



PacificSource Community Solutions

PacificSource Central Oregon
Coordinated Care Organization

TRANSFORMATION & QUALITY STRATEGY
Progress Report | September 2018

The purpose of this form is to document progress toward benchmarks and targets at the midway point of the year for each of the TQS components submitted within the CCO’s annual TQS. It is important to track and document progress, not only to determine success in specific transformation and quality efforts, but also to provide each CCO and OHA with information by which to assess the advancement of health system transformation.

A. Project or program short title: Identification and Outreach to Special Health Care Needs Members with Severe and Persistent Mental Illness through Primary Care Clinics’ Use of Health Information Technology

B. Primary component addressed: Severe and persistent mental illness

- i. Secondary component addressed: Special health care needs
- ii. Additional component(s) addressed: N/A

C. Primary subcomponent addressed: HIT: Health information exchange

- i. Additional subcomponent(s) addressed: N/A

D. Activities and monitoring for performance improvement:

Activity 1 description: Utilize Health Information Technology (HIT) to facilitate timely identification of members with a Severe and Persistent Mental Illness (SPMI) diagnosis, a subset of members with Special Health Care Needs (SHCN), who have recently had an emergency department visit in order to connect the SPMI population to non-emergency medical and behavioral health services.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Clinics within Central Oregon have adopted the use of an Emergency Department (ED) Disparity metric cohort in PreManage, developed by Collective Medical Technologies and the Oregon Health Authority (OHA) to identify members who meet the definition outlined in the technical specifications for the CCO Quality Incentive Metric. PacificSource conducted outreach and education efforts through routine monthly meetings with ED staff, primary care clinics, and Community Mental Health Programs in counties with the highest ED utilization to improve communication, identify strategies, and coordinate local interventions. Clinics that have been engaged include all St. Charles outpatient clinics, all Mosaic outpatient clinics, Fall Creek Internal Medicine, Weeks Family Medicine, Madras Medical Group, Bend Memorial Clinic, and Pine Meadow Family Medicine. Of the previously listed clinics, St. Charles, Mosaic, Fall Creek Internal Medicine, and Weeks Family Medicine have implemented or are planning to implement the use of the PreManage cohort by the end of 2018. In addition, one Community Mental Health Program has expressed interest in receiving ED utilization data via a PreManage cohort or scheduled report for members living within their county in effort to conduct outreach and follow-up in collaboration with primary care providers and ED staff.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Quarterly tracking and report out of HIT utilization by primary care clinics to identify members with	0% of members are assigned to clinics that utilize HIT to identify members with an SPMI diagnosis who	51% of members are assigned to clinics that are utilizing HIT to identify members with an SPMI	25% of members are assigned to clinics that utilize HIT to identify members with an SPMI	12/2018	50% of members are assigned to clinics that utilize HIT to identify members with an SPMI	12/2019

an SPMI diagnosis who have recently visited the emergency department.	have recently visited the emergency department.	diagnosis who have recently visited the ED.	diagnosis who have recently visited the emergency department.		diagnosis who have recently visited the emergency department.	
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Challenges in progressing toward target or benchmark: Several clinics that have implemented the cohort in their PreManage systems have had limited or inconsistent success in translating the information into action.

Strategies to overcome challenges: A Central Oregon-focused workgroup has been convened to help strengthen the use of the tool. This workgroup includes ED staff, representatives of the primary care clinics with the highest ED utilization, and Community Mental Health Program staff and has as its goals to improve communication, identify strategies, and coordinate local interventions, workflows, and patient care plans.

A. **Project or program short title:** Patient Centered Primary Care Home Enhancement Focusing on High-Value Elements, Behavioral Health Integration, and Sustainable, Aligned Payment

B. **Primary component addressed:** Patient-centered primary care home
 i. Secondary component addressed: Integration of care (physical, behavioral and oral health)
 ii. Additional component(s) addressed: Value-based payment model

C. **Primary subcomponent addressed:** Access: Availability of services
 i. Additional subcomponent(s) addressed: N/A

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

Activity 1 description: PacificSource will provide funds using a value-based payment strategy and technical assistance to clinics to achieve a higher PCPCH tier.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): PacificSource is now in its second year of administering a Patient Centered Primary Care Home (PCPCH)/Behavioral Health Integration (BHI) grant. Between year one and year two of the PCPCH/BHI grant, PacificSource has provided increased technical assistance to clinics interested in participating and has seen significant improvement in a short period of time. As of June 2018, 97% of our CCO membership is assigned to a PCPCH clinic. We have held BHI collaborative sessions that were very well attended, and we continue to do a significant amount of customized resourcing for clinics.

The following clinics participated in the first year of the grant in 2017: Central Oregon Pediatric Associates, Mosaic Medical, St. Charles Family Care, Summit Bend Memorial Clinic, Madras Medical Group, and Weeks Family Medicine. During the second year of the grant in 2018, we expect that the clinics listed above will participate again, as well as the following additional clinics: La Pine Community Health Center, High Lakes/Praxis, and Dr. Bradley Burket.

In year two we are tracking change in PCPCH tier status, clinic access for new Medicaid patients, the ratio of behavioral health consultants to physical health providers, and percentage of each clinic’s full patient population seen by a behavioral health consultant.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
PacificSource will monitor and report changes in PCPCH tier certification among clinics in Central Oregon with assigned lives on a monthly basis.	1 clinic at Tier 5 certification.	2 certified Tier 5 clinics in Central Oregon: Mosaic Complex Care and Central Oregon Pediatric Associates.	2 clinics at Tier 5 certification.	12/2018	3 clinics at Tier 5 certification.	12/2019
PCPCH providers participating in the grant are	0 regular monitoring processes in place to check	1 desktop procedure in place to monitor PCPCH	Develop and adopt policy and procedure for regular	12/2018	Process fully in place for regular monitoring of	12/2019

eligible for additional funding if >50% of providers are accepting new patients and open to auto-assignment.	the status of PCPCH provider’s status for accepting new patients and those who are open to auto-assignment.	provider status for accepting new patients and to verify who is open to auto-assignment.	monitoring of PCPCH provider status to promote access and availability of services.		PCPCH provider status to promote access and availability of services.	
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Challenges in progressing toward target or benchmark: In year one there were some challenges in engaging a few of the smaller clinics. Causes of this included that the application window for the PCPCH/BHI grant was short, and the process was newly developed and thus unfamiliar to applicants. Additionally, a team leader on our Provider Network team, who assisted with this process in year one, has left the role, and that position had not yet been filled.

Strategies to overcome challenges: All eligible clinics have received individualized communication to encourage year two participation. We were also able to lengthen the year two grant application period, as well as provide clinics with more advance notice and assistance. The open Provider Network team leader position has been filled.

Activity 2 description: PacificSource will provide funding using a value-based payment strategy and technical assistance to clinics to achieve fidelity BH integration.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): PacificSource is now in its second year of administering the PCPCH/Behavioral Health Integration (BHI) grant. During 2017, 13 clinics self-attested to meeting the BHI criteria. In 2018, which is year 2 of the grant, there are 3 additional clinics applying for the BHI portion. Data collected through June of year 2 indicates that all but one of the 16 clinics is meeting the BHI eligibility criteria. Claims analysis indicates that utilization of integrated BH services delivered in the primary care setting continues to increase. Quarterly BHI learning collaboratives and monthly meetings are taking place for all participating or interested clinics. In addition, expert technical assistance is provided free of charge to each of the clinics, and several have taken advantage of this offering.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Site Reviews by CCO SME consultant.	0 site reviews completed. 13 clinics self-attested to meeting IBHAO and 3.C.3 and 3.C.2 standards.	0 sites reviews have been completed as we expect to do these in quarter 4 of 2018.	Site reviews of the 13 clinics confirm that at least 50% have met the standards.	12/2018	Site reviews of the 13 clinics confirm that at least 67% meet standards.	12/2019
Quarterly metric reporting for BH Integration: Penetration metric.	<5% penetration rate.	14 of the 16 participating clinics met the 5% target for Quarters 1 and 2, combined.	5% or greater penetration rate.	12/2018	10% or greater penetration rate.	12/2019

Challenges in progressing toward target or benchmark: The site reviews are on schedule, as the intent has always been to do these reviews in the second half of 2018. This will allow the clinics to fully benefit from the quarterly learning collaboratives, monthly update meetings, and on-site technical assistance. Scheduling all site reviews in a narrow time frame will be challenging for our consultant and the clinics.

A few of the clinics found it difficult to run reports on the percentage of members seen by the behavioral health consultant, known as the penetration rate. This was due to lack of resources and/or challenges with collecting and reporting the data using their EHRs. Some clinics had to resubmit data after the deadline in order for it to be accurate.

Strategies to overcome challenges: We plan to limit each site review to 2 hours and will begin scheduling in September.

Due to the challenges in generating the penetration rate, we are providing flexibility in meeting the timeline for data submission and are offering technical assistance to the clinics on how to collect and report the data.

A. Project or program short title: Utilization Review Overview

B. Primary component addressed: Access

- i. Secondary component addressed: Utilization review
- ii. Additional component(s) addressed: N/A

C. Primary subcomponent addressed: Access: Second opinions

- i. Additional subcomponent(s) addressed: N/A

D. Activities and monitoring for performance improvement:

Activity 1 description: Work is underway to add software functionality and reporting enhancements to capture Second Opinions. When submitting preapproval and referral requests online, providers will be required (mandatory field) to select a “Yes” or “No” radio button if they are for second opinions. Similarly, within the UM team’s referral and preapproval software, there will be a mandatory field the UM staff will select if the requested service is for a Second Opinion.

With respect to reporting, Second Opinions will be added to a current report (SSRS/HPXR) so they can be tracked at any given point in time.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Software changes and reporting enhancements have been implemented to capture data on Second Opinion requests for behavioral and physical health services. When Providers submit a preapproval or referral request online for physical or behavioral health, they are now prompted to select a mandatory “Yes” or “No” radio button to indicate if the request is for a Second Opinion. Additionally, within the PacificSource Utilization Management (UM) team’s preapproval and referral software, there is a mandatory field for the UM staff to select if the requested service is for a Second Opinion. This allows for identification of requests for Second Opinions through an online or faxed entry submitted by a provider and through a phone request from the provider or member/member representative.

During the first half of 2018, the CCO received Second Opinion requests for the following numbers of physical and behavioral health services:

Month	Preapproval Count	Referral Count	Total Count
JAN	N/A	N/A	N/A
FEB	13	49	62
MAR	9	63	72
APR	13	64	77
MAY	6	58	64
JUN	12	24	36
Total	53	263	316

Work has been ongoing with Dental Care Organizations, and they will begin submitting Second Opinion data during the third quarter of 2018. Data will extend back to the start of 2018 and will include the following data points for members who have requested a second opinion:

- Medicaid ID
- Date member requested a second opinion

- Service/procedure for which the second opinion was requested
- Date the second opinion occurred
- If the second opinion visit did not occur, what are the reasons?

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Determine baseline rate for utilization of second opinion.	Will establish a baseline in year one. 0 data points currently collected for a baseline.	5 monthly data points have been collected.	Baseline determined based on year one monitoring results.	12/2018	Develop a strategy to increase utilization of second opinions, if indicated.	12/2019
Collaborate with DCOs to receive second opinion monitoring and tracking reports that demonstrate each DCO's full compliance with second opinion requirements and to see the extent to which members are requesting/receiving dental-specific second opinions.	0 second opinion monitoring and tracking reports regularly received from DCOs.	DCOs will begin providing PacificSource with second opinion data by September 2018.	PacificSource receives second opinion monitoring and tracking reports from DCOs, on a quarterly basis.	12/2018	PacificSource receives second opinion monitoring and tracking reports from DCOs, on a quarterly basis.	12/2018

Challenges in progressing toward target or benchmark: Data is not available for the full month of January because the software updates were not made until late in the month.

Strategies to overcome challenges: Baseline will be determined using the months for which data is available.

A. **Project or program short title:** Analyzing Appeals and Grievances Data to Support Timely Access to Care

B. **Primary component addressed:** Grievance and appeal system

- i. Secondary component addressed: Access
- ii. Additional component(s) addressed: N/A

C. **Primary subcomponent addressed:** Access: Timely access

- i. Additional subcomponent(s) addressed: N/A

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

Activity 1 description: Develop Complaint Analysis Report to identify trends in member A&G. Develop process to address issues identified as trends.

Short term or Long term

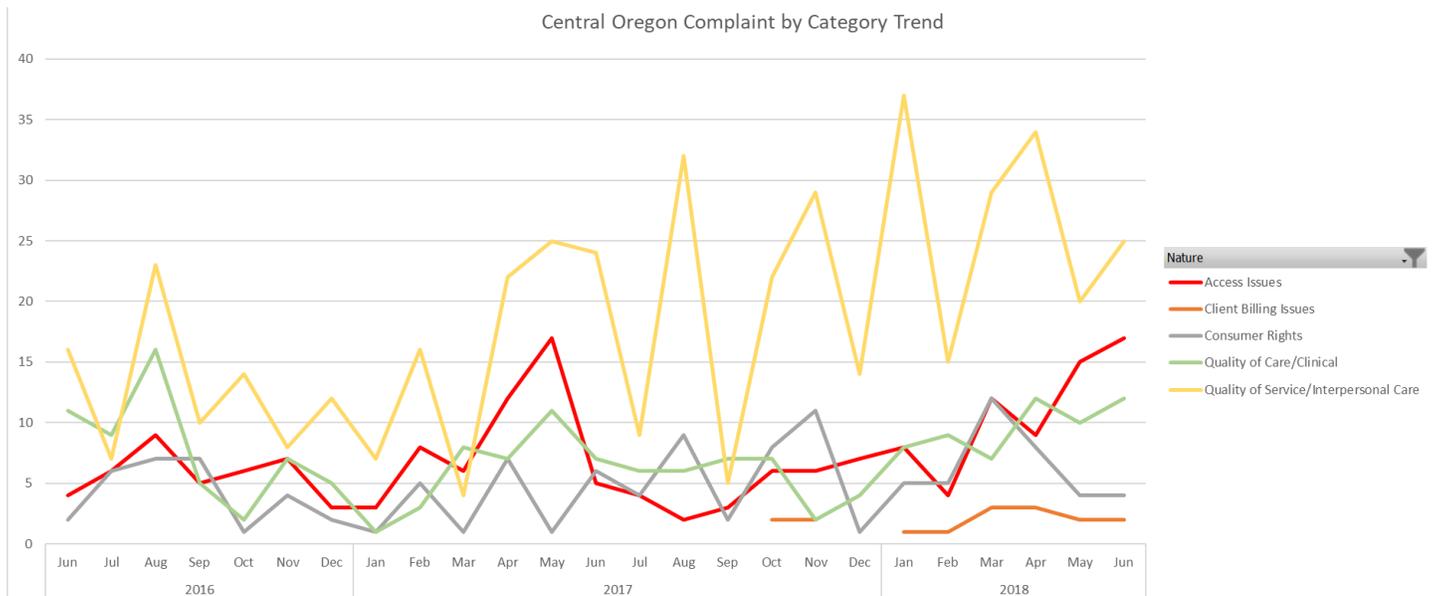
Update? Yes No

Activity 1 progress (narrative): Initial assessment of complaint data identified a need to assure that complaints were being categorized accurately with regard to the subject in the complaint. As a result, a work group of internal staff was formed to analyze complaint reasons and categories and to determine a workflow that would ensure appropriate categorization. The workgroup implemented a process document with definitions and examples to ensure that staff accurately group complaints.

A report collecting complaint rates by category has been put into operation, allowing review of grievances by month over a 2-year time window (see below). A 2-year period was selected to ensure an adequate time window to establish a trend. An internal process was developed to ensure that staff respond to every grievance related to access, including an attempt to contact any identified provider. Additionally, a quarterly review of the report is being implemented to identify any persistent provider-specific issues or new trends.

Reports are now generated monthly detailing grievance count by provider, which is then shared with teams internally to support their work to educate identified providers and to intervene on more systemic access issues. Specific work to improve timely access to transportation services will be included in these monthly education and mitigation efforts.

Activity 1 progress (optional data, run charts, etc.):



How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Monitor trends in member grievance data related to timely access.	0 baseline exists for # of grievances related to timely access.	Established a strategy to determine a future baseline.	1 baseline exists for # of grievances related to timely access.	09/2018	1 baseline exists for # of grievances related to timely access. Number of grievances and appeals related to access to care is tracked over time.	12/2018
Develop and track at least one new strategy to address service-related grievances impacting access based on identified trends.	0 strategies related to trends have been developed and tracked.	1 strategy developed to address service-related grievances impacting access.	At least 1 strategy developed and tracked.	12/2018	At least 1 strategy developed and tracked.	12/2018

Challenges in progressing toward target or benchmark: Because current reporting provides only limited information, significant staff time is needed to analyze details underlying complaints.

Strategies to overcome challenges: A request has been submitted to the PacificSource Information Technology department to increase reporting capabilities.

A. **Project or program short title:** Oral Health Care for Adults with Diabetes Project—Increasing Preventive Dental Visits for Adults with Diabetes

B. **Primary component addressed:** Special health care needs

- i. Secondary component addressed: Value-based payment models
- ii. Additional component(s) addressed: Integration of Care (physical, behavioral, and oral health)

C. **Primary subcomponent addressed:** HIT: Analytics

- i. Additional subcomponent(s) addressed: N/A

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

Activity 1 description: Develop an analytics tool or report that displays dental visit information to better facilitate integration of oral health components into the physical health provider’s diabetes care management and enable inter-professional collaboration for special health care needs.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): During the first half of 2018, a cross-department team worked to develop a prototype report that includes the following fields:

- CCO region
- Primary care clinic
- PCP name
- Medicaid ID
- Member name
- DOB
- Gender
- # of Dental Visits in the last 6 months
- # of Dental Visits in the last 12 months
- Date of most recent dental visit
- Dental visit provider name
- # of prophy/perio dental visits in last 6 months
- # of prophy/perio dental visits in last 12 months
- Date of last prophy/perio dental visit
- Prophy/perio dental visit provider name

The immediate next steps with this report are to conduct quality assessment, refine the report, and create a dissemination plan. Introduction of the report to providers will occur once the report gets closer to being production-ready.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
An analytics tool or report is developed to include the following: <ul style="list-style-type: none"> • # of Dental visits in last 12months • # of Dental visits in last 6 months • Date of last dental visit 	0 dental visits (over last 12 months) are tracked or displayed on a report shared with physical health providers. 0 dental visits (over last 6 months) are tracked or	A prototype report meeting the target criteria has been developed.	Dental visits (over last 12 months) are tracked or displayed on a report shared with physical health providers. Dental visits (over last 6 months) are tracked or	12/2018	Dental visits (over last 12 months) are tracked or displayed on a report shared with physical health providers Dental visits (over last 6 months) are tracked or displayed on a	12/2018

<ul style="list-style-type: none"> Dental Provider Name Dental Provider Group Name 	displayed on a report shared with physical health providers. 0 dental provider and provider group names are shared with physical health providers.		displayed on a report shared with physical health providers. Dental provider and provider group names are shared with physical health providers		report shared with physical health providers. Dental provider and provider group names are shared with physical health providers.	
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Challenges in progressing toward target or benchmark: Creation of this prototype report has progressed smoothly. Periodic meetings and frequent communication have helped keep this work progressing. Challenges may arise when it's time for communication and roll-out to providers.

Strategies to overcome challenges: Developing a provider communication and dissemination plan will help mitigate potential challenges.

Activity 2 description: Leverage value-based payment strategies to incentivize delivery of dental care to members with diabetes.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): PacificSource collaborated with DCOs to determine the specifications for this measure, including agreeing on an overall CCO benchmark and using the Minnesota Method to set DCO-specific improvement targets. The 2018 contracts include this measure and have been fully executed. Visual performance dashboards that display both YTD and rolling-12 month (R12) data are created and shared with DCOs monthly.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Apply and maintain a performance withhold to 2018 DCO capitation payments, tied to performance with provision of dental services to diabetic members. Administer these contract provisions	Prior to 1/2018, 0 of 4 dental contracts include payment mechanisms to drive performance with dental visits for diabetic members.	4 of 4 dental contracts include payment mechanisms to drive performance with dental visits for diabetic members.	A performance withhold, tied to dental visit(s) with diabetes members, is initiated and maintained throughout 2018 for 4 of 4 DCOs.	12/2018	A performance withhold, tied to dental visit(s) with diabetes members, is initiated and maintained throughout 2018 for 4 of 4 DCOs.	12/2018

throughout 2018.						
By end of claims paid period of 1/1/18 – 12/31/18, improve rates of delivery of D0120, D0150, or D0180 to members with diabetes to either the CCO benchmark of 50% or to each of the DCO’s regional improvement targets (as adjusted for future performance).	Central Oregon Regional Baseline: 25.3% Advantage Baseline: 23.9% Capitol Baseline: 24.2% ODS Baseline: 37.3% Willamette Baseline: 26.0%	As of 05/31/2018 Regional R12: 28.23% YTD: 11.40% Advantage R12: 20.80% YTD: 8.30% Capitol R12: 27.90% YTD: 10.70% ODS R12: 38.60% YTD: 17.90% Willamette R12: 25.60% YTD: 8.70%	CCO benchmark of 50% or the below improvement targets: Central Oregon Regional Improvement Target: 28.3% Advantage Improvement target: 26.9% Capitol Improvement Target: 27.2% ODS Improvement Target: 40.3% Willamette Improvement Target: 29.0%	12/2018	CCO benchmark of 50% or future adjusted improvement targets are achieved across both CCO regions and by at least 3 of 4 DCOs, individually.	12/2020

Challenges in progressing toward target or benchmark: There are always challenges to navigate when negotiating contracts, especially those that involve risk arrangements and performance expectations. In this respect, there weren’t any unusual challenges encountered, and the negotiations over the risk arrangement and measure specification went relatively smoothly. It was essential to navigate several challenges related to developing the analytics tools necessary to execute contracts and measure the risk arrangement. Across most of the DCOs, performance on providing dental services for members with diabetes seems lower than expected for this point in the year.

Strategies to overcome challenges: Use of a collaborative, transparent negotiating process undoubtedly contributed to a smooth contracting process. PacificSource also facilitated a consensus process to identify the measure benchmark. With regard to analytics, challenges were overcome with frequent meetings and communication when issues arose. PacificSource is engaging with DCOs about YTD performance and having discussions about DCO strategies for increasing the percentage of diabetic members who receive dental care.

Activity 3 description: Deploy HIT analytics capabilities to build a visual performance management dashboard that displays baseline rates, YTD and rolling rates, and individualized improvement targets towards the desired benchmark. Analytics tools will be shared with DCOs monthly to track ongoing performance.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): A cross-departmental team developed the analytic tools and reporting dashboards necessary to support the measure and to conduct monthly monitoring activities. These reporting tools underwent several rounds of Quality Assessment/Quality Improvement (QA/QI) review and revision before implementation.

Activity 3 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Full production of an analytics dashboard capable of a monthly refresh to display the following data for each DCO, by region: <ul style="list-style-type: none"> • YTD and 12month rolling dental visit rates for specific codes of interest with in the defined diabetic population. • CCO benchmark. • DCO-specific improvement targets. • # needed to meet target or benchmark. 	0 analytics dashboards include dental visit rates for members with diabetes. Build of analytics tools to support measure specifications and performance tracking began mid-2017. Prototypes were introduced throughout Q4 of 2017. Peer review and production of analytics tools will continue through Q1 2018.	1 dashboard has been put into active use. It includes dental visit rates for members with diabetes and is shared on a monthly basis with each DCO	Analytics dashboards include dental visit rates for members with diabetes. Full production of dashboard.	05/2018	Analytics dashboards include dental visit rates for members with diabetes.	05/2018

Challenges in progressing toward target or benchmark: Several challenges were encountered in the completion of this activity, including contending with competing analytics resource priorities and misalignment across differing departments on the measure specifications and coding.

Strategies to overcome challenges: Challenges were overcome with frequent meetings and communication when issues arose.

A. **Project or program short title:** Enhancing Access to Care with Technical Assistance and Provider-Directed Education

B. **Primary component addressed:** Access

- i. Secondary component addressed: Health information technology
- ii. Additional component(s) addressed: N/A

C. **Primary subcomponent addressed:** Access: Availability of services

- i. Additional subcomponent(s) addressed: Access: Quality and appropriateness of care furnished to all members; HIT: Patient Engagement

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

Activity 1 description: Enhance internal workflows to support improved site visits and allow for follow-up on identified access to care issues.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Several interventions have enhanced internal workflows. For example, the Provider Site Visit process has been revised to encourage collaborative conversations with providers related to access. This includes education for providers on the importance of monitoring access, as well as documentation of barriers to maintaining appropriate access that providers face. Additionally, we have launched a cross-functional workgroup that has identified key metrics to monitor our members’ access. The workgroup is responsible for identifying opportunities for improvement and then working with business owners to implement change.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Develop a procedure to utilize data from the Access Survey to focus technical assistance resources on those clinics that need improvement.	0 procedures use access survey data for targeted technical assistance.	Procedure is under development.	1 procedure developed.	09/2018	1 procedure developed and implemented.	12/2018
Increase the number of provider site visits conducted.	An average of 4 site visits per month were conducted in 2017.	Provider Service has enhanced the site visit process but has not yet increased the amount of site visits due to staff shortages.	Increase provider site visits by 25%.	09/2018	Increase provider site visits by 50%.	12/2018
Develop and deploy provider education	0 documents related to access	1 document has been created related to	1 document related to access	12/2018	1 document related to access	12/2018

materials for use during site visits regarding access standards.	standards exist for use during site visits.	access standards for use during site visits.	standards exists for use during site visits.		standards exists for use during site visits.	
Charter an Access to Care Team.	0 Access to Care Teams established.	1 Access to Care Team was launched in April 2018 and is meeting regularly.	1 Access to Care Team established.	09/2018	1 Access to Care Team is meeting regularly.	12/2018

Challenges in progressing toward target or benchmark: A procedure to utilize data from the Access Survey has been outlined, but several items must be finalized. For example, the process to gather, compile, analyze, and report out on Access Survey data is cumbersome and almost completely manual. Additionally, several challenges have arisen due to position vacancies in Provider Network that have, for example, decreased the time that Provider Service Representatives have available for follow-up with providers.

In forming of the Access to Care Team, it has been challenging to identify the right governance and structure.

Strategies to overcome challenges: A sub-group of the Access to Care Team will develop a policy to gather, compile, analyze, and report on the Access Survey data and to ensure that a process is in place to support this policy. The Provider Network department is working to fill vacant positions to allow Service Representatives to conduct site visits.

A workgroup that was similar to the Access to Care Team deployed in 2017, but it became clear that the group needed to have decision-makers at the table. As a result, key stakeholders met to review the data and need for this group, and they agreed on an enhanced structure with new participants.

Activity 2 description: Add functionality to the PacificSource mobile app to better meet the needs of members

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): This project has been completed and will help members better navigate the health care system. We have added additional features to the Mobile App including “Your Health Benefits,” “OHP Information,” and “24-hour NurseLine.” These features were identified by members of the Community Advisory Council (CAC) as being valuable to members. For example, members can call the 24-hour NurseLine when they have a medical issue that needs to be addressed, but they are unable to connect with a primary care provider. The OHP Information feature provides quick links for members to learn more about their coverage, visit the OHA website, and email or place a phone call to OHP with the click of a button.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Enhance Medicaid mobile app functionality to improve patient engagement.	Current functionality includes “Mobile ID card,” “Find a Doctor,” and “Contact us.”	Additional features, including “Your Health Benefits,” “OHP Information,” and “24-hour	Add additional features to include “Your Health Benefits,” “OHP Information,”	06/2018	Add additional features to include “Your Health Benefits,” “OHP Information,”	06/2018

		NurseLine” have been added.	and “24-hour NurseLine.”		and “24-hour NurseLine.”	
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Challenges in progressing toward target or benchmark: The “MyPacificSource App” was built internally and requires significant resources to update, enhance, and deploy changes. Therefore, any desired changes need to be thoroughly vetted and approved. In addition, the application interface is less interactive than would be optimal, which may discourage member use.

Strategies to overcome challenges: We worked with the IT team to identify improvements that would enhance member experience while requiring minimal changes to the system coding. Overall, the app is significantly improved.

A. **Project or program short title:** Fraud, Waste, and Abuse—Effective Lines of Communication and Well-Publicized Disciplinary Standards

B. **Primary component addressed:** Fraud, waste and abuse

- i. Secondary component addressed: N/A
- ii. Additional component(s) addressed: N/A

C. **Primary subcomponent addressed:** N/A

- i. Additional subcomponent(s) addressed: N/A

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

Activity 1 description: In collaboration with the Information Technology Department, Compliance created a SharePoint site where Compliance Q&A emails are triaged, categorized, and answered by the Compliance team.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The SharePoint site has been developed and additional fields have been added to the Q&A form to track line of business, open date, closed date, and topic (general compliance, Fraud, Waste, and Abuse (FWA), HIPAA, other). Compliance department staff also have the ability to export all of the Q&A data into Excel for analysis and trending. The data for Medicaid includes both of PacificSource’s CCOs as the inquiries are not logged by a specific CCO.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Compliance team will monitor site for emails and respond in a timely manner.	SharePoint site developed and functioning. 0 utilization tracking efforts in place.	Utilization tracking is in place. Comparing the 6-month periods August 2017-January 2018 and February 2018-July 2018, there has been a 122% increase in utilization across both PacificSource CCOs.	SharePoint site shows increased utilization by employees by tracking number of email submissions.	07/2018	SharePoint site shows increased utilization by employees by tracking number of email submissions.	07/2018

Challenges in progressing toward target or benchmark: We had challenges tracking a single question from open to close because of multiple emails in a string related to a single question.

Strategies to overcome challenges: Each team member is now responsible to clean up the emails that they are assigned, only leaving the relevant ones. This will allow us to get a better idea of the core number of questions received by Q&A.

Activity 2 description: In collaboration with the Marketing Department, Compliance created a Compliance team poster that is displayed in common areas in each of our office locations. The poster identifies our Compliance Officer, as well as all the other members of the Compliance team and their titles. It also explains the multiple methods by which employees can report compliance or FWA issues, concerns, or violations anonymously or directly. The Compliance team also published an article to the PacificSource intranet site to let employees know about the information on posters and to look for the posters in their offices.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): The Compliance team poster was printed by the print room staff in Bend, then hung in common areas in the Bend, Boise, Eugene, and Springfield offices by members of the Compliance team. For our office locations with no Compliance team member, posters were mailed. Representatives in Helena, Hood River, Idaho Falls, Portland, and Tigard were contacted via email by Compliance and agreed to hang the posters.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Posters are displayed in each PacificSource office location.	0 posters displayed in each of our 9 office locations.	At least one Compliance team poster is displayed in each of our offices. A total of 27 posters are displayed in our 9 office locations.	At least 1 poster displayed at each of our 9 office locations.	05/2018	At least 1 poster displayed at each of our 9 office locations.	05/2018

Challenges in progressing toward target or benchmark: There were no significant challenges in achieving this activity.

Strategies to overcome challenges: N/A

Activity 3 description: In 2018, the Compliance team plans to continue to build on the improvements implemented in 2017. Specifically, the Compliance team is working on table tents to be displayed in common areas (lunchrooms and meeting rooms). The table tents will identify the Compliance Officer by name and picture on one side. The second side will remind employees to do the right thing by reporting compliance or FWA concerns and the consequences of not reporting, including our disciplinary standards. Compliance also plans to launch a “Compliance Newsletter,” which will be disseminated to all employees via email and cover topics across the compliance and FWA spectrum.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): The Compliance table tent was produced by staff in Bend, then placed in common areas in the Bend, Boise, Eugene, and Springfield offices by members of the Compliance team. For our office locations with no Compliance team member, table tents were interoffice mailed with instructions to our Helena, Hood River, Idaho Falls, Portland, and Tigard offices. Our newsletter is still in planning stages.

Activity 3 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Completion of table tents and dissemination of Compliance Newsletter.	0 table tents displayed and 0 newsletters sent.	At least one table tent is displayed in each of our 9 pre-existing 2018 office locations. A total of 48 table tents were disseminated.	Table tents and Compliance newsletter in development.	03/2018	Table tents displayed at each of our 9 office locations and inaugural Compliance newsletter sent to all PacificSource employees.	12/2018

Challenges in progressing toward target or benchmark: There were no significant challenges in achieving this activity.

Strategies to overcome challenges: N/A

Activity 4 description: Conduct a telephonic “Compliance Program” employee survey of at least 30 employees, asking a specific list of questions about the Compliance Officer and Program, and document correct and incorrect answers. The Compliance team will evaluate the results to determine if the efforts to better publicize the Compliance and FWA Program, including methods for communicating with Compliance and publicizing disciplinary standards, were successful.

Short term or Long term

Update? Yes No

Activity 4 progress (narrative): A member of the Compliance team has developed a list of telephonic survey questions. The questions are based on required elements of a Compliance Program and our Compliance and FWA Program policy. The random sample of employees has been selected, and it includes employees who work with both government lines of business as well as corporate tasks.

Activity 4 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Telephonic “Compliance Program” survey of employees.	0 employee surveys administered.	The list of survey/interview questions has been developed, sample employees have been selected, and interviews are currently underway.	Survey in development.	03/2018	Survey administered to at least 30 employees.	03/2019

Challenges in progressing toward target or benchmark: There were no significant challenges in achieving this activity.

Strategies to overcome challenges: N/A

- A. **Project or program short title:** Claims Audit Process Improvement
- B. **Primary component addressed:** Fraud, waste and abuse
 - i. Secondary component addressed: N/A
 - ii. Additional component(s) addressed: N/A
- C. **Primary subcomponent addressed:** N/A
 - i. Additional subcomponent(s) addressed: N/A
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: A formal corrective action plan (CAP) was initiated to resolve the incorrect payment to providers identified in the 2017 Medicaid claims audit. Compliance will conduct another Medicaid claims audit beginning in April 2018.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Compliance department staff have initiated the 2018 Medicaid Claims Audit, which includes our review of provider payments to ensure correct provider rate assignments. Staff have sent audit notifications to internal business owners, hosted a kick-off meeting to discuss the scope, and requested a claims universe from which we will pull a sample to validate correct provider fee schedule configuration.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Corrective Action Plans required as a result of 2018 audit.	1 CAP in 2017 for incorrect provider rate assignment.	Audit is still in progress.	0 CAPs needed post-2018 audit for incorrect provider rate assignment.	12/2018	0 CAPs needed post-2018 audit for incorrect provider rate assignment.	12/2018
Compliance team on-going annual audit process.	1 Medicaid claims audit performed in 2017 with findings for incorrect provider fee schedule configuration.	1 Medicaid claims audit in progress for 2018. Testing has not begun.	1 Medicaid claims audit performed in 2018 showing no repeat findings related to Medicaid claims payment.	12/2018	1 Medicaid claims audit performed in 2018 showing no repeat findings related to Medicaid claims payment.	12/2018

Challenges in progressing toward target or benchmark: This audit has been delayed as a result of our annual EQR Audit, as well as the department staff time needed to prepare for the review of Central Oregon CCO as part of the Office of Inspector General audit of the OHA.

Strategies to overcome challenges: To ensure timely completion of this audit, we are planning to request that each business unit walk us through the necessary information live, in lieu of a desktop review. This allows us to discuss cases and potential issues in real-time instead of sending an issue log back and forth. This will save us significant time and simplify many discussions.

- A. **Project or program short title:** Central Oregon Accountable Health Communities
- B. **Primary component addressed:** Social determinants of health
 - i. Secondary component addressed: Health information technology
 - ii. Additional component(s) addressed: N/A
- C. **Primary subcomponent addressed:** HIT: Health information exchange
 - i. Additional subcomponent(s) addressed: Health Equity: Data
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Initiate screening for social needs in Medicare and Medicaid patients, including tracking of the population who screen positive. Train community-based screeners to use culturally and linguistically responsive practices as well as to respond to clients who screen positive for interpersonal violence. Aggregation of the screening data will map social needs and gaps in services by patient demographics, informing future health equity work.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The Accountable Health Communities (AHC) project team at Oregon Rural Practice-based Research Network (ORPRN) has begun training participating clinical sites, but the sites have not yet started screening activities due to a delay in receiving approval of their data system, the Vistalogic Clara platform, from the Centers for Medicare & Medicaid Services (CMS). Trainings include on-site technical assistance and sensitivity training around safety and cultural considerations. In addition, they are holding drop-in webinar trainings. These trainings cover the basics of the AHC project, research ethics training, screening, and navigation.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of unique community members screening positive for health related social needs, disaggregated by factors, such as gender, age, race, ethnicity, language, education level attained, and income level.	Baseline 0 until project start in mid-2018.	AHC has screened 0 community members.	Year 1 data will be used to establish baseline and inform future screening protocols.	12/2018	Year 1 data will be used to establish baseline and inform future screening protocols.	12/2018
Percentage of screeners who are trained in culturally responsive	0% of screeners have been trained.	100% of the region's 68 screeners have been trained.	75% of participating screeners have	12/2018	75% of participating screeners have	12/2018

protocol and responding to positive interpersonal violence screens.			received training.		received training.	
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Challenges in progressing toward target or benchmark: For AHC, the project team at ORPRN are currently waiting on approval of their data system from CMS before they can initiate project activities. Although CMS has a backlog of materials to review, final approval is expected soon.

Strategies to overcome challenges: The AHC project team, ORPRN, continues to work with CMS to ensure a smooth launch. Training of study sites has begun despite the delay.

Activity 2 description: For patients who screen positive for social needs through AHC, offer a resource summary and track acceptance rate. Health Equity data collected on race, ethnicity, language, and gender will guide the referral process to ensure that referrals are made to culturally and linguistically appropriate services.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): N/A

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of unique community members who screened positive for 1 or more social needs and were offered and accepted a community resource summary, by risk strata.	Baseline 0 until project start in mid-2018.		Establish baseline from first 6 months of screening.	12/2018	Establish baseline from first 6 months of screening.	12/2018

Challenges in progressing toward target or benchmark: Oregon chose to operate its own data system, Clara from Vistalogic, as was its option as a participant in the AHC project. Unfortunately, CMS has not had the capacity to complete timely review of regionally-developed IT systems, which is a requirement before project work may start. This has delayed the launch date of the AHC screening and referral process by several weeks.

Strategies to overcome challenges: The project team continues to focus on workflow training with participants and working with CMS to ensure a smooth launch.

Activity 3 description: Health Information Technology/Health Information Exchange. Leverage health information technology to create a shared electronic referral system across health care, social service, and public health to support patients with health-related social needs.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): The Central Oregon region has deployed an eReferral system for use by health care, social service, and public health. The Reliance eHealth platform provides a closed-loop referral mechanism and a secure email module to support secure communication across sectors.

Activity 3 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of health care organizations using HIT to send and receive e-referrals.	0 mental health, dental health, or physical health providers.	7 health care organizations are utilizing the eReferrals platform. Provider types: 1 - mental health 0 - dental health 6 - physical health	At least 2 additional participating organizations.	12/2018	At least 2 additional participating organizations.	12/2018
Number of social service agencies using HIT to send and receive e-referrals.	0 social service providers.	0 social service agencies	At least 1 social service agency sending and receiving referrals with health care organizations.	12/2018	At least 1 social service agency sending and receiving referrals with health care organizations.	12/2018

Challenges in progressing toward target or benchmark: Health care organizations have frequently adhered to mistaken beliefs about what information may be shared across health care sectors and with social service agencies.

Strategies to overcome challenges: Including signed releases of information or other legal documents, as part of the eReferral, has proven to be helpful. Refresher education once or twice a year with the provider community is planned.

Project or program short title: Supporting Providers to Deepen Understanding of CLAS Standards and Enhance Service Delivery to Meet the Needs of a Culturally Diverse Population

A. Primary component addressed: CLAS standards and provider network

- i. Secondary component addressed: Access
- ii. Additional component(s) addressed: N/A

B. Primary subcomponent addressed: Health Equity: Cultural competence

- i. Additional subcomponent(s) addressed: Access: Cultural Considerations

C. Activities and monitoring for performance improvement:

Activity 1 description: Increase educational and technical assistance “touches” around CLAS standards and cultural competency with providers so that they can better provide members access to culturally appropriate services.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): This year’s work with providers is designed to create awareness about culturally- and linguistically-appropriate services (CLAS). As detailed below, work has been proceeding to create and share educational materials.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Track materials and interactions with contracted providers related to CLAS Standards.	1. PacificSource FAQ about interpreter services exists. 2. Provider bulletin annual schedule does not include CLAS. 3. PacificSource provider website includes 0 CLAS resources. 4. 0 provider workshops have been developed specific to CLAS. (change in activity) 5. CLAS implementation toolkits are	1. Interpreter FAQ updates are under review. 2. CLAS information is scheduled for the last newsletter of the year. 3. Provider website includes 1 resource on CLAS. 4. A workshop is being developed for winter 2018, in lieu of a webinar. 5. Provider toolkit availability in process. 6. On-site visits with	1. PacificSource FAQ about interpreter services has been updated. 2. Provider Bulletin includes CLAS at least 1 time. 3. PacificSource provider website includes 1 CLAS resource. 4. At least 1 workshop on CLAS offered per year. (change in target) 5. 1 tool kit is included on the PacificSource	12/2018	1. PacificSource FAQ about interpreter services has been updated. 2. Provider Bulletin includes CLAS at least 1 time. 3. PacificSource provider website includes 1 CLAS resource. 4. At least 1 workshop on CLAS offered per year. (change in benchmark) 5. 1 tool kit is included on the PacificSource	12/2018

	available to the PacificSource provider network. 6. 0 provider site visits address CLAS. (change in activity)	providers are in progress, in lieu of calls.	website for providers. 6. Establish a baseline of provider site visits that address CLAS. (change in target)		website for providers. 6. Establish a baseline of provider site visits that address CLAS. (change in benchmark)	
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Challenges in progressing toward target or benchmark: Providers may have a different level of readiness and capacity to apply the CLAS Standards. At this stage the most complicated task is to develop an instrument that can give us a measurement of each clinic’s readiness to address and apply CLAS Standards.

Strategies to overcome challenge: A decision was made to first identify providers/clinics who are ready to implement CLAS Standards and to help them build their capacity to act, according to their needs and clinic demographics. The questions used during the Provider Network site-visits will help us to identify those providers who want and need more support around CLAS Standards.

Activity 2 description: Integrate CLAS assessment with existing periodic on-site evaluations and technical assistance to improve clinic performance.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Provider Network staff are currently scheduling provider visits, with six visits taking place per month. Site visits now address CLAS Standards and include informational handouts for providers. Provider Network staff also developed talking points for the provider visits, which include several questions to assess the readiness and needs of the providers to implement CLAS. This structured contact around CLAS will provide information about a provider’s perception of their patient panel diversity, as well as about the provider’s readiness to support their patients’ linguistic and culturally-specific needs and their knowledge about options for accessing interpreter services. This interaction will provide information about areas where clinics may need assistance in providing CLAS, including developing in-house interpreter services.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Integration of CLAS in provider pre-visit and site-visit material contents related to CLAS (e.g. checklist, site-visit reports).	Provider pre-visit checklist 0 activities to assess CLAS capabilities of providers. Site visit reporting forms currently include questions	Provider pre-visit checklist contains 2 activities to assess CLAS capabilities of providers. Site visit reporting forms currently include	Provider pre-visit checklist contains 2 activities to assess CLAS capabilities of providers. Site visit reporting forms continue to include	12/2018	Provider pre-visit checklist contains 2 activities to assess CLAS capabilities of providers. Site visit reporting forms continue to include	12/2018

	related to 2 CLAS standards.	questions related to 2 CLAS standards.	questions related to 2 CLAS standards.		questions related to 2 CLAS standards.	
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Challenges in progressing toward target or benchmark: Provider Network did not previously have an automated process to digitize data from site visit forms. Currently, a process is being developed to scan the forms and analyze the information by subject. This will allow for reporting on CLAS information. Until this process is complete, analyzing the CLAS information from the forms will be a challenge.

Strategies to overcome challenges: Provider Network has submitted a request to IT to develop this functionality.

Activity 3 description: Provider Engagement. In collaboration with our Community Advisory Council, provider groups, and other contracted entities, develop a shared agenda for advancing CLAS. Strategic elements may include template contract language supporting augmented CLAS performance, financial incentives to support clinic costs, and audits or surveys over time to assess progress. The elements of this activity will be informed by the baseline material obtained through the Provider Assessment activity, as described above.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): PacificSource staff are continuing to engage with provider organizations and others in our CCO communities to develop a shared agenda to advance CLAS standards in health care. Additionally, language relating to CLAS Standards has been developed and is now included in provider contracts.

Activity 3 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Develop and track strategy for advancing CLAS as documented by CCO.	0 documented multi-stakeholder strategies for advancing CLAS.	0 documented multi-stakeholder strategies for advancing CLAS.	1 documented multi-stakeholder strategy for advancing CLAS.	12/2018	1 documented multi-stakeholder strategy for advancing CLAS.	12/2018
Develop contract language to consolidate written expectations regarding implementation of CLAS standards.	0 examples of consolidated language addressing CLAS for use in contracting.	1 example of consolidated language addressing CLAS for use in contracting.	1 example of consolidated language addressing CLAS for use in contracting.	12/2018	1 example of consolidated language addressing CLAS for use in contracting.	12/2018

Challenges in progressing toward target or benchmark: Health care organizations have a high level of demand on their time and capacity to implement change. Implementing CLAS standards is one of many requests that CCOs make of their contracted providers, not to mention demands and opportunities from other health care payers.

Strategies to overcome challenges: PacificSource will use strategies to build awareness of CLAS standards, such as work with the CCO's Provider Engagement Panel and Community Advisory Council. While doing this, we will continue to engage health care and other organizations to the maximal extent possible in creating the strategy to advance CLAS, so that they have more motivation to engage in the process once developed.