

CCO PERFORMANCE SNAPSHOT

Individual Profile

Cascade Health Alliance



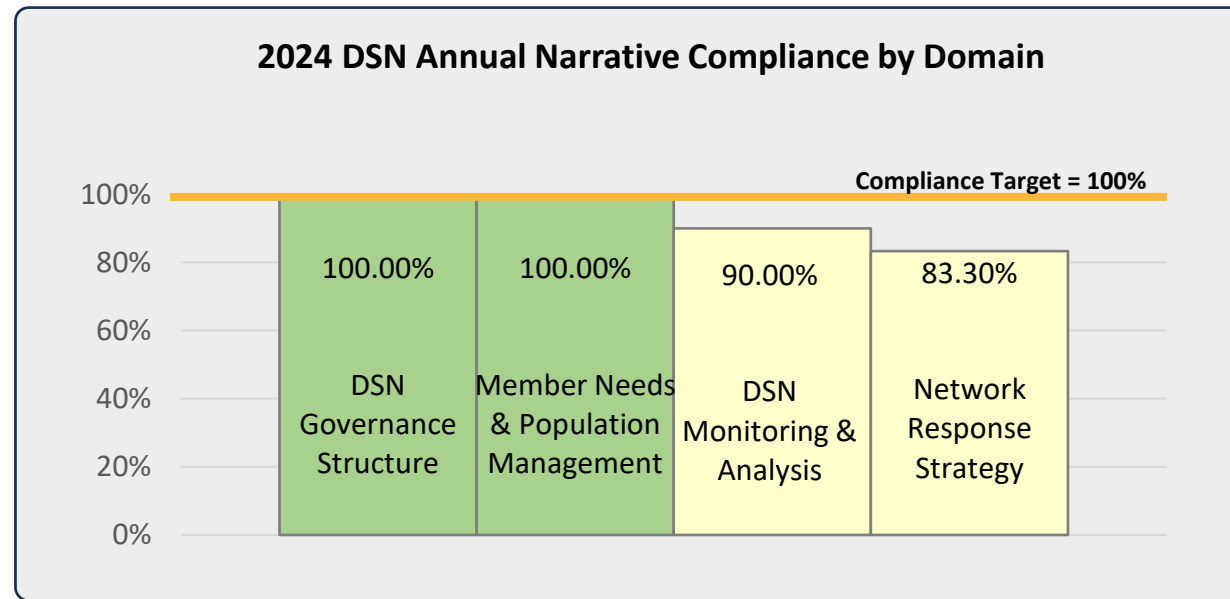
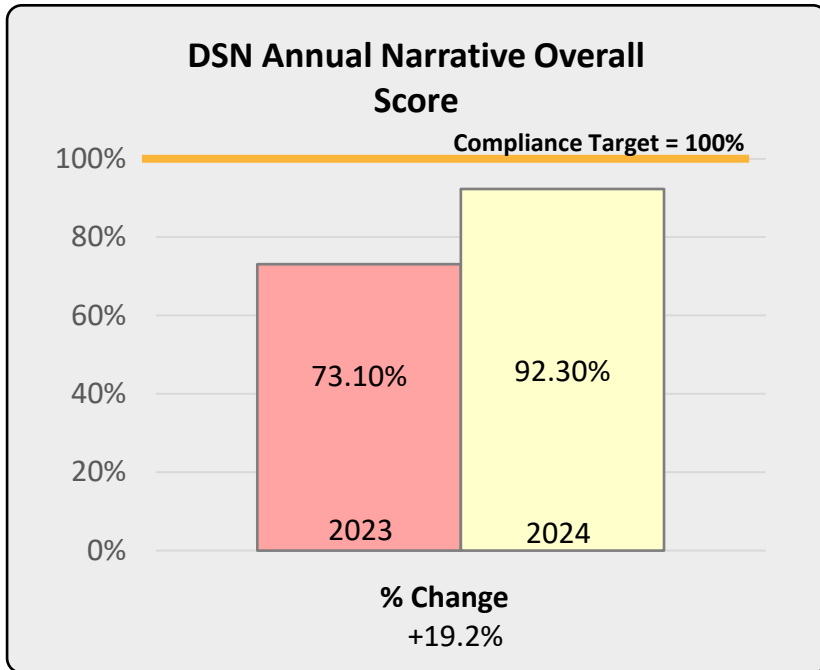


ACCESS TO CARE

Recommendations:

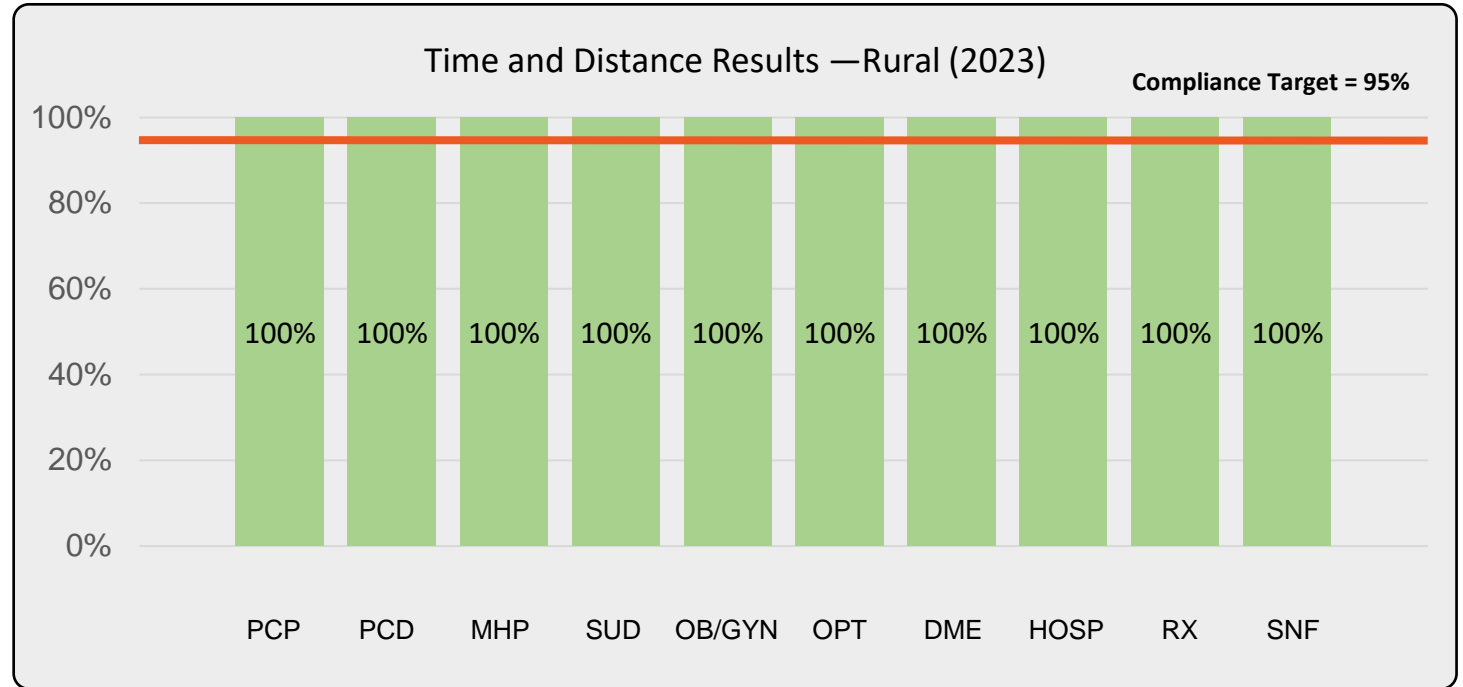
Address the findings issued in the 2024 DSN Annual Evaluation within the DSN Monitoring and Analysis and Network Response Strategy domains:

- Describe or demonstrate how it uses data on anticipated Medicaid enrollment and current and projected FBDE enrollment to inform its network adequacy monitoring and decision-making (e.g., total projections and demographic projections to determine pediatric needs, combining with utilization trends to understand geriatric needs, THW capacity, NEMT capacity, etc.).
- Ensure that its reporting and monitoring for provider types in the context of time and distance access standards aligns with specifications given by OHA, including but not limited to the reporting of specific specialists rather than specialist providers in aggregate.
- Provide narrative responses and supporting documentation which demonstrate that the CCO evaluates the ratios of providers-to-members across its network as part of its overall network adequacy monitoring.
- Demonstrate a proactive approach to monitoring the implementation and/or use of telehealth modalities by provider type within its DSN (e.g., aggregate data monitoring of telehealth utilization or service gaps over time) to inform network adequacy decision-making.
- Demonstrates how collected information on the availability of physical accessibility accommodations and member needs is used to inform network adequacy decision-making (e.g., assessing number and locations of clinics with physical accessibility accommodations, etc.).



Recommendations:

- CHA was generally compliant in 2023 across all primary care and most specialty providers. Although, the CCO was generally compliant, it is recommended the CCO continue monitoring the geographic proximity of providers and members across all provider types identified in OAR 410-141-3515.
- Review Q3 2024 DSN Provider Capacity Report and identified gaps in time and distance and address any gaps if the CCO does not have an approved time and distance exception. CHA does not have any approved exceptions.



Note: The CCO did not have any urban settings within its service area.

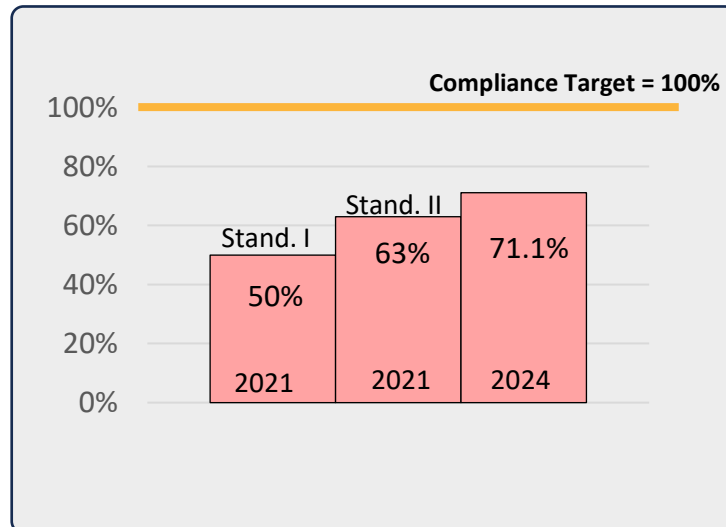


Compliance Monitoring Review

Standard I: Assurance of Adequate Capacity and Availability of Services

Strengths:

- CHA demonstrated best practices by monitoring hours of operation through its secret shopper survey
- CHA demonstrated best practices by employing a methodology that included assessing all network providers for wait time to appointments and an established procedure for conducting follow-up outreach to providers to fill in gaps in the survey responses.



Note: In 2024, the two separate standards reviewed in 2021 were combined.

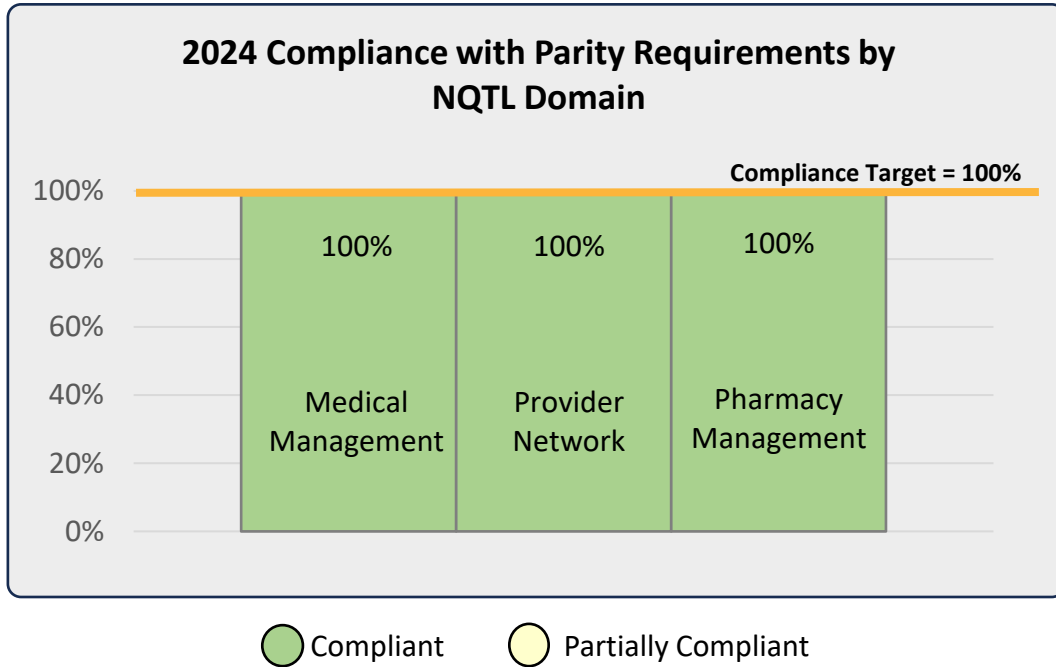
- High Confidence ≥95%
- Moderate Confidence ≥85% - <95%
- Low Confidence ≥75% - <85%
- No Confidence <75%

Recommendations:

- CHA received a score of 71.1 percent in the Assurance of Adequate Capacity and Availability of Services standard due to insufficient documentation to support operations and ensure compliance with federal and State requirements, inability to demonstrate sufficient implementation of established processes, and deficiencies within its monitoring activities impacting the CCO’s ability to ensure timely access to care and services.
- Address ten findings for this standard.
- Develop and implement a process for monitoring and maintaining its provider network for the federal and State-required components
- Revise policies and procedures to align with State-established requirements for its provider network and reporting and demonstrate implementation.
- Demonstrate the implementation of corrective action when providers fail to meet standards.
- Revise policies, procedures, and member and provider communications to include the appropriate access to care and service requirements



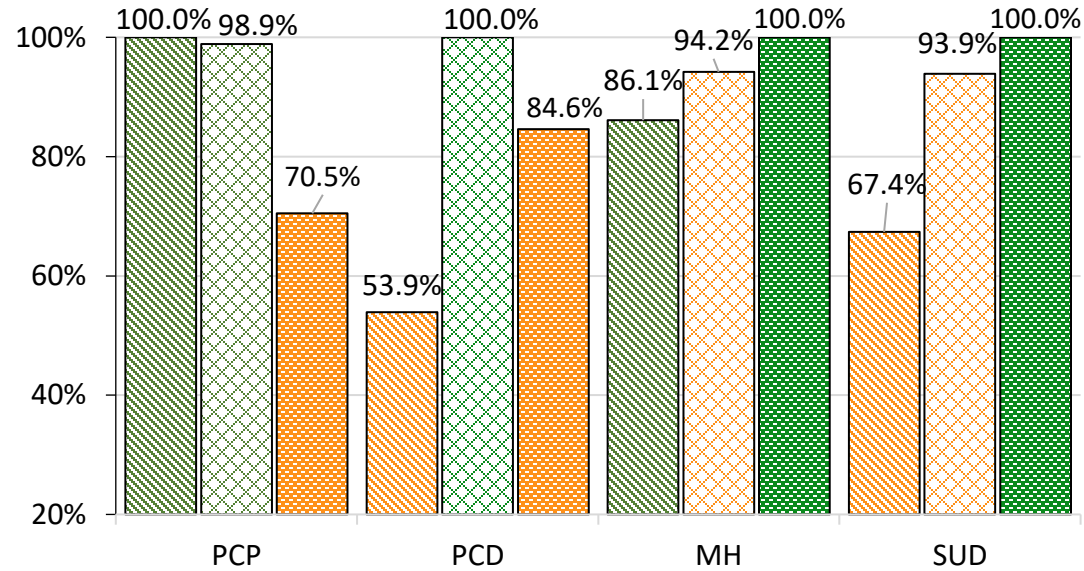
Mental Health Parity



- CHA continued to demonstrate parity between Mental Health/Substance Use Disorder and Medical/Surgical services. Recent changes include:
 - Removal of the PA requirement for all in-state SUD treatment and detoxification services.
 - No longer delegating credentialing services and a rate increase for behavioral health services to align with Oregon Health Authority (OHA) guidance.
- Continue to maintain parity across NQTL domains.



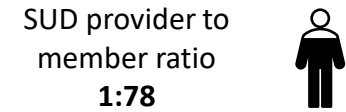
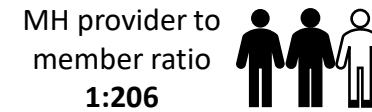
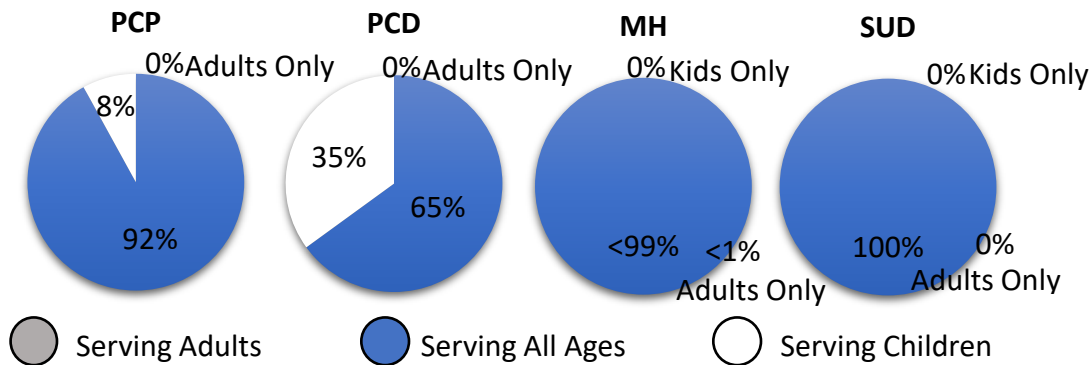
Network Adequacy



Located in Service Area
 Serving OHP Patients
 Accepting New Patients

Recommendations:

- Improve rate of primary care providers and primary care dentists accepting new patients to improve access.
- Identify available primary care dentists and substance use disorder providers within service area that are not contracted. Contract with any interested providers and consider other solutions outside of contracting.
- Evaluate whether quantity and mix of mental health providers meet member need. Improve access if existing providers do not meet member need.
- Monitor number of mental health providers and substance use disorder providers serving OHP patients to assess if providers are regularly seeing CCO members.
- Determine member need for providers serving specific age-groups (e.g., adults only, children only) and identify strategies to improve the rate of providers.



= 100 people

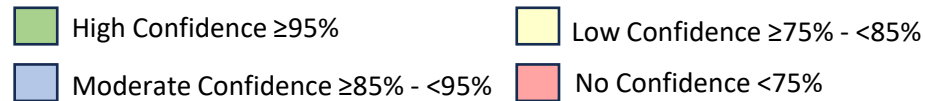
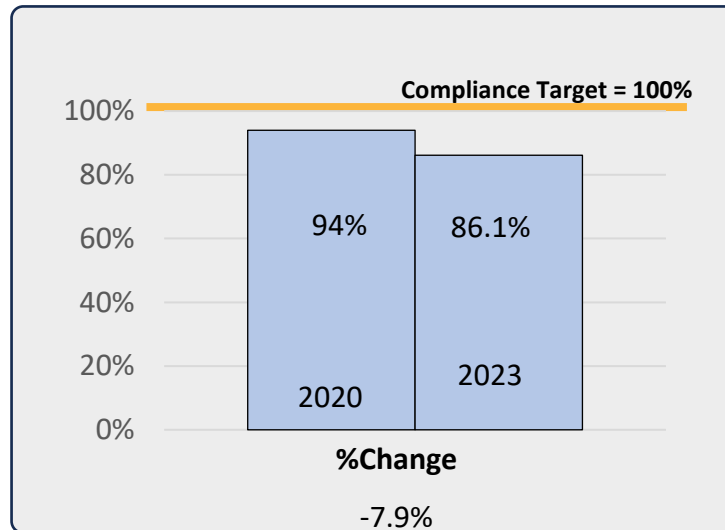




SERVICE DELIVERY

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services



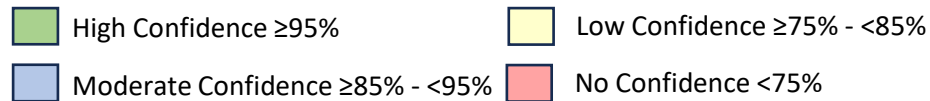
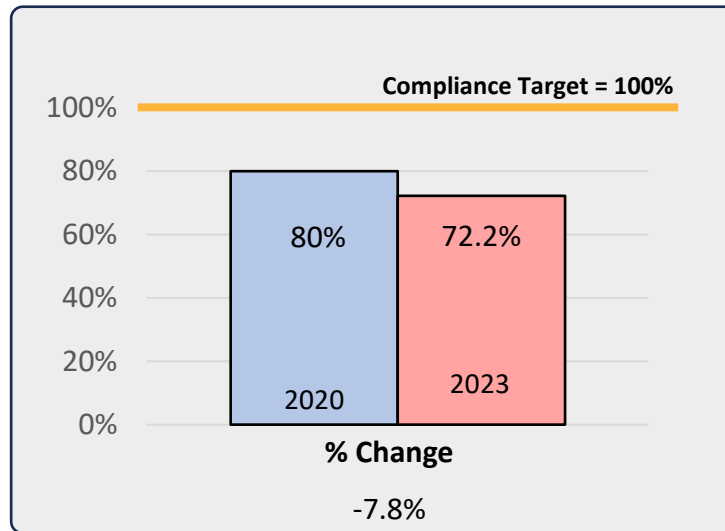
Recommendations:

- CHA received a score of 86.1 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to adhere to federal and State requirements for authorizing services and to ensure proper and timely notification of adverse benefit determinations.
- Revise its policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for authorization of services and required content and time frames for notification of adverse benefit determination.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

Standard III: Coordination and Continuity of Care



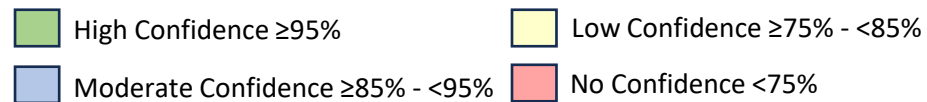
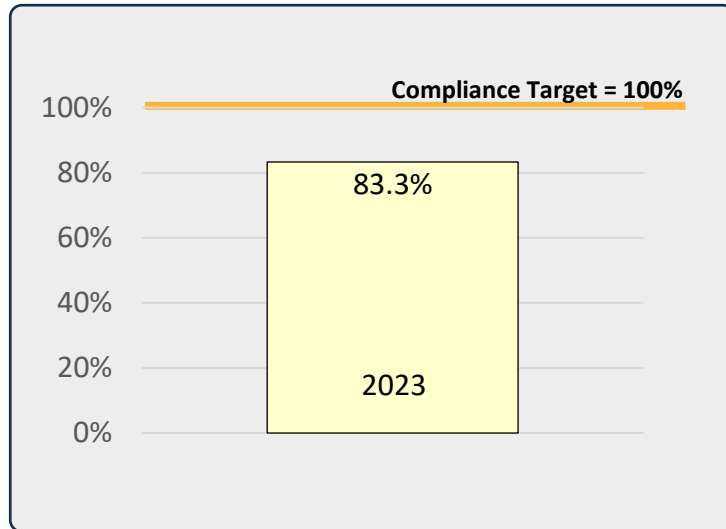
Recommendations:

- CHA received a score of 72.2 percent in the Coordination and Continuity of Care standard due to a lack of operational structure and failure to appropriately screen and assess/reassess members for care management and intensive care coordination services.
- Revise CCO policies and procedures to align with State requirements.
- Demonstrate implementation of appropriate initial health risk screenings, assessments, and reassessments according to federal and State requirements.
- Address one unresolved findings for this standard.



Compliance Monitoring Review

Standard XVI: Emergency and Post-stabilization Services

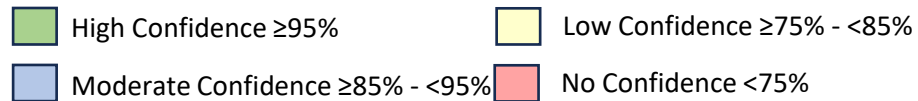
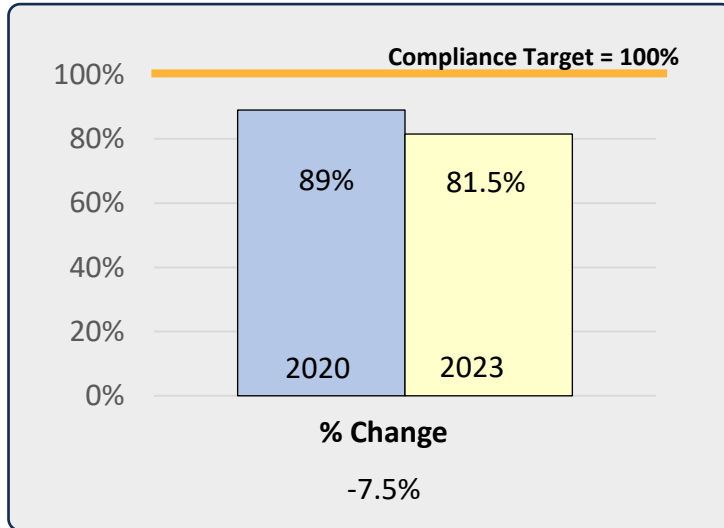


Recommendations:

- CHA received a score of 83.3 percent due to a lack of operational structure to ensure emergency and poststabilization services are covered appropriately.
- Revise the applicable plan documents to define “emergency and poststabilization services” and communicate the appropriate requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review Standard X: Grievance and Appeal Systems



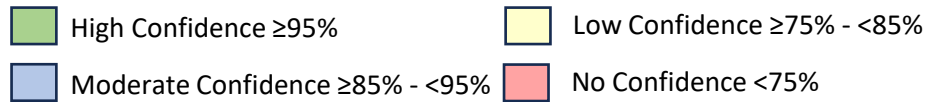
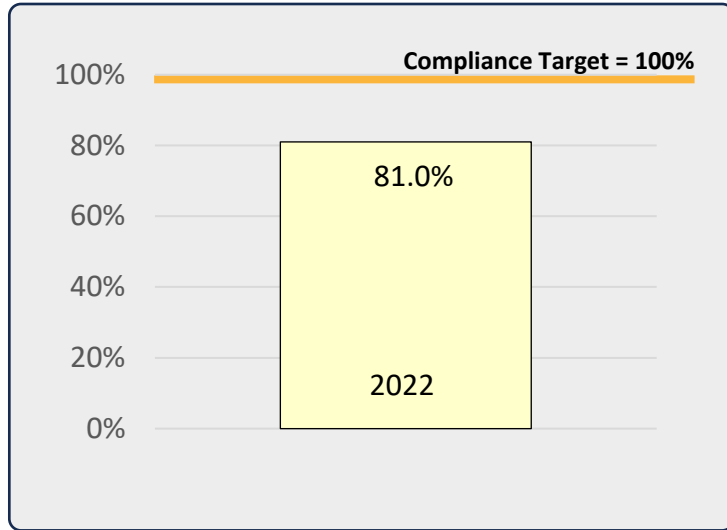
Recommendations:

- CHA received a score of 81.5 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to ensure member grievances and appeals are addressed and responded to appropriately.
- Revise policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for time frames for acknowledging and responding to grievances and appeals, and the readability and required content of notices.
- Demonstrate implementation of federal and State requirements within communications to members, providers, and subcontractors.
- Address one unresolved findings for this standard.



Compliance Monitoring Review

Standard XII: Quality Assessment and Performance Improvement



Recommendations:

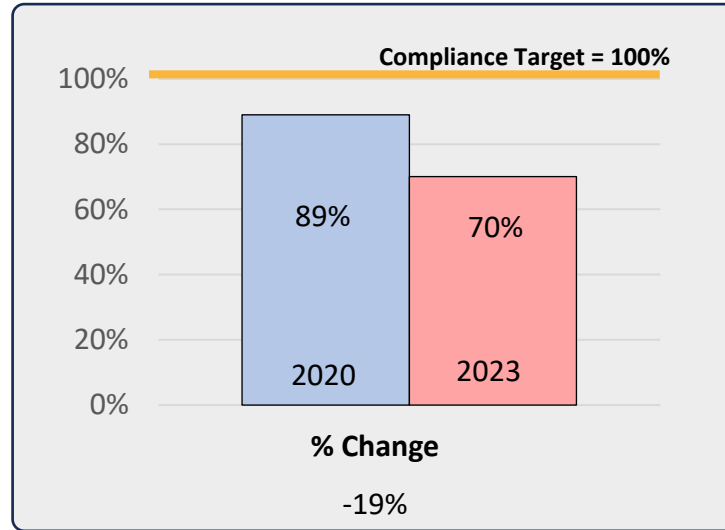
- CHA received a score of 81 percent due to failure to demonstrate appropriate oversight of its QAPI program, which impacted the MCE’s ability to monitor and evaluate the quality and appropriateness of services furnished to its members consistent with the needs and priorities of the MCE’s member population.
- Revise its QAPI program structure to align with federal and State requirements for a QAPI program, including appropriate oversight of its QAPI program.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.





MEMBER RIGHTS & HEALTH EQUITY

Compliance Monitoring Review Standard VII: Member Rights and Protections



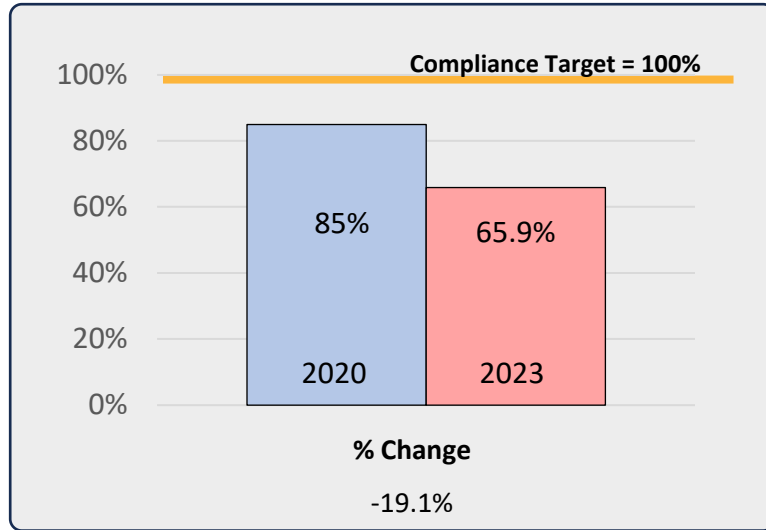
High Confidence $\geq 95\%$ Low Confidence $\geq 75\% - < 85\%$
Moderate Confidence $\geq 85\% - < 95\%$ No Confidence $< 75\%$

Recommendations:

- CHA received a score of 70.0 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure that member rights are respected and allowed to be exercised freely without affecting the treatment of members, advance directive requirements are met, and members are notified of their rights as required by federal and State requirements.
- Revise policies and procedures and member- and provider-facing materials to align with federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review Standard XIV: Member Information



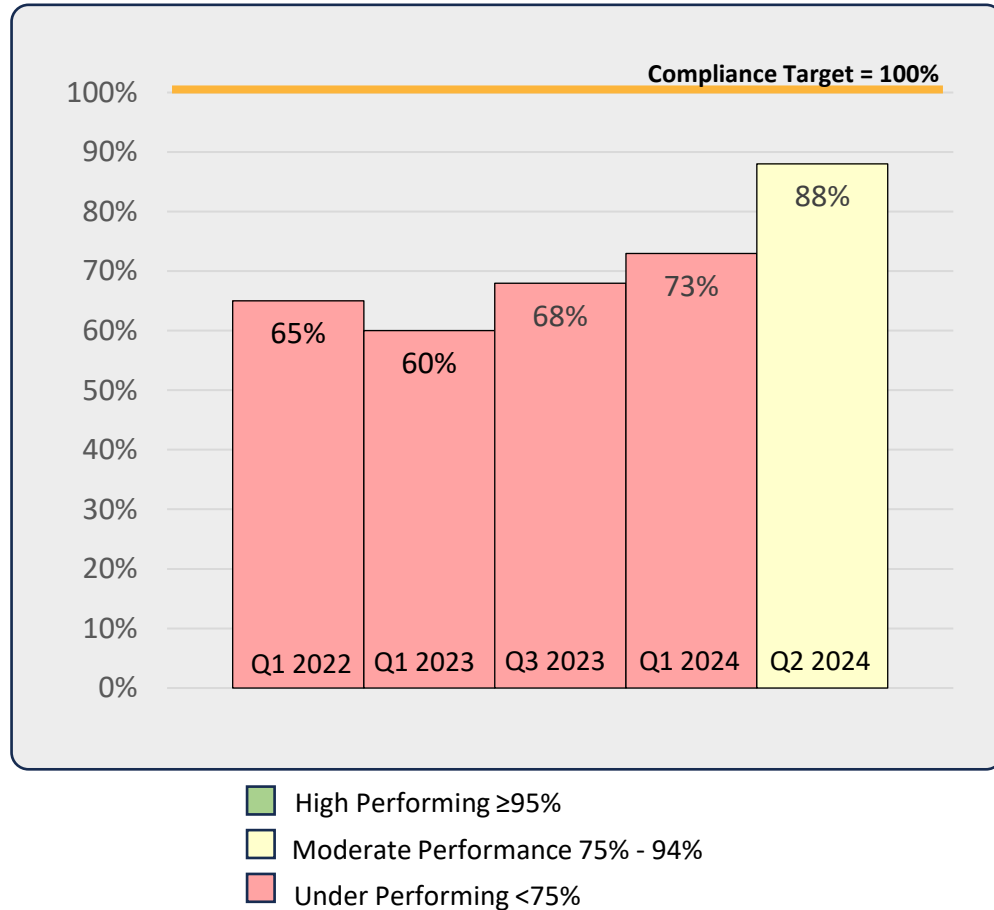
High Confidence ≥95% Low Confidence ≥75% - <85%
Moderate Confidence ≥85% - <95% No Confidence <75%

Recommendations:

- CHA received a score of 65.9 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure proper member communication.
- Must revise its policies, procedures, and member-facing materials to align with federal and State requirements.
- Address four unresolved findings for this standard.



Notice of Adverse Benefit Determination Requirements

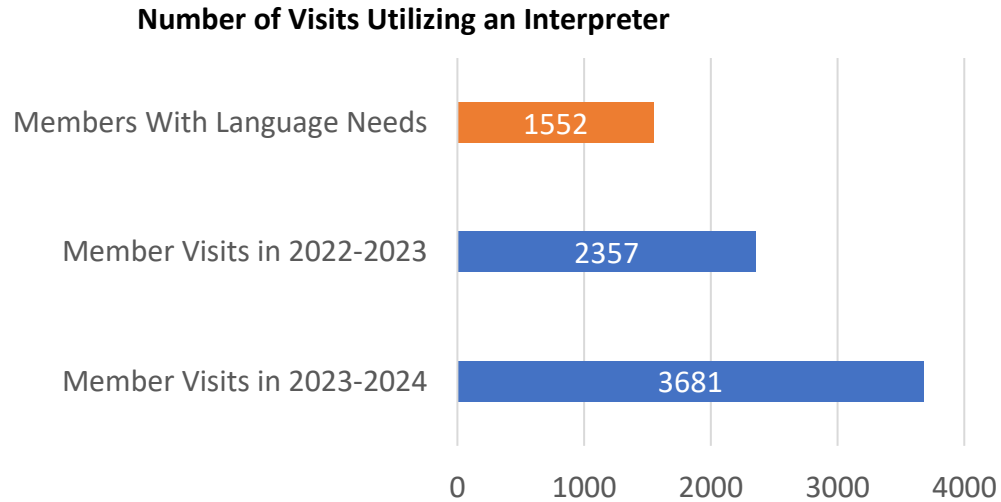


Recommendations:

- Improve internal processes to update NOABD requirements on an annual basis upon release of Member Notice Template Evaluation Criteria.
- Ensure clinical reviewers consider medical necessity and medical appropriateness in the evaluation of the authorization request.
- Work with vendors to reduce the amount of time it takes to make system changes upon release of the evaluation criteria.
- Provide additional support to subcontracted entities that have been delegated the requirement to send NOABDs to members.
- Ensure the current OHA NOABD model template is adopted and implemented by the CCO and subcontractors.
- Implement stronger oversight mechanisms to regularly audit NOABDs sent by the CCO and subcontractors.
- Establish or improve subcontractor reporting to help improve adherence to NOABD requirements.



Language Access Interpreter Utilization



Note: This chart shows a current average of 2.37 visits per member

Recommendations:

- Identify gaps in meeting language access needs.
 - Determine language preferences among members.
 - Evaluate the languages spoken by the provider network.
 - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members' needs (e.g., in person, telephonic, virtual).



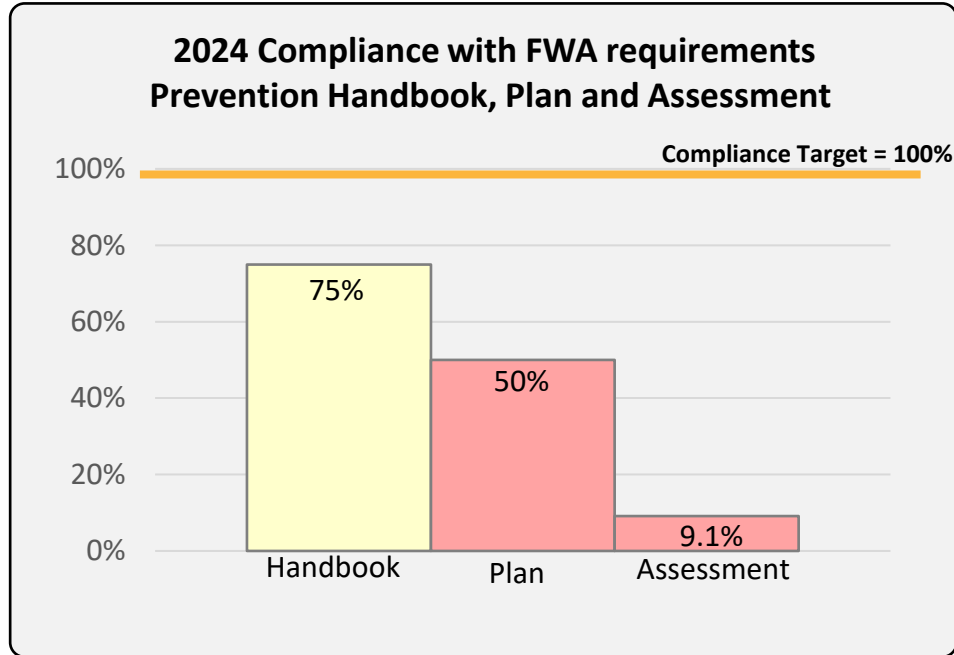


PROGRAM INTEGRITY

FWA Prevention Handbook, Prevention Plan, and Assessment Requirements

Recommendations:

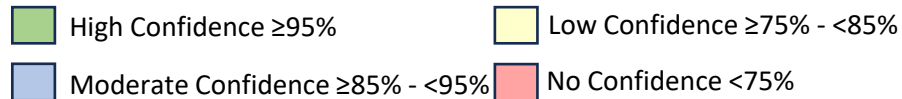
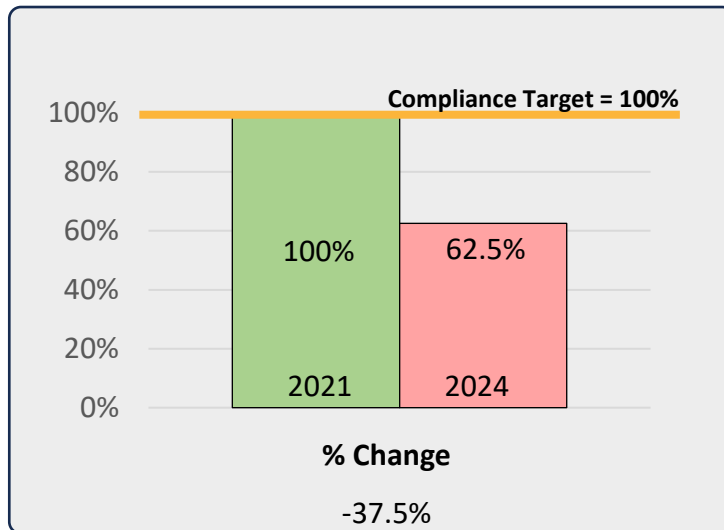
- Submit documentation that demonstrates that the CCO’s compliance team includes the following: a professional employee; an investigator; individuals who have forensic or other specialized skills that support the investigation of cases (e.g., nurse reviewers, certified financial forensic auditor).
- Submit the updated Compliance Department development plan with the trainings, webinar, conferences scheduled by National Health Care Anti-Fraud Association, Association of Certified Fraud Examiners, and the Centers for Medicare and Medicaid Services. Include in the FWA Prevention Plan.
- Submit training materials for all audiences and material for the employees responsible for credentialing providers and Subcontractors which must meet requirements in 42 CFR §438.608(b) and 438.214(d).
- Provide appropriate disclosure (i.e., disclosure of ownership and control, business transactions, and information for persons convicted of crimes against federal related health care programs, including Medicare, Medicaid, and/or CHIP programs) and screening requirements (i.e., identification of moderate to high-risk providers, verification of Medicaid enrollment with OHA prior to credentialing) for credentialing and enrollment of providers and subcontractors. Prohibition of employing, subcontracting, or being affiliated with sanctioned individuals includes appropriate verification through appropriate database checks.
- Submit the Member Handbook and updated FWA handbook with correct contact information to report suspected and/or confirmed FWA.
- Submit a policy describing a process for receiving, recording, and responding to compliance questions, or reports of potential or actual non-compliance from employees, participating providers, subcontractors, and members.
- Policy states the CCO must report all overpayments to OHA.
- Include routine monitoring and auditing activities in the FWA prevention plan.
- The CCO’s work plan must: demonstrate that at least one PI audit has been identified and developed based on the ongoing data mining activities; include the departments or resources planned to conduct the compliance reviews, the data or information sources, whether compliance reviews are to be conducted onsite or via desk review, and the start date for each compliance review.
- Demonstrate that its risk assessment includes a risk evaluation of potential problem areas, such as claims, prior authorization, verification of services, utilization management, and quality review.
- Demonstrate that it conducts an annual risk evaluation/assessment that includes a methodology for assessing fraud and the likelihood and impact of potential fraud.
- FWA prevention plan must demonstrate implementation of encounter data validation activities.



● High Performance (≥95%)
 ● Moderate Performance (75-94.9%)
 ● Low Performance (<75%)



Standard VI: Subcontractual and Delegation Requirements

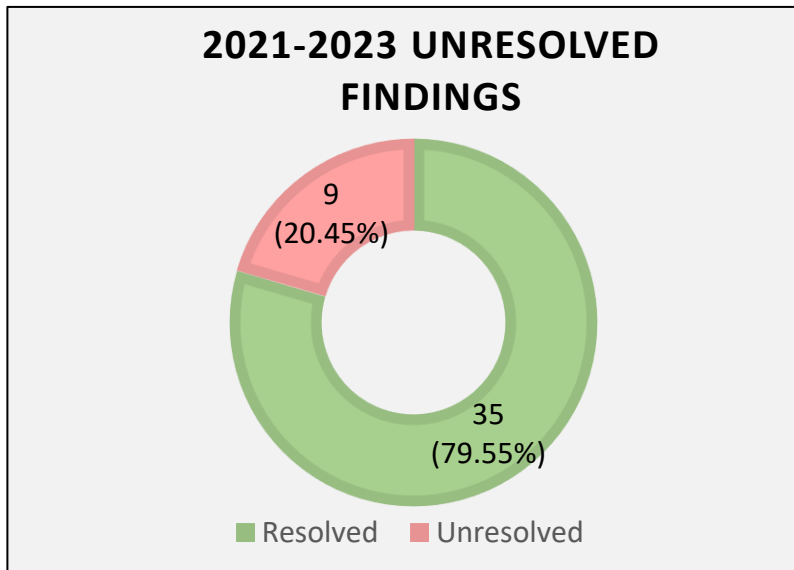


Recommendations:

- CHA received a score of 62.5 percent due to insufficient documentation to support operations and ensure compliance with federal requirements for written agreements between the CCO and its subcontractors.
- Revise its written agreements to align with federally required language for written agreements with subcontractors.
- Ensure that it conducts appropriate oversight and monitoring of its subcontractors.
- Address three findings for this standard.



Unresolved Findings from Compliance Monitoring Reviews



Recommendations:

- Resolve all outstanding findings from previous cycles of Compliance Monitoring Reviews (2021-2023).
- Outstanding findings, across various years, may have a negative impact on quality of care and access to services for members. Identify operational gaps preventing the CCO from immediate resolution of audit findings and implement necessary changes to ensure findings are resolved without delay.

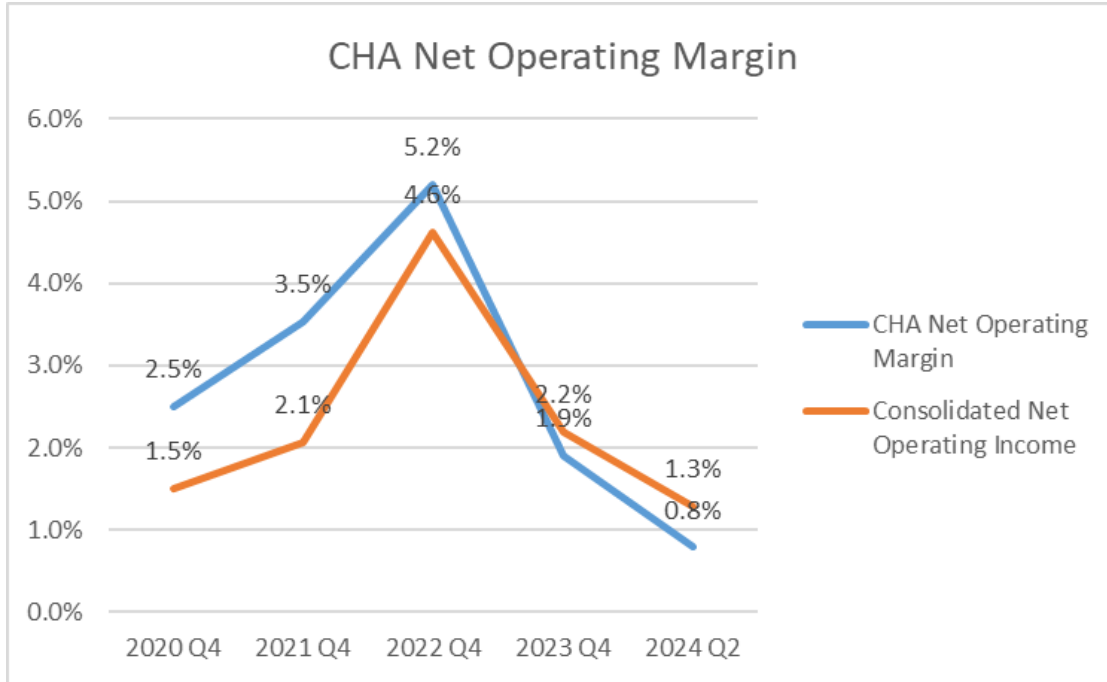
Standard	Review Year	Total # of IP Findings	Resolved IP Findings		Unresolved IP Findings	
			#	%	#	%
Standard I—Availability of Services	2021	2	0	0%	2	100.0%
Standard V—Provider Selection	2021	1	0	0%	1	100.0%
Standard III—Coordination and Continuity of Care	2023	4	3	75%	1	25.0%
Standard X—Grievance and Appeal Systems	2023	10	9	90%	1	10.0%
Standard XIV—Member Information	2023	11	7	64%	4	36.4%





FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- Cascade Health Alliance has had their 2 most recent financial reporting periods in which have been at or below the CCO Consolidated Totals for Net Operating Margins.
- Continued operations with a negative percentage of total revenue could minimize their investments in the community or reinvestment in their continued business.



Exhibit L: Risk-Adjusted Rate of Growth

Risk-Adjusted Rate of Growth			
	Unadjusted Rate of Growth 2022-2023	Risk-Adjusted Rate of Growth 2022-2023	Annualized 2020-2023
Cascade Health Alliance	9.0%	12.4%	0.6%
Statewide Weighted Average	9.5%	8.7%	5.4%
Source: Senate Bill 1041 Report			

Recommendations:

- Rate of growth measurements look at changes in CCO spending per member. CCO capitation rates also change from year to year, but those capitation rates represent OHA spending on CCOs, or equivalently, CCO revenue. CCO spending is considered in setting capitation rates in future years, so a restrained rate of growth in CCO spending helps meet OHA goals on medical spending.
- The Unadjusted column shows the rate of growth in CCO spending per member without accounting for the health risk associated with that CCO’s membership. The Risk-Adjusted column, however, shows the rate of growth considering the changes in health risk of that CCO’s population. A CCO’s rate of growth may be impacted and explained by growth in acuity, or health risk, in their population, such as more members with chronic disease in one year than the other. The three-year average column helps to smooth year-over-year fluctuations.
- CCOs have financial incentives for keeping their Risk-Adjusted Rate of Growth contained, including but not limited to bottom-line profitability. Annual reporting allows for CCOs to explain when growth exceeds their targets. Additionally, OHA is allowed to require a Corrective Action Plan or Sanctions for adverse Rate of Growth reporting under HB 2081 (2021).



Exhibit L: Minimum Loss Ratio

Three-year Minimum Loss Ratio	
	2021 - 2023
Cascade Health Alliance	85.90%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Cascade Health Alliance reported an MLR for 2021 – 2023 of 85.90%, this met the minimum requirement that a CCO spends at least 85% of their capitated payments on member’s medical services or services that improve health care quality.



Exhibit L: Restricted Reserve

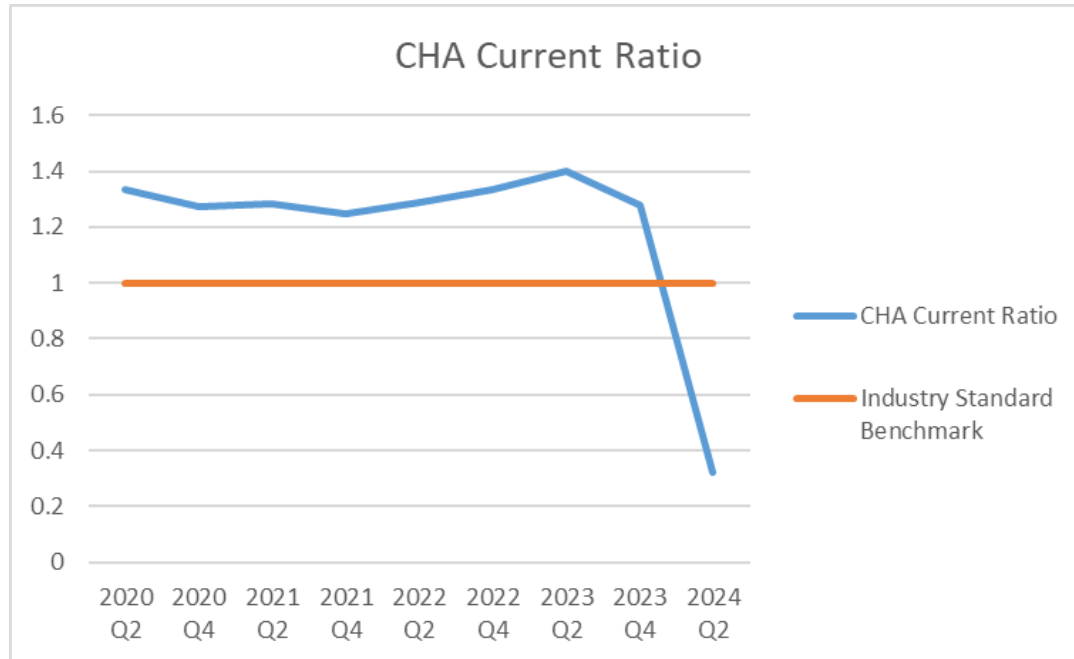
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	CHA	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4	Deficit	7
2021	Q1	Deficit	10
	Q2	Deficit	5
	Q3		6
	Q4		8
2022	Q1	Deficit	8
	Q2	Deficit	5
	Q3		5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
Total Deficits by CCO		5	

Recommendations:

- Cascade Health Alliance exhibited the ability to meet or exceed the minimum Restricted Reserve requirements during the contract period.
- Restricted Reserves are meant to safeguard approximately two weeks of CCO medical spending, in case of a rapid CCO insolvency. While they did report deficits in 5 periods, their ability to correct the actions did not result in a high risk of non-compliance.



Exhibit L: Ratio of Current Assets to Current Liabilities



Recommendations:

- Cascade Health Alliance has consistently met or exceeded the industry standard for Current Ratio of 1. The Current Ratio is calculated by dividing the Current Assets of the CCO by the Current Liabilities. The current ratio is a measurement of how well a CCO may be able to meet its short-term obligations that are due within a year.
- The CCO consistently holds enough Current Assets to meet the obligations of the Current Liabilities as of the reporting date.

