HEALTH SYSTEMS DIVISION
Tina Kotek, Governor

Oregon Health Authority

500 Summer St NE E35
Salem, OR, 97301
Voice: 503-945-5772 or 800-527-5772
Fax: 503-373-7689
TTY: 711
www.oregon.gov/OHA/HSD

September 25, 2023

Benjamin Messer
Advanced Health
289 LaClair Street
Coos Bay, OR 97420

Via email to ben.messner@advancedhealth.com
Re: Evaluation results for CY2022 CCO-LTSS Report

ADMINISTRATIVE NOTICE

Dear CCO contract administrator:

The Oregon Health Authority (OHA) has completed its review of the deliverable identified below submitted by your coordinated care organization (CCO) pursuant to Contract Number contract # 161758 with OHA. A summary of the evaluation results as well as details about the item are provided in the table below. A detailed results report with the evaluation criteria is enclosed with this letter.

Name of item	CY2022 CCO -LTSS Annual Report
Contract or rule citation	[Exh. B, Pt. 4, Sec 7 d. (1)] CFR 438.208
Due date	March 2022
Date received	On-time
Date review(s) completed	August 2023
Approval date	Please see report for issues to be addressed

☐ **No response is required from your CCO.** Please refer to the enclosed report for comments or recommendations, if any, about this deliverable. If you have questions or comments about this letter or the report, please submit them to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov.

☒ This deliverable is subject to public posting and redaction; refer to Exhibit D, Section 14 and Exhibit D-Attachment 1 in the CCO contract for details. **Your CCO has 20 business days (no later than October 20, 2023) from the date of this letter to submit the redacted version of this deliverable (PDF only) and the required Redaction Log.** If this deliverable consists of multiple documents, then all individual documents must be converted to PDF format and combined, in the correct sequence, into a single PDF file. The redacted deliverable and log must be submitted to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov by the due date. If your CCO does not submit the redacted deliverable and log by the due date, then OHA will publicly post the approved deliverable without redaction. **If there are no redactions, then your CCO must submit the final approved document as a PDF by the same due date. OHA has no plans to post any supplemental materials submitted.**

☐ **No response is required from your CCO.** A letter of attestation was submitted by the CCO attesting there have not been any changes to the deliverable previously approved by OHA. OHA accepts the CCO's attestation. Please

save this letter for your records. Please submit any questions or comments to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov.

☒ **Please carefully review the enclosed report for information about the required correction/s.** This notice is provided to your CCO pursuant to Exhibit D, Section 5 of the contract. The report also includes comments or recommendations, if any, for this deliverable. We are not expecting any re-submission at this time but are hoping to see improvements in the CY2023 calendar year report due in CY2024. Evidence of the required correction/s must be clearly indicated in your re-submission. Please submit the CY2023 report at **submit this report via the Contract Deliverables portal located at https://oha-cco.powerappsportals.us/**

☒ **If this box is marked, please see the comments below from the OHA unit responsible for this deliverable.**

Please review results report

If you have questions about the results report or otherwise need assistance regarding this item, please contact:

Jennifer.B.Valentine@oha.oregon.gov, CCO-LTSS SME, Health Systems Division or
Cheryl Henning, CCO Contracts Administrator, at Cheryl.L.Henning@oha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.

Truly,

Nathan Roberts, Manager, Medicaid Policy, Health Systems Division

Enc.

Cc via email to:

Mike Hale, Advanced Health
Dana Hittle, OHA Medicaid Director
David Inbody, OHA CCO Operations Director
Veronica Guerra, OHA Quality Assurance and Contract Oversight Manager
Cheryl Henning, CCO Contracts Administrator
Nathan Roberts, Manager, Health Systems Division
Naomi Sacks, DHS APD
Bevin Ankrom, OHA CCO Innovator Agent
CCO.MCODeliverableReports@odhsoha.oregon.gov

Oregon Health Authority (OHA)
Coordinated Care Organization (CCO)
Contract Deliverable Evaluation Results Summary Report

Notice: These results are provided to the MCE deliverable required in *Exh. B, Pt. 4, Sec 7 d. of the contract. Please review them carefully pursuant to pursuant to Exhibit D, Section 5 of the contract.*

Contract #:	CCO CONTRACT #161758			
CCO:	Advanced Health			
Evaluation Results MOU				
Type of Review	**Initial Review**		**Annual Report**	X
Deliverable Name	**CY2022 CCO-LTSS Report**			
Contract or Rule Citation:	Exh. B, Pt. 4, Sec 7 d. (1)] See CCO Guidance document with detail on OAR and contract expectations for CCO-LTSS MOU			
Due Date of Deliverable:	March, 2023		**Date Deliverable Received:**	Timely
Date Review Completed:	July - August 2023			

CCO Deliverable Remediation

Please refer to the MOU review detail for specific feedback to your plan against guidance criteria for each domain against the MOU guidance and your MOU.

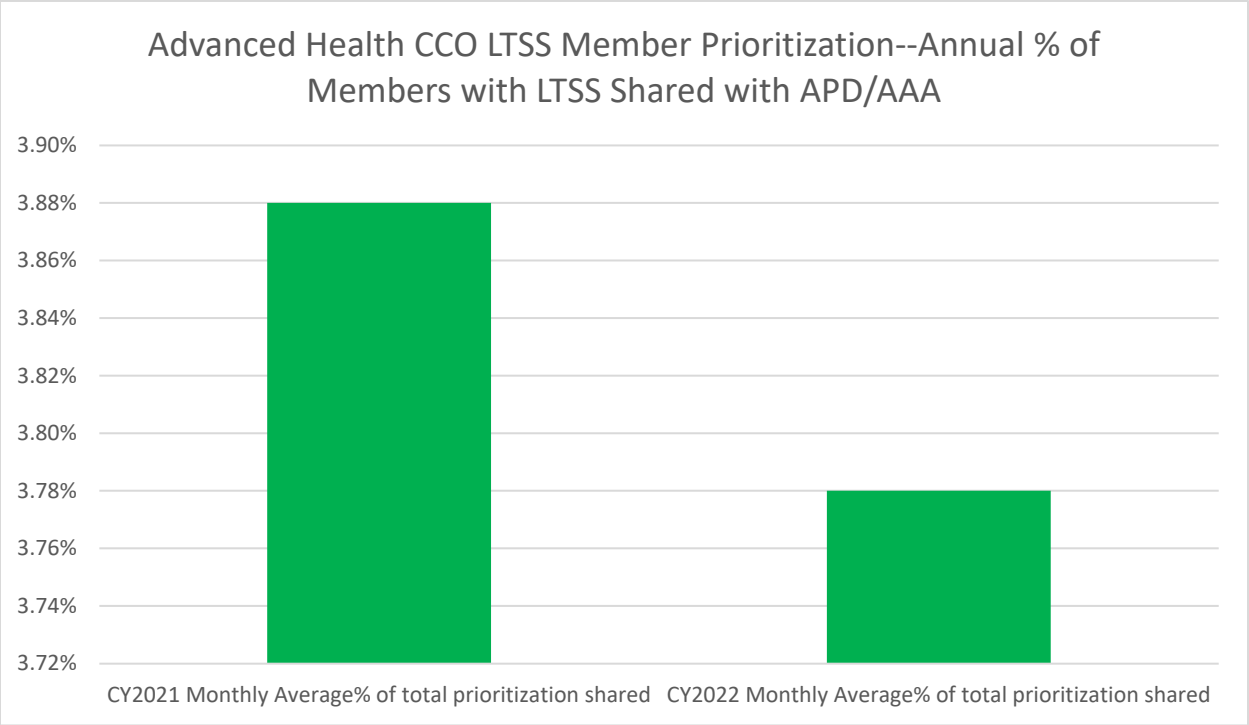
[X = variable not met requirement adequately; NI= Needs Improvement]

Area Work Required		Plan Report Area Comments
X	**Prioritization:** CCOs percentage of total members with LTSS Indicator with any prioritization during calendar year. Goal is to share across agencies to identify all high risk members with LTSS and other needs.	**Comments:** Plan did not see improvement in CY2022; has indicated it expected process to be improved by CY2023
NI	**IDT Meetings:** CCOs did not meet the minimum of two IDT/Care Coordination meetings per month to address members with LTSS and all partners in care –75% reported	**Comments:** Low % of members receiving IDT meetings; ensure that process to address high need looks at triggers that can help keep populations on care team radar. Plan indicates working on processes and data.
NI	Regular communication flow with requests to APD for LTSS assessments; and/or requests tracked for APD/AAA contacts into ICC review—**NI:** limited back and forth referrals can be improved by assurances that a process is open and working and DHS and CCO or MA teams know that that referral forms available/loop back completed timely per OAR/contract	**Comments:** Low regular communication flow suggests opportunity for MOU process discussion and improvement with APD/AAA; some improvement from CY21
X	**Care plan** development, and follow-up for care plan reassessment not meeting expectations	**Comments:** Plan has low % of members with LTSS receiving care plans each year; missed opportunity especially with comorbidity data. If providers are

		developing care plans, have a process to ensure you are tracking this data. Of care plans developed, plan met targets to incorporate members preferences & goals in 100% of care plans and met target to review every 90 days in 100% --good work on these!
NI	**Discharge Communication:** Failure to communicate regular about discharge planning with APD/AAA office prior to discharge/transition? –0% reported	**Comments:** plan had decrease in CY2022 over CY2021; review processes
NI	**Discharge Orders:** % Transitions where discharge orders (DME, medications, transportation) were arranged prior to discharge/did not delay discharge?—Almost 0% transitions for members with LTSS reported, process needs significant attention, lack of use of collective reports to trigger conversations on transitions should also be reviewed by plan	**Comments:** plan had decrease in CY2022 over CY2021; review processes
NI	**HIT Information:** Team has not yet fully optimized use of collective HEN & SNF notifications in a systemized way to connect to ensure regular follow-up with APD/AAA for notifications but has indicated and outlined planned data and team improvements in progress	**Comments:** Review opportunities to better utilized information to support care transitions, care coordination and communication.
X	**Overall plan needs to work on ensuring population of members with LTSS and LTSS needs are receiving regular expected level of care coordination, care plan development and management by CCO.**	**Comments:** Review recommendations and issues in comment sections for improvements.
Evidence of the required correction/s must be clearly indicated in your CCO's next submission		
Please submit the corrected item to the CCO deliverables email account at CCO.MCODeliverableReports@dhsoha.state.or.us		

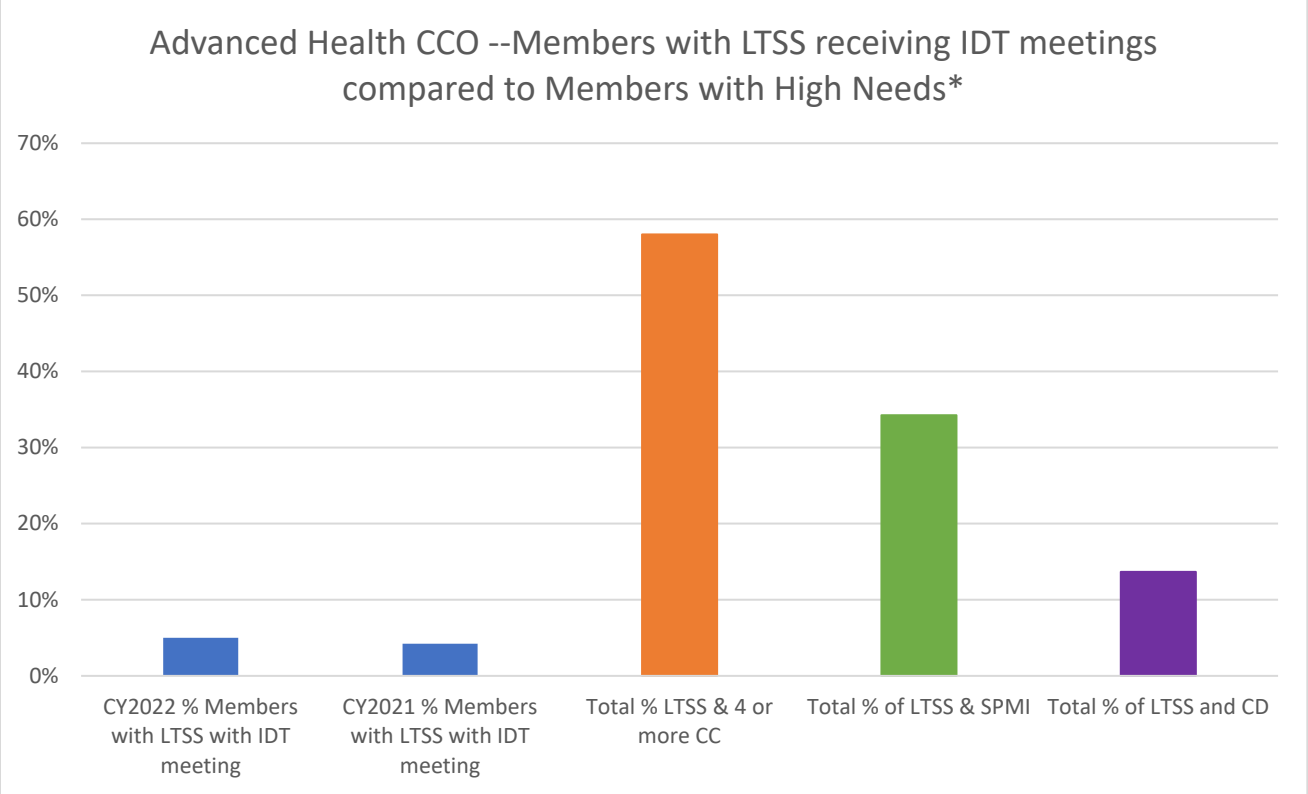
CCO CY 2022 REPORT SUMMARY –Feedback by Section

Member Prioritization –Annual Average Comparison 2021 and 2022

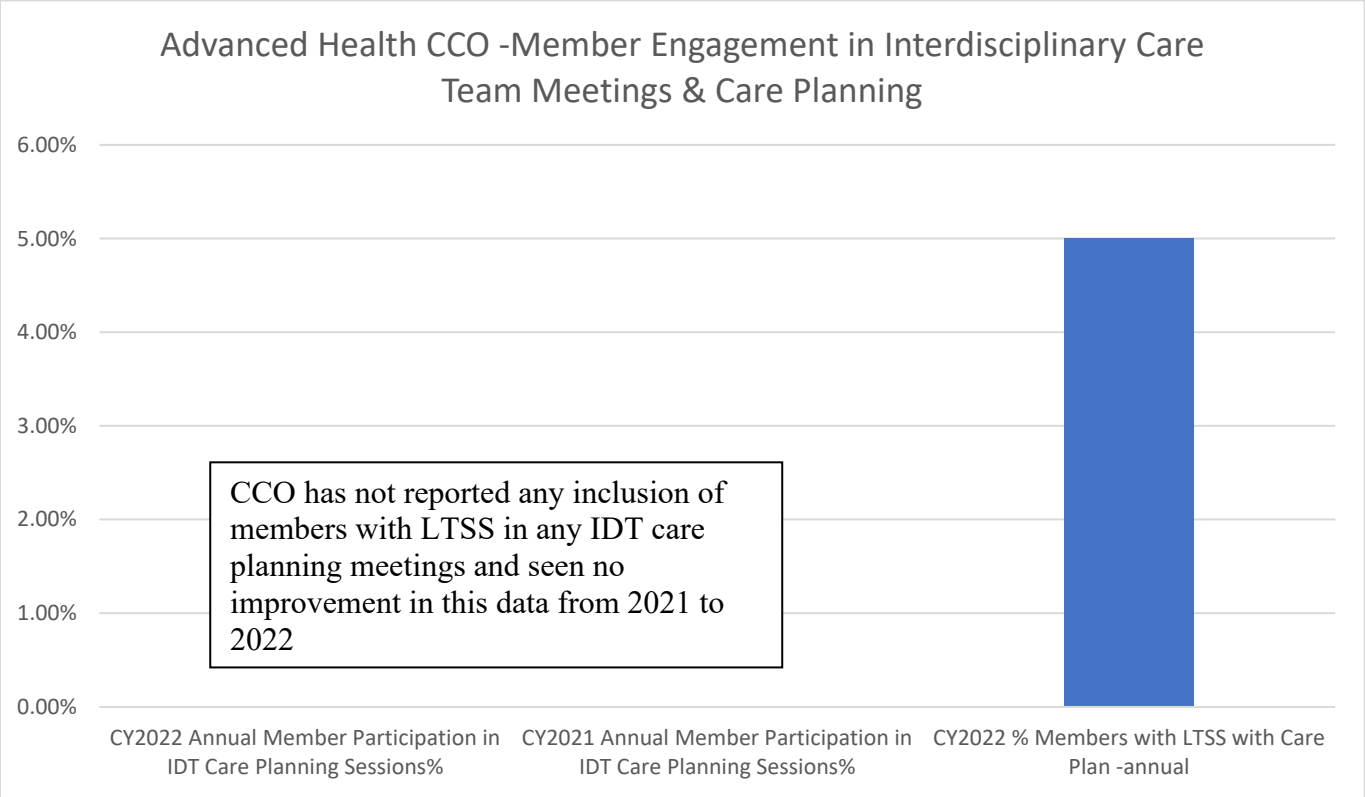


Low percent of members with LTSS have prioritization shared cross-agencies in CY2021 and CY2022.

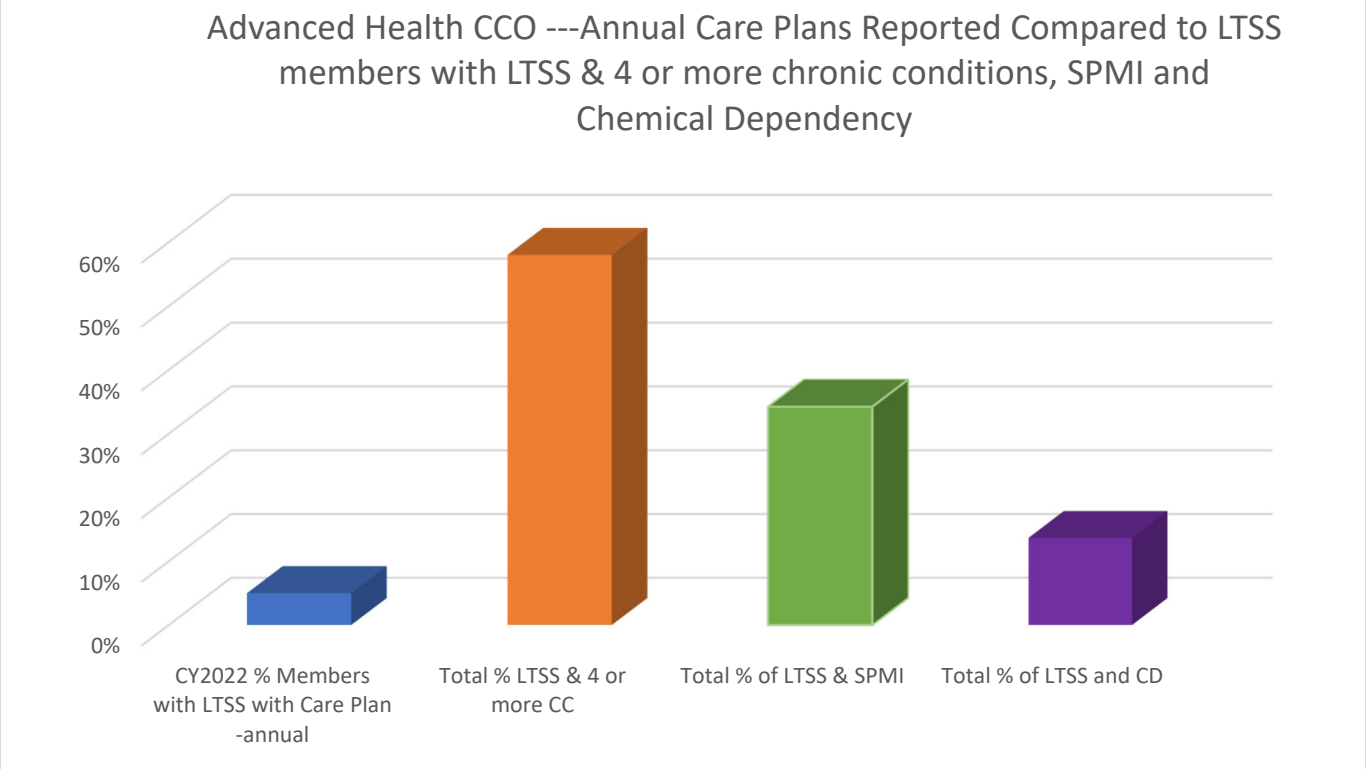
IDT Meetings & Member Engagement



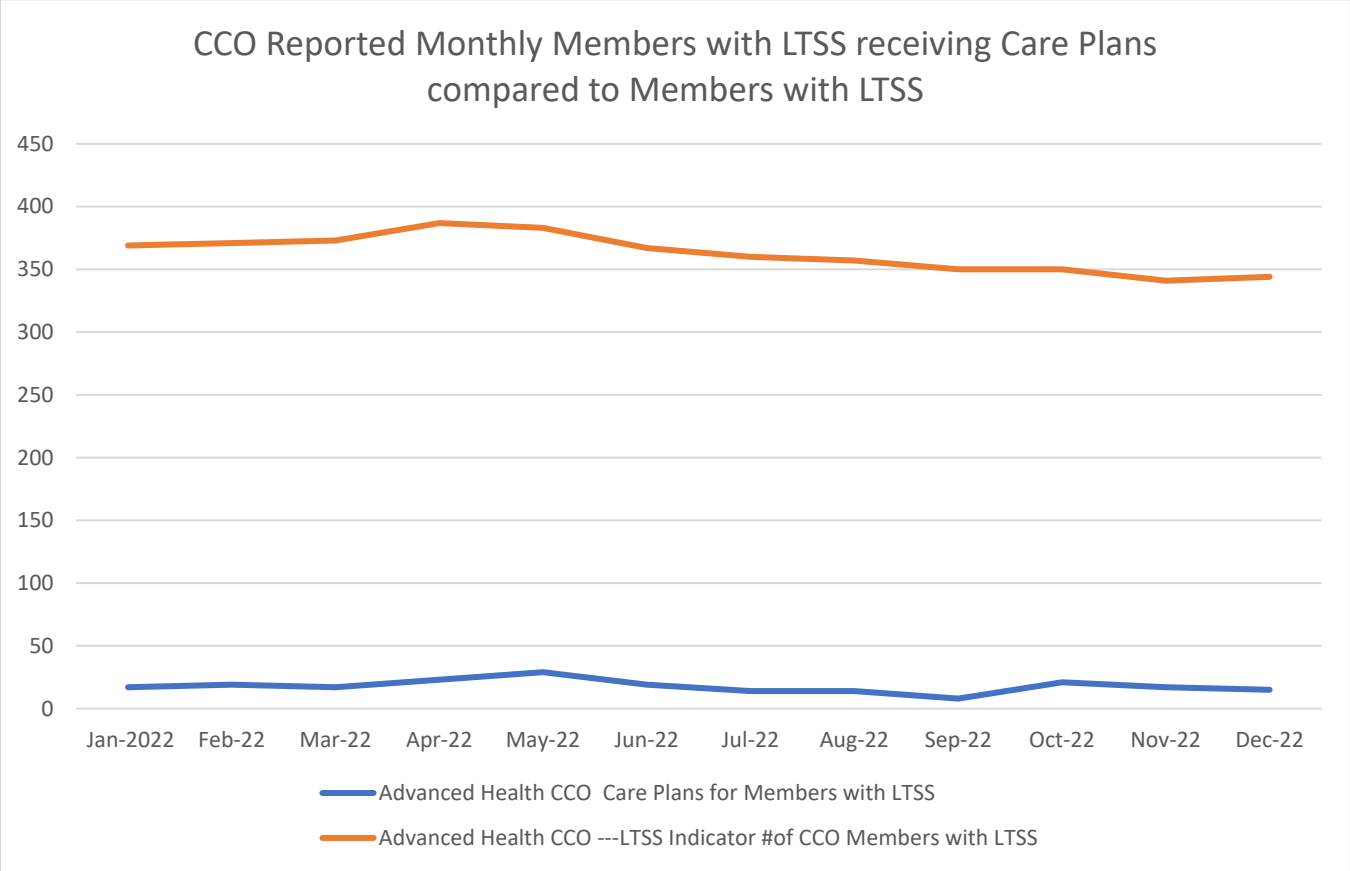
**High needs represented by members with LTSS & 4 or more Chronic Conditions, SPMI and Chemical Dependency [data presented as % of CCO's LTSS Indicator Population]*



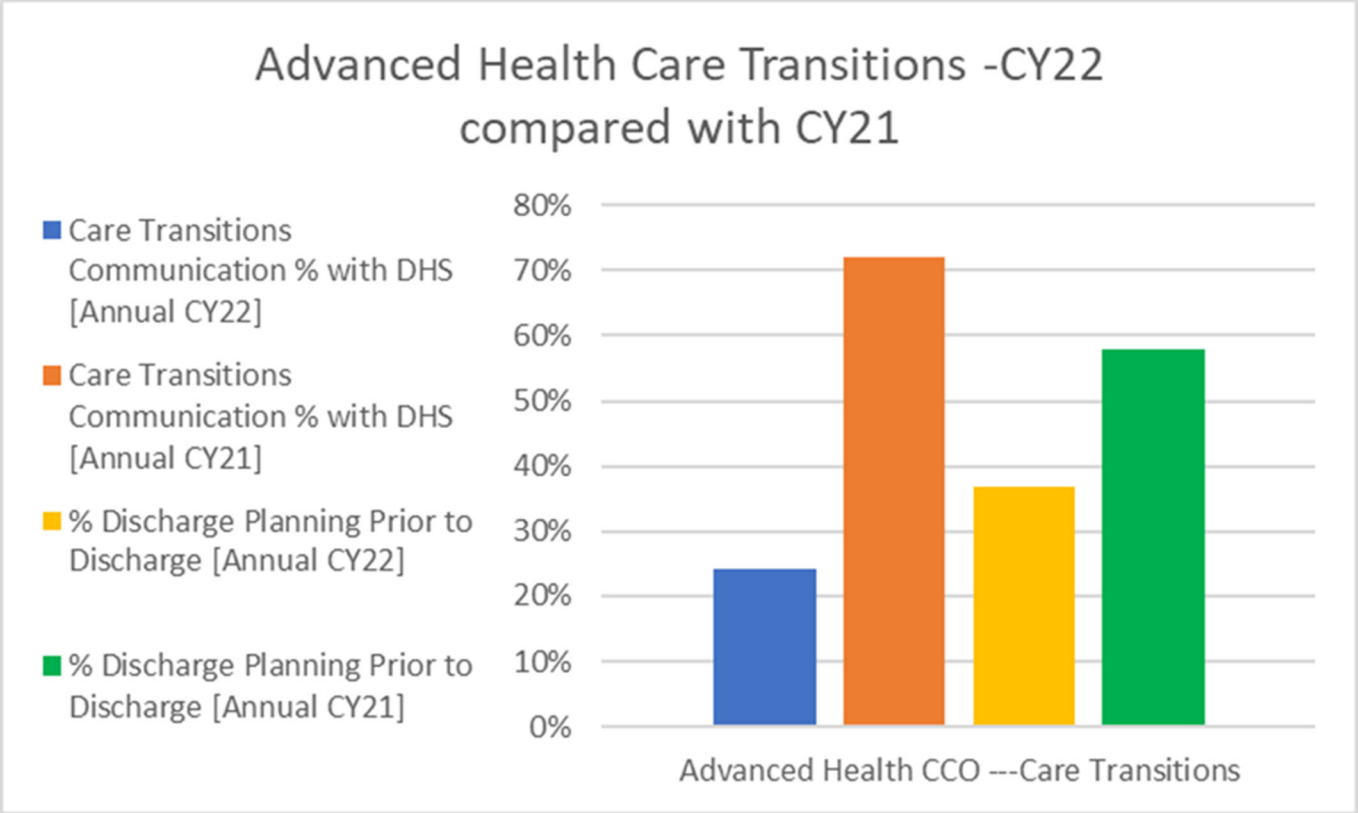
Person Centered Care Planning: Annual Care Plans & Overall Members with LTSS with Care Plans



[data presented as % of CCO's LTSS Indicator Population]



Care Transitions –Communication and Discharge Planning



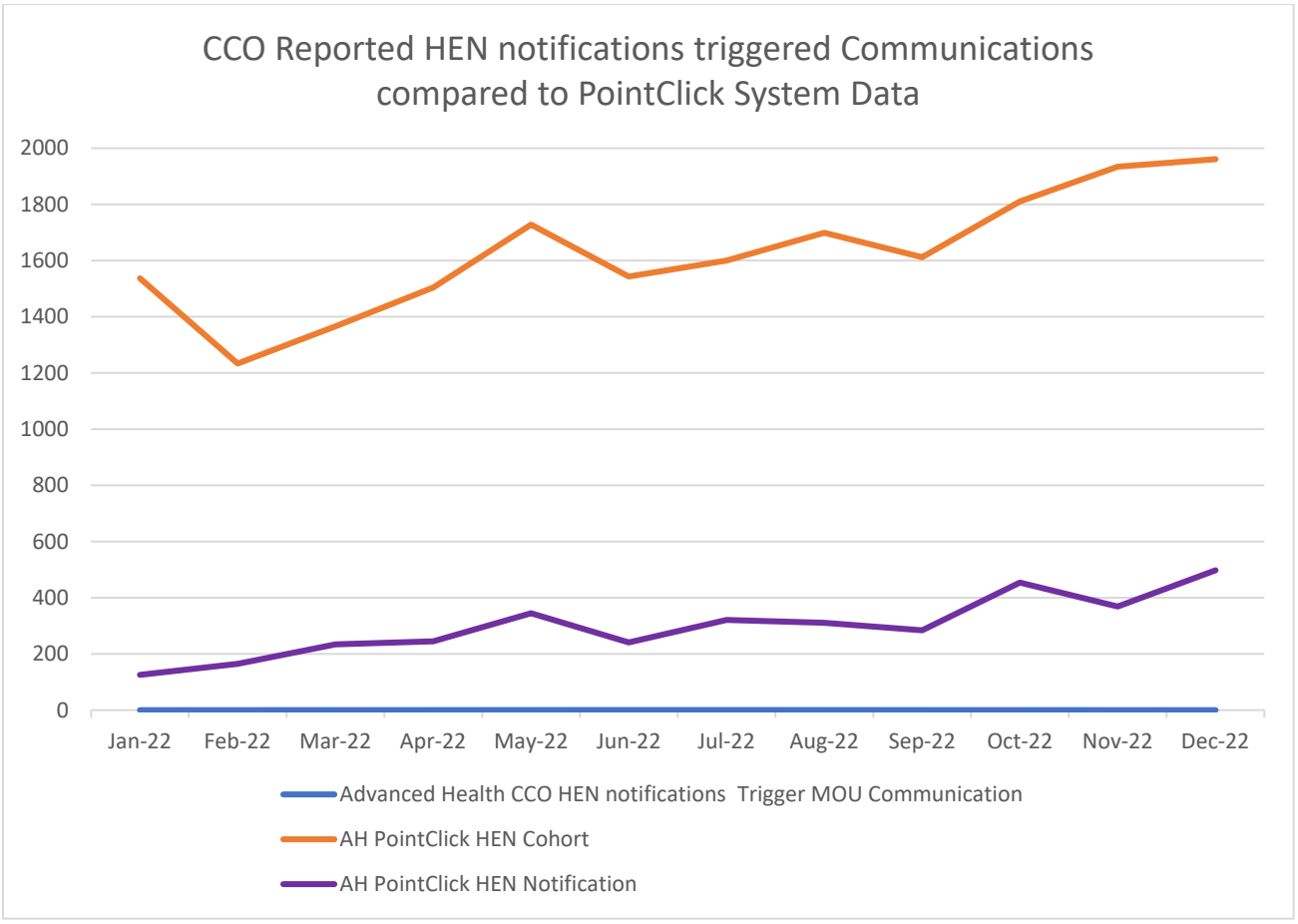
Data reported was significantly worse in CY22 vs. CY21

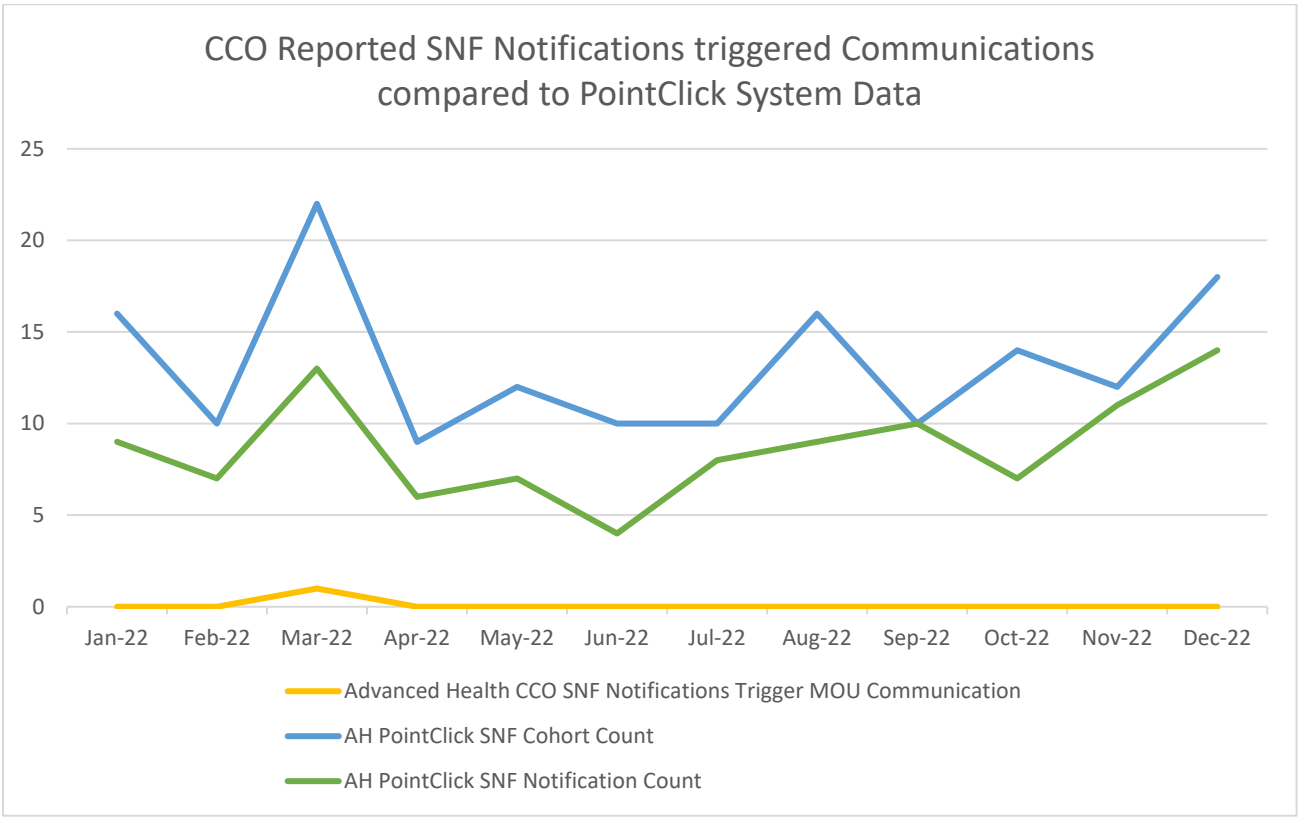
Collaborative Communication tools and processes
HEN and SNF Triggered Communications
"Queried Cohorts and Notifications for CCO members for calendar year 2022. In graphs below:

A cohort is a set of criteria to identify populations of patients that may be important to identify and track. Once you establish a cohort, you'll be able to view reports on patients who have met these criteria.

Notifications can be sent by email, text, fax, or printer after a patient has a visit that triggers a cohort. "

Plan can review opportunities to better utilize the HEN and SNF notifications to improve communication for care transitions for populations with LTSS whom CMS identifies as one of the populations they expect CCOs to handle care coordination. Electronic systems in Oregon provide great opportunity to build more systematized communication and coordination for complex needs populations. PointClick data demonstrates plan is receiving information regularly that can be utilized for triggering communication and coordination.


CCO Reported HEN notifications triggered Communications compared to PointClick System Data
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Advanced Health CCO HEN notifications Trigger MOU Communication
AH PointClick HEN Cohort
AH PointClick HEN Notification


CCO Reported SNF Notifications triggered Communications compared to PointClick System Data
25
20
15
10
5
0
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Advanced Health CCO SNF Notifications Trigger MOU Communication
AH PointClick SNF Cohort Count
AH PointClick SNF Notification Count