claims data monthly to determine number and percentage of children receiving oral health services in primary care.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monthly data of services provided; integration dashboard developed	TBD pending claims run out			3% increase over 2017 final	12/31/2018

A. TQS COMPONENT(S): 7, 1e

Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Access
Additional Components:	Add text here.		
Subcomponents:	Access: Timely access	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM

Columbia Pacific CCO will implement a program to increase the number of pregnant women receiving an oral health visit during their pregnancy. The program includes: upskilling OB providers on the importance of oral health during pregnancy, working with dental providers to care coordinate pregnant women, providing members incentives for dental visits through the First Steps program.

C. QUALITY ASSESSMENT

Evaluation Analysis:	Dental care and oral health education are critical during pregnancy, yet our data consistently demonstrates low utilization of oral health services for pregnant members. Columbia Pacific CCO is working with it prenatal provider groups, upskilling them on the importance of oral health during pregnancy. A referral to dental care will also be established: The prenatal providers share information on their pregnant members early in their pregnancy and Columbia Pacific CCO will distribute the member information to the applicable DCOs for timely care coordination and scheduling.
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D. PERFORMANCE IMPROVEMENT

Activity: Upskill prenatal partners on the importance of oral health during pregnancy; assist in workflow development				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Training plan; number of sites trained and successfully implemented	0 sites trained			2 sites trained	12/31/2018

Activity: Analyze claims data monthly to determine number and percentage of pregnant members who completed a dental visit during the nine months prior to delivery.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monthly data of services provided; integration dashboard developed	TBD pending claims run out			3% increase over 2017 final	12/31/2018

A. TQS COMPONENT(S): 5a, 1a			
Primary Component:	Health equity and data	Secondary Component:	Access
Additional Components:	Add text here.		
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM

Columbia Pacific CCO works closely with the OHA school-based dental sealant program and a dental practice serving two CPCCO counties to ensure services provided in the community setting are encountered. Currently, over 15 schools in Clatsop and Tillamook Counties are served by the OHA school-based program. All children with a signed consent form, regardless of insurance status or DCO are eligible for services.

C. QUALITY ASSESSMENT

Evaluation Analysis: Currently, a significant portion of the community-based oral health services in the Columbia Pacific CCO service area are provided by the OHA School-based Oral Health Programs. These services, however, are not encountered by the program, so the data was not getting to OHP. In addition, care coordination services were minimal and typically did not include the DCO. Columbia Pacific CCO entered into an agreement with the OHA School-based Oral Health Program whereby the CCO obtains the data and encounters it to OHP. This documents the services provided and measures the number of children treated by community-based programs.

D. PERFORMANCE IMPROVEMENT					
Activity: Ensure all services are encountered and received by OHA.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Bi-annual encountering and data submission	0 reports received			2 reports received and encountered	12/31/2018

A. TQS COMPONENT(S): 1a, 1e, 7					
Primary Component:	Access		Secondary Component:	Integration of care (physical, behavioral and oral health)	
Additional Components:	Add text here.				
Subcomponents:	Access: Availability of services		Additional Subcomponent(s):	Access: Timely access	
B. NARRATIVE OF THE PROJECT OR PROGRAM					
Columbia Pacific CCO implemented a mobile dental home at the Legacy St Helens primary care clinic. It operates every non-holiday Friday from 8:00-3:00. Although only open one day a week, Columbia Pacific CCO members living in southern Columbia County with Capitol Dental or ODS can schedule appointments and receive care in a location deemed more convenient and accessible for them.					
C. QUALITY ASSESSMENT					
Evaluation Analysis:	In order to increase timely access to dental care in a convenient location, co-located with a medical clinic, Columbia Pacific CCO converted an available dental van into a mobile dental home. Measurements include: Productivity, utilization and member satisfaction.				
D. PERFORMANCE IMPROVEMENT					
Activity: Work with DCOs on strategies to increase utilization of the mobile dental home.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Quarterly utilization reviewed by DCOs	Not currently reviewed			Review quarterly	4/30/2018

A. TQS COMPONENT(S): 6a, 12, 1c					
Primary Component:	Health information technology		Secondary Component:	Utilization review	
Additional Components:	Add text here.				
Subcomponents:	Access: Quality and appropriateness of care furnished to all members		Additional Subcomponent(s):	Add text here.	
B. NARRATIVE OF THE PROJECT OR PROGRAM					
In 2016, Columbia Pacific CCO implemented PreManage – a communication tool that informs the Plan in real-time when a member within a defined cohort goes to the Emergency Department or is admitted to the hospital. Columbia Pacific CCO defined a cohort for non-traumatic dental issues in the ED, so receives notifications each time a member is admitted or discharged from an ED for non-traumatic dental issues. Columbia Pacific CCO began notifying its dental plan partners of members who went to the ED for non-traumatic dental issues in November 2016. DCOs could then provide navigational support to their assigned members and work with their dental providers to schedule follow up					

dental appointments. In 2017, CPCCO worked with its DCOs to reproduce this cohort within their own contracts with CMT. DCOs are now notified directly by PreManage of their members going to the ED for non-traumatic dental issues.

C. QUALITY ASSESSMENT

Evaluation Analysis:	<p>Dental issues account for up to two percent of ED visits and is the 12th most common ED discharge diagnosis. An emergency room physician is not equipped to provide dental care, so often only prescribes antibiotics for dental infection and opioids or other medications for pain. With the implementation of PreManage, Columbia Pacific CCO now has an efficient and effective way of identifying members who are inappropriately using the ED and who need dental navigation and care coordination services.</p> <p>This project will measure:</p> <ul style="list-style-type: none"> • Number of members going to the ED for non-traumatic dental issues • Number non-traumatic dental ED visits • Number of members with follow up appointment within 30-days • Number of members returning to the ED for non-traumatic dental issues
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D. PERFORMANCE IMPROVEMENT

Activity: Work with the DCOs to reduce the number of members returning to the ED for non-traumatic dental issues through outreach and care coordination.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monthly monitoring of ED data; updated dashboards.	TBD upon claims runout			5% decrease from baseline	12/31/2018
Activity: Work with the DCOs to increase the number of members who complete a dental appointment within 30-days of the ED visit for non-traumatic dental issue.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monthly PreManage reports cross-referenced to subsequent dental visits	TBD upon claims runout			3% increase over baseline	12/31/2018

A. TQS COMPONENT(S): 7, 1a, 1e, 12

Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Access
Additional Components:	Utilization review		
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):	Access: Timely access

B. NARRATIVE OF THE PROJECT OR PROGRAM					
Columbia Pacific CCO contracts with mobile dental anesthesiologists to provide in-office anesthesia for pediatric dental members so that services requiring anesthesia can be provided in the dental office rather than the hospital. The CCO is responsible for payment of the anesthesiology services and the DCO is responsible for payment of the dental services.					
C. QUALITY ASSESSMENT					
Evaluation Analysis:	Wait time for hospital-based dental surgery can be significant. Hospitals can also be intimidating for some members. In order to increase availability of anesthesia services and to provide more timely access, Columbia Pacific has contracted with medical providers who can provide anesthesia services within the dental setting. Although a prior auth for the anesthesia services is not required, utilization will be monitored and tracked.				
D. PERFORMANCE IMPROVEMENT					
Activity: Ensure DCOs and their provider networks are aware of contracts. Monitor the number of claims received – track and trend utilization patterns to identify and manage variation as required.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Quarterly utilization reports reviewed	Not currently reviewed			Reviewed quarterly	12/31/2018

A. TQS COMPONENT(S): 7, 1c			
Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Choose an item.
Additional Components:	Add text here.		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	Add text here.
B. NARRATIVE OF THE PROJECT OR PROGRAM			
In 2017, as an addition to its overall opioid prescribing initiative, CPCCO recognized the important role of dentists in reducing the availability of opioids to members. Dentists can be the first opportunity for adolescents to be legally prescribed opioids. As a result of this, in 2018 Columbia Pacific CCO will develop a program to collect, analyze and reduce opioid prescribing by contracted dentists.			
C. QUALITY ASSESSMENT			
Evaluation Analysis:	Although much attention and effort has been put towards reducing the quantity and duration of opioid prescribing, less emphasis has been placed on reducing acute opioid prescribing. Dentists are the third most frequent prescriber of opioids, behind internal and family practice providers. Dentists generally, however, prescribe opioids for a shorter duration, and significantly lower MED than their medical counterparts. Yet, opioid prescribing practices should be examined and reduced for all provider types.		

D. PERFORMANCE IMPROVEMENT					
Activity: Develop intervention toolkit				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Toolkit developed	Toolkit not available			Toolkit available	6/30/2018
Activity: Collect and analyze pharmacy data; provide necessary data to DCOs so that they can work with their contracted dentists and dental practices to reduce opioid prescribing				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Quarterly report analyzed; providers identified for intervention	Not currently analyzed			Report analyzed and disseminated quarterly	6/30/2018

A. TQS COMPONENT(S): 1b			
Primary Component:	Access	Secondary Component:	Choose an item.
Additional Components:	Click here to enter text.		
Subcomponents:	Access: Cultural considerations	Additional Subcomponent(s)	Click here to enter text.

B. NARRATIVE OF THE PROJECT OR PROGRAM

CPCCO’s policies and operational plans provide culturally and linguistically appropriate services to our members, whether through the provision of interpreters, materials in alternate languages or in formats for visually impaired members. On behalf of all its affiliated CCOs, including CPCCO, CareOregon has dedicated significant time and resources to understanding how cultural competency can contribute to members’ experience of the health care system and how an individual’s culture can impact access, compliance, follow-through, satisfaction, and provider retention (burnout). Beyond the cultures of gender, race, ethnicity, religion, we are keenly considering the culture of poverty and the culture of trauma on health, trust, and engagement. CPCCO in particular has focused on trauma-informed care as one of its performance improvement projects (PIPs).

Equity is a standing agenda topic for the Clinical Advisory Panel (CAP) and the Primary Care Collaborative (PC3). These standing times on agendas allow for discussion, education, and brainstorm time for how equity can be used in healthcare. In addition, the meetings have become more trauma informed by having healthy food, defining acronyms, placing fidgets on table, and many more things.

Interpretation has become a large equity focus for the region. A retrospective chart review analysis is underway to help determine patients are being offered and provided meaningful language access. Following the analysis results will be taken to CAP, Board of Directors and PC3 to allow for discussion and action planning. In addition, Columbia Pacific staff will undergo a specific interpretation and equity training so staff can all be aware of best practices. Following this

Columbia Pacific will determine how best to offer training to the network.					
C. QUALITY ASSESSMENT					
-Evaluation Analysis (e.g. target population, root cause analysis):		In our retrospective chart review we will be determining root cause for low use of interpretation services. Many of our clinics appear to be using their own services or staff to interpret our analysis will also help determine if those staff are certified or qualified to be interpreting in clinic.			
D. PERFORMANCE IMPROVEMENT					
Activity: Chart review of 200 members who had visits and were identified by OHA as limited English Proficiency (LEP) patients.				<input checked="" type="checkbox"/> Short Term Activity <u>or</u> <input type="checkbox"/> Long Term Activity	
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
Chart Review	TBD			50% improvement in offered interpreter	12/2018

A. TQS COMPONENT(S): 1c, 3			
Primary Component:	Access	Secondary Component:	Grievance and appeal system
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	

B. NARRATIVE OF THE PROJECT OR PROGRAM

As described in Section 1 of the TQS, CPCCO contracts with CareOregon and leverages the CareOregon Quality Management Committee (QMC) to monitor quality and appropriateness of care delivered to its members through its grievance and appeals monitoring process, provider monitoring, regional utilization monitoring workgroups, and performance on CCO incentive measures. CPCCO receives reports from CareOregon Health Plan Quality Assurance at least semi-annually that include but are not limited to: Appeals and Grievance analysis, Delegation Oversight status and any relevant Corrective Action Plans, outcomes of the state External Quality Review and the progress of the TQS. Although not a TQS component, CCO performance on the CCO incentive metrics is an indicator of how well the CCO meets the needs of its members across validated measures of appropriate care, access, and outcomes. CPCCO is consistently among the highest performing CCOs in the state and has a robust quality improvement structure to support attainment of CPCCO’s clinical performance goals.

C. QUALITY ASSESSMENT	
Evaluation Analysis:	<p><u>Grievance and Appeals Monitoring</u></p> <p>In accordance with applicable OARs and CFRs, CareOregon’s grievance and appeal process includes an accessible grievance process, appeals process, and a mechanism for quality improvement through aggregate data tracking. The grievance and appeal system is supported by written policies and procedures. Aggregate CPCCO data is submitted to OHA quarterly. Please find additional detail and performance improvement activities in the Grievances and Appeals TQS component (see TQS 3).</p> <p><u>Provider Monitoring</u></p>

To close the gap between the member complaints and providers, the Peer Review Committee reviews each complaint that meets a certain threshold. The CareOregon process for monitoring of providers (includes physical, behavioral, and dental) consists of a system of Levels of Status and/or Action to inform providers of their standing with CareOregon, alert providers of possible impending action, and guide the Peer Review Committee (PRC) in its monitoring of providers. Progression through levels by providers places a provider's status with CareOregon entities at risk of sanctions up to and including termination of contracts or credentialing status.

To ensure providers are acting in the best interest of the member, CareOregon and its affiliated CCOs have a process of allowing for Peer to Peer consultation calls for appeals. Provider education takes place through collaboration between the Appeals team and Provider Customer Service. There are between 5-10 requests a month.

CareOregon has an expanded Quality of Care policy and procedure it uses to identify, document, and analyze quality of care events concerning care to members that are potentially outside the standards of practice.

Quality Improvement

CPCCO has a well-rounded team to support the development and implementation of regionally specific quality improvement strategies and to monitor how well CPCCO meets the needs of its members across validated measures of appropriate care, access, and outcomes, as indicated by achievement of CCO metrics. The team includes a Quality Improvement Analyst to understand CCO clinical metric performance and patterns and provide analytic support, a Primary Care Innovation Specialist to support clinics in developing, implementing, and refining workflows that support the achievement of the metrics, and a Provider Relations Specialist to support general provider education and problem solving.

At CPCCO, we partner with health care providers and incentivize them to improve member health. We work closely with them to learn what support and funding they need to achieve the incentive metrics and provide technical assistance, alternative funding pathways, and data to drive high-level performance improvement. One such program that launched in 2017 is the Panel Coordinator program. The Panel Coordinator Program has dedicated CPCCO staff in clinics ensuring all CPCCO members have their routine preventive and chronic disease health maintenance needs met, and that providers have all the information needed for the visit. The Panel Coordinators serve as 'bridges' to the member's health care system needs, clinical needs, and provide basic care coordination between their care team and other outside agencies. Panel Coordinators provide individualized support to each member they engage, but common service components include:

- Gaps in care
- Health system navigation
- Clinic navigation
- Connection to community resources
- Preventative care

D. PERFORMANCE IMPROVEMENT					
<i>Related activities for 1c: See TQS 3 for performance improvement activities related to Grievance and Appeal Systems, TQS 6b for HIT analytic activities to deepen QI analysis</i>					
Activity: Panel Coordinator Program				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Documentation is made in all relevant clinical and claims based systems: Gaps are closed by appointment completion with proper coding or if what was scrubbed for was completed with proper coding	2017 baseline TBD			200 gaps closed/month	12/2018

A. TQS COMPONENT(S): 1d			
Primary Component:	Access	Secondary Component:	Choose an item.
Additional Components:	Add text here.		
Subcomponents:	Access: Second opinions	Additional Subcomponent(s):	

B. NARRATIVE OF THE PROJECT OR PROGRAM

A second opinion by a qualified healthcare professional is available with or without an authorization based on the CPCCO authorization guidelines posted on the CPCCO website. CPCCO arranges for second opinions when providers are unavailable or inadequate to meet a member’s medical need as indicated by the member and/or their provider.

C. QUALITY ASSESSMENT	
Evaluation Analysis:	Because CPCCO provides seamless access to members, it does not track second opinions through a prior authorization process and there is not a capability to capture the data with claims. Instead we utilize member grievance system to monitor second opinions. We also ensure member customer service, care coordination staff and the member handbook have the knowledge of this benefit to share with members as needed. We find this area compliant through our external quality reviews.

D. PERFORMANCE IMPROVEMENT					
Activity: Monitor second opinions via grievance process				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)

Regular grievance reports	Complaints related to second opinions = 0	Maintain current performance	12/31/2018	Maintain current performance	12/31/2018
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A. TQS COMPONENT(S): 3, 1c

Primary Component:	Grievance and appeal system	Secondary Component:	Access
Additional Components:	Add text here.		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM

CareOregon manages the grievance and appeal system on behalf of its wholly owned CCOs. In accordance with applicable OARs and CFRs, CPCCO’s grievance and appeal process includes an accessible grievance process, appeals process, and a mechanism for quality improvement through aggregate data tracking. The grievance and appeal system is supported by written policies and procedures. Aggregate data is submitted to OHA quarterly.

C. QUALITY ASSESSMENT

Evaluation Analysis:	<p>Two areas of focus with regard to grievances and appeals emerged in 2017 that will be key improvement activities in 2018.</p> <p>(1) <u>Overtured Appeals and Post-Service Clinical Review</u> In 2017, HPQA and the Prior Authorization teams identified that the cause of overturns in the majority of cases is new documentation that was made available for inclusion in the appeals review process that was not available in the initial review. Another contributing factor was the need for more precise reasons for appeals overturns in order to more accurately identify the root causes of overturned appeals. Several process improvements are being made on the front end and the back end to try to reduce overturns and identify which of these contributing factors can actually reduce the overturn rate and translate to an achievable goal.</p> <p>(2) <u>Provider Reconsiderations</u> Prior to a claims system (QNXT) upgrade in 2017, it was not possible for CPCCO to link clinical data from the prior authorization system with manual data from the appeals team, making it impossible to draw conclusions about the connection between certain providers and frequent appeal requests. Provider reconsiderations create redundancies for appeals staff, unnecessarily burdens members with possible delays in care, and impedes positive relationships with network providers. The QNXT upgrade is allowing CPCCO to construct a pivot table that will link provider and clinical data to accurately assess trends by provider, which allows for initiatives to be developed to help address trends identified in the provider appeals data. These initiatives can include but are not limited to provider education, education of plan staff, education of provider office staff, and review of internal plan processes for opportunities.</p> <p>(3) <u>Access Complaints</u></p>
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	Complaints about access can reflect both actual member experience and member perception. CPCCO relies on strong relationships with network partners to identify access issues, and analyzes actual appointment availability from providers against access complaints received. Provider Services Representatives then work collaboratively with the provider to assess barriers to access for members. HPQA tracks this data for Provider Services and reports regularly to Quality Committee, and, as appropriate, to Peer Review Committee.
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D. PERFORMANCE IMPROVEMENT

Activity: Overturned Appeal Process Improvement				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Overturned rates are reviewed monthly by the QA Operations Manager, and the appeals and Prior Authorization teams meet bi-monthly to assess workflow, challenges, and look for efficiencies. On a monthly basis, Prior Authorization staff, HPQA and Medical Directors review specific cases for discussion.	Baseline is TBD; it is unclear if driver of overturns are front-end (lack of documentation) or back-end	Identify baseline and benchmark	05/2018	Meet benchmark identified	12/31/2018
Activity: Construct Appeals Pivot Table				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Pivot table constructed and in use	No table			Table fully functional	09/2018
Activity: Access Complaint Tracking and Improvement					
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Access complaint report is sent to Provider	Report is generated but			Expand reporting	12/31/2018

Services to assess providers with repeated access issues; number of complaints only	only contains number of complaints			capabilities to include more detail about complaint and identification of unmet gaps in care for meaningful intervention	
A. TQS COMPONENT(S): 5a, 5b, 2, 6b, 1b, 1c					
Primary Component:	Health equity and data	Secondary Component:	CLAS standards and provider network		
Additional Components:	1b: Access-Cultural Considerations; 6b-HIT: Analytics				
Subcomponents:	Health Equity: Cultural competence	Additional Subcomponent(s):	1c: Quality & Appropriateness of Care		
B. NARRATIVE OF THE PROJECT OR PROGRAM					
<p>CPCCO is committed to section 1557 of the Affordable Care Act of 2010, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. It is the policy of CPCCO not to discriminate on the basis of race, color, national origin, sex, age or disability. Through CareOregon, CPCCO has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations. CPCCO’s policies and operational plans provide culturally and linguistically appropriate services to our members, whether through the provision of interpreters, materials in alternate languages or in formats for visually and/or hearing-impaired members. CPCCO and CareOregon have dedicated significant time and resources to understanding how cultural competency can contribute to members’ experience of the health care system and how an individual’s culture can impact access, compliance, follow-through, satisfaction, and provider retention (burnout). CPCCO is a key stakeholder in the CareOregon Health Equity & Diversity department lead by a Health Equity Advisor, whose leadership guides the organization’s journey of continued growth in our appreciation, celebration, and understanding of the diverse communities we serve. The department identifies, cultivates and maintains strategic and robust community-based organization partnerships, and, with CPCCO clinical and provider network partners, identifies and collaboratively designs strategies to address racial healthcare disparities and improve cultural responsiveness. The department has created an accountability pathway for CPCCO, CareOregon departments, CCO programs and operations, and leaders and staff to render culturally responsive services and healthcare to populations historically burdened by health inequities.</p>					
C. QUALITY ASSESSMENT					
Evaluation Analysis:	<p>CPCCO underwent an External Quality Review in 2017 and had no findings relevant to its policies and processes for ensuring access to linguistically and culturally appropriate materials for members. 2017 was the first full operational year of the Health Equity and Diversity department established in late 2016; a key driver of the creation of a Health Equity and Diversity department was to establish a centralized home for equity and diversity work throughout CareOregon and its CCOs.</p>				

<p>During 2017, CPCCO Board members and senior leadership members underwent training to advance their personal and leadership capabilities to lead their respective organizations using principles of equity, cultural responsiveness, and diversity. CPCCO leadership also conducted an organization-wide equity self-assessment to determine priorities at the organizational, departmental and CCO levels for equity, diversity, and inclusion. These 2017 activities resulted in a comprehensive 2018 Strategic Plan and the development of an Equity Lens that will provide a framework for activities and programs developed at CPCCO.</p>					
<p>D. PERFORMANCE IMPROVEMENT</p>					
<p>Activity: Implement use of the Equity Lens across CPCCO programs and services via the CPCCO strategic planning process</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Monitoring of 2017-2018 Health Equity and Diversity Work Plan</p>	<p>Equity Lens still in development</p>			<p>30% of strategic plans will utilize the equity lens</p>	<p>1/31/2018</p>
<p>Documented evidence of equity lens in project and program evaluation</p>	<p>Equity Lens still in development and not routinely applied to project evaluation</p>			<p>Equity Lens will be incorporated into evaluation framework of performance improvement projects</p>	<p>7/31/2018</p>
<p>Activity: Complete Language Accessibility Improvement Plan</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Monitoring of 2017-2018 Health Equity and Diversity Work Plan</p>	<p>No documented plan in place outside of policies and procedures related to availability of interpreter services</p>			<p>Objectives, Measures, Strategies written for Language Access Plan with specific plans for top 4 non-English languages</p>	<p>12/30/2018</p>
<p>Activity: Identify healthcare disparities using data, metrics, and continuous quality improvement (also TQS Component 1c, 6b)</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Monitoring internal dashboards to confirm utilization of race and ethnicity data	0%	Disaggregate healthcare data by race, ethnicity, and language and provide data on 100% of provider dashboards	Complete by 12/31/2018	Disaggregate healthcare data by race, ethnicity, and language and provide data on 100% of provider dashboards	Complete by 3/31/2018

A. TQS COMPONENT(S)			
Primary Component:	Fraud, waste and abuse	Secondary Component:	Choose an item.
Additional Components:	Click here to enter text.		
Subcomponents:	Choose an item.	Additional Subcomponent(s)	Click here to enter text.
B. NARRATIVE OF THE PROJECT OR PROGRAM			
<p>CareOregon acts in the capacity of a third-party administrator for Health Share of Oregon CCO, Columbia Pacific CCO, and Jackson Care Connect CCO and is vested with the day-to-day operation of these entities Compliance and Fraud, Waste, and Abuse (FWA) program.</p> <p>CareOregon’s Compliance and FWA program has been designed to address the core elements identified by the Federal Sentencing Guidelines and the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS) that are required for the implementation of an effective compliance and ethics program. It is the policy of CareOregon to comply with all applicable federal and state laws pertaining to in federally-funded health care programs.</p> <p>Effective training and education is provided to CareOregon employees, Board members and temporary and contract employees at the time of hire and annually thereafter. CareOregon makes available multiple mechanisms for employees to report suspected or actual FWA, including:</p> <ul style="list-style-type: none"> • An open-door policy to the Compliance Officer to report the incident; • Reporting any concerns to the employee’s supervisor, manager, or director; and • Submitting the report to EthicsPoint, our secure anonymous reporting vendor. 			
C. QUALITY ASSESSMENT			
Evaluation Analysis (e.g. target population, root cause analysis):	<p>In 2016, CareOregon received a total of 16 reports of incidents of actual or suspected FWA. Three of these incidents were sent to the Medicaid Fraud Control Unit as required by Oregon Health Authority regulations. This compares to 21 reports of incidents of actual or suspected FWA received in 2017, of which three were submitted to the Medicaid Fraud Control Unit.</p> <p>In 2017, CareOregon initiated a Payment Integrity Workgroup to enhance program integrity and minimize FWA. The Payment Integrity Workgroup reviews issues involving</p>		

overutilization of services or other practices that directly or indirectly result in unnecessary costs. Examples of items which will be discussed and reviewed, include:

- Improper payment for services;
- Provider payment concerns identified through Quality of Care investigations;
- Payment for services that fail to meet professionally recognized standards/levels of care;
- Excessive billed charges or selection of the wrong code(s) for services or supplies;
- Billing for items or services that should not have been or were not provided based on documentation supplied (validation that the medical records support the claim submitted by the provider);
- Unit errors, duplicate charges and redundant charges;
- Lack of sufficient documentation in the medical record to support the charges billed;
- Experimental and investigational items billed;
- Lack of medical necessity to support services or days billed; and
- The records and/or documentation to substantiate the setting or level of service that was provided to the patient.

CareOregon is committed to preventing, detecting and correcting areas of non-compliance and/or FWA related to health care benefits, regardless of whether those benefits are paid by a commercial health plan or the government.

In accordance with the Oregon Health Plan Provider Services Contract (Exhibit B, Element f) and 42 CFR 455.20 and 433.116(e) and (f), CPCCO, in conjunction with CareOregon, has implemented a process to send verification letters to a sample of CPCCO members to confirm that the member has received the billed medical services.

On a monthly basis, CareOregon sends a 'Verification of Medical Services' letter to a sample of CPCCO members who received health related services. The 'Verification of Medical Services' letter specifies:

1. The services furnished,
2. The name of the Provider furnishing the services,
3. The date on which the service was furnished, and
4. The amount of the payment made by the Member, if any, for the service.

The sample does not include claims from specially protected information such as genetic, mental health, alcohol and drug or HIV/AIDS.

Upon CareOregon's receipt of a 'Verification of Medical Services' letter from the member indicating that services have not been received, the Compliance Officer, or another person as designated by the Compliance Officer, will coordinate a reasonable inquiry into the matter. Other department personnel may be required to assist and will conduct portions of the inquiry as applicable and as directed by the Compliance Officer. In 2017, a total of 708 'Verification of Medical Services' letters were sent to members in CCOs affiliated with CareOregon (*to include Columbia Pacific CCO, Health Share CCO, Jackson Care Connect CCO, and Yamhill CCO*). As of December 14, 2017, CareOregon has received 154 responses from

	<p>members for the 2017 reporting period. Of the 154 responses received, there were no responses from JCC members which required additional follow-up.</p> <p>In 2018, we will explore methods to increase response rates from CPCCO members, to include revision of the verbiage in the ‘Verification of Medical Services’ letters.</p>
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D. PERFORMANCE IMPROVEMENT

<p>Activity: Monitor ‘Verification of Medical Services’ letter response rates. See attached OHP Verification of Services Policy and Procedure.</p>	<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity
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Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
‘Verification of Medical Services’ letter response rates annually.	22% Response Rate (annual)	25% Response Rate (annual)	06/2018	≥ 25% Response Rate (annual)	12/2018

A. TQS COMPONENT(S): 6a

Primary Component:	Health information technology	Secondary Component:	Choose an item.
Additional Components:	Click here to enter text.		
Subcomponents:	HIT: Health information exchange	Additional Subcomponent(s)	Click here to enter text.

B. NARRATIVE OF THE PROJECT OR PROGRAM

CPCCO will continue to participate in statewide HIE efforts such as the EDIE Governance Committee. CPCCO will look to the statewide HIE efforts and potential for state level registries for preventative care screenings across the CCO’s population. Because members seek care outside the geographic area of the CCO (e.g. in Longview, Washington, or in the Portland metro area), CPCCO is evaluating the use of CareEverywhere, EDIE and Pre-Manage to help disseminate real-time information for better care transitions and coordination between acute and ambulatory settings. In addition, while almost 60% of CPCCO members are assigned to clinics using OCHIN Epic and an additional 19% of members assigned to clinics with Epic EHR, there are a number of additional small practices within the CPCCO service area using other EHR systems that do not have the same HIE capabilities. CPCCO is looking to the statewide HIE initiative to help develop the mechanism for data sharing among these diverse practices.

C. QUALITY ASSESSMENT

<p>Evaluation Analysis (e.g. target population, root cause analysis):</p>	<p>The CCO, through CareOregon, has pursued a relationship with OCHIN. Access has been obtained to clinical data via Acuere, and an extensive validation process was completed. The CCO now has access to select clinical data on members seen by clinics using the OCHIN Epic EHR. CPCCO will determine how best to leverage new member level clinical data that it is accessing through Acuere. The CCO will begin by integrating clinical data on members with diabetes and hypertension with pharmacy claims data. This combined data will be used to create a “chronic disease dashboard” that primary care clinics can use to better manage these members. The CCO will also explore other opportunities to use this information to improve the quality and coordination of care for its members.</p>
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D. PERFORMANCE IMPROVEMENT

<p>Activity: Use data from Acuere to improve chronic disease dashboard</p>	<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity
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Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)

Number of OCHIN clinics that receive monthly chronic disease dashboards that integrate their EHR clinical data with CCO claims & pharmacy data	0 out of 4			4 out of 4	12/31/2018
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A. TQS COMPONENT(S): 6b

Primary Component:	Health information technology	Secondary Component:	Choose an item.
Additional Components:			
Subcomponents:	HIT: Analytics	Additional Subcomponent(s):	

B. NARRATIVE OF THE PROJECT OR PROGRAM

CPCCO, through CareOregon, is pursuing a data aggregation platform that would have the potential to integrate non-administration data with our existing claims data. The data aggregation platform could ingest EHR feeds and data from other HIE systems and integrate it with claims data. CPCCO will determine the extent to which it will develop this option during the 2018 program year, but there is potential for new avenues of analytics with this platform.

Also in conjunction with CareOregon, CPCCO is developing an analytics tool that would allow the segmentation of the membership by risk. The tool would allow CPCCO to better identify high risk members who need complex care management. It also identifies “rising risk” members, or those who are at risk of high utilization in the coming months. Identifying these members will allow the CCO to intervene and potentially *avoid* harmful and costly health events for these members.

C. QUALITY ASSESSMENT

Evaluation Analysis:	<p>Data aggregation is a key capability for health plans and CCOs that manage member health. Effective care depends on having a comprehensive view of a patient’s overall health; data accuracy relies heavily on data aggregation and normalization. However, in today’s healthcare world, the bits and pieces that comprise a patient’s chart are spread out across entire communities and beyond. For example, a patient’s demographic information might be in the practice management system, whereas the information about the encounter is entered into an Electronic Health Record (EHR). To complicate matters, there is no guarantee the two pieces of software talk to each other, reference the same patient identifiers (IDs), use the same coding systems, or even come from the same vendor. Additionally, clinical quality measures are based on both administrative and clinical data.</p> <p>The combination of a data aggregator and a predictive analytics tool will equip CPCCO to progress towards outcome measures and reporting and enable meaningful care coordination and interventions to occur for our members.</p>
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D. PERFORMANCE IMPROVEMENT

Activity: Develop risk segmentation analytics tool	<input checked="" type="checkbox"/> Short Term Activity <u>or</u> <input type="checkbox"/> Long Term Activity
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Completion of the segmentation analytics tool	The analytics tool is in a beta testing phase			Fully functioning tool available to CCO for ongoing use	06/30/2018
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A. TQS COMPONENT(S): 6c

Primary Component:	Health information technology	Secondary Component:	Choose an item.
Additional Components:	Click here to enter text.		
Subcomponents:	HIT: Patient engagement	Additional Subcomponent(s)	Click here to enter text.

B. NARRATIVE OF THE PROJECT OR PROGRAM

In partnership with HealthTrio, CPCCO will design and launch 1st phase of a Member Portal in order to improve member satisfaction. This effort will provide a more comprehensive communication platform in conjunction with the existing Provider Portal. Through this, CPCCO will improve member satisfaction and help drive retention for existing members. The portal will reduce customer service call time and volume by providing self-service capabilities such as: ordering and printing ID cards, links to other sites such as Provider Directory and Pharmacy Formulary.

C. QUALITY ASSESSMENT

Evaluation Analysis (e.g. target population, root cause analysis):	In 2017, CareOregon on behalf of all its affiliated members, including CPCCO's, realigned its internal member engagement structure to create a new Member Engagement Coordination Committee (MECC) that is responsible for creating and implementing a member-centric context of review for all member specific projects and initiatives that prioritizes and provides recommendations to leadership across CPCCO (CO). The MECC seeks to align all member activities for physical health, oral health and behavioral health and ensures that all leaders are considering member-centric business practices while using a member-centric viewpoint.
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D. PERFORMANCE IMPROVEMENT

Activity: Implement Member Portal: provide and receive member information				<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity	
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
Member Portal Steering Committee Progress Reports	Portal not implemented			Portal implemented: Desktop version	12/31/2018
Adoption Rate	0%			10% Adoption rate	12 months post-launch

A. TQS COMPONENT(S): 7, 1a

Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Access
Additional Components:			
Subcomponents:	Access: Availability of services	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM					
Columbia Pacific CCO introduced a monthly Behavioral Health (BH) Peer to Peer learning collaborative. The meeting consists of virtual check in meetings with behavioral health clinicians that are working in primary care/medical setting, and quarterly in person check ins. Each Peer to peer meeting begins with a didactic discussion topic, which is often lead by a local BH provider. In addition there are case presentations that allow for peer support.					
C. QUALITY ASSESSMENT					
Evaluation Analysis:		The majority of Behavioral Health Consultants (BHCs) are new to primary care and have needed a place where that can learn and share with peers. During 2017 we learned that in addition to providing a place for peer support and learning we needed to break behavioral health out of a silo. Our strategy for doing this in 2018 is to make the quarterly in person meeting joint with Columbia Pacific’s PC3 collaborative. Our goal is that each clinic will have at least one annual goal and/or metric work plan that will include a BH provider as a stakeholder.			
D. PERFORMANCE IMPROVEMENT					
Activity: Review annual goals and metric work plans at each PC3 meeting (every other month). Work with clinics to include BH providers.				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
PC3 Annual Goal and Metric Work Plans	2017 annual goal and work plans	Each clinic have one work plan or goal that include BH as a stakeholder.	12/31/2018		12/31/2018

A. TQS COMPONENT(S): 8, 9			
Primary Component:	Patient-Centered Primary Care Home	Secondary Component:	Severe and persistent mental illness
Additional Components:	Click here to enter text.		
Subcomponents:	Choose an item.	Additional Subcomponent(s)	Click here to enter text.
B. NARRATIVE OF THE PROJECT OR PROGRAM			
Columbia Pacific CCO kicked off its Primary Care Collaborative (PC3) by reminding is clinics that Patient Centered Medical Home Certification would be due for everyone because of changes to the program. Early kick off allowed for feedback from our clinics on which areas in PCPCH they would like assistance. Largely help was requested around Coordination of Care and Individualized Care Planning. To help with requested topic areas PC3 included best practices from clinics on Coordination of Care and Care Planning with a deep dive into the Complex Care Model and dealing with patients with SPMI and multiple chronic conditions. In addition to providing collaborative learning, one on one technical assistance was offered to all clinics. Most clinics had at least two preparation work sessions before submission with the CCO Primary Care Innovations Specialist.			
C. QUALITY ASSESSMENT			
Evaluation Analysis (e.g. target population, root cause analysis):	Over 25 hours of technical assistance around PCPCH was given in one on one to clinics in 2017. This included, application review, connecting to peer clinics for assistance, and mock site visits for five star clinics. Two clinics has identified that they would like to move from tier 4 to Five Star and will need assistance in 2018.		

D. PERFORMANCE IMPROVEMENT					
Activity: Develop primary care delivery system infrastructure in 3-5 identified clinics across the CCO service area. Complete training and technical assistance in the following areas: population management techniques, panel management, identification of gaps in care, EHR utilization, increasing care coordination programs, team based care, enhanced access.					<input checked="" type="checkbox"/> Short Term Activity <u>or</u> <input type="checkbox"/> Long Term Activity
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
PCPCH reporting	Number of members assigned to state-recognized PCPCHs: 83.7% Number of CAP requests for clinical input from PC3: 0			90% of members are enrolled in PCPCH	01/2018

A. TQS COMPONENT(S): 10			
Primary Component:	Social determinants of health	Secondary Component:	Choose an item.
Additional Components:	Click here to enter text.		
Subcomponents:	Choose an item.	Additional Subcomponent(s)	Click here to enter text.

B. B1-NARRATIVE OF THE PROJECT OR PROGRAM
<p>CPCCO will deploy three different activities that will create a framework to determine future investment in addressing the SDoH. In order to achieve the improvements in these areas, CPCCO staff will work through local Community Advisory Councils who will provide oversight of process and implementation of activities and projects:</p> <ol style="list-style-type: none"> 1) work to develop and complete a Regional Health Needs Assessment in partnership with multiple organizations, 2) continue to support the implementation at the community level of projects that support members to engage in health improvement and that address the incentive metrics through grants and funded projects, and to 3) support the development of community health worker certification and employment in clinical and community settings in partnership with local organizations and clinics. These activities will set the stage for CPCCO to choose priority areas for investment in 2019 related to the SDoH.

C. QUALITY ASSESSMENT	
Evaluation Analysis (e.g. target population, root cause analysis):	CPCCO adopted a Community Health Assessment (CHA) and a (five year) Community Health Improvement Plan in 2014 that is utilized to inform areas of investment, including the SDoH, that address the improvement of health at the community level. 2018 is the beginning of the next five-year CHP starting with a regional CHA that will report the findings from various community health assessment, findings on health needs and disparities and findings on health indicators, including the leading causes of chronic disease, injury and death in the CPCCO service area.

D. PERFORMANCE IMPROVEMENT	
Activity: Through a participatory action process collect narratives that focus on service use voice/member perspective of community vitality and their perception of	<input checked="" type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity

"ideal future" related to the social determinants of health and health care system needs					
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
Progress on workplan	N/A as this is a new plan			Narrative story collection/tool instrument completed. a)2000 stories collected regionally. b) qualitative and quantitative data collected, evaluated. c)action items identified for the CHP.	12/31/2018
Activity: Develop and implement the process and criteria for CPCCO funding to support community health worker certification in the service area including CPCCO community health worker policy for billing, payment and clinical documentation related to covered community health worker services.				<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity	
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
Number of CHWs certified and placed	Certification process developed through OSU for CHW in CPCCO service region	CHW has approved status through CPCCO for documenting services and approved process of PCP oversight of work/treatment planning.	10/2018	Process identified for CHW to receive oversight from RN and to have supervision of activities including training to document in EHR all activities.	2/2019
Activity: Assemble and evaluate findings on health needs and health disparities from community partners or previous assessments including the leading causes of chronic disease, injury and death in the CPCCO regional service area.				<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity	
Monitoring:	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)
Progress on workplan	CPCCO starting process of shared regional health assessment in its three counties.			Completed regional health needs assessment and regional health improvement plan that is	06/2019

				aligned with key community stakeholders.	
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A. TQS COMPONENT(S): 11, 9, 7, 12

Primary Component:	Special health care needs	Secondary Component:	Severe and persistent mental illness
Additional Components:	Integration, Utilization Review		
Subcomponents:	Choose an item.	Additional Subcomponent(s):	

B. NARRATIVE OF THE PROJECT OR PROGRAM

CPCCO developed and will continue to grow our high-risk team based approach in each of our counties. These teams are comprised of CareOregon, GOBHI, and CMHP staff who huddle weekly and collaborate closely with our primary care clinics. The team case finds high risk members through PreManage and will soon also focus on specific clusters identified through our population segmentation work. The team then takes a collaborative approach to coordinating the members’ care and escalates complex members to a Case Conferences that includes the original interdisciplinary high-risk team but also includes pharmacy, benefit management, medical directors, and identified community partners such as housing providers.

CPCCO also incorporates utilization review into our Special Health Care Needs approach. We review medication claims and conduct medication reconciliations that we distribute to our clinics when appropriate. We also assess for primary care engagement amongst our high-risk members and have a staff person from our high risk teams outreach to members who have low to no primary care engagement to help foster a connection or reassign the member if access to care is an issue.

C. QUALITY ASSESSMENT

Evaluation Analysis:	<p>In 2017 CPCCO launched our Complex Care Hub within Clatsop County. This team featured a Health Resilience Specialist (HRS), a Registered Nurse (RN), a Pharmacist, a Care Coordinator from Greater Oregon Behavioral Health, Inc. (GOBHI), and a Community Engagement Specialist employed by Clatsop Behavioral Health, and a Triage Coordinator. The team huddles weekly around complex cases as identified by provider referrals or from case finding via PreManage. At this huddle, the team decides an outreach and engagement plan for at risk members from an interdisciplinary standpoint and then proceeds with attempting to engage this member in case management.</p> <p>In 2018 CPCCO will expand upon the model. In Clatsop County, this expansion involved included other community partners in the weekly huddles.</p> <p>In Columbia County, we launched a similar team based approach in 2018. That team includes CO, CMHP and GOBHI staff, similar to Clatsop County’s team. In addition, a partner with Columbia River Fire and Rescue was added to launch a Community Paramedicine program and integrate that paramedic into the team. Using a Community Paramedic in lieu of a RN enables the team to provide more extensive in-home care such as flu shots, a 12 lead, and various hands on health assessments. It also integrates EMS responders into the continuum of care by enabling the integrated care plan for high risk members to begin with first responders and continue to primary care engagement.</p> <p>In addition to these weekly huddles CPCCO also facilitates Case Conferences for members identified as having needs too complex to be addressed within the huddle structure.</p>
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	<p>Our Case Conferences include CPCCO’s Medical Director, CareOregon’s UM Medical Director, a Benefits Review Nurse, the county’s high-risk team members, and any specifically identified care providers such as primary care or behavioral health providers.</p> <p>Over utilization in the acute settings (ED and Inpatient) reflect poor health outcomes, poor patient experience and increased cost for CPCCO members with MH, SUD or both. We propose that appropriate engagement in primary settings (PCP, MH and/or SUD treatment) with care coordination will decrease acute setting utilization. We are in the early stages of developing network wide goals for engagement and care coordination of this cohort. To begin we will define the cohort (MH, SUD, or both with high acute utilization) and define this cohort’s current engagement rates with PCP, MH, and/or SUD. Later we will define clinic system (PCP, MH, SUD) level goals for engagement of this cohort and use the PreManage Steering Committee to develop the cross-system care coordination pathways and standard practices needed for this cohort.</p>
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D. PERFORMANCE IMPROVEMENT

<p>Activity: Our overall goal is to decrease ED and Inpatient over-utilization while increasing primary under-utilization (PCP, MH, SUD treatment) for people with a behavioral health diagnosis. Our current goal is to define the BH cohort with high acute utilization and this cohort’s current baseline acute and primary utilization rates</p> <ol style="list-style-type: none"> 1) Define BH cohort with High acute utilization 2) Define this cohort’s current (baseline) acute (ED, Inpatient) utilization rate 3) Define this cohort’s current (baseline) primary (PCP, MH, SUD) engagement rate 	<p><input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity</p>
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How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
1) Create cohort	TBD	Cohort defined	Q2 2018	TBD	TBD
2) Define cohort’s baseline acute utilization rate	TBD	Baseline defined	July 2018	TBD	TBD
3) Define cohort’s baseline primary engagement rate	TBD	Baseline defined	July 2018	TBD	TBD

A. TQS COMPONENT(S): 12

Primary Component:	Utilization review	Secondary Component:	
Subcomponents:	Choose an item.	Additional Subcomponent(s):	Add text here.

B. NARRATIVE OF THE PROJECT OR PROGRAM

<p>CPCCO monitors over-utilization and under-utilization through its CareOregon’s Cost & Utilization Steering Committee. The committee is responsible for monitoring cost and over/under utilization trends for Medicaid and Medicare lines of business and for strategic decision-making related to cost and over/under utilization including:</p> <ul style="list-style-type: none"> • Prioritizing cost and over/under utilization problem areas for focused attention • Approving strategies to address cost, under/over utilization, and problem areas • Designing, developing, and implementing the analytic approach and tools needed to perform work • Monitoring the execution of strategies using process and outcome metrics

- Removing barriers by making high level decisions (or getting them made), ensuring sufficient resources and time to implement strategies
- Evaluating the efficacy of strategies (including contract changes) and redirecting when necessary
- Communicating effectively to C&U Steering Committee stakeholders
- Ensuring cross-CCO communication and learning
- Ensuring that CCO Leadership Teams have the knowledge and tools to monitor cost and utilization trends to be accountable

C. QUALITY ASSESSMENT

Evaluation Analysis:	<p>This steering committee was officially chartered as the UM Oversight Committee in mid-2017 and since that time has engaged in appropriate oversight of Utilization Management activities</p> <p>Combinations of community, home, and clinic-based interventions have been developed that can keep members out of the hospital, address their needs, and reduce the total cost of care. The interventions are detailed in applicable individual TQS components. The CPCCO Board reviews the effectiveness of UM monitoring against the CCO contractual obligations quarterly and finds that UM monitoring meets the required elements:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Required Elements</th> <th style="background-color: #4F81BD; color: white;">Assessment</th> </tr> </thead> <tbody> <tr> <td>Mechanism(s) to detect over- and under-utilization of services</td> <td style="background-color: #92D050; text-align: center;">Meets</td> </tr> <tr> <td>Documentation of findings</td> <td style="background-color: #92D050; text-align: center;">Meets</td> </tr> <tr> <td>Regular reporting of aggregate data</td> <td style="background-color: #92D050; text-align: center;">Meets</td> </tr> <tr> <td>Follow-Up Actions</td> <td style="background-color: #92D050; text-align: center;">Meets</td> </tr> </tbody> </table> <p>Throughout 2017, CPCCO expanded its analytic capabilities that will allow for deeper exploration of utilization trends by population segment, member attributes such as race, language, ethnicity, and by level of risk for future high utilization. In 2018, this population segmentation approach will be used to identify “rising risk” cohorts most at risk for unnecessary utilization and amenable to advanced care coordination (see TQS 11).</p>	Required Elements	Assessment	Mechanism(s) to detect over- and under-utilization of services	Meets	Documentation of findings	Meets	Regular reporting of aggregate data	Meets	Follow-Up Actions	Meets
Required Elements	Assessment										
Mechanism(s) to detect over- and under-utilization of services	Meets										
Documentation of findings	Meets										
Regular reporting of aggregate data	Meets										
Follow-Up Actions	Meets										

D. PERFORMANCE IMPROVEMENT

Activity: Quarterly UM Monitoring				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
UM Monitoring occurs quarterly and is reported at CPCCO Board	2x in 2017			Maintain	12/31/2018

A. TQS COMPONENT(S): 13, 12, 1a

Primary Component:	Value-based payment models	Secondary Component:	Access
Additional Components:	Utilization Management		
Subcomponents:	Access: Availability of services	Additional Subcomponent(s)	Click here to enter text.

B. B1-NARRATIVE OF THE PROJECT OR PROGRAM

CPCCO has supported innovative partnerships to develop patient-centered primary care medical homes, used alternative payment methods to align provider pay with outcomes, and expanded access through new and more efficient pathways for care. CPCCO offers a spectrum of Value-Based Payment methodologies: A Primary Care Payment Model (PCPM), BH Integration model (BHPM) and an Enhanced Fee Schedule (EFS) for payments that are not otherwise billable (e.g. telephonic visits).

	Primary Care Payment Model (PCPM)	Comprehensive Primary Care Plus (CPC+)	Behavioral Health Integration (BHI)	Enhanced Fee Schedule (EFS)
Program Description	CareOregon program designed to align pc payment with CO quality priorities and build clinic pop health and data reporting capacity	CMS multi-payer and practice program designed to create national alignment, and build clinic/health plan capabilities and care processes	CareOregon program designed to support the integration of behavioral health services in primary care and promote adoption of minimum PCPCH standards	CareOregon program to increase reimbursement for services that will increase primary care access (e.g. RN visits, telemedicine visits)
Eligibility Requirements	1. PCPCH recognition 2. 150 or more CO members	1. CPC+ designated clinic (no FQHCs) 2. PCPH recognition 3. 150 members at clinic or 2000 at system	1. PCPCH recognition 2. Membership threshold: 1. Metro: 1,000 2. CPCCO: 250 3. JCC: 150	1. PCPH recognition
Payment Model	Tiered per member per month payment based on performance on quality metrics	Tiered per member per month payment based on performance on quality metrics	Tiered per member per month payment based on level of integration	Increased rate of fee for service payments for selected CPT codes
Included Measures	CCO metrics, Medicare STARS measures, miscellaneous (primary care engagement)	CCO metrics, Medicare STARS measures, miscellaneous (primary care engagement)	Productivity, same-day access, reporting on a target population	N/A
Frequency	Twice a year	Twice a year	Twice a year	Continuous – payment occurs upon delivery of service
What does the clinic have to do?	Track 1 Report whole clinic population performance on selected metrics Track 2 Report member level performance on all CO members for required metrics	Track 1 Report whole clinic population performance on selected metrics Track 2 Report member level performance on all CO members for required metrics	1. Maintain employment of at least 0.5 FTE of a behavioral health clinician 2. Participate in a learning collaborative 3. Report on measures	Provide selected services to CareOregon members Ex. Telephone & telehealth Nurse visits Care management Tobacco & substance use Nutrition assessment

C. QUALITY ASSESSMENT

Evaluation Analysis	As a result of these APMs with providers, CPCCO has already surpassed the 2018 federal target of 50% for payments already in alternative payment models/ population-based payments. CPCCO will focus on implementation and spread of alternative payment methodologies to ensure that an increasing amount of CPCCO’s membership is impacted by these arrangements, and will focus on spreading models to community partners that serve a large number of CPCCO members. We are particularly committed to supporting integration of physical, mental and dental health, through payment methodologies that support new clinical models of care.
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D. PERFORMANCE IMPROVEMENT

CPCCO funds a robust Primary Care Behavioral Health program through an alternative payment methodology. Clinics are required to identify and target a specific subpopulation such as children with ADHD, adults with depression, etc. and report on identified interventions.	<input type="checkbox"/> Short Term Activity <u>or</u> <input checked="" type="checkbox"/> Long Term Activity				
How activity will be monitored for improvement	Baseline or current state	Benchmark or future state	Time (MM/YY)	Target or future state	Time (MM/YY)

<p>Clinics are evaluated on population reach, and adherence to the model through analysis of the encounter data and annual site visit. Clinics are provided ongoing technical assistance and coaching based on analysis.</p>	<p>5% (Tier 1)/12% (Tier 2)</p>			<p>20%</p>	<p>12/2019</p>
<p>Activity: CPCCO introduced a performance accountability measure with financial implications in its 2018 contractual agreements with its delegated dental plan partners. The measure specifically addresses increasing the percentage of adult and child members who receive a dental service during the year. Tying performance accountability to payment allows Columbia Pacific CCO to work with its dental plan partners to improve access to both preventive and restorative dental services.</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Analyze claims data monthly to determine number and percentage of individual members assigned and seen by dental plan partners. Work with DCOs on strategies to improve access, outreach and strategies to increase utilization.</p>	<p>2017 utilization rate pending claims run-out</p>			<p>3% increase over 2017 final; segregated by child and adult</p>	<p>12/31/2018</p>