

# CCO PERFORMANCE SNAPSHOT

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## Individual Profile

### Eastern Oregon CCO



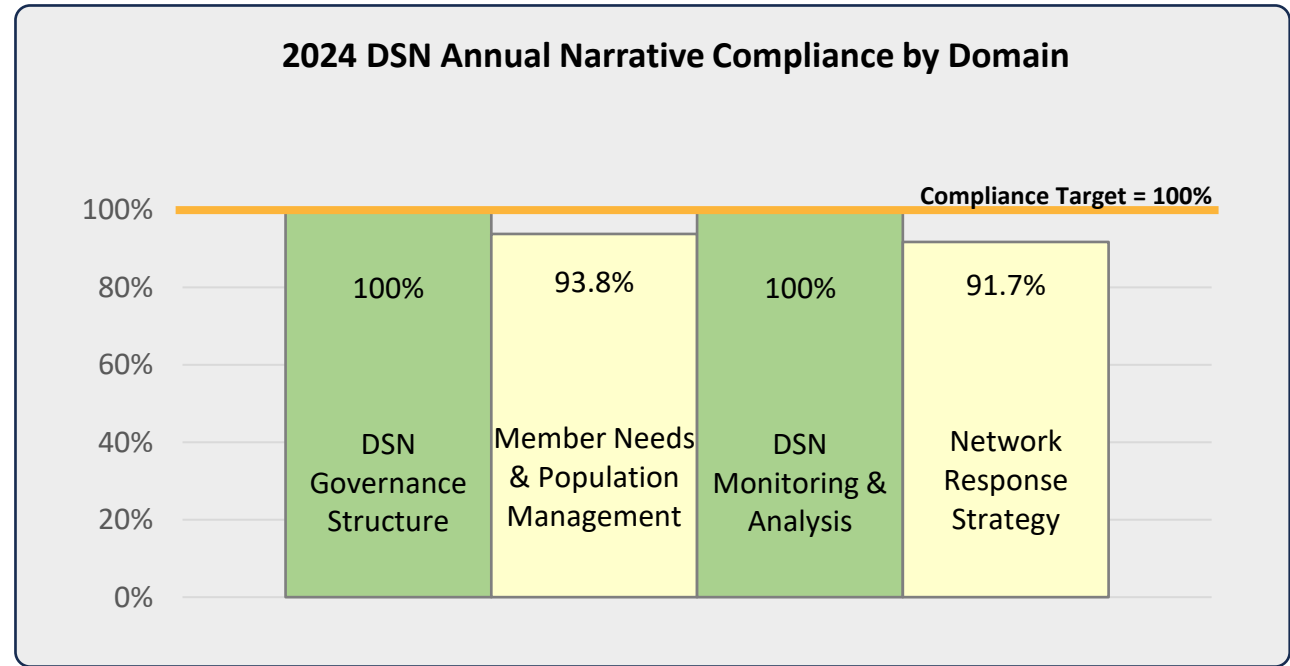
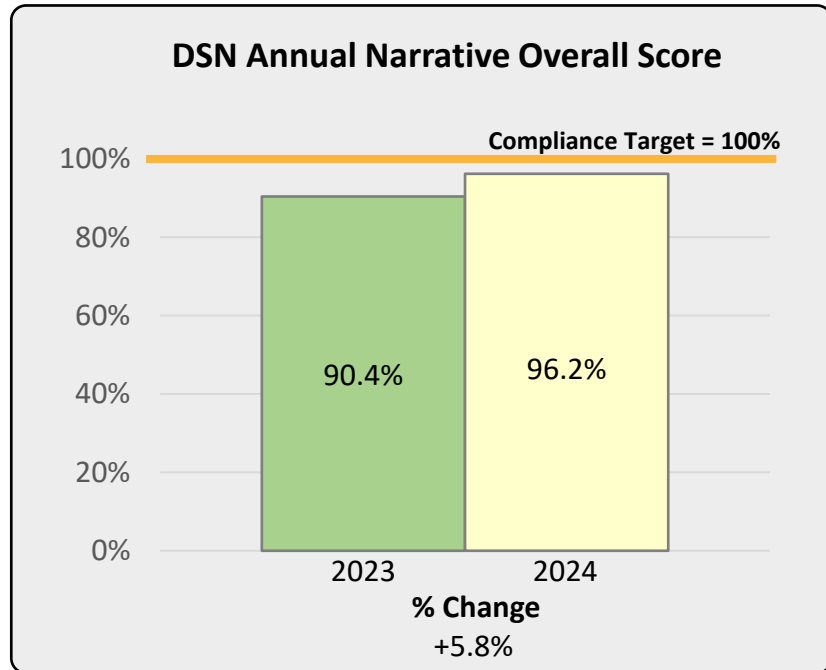


**ACCESS TO CARE**

## Recommendations:

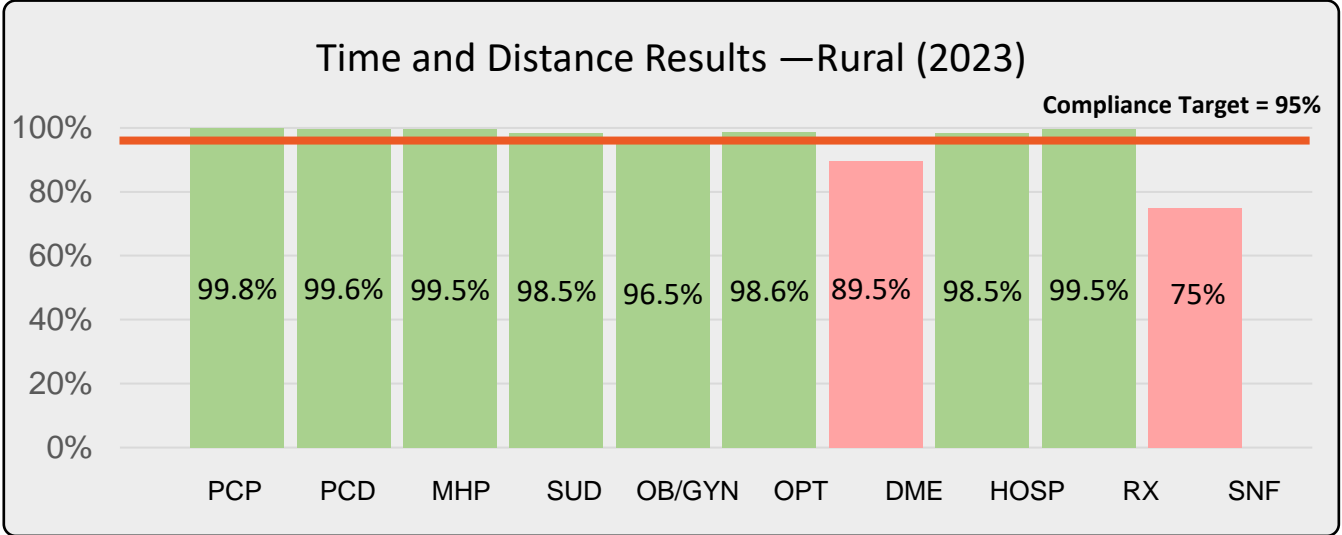
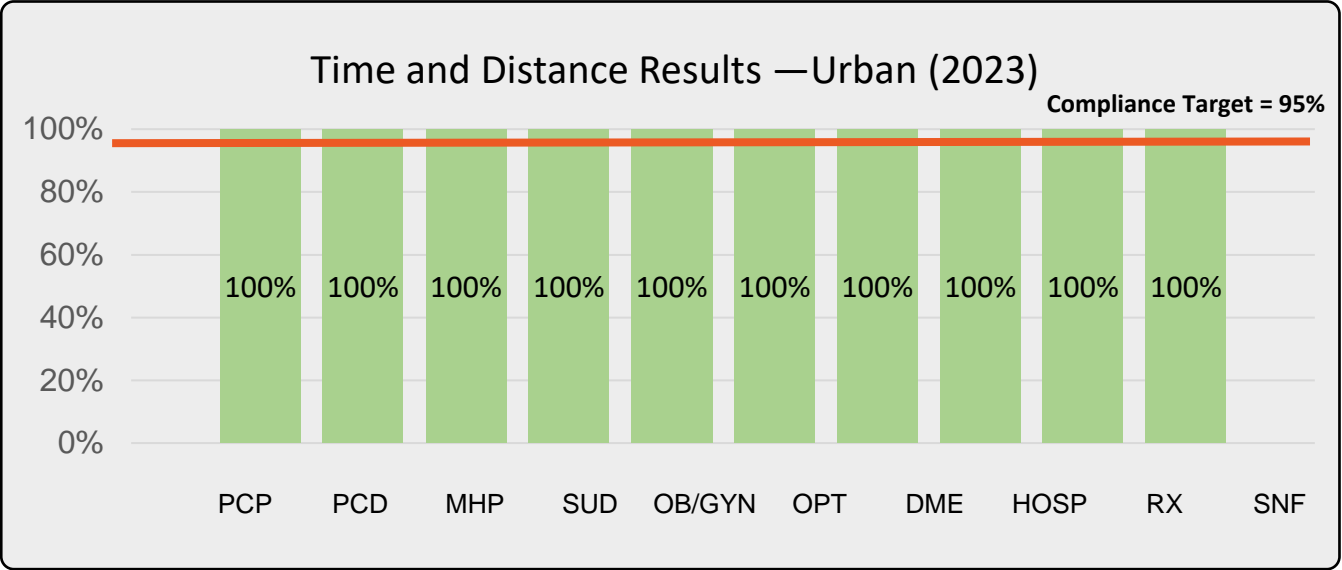
Address the findings issued in the 2024 DSN Annual Evaluation within the Network Response Strategy and Member Needs and Population Management domains:

- Provide documentation demonstrating the full range of member service utilization monitoring conducted by the CCO and should demonstrate its use in supporting network adequacy monitoring and decision-making (e.g., via network adequacy presentation materials or reports, etc.).
- Address the two remaining findings from the CY 2023 DSN Annual Narrative Evaluation.



**Recommendations:**

- EOCCO did not meet the time and distance access standards for over half of specialty providers and half of facilities, with approximately 10 percent to 30 percent of members lacking access within standards. However, EOCCO reported nearly all its providers as serving strictly either adults or pediatrics, and it is possible that some of the members without access are pediatric and might reasonably be seen by a given specialty provider.
- For specialty providers and facility types that did meet access standards, the rate of access was high, and in some cases nearly 100 percent.
- Results suggest that some of EOCCO’s noncompliance with time and distance access standards may be due to data issues.
- 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. EOCCO has the following approved exceptions: Allergy and Immunology, Gastroenterology, Neurology, Otolaryngology, Physical Therapy, Methadone Clinic, Podiatry, Pulmonology, Radiation Oncology, Speech Language Pathology, and Primary Care Provider.



## Compliance Monitoring Review

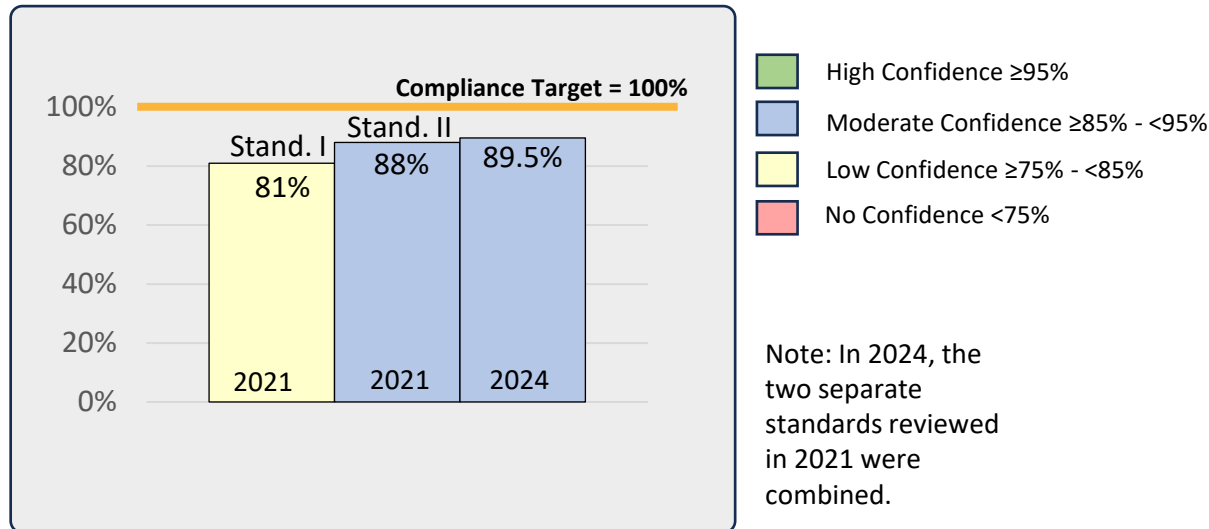
### Standard I: Assurance of Adequate Capacity and Availability of Services

#### Strengths:

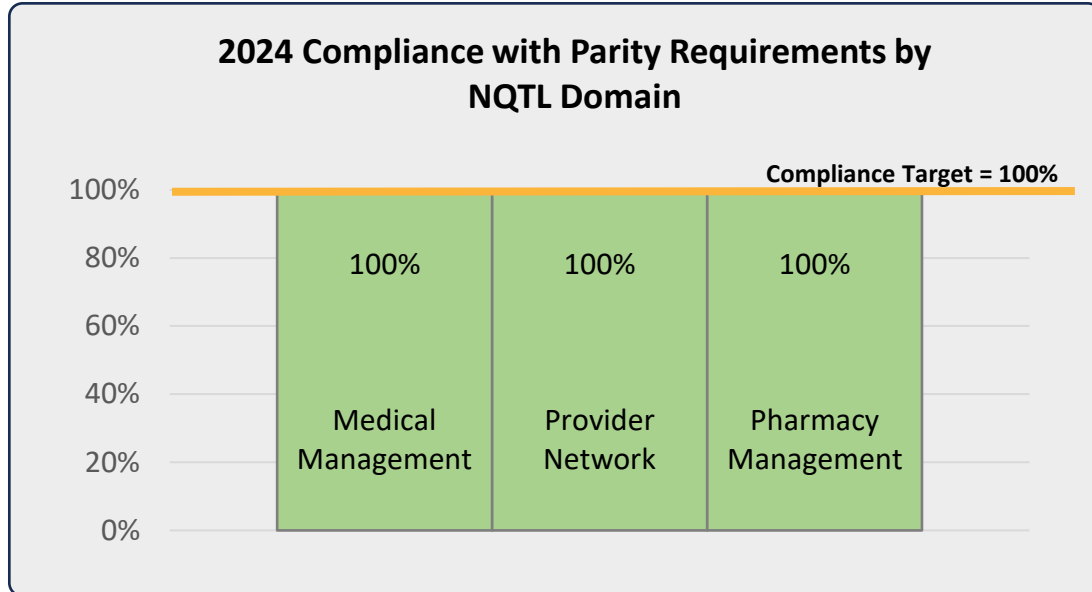
- EOCCO’s subcontractor, Greater Oregon Behavioral Health, Inc. (GOBHI), demonstrated best practices by conducting a comprehensive analysis comparing the characteristics of its provider network to the CCO’s membership receiving behavioral health services and assessing opportunities for improvement.
- Demonstrated best practices by including an affirmation statement in the provider agreements prohibiting the restriction of family planning methods.
- Demonstrated best practices by performing survey calls assessing hours of operation to ensure equal access for its members.

#### Recommendations:

- EOCCO received a score of 89.5 percent due to insufficient documentation to support operations and ensure compliance with federal and State requirements and deficiencies within its monitoring activities impacting the CCO’s ability to ensure timely access to care and services.
- Develop and implement a methodology for monitoring and maintaining its provider network for the federal and State-required components
- Demonstrate corrective action when providers fail to meet appointment standards.
- Revise its provider and internal training materials to fully align with the State-established appointment standards.
- Address four findings for this standard.



## Mental Health Parity

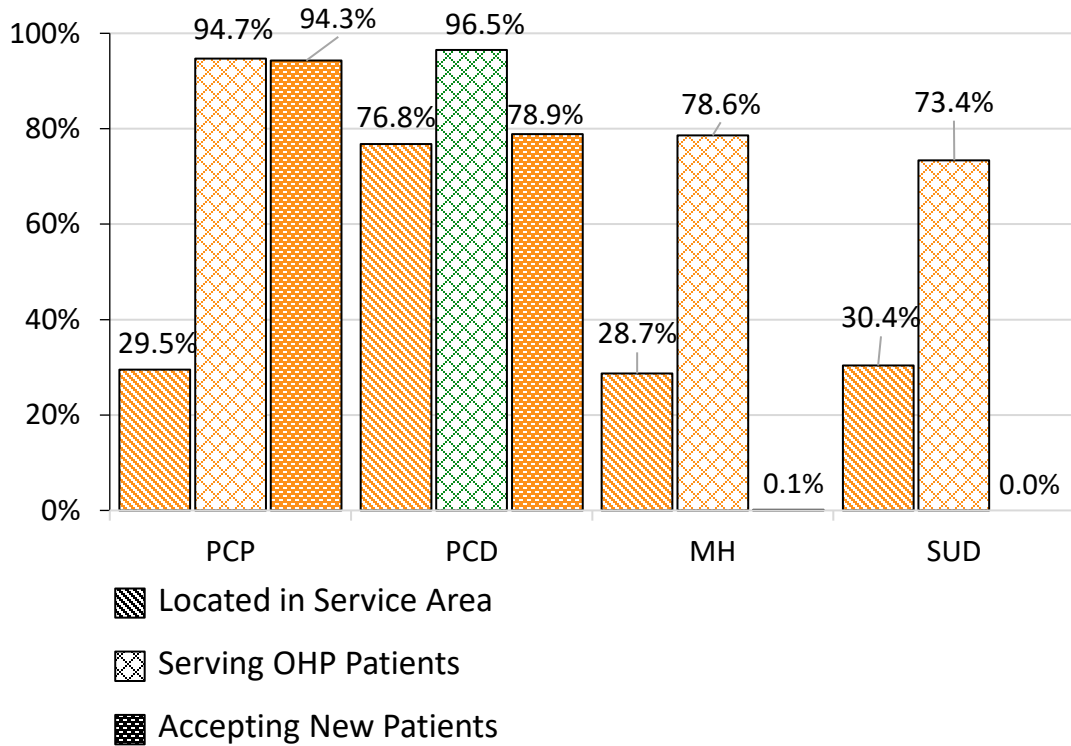


● Compliant    
 ● Partially Compliant

- Medical management domain: EOCCO sufficiently addressed the concurrent review NQTL. The rationale used to apply the NQTL was consistent between MH/SUD and M/S benefits, and the evidentiary standards used in administering the NQTL to MH/SUD benefits were comparable to the evidentiary standards used in administering the NQTL to M/S benefits. The CCO used evidence-based criteria for MH/SUD and M/S benefits to administer its processes with equivalent stringency.
- Provider Network domain: EOCCO attested that no changes were implemented to the NQTLs that applied to MH/SUD or M/S benefits, which were evaluated during the calendar year (CY) 2023 MHP Evaluation and met parity requirements.
- Pharmacy Management domain: EOCCO sufficiently addressed the step therapy or fail-first strategies NQTL. The rationale used to apply the NQTL was consistent between MH/SUD and M/S benefits, and the evidentiary standards used in administering the NQTL to MH/SUD benefits were comparable to the evidentiary standards used in administering the NQTL to M/S benefits. The CCO used evidence-based criteria for MH/SUD and M/S benefits to administer its processes with equivalent stringency.
- Continue to maintain parity across NQTL domains.

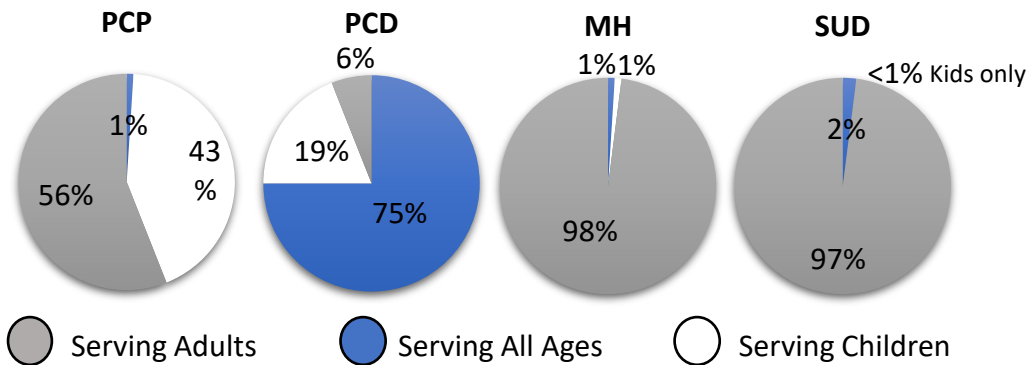






### Recommendations:

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



MH provider to member ratio 1:55



SUD provider to member ratio 1:197



PCP provider to member ratio 1:99



PCD provider to member ratio 1:573



Icon of one person = 100 people



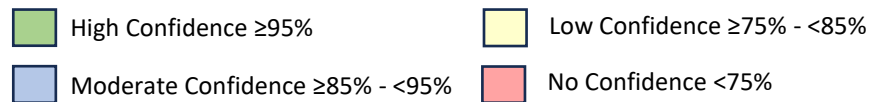
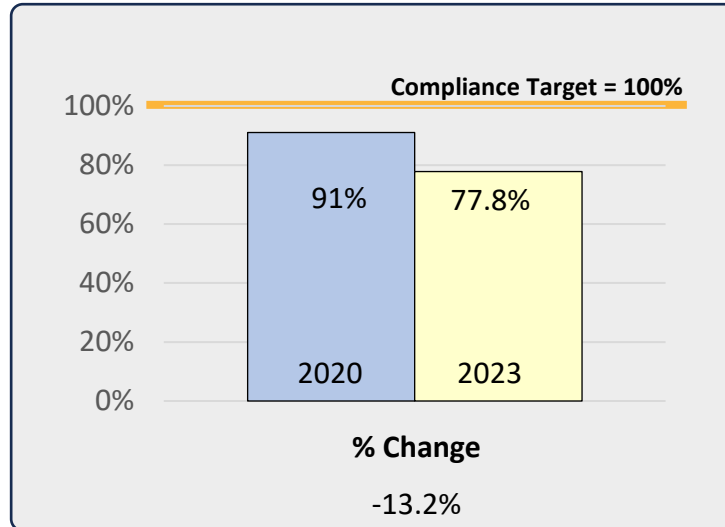


# SERVICE DELIVERY



## Compliance Monitoring Review

### Standard IV: Coverage and Authorization of Services



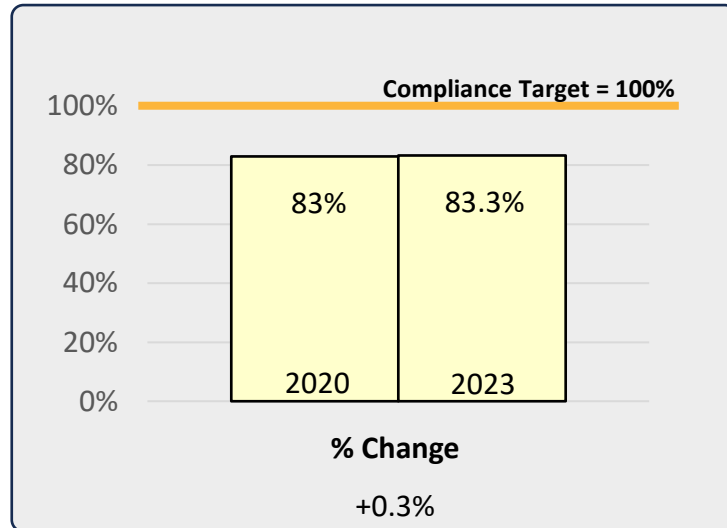
#### Recommendations:

- EOCCO received a score of 77.8 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 policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for authorization requests and required content, readability, and time frames for notification of adverse benefit determinations.
- Demonstrate proper outreach to retrieve the information needed to process service authorization requests.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



## Compliance Monitoring Review

### Standard III: Coordination and Continuity of Care



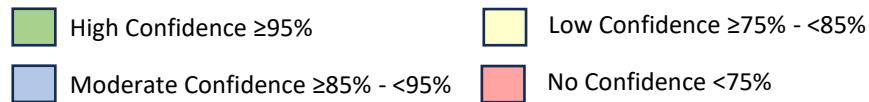
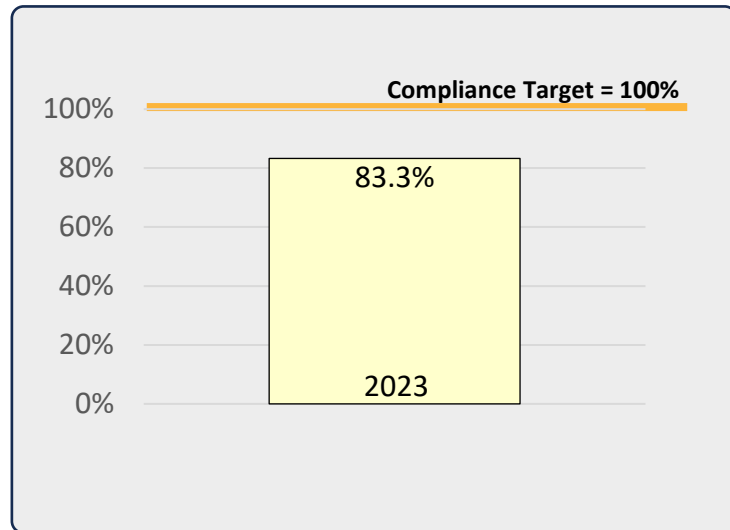
#### Recommendations:

- EOCCO received a score of 83.3 percent due to a lack of operational structure, impacting the CCO’s ability to appropriately assess/reassess members for care coordination services, develop treatment plans with member involvement, and ensure health records are maintained in accordance with professional standards.
- Revise policies and procedures to align with State requirements.
- Demonstrate implementation of appropriate assessments, reassessments, and revision of treatment plans according to federal and State requirements.
- Implement mechanisms to ensure the appropriate maintenance of medical records in accordance with professional standards.
- Address one unresolved finding for this standard.



## Compliance Monitoring Review

### Standard XVI: Emergency and Post-stabilization Services

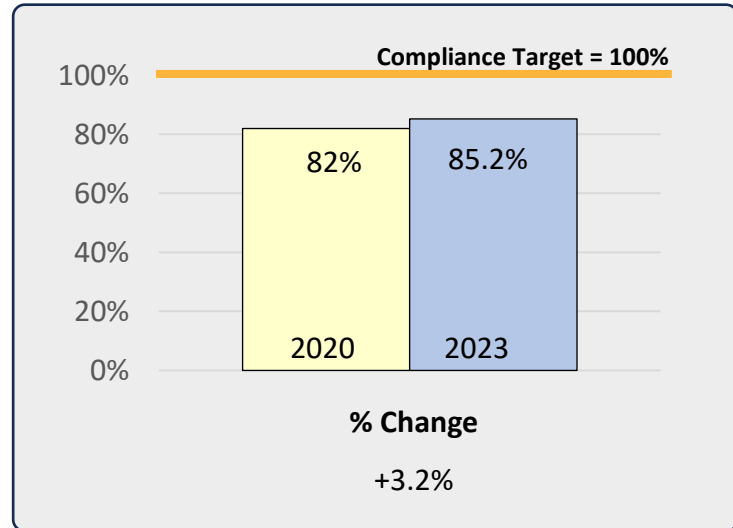


#### Recommendations:

- EOCCO received a score of 83.3 percent due to failure to demonstrate implementation of appropriate processes and workflows, impacting the CCO’s ability to ensure that emergency and poststabilization services are covered appropriately.
- Revise policies and procedures to align with federal and State requirements.
- Revise provider materials 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



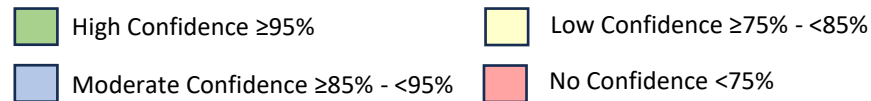
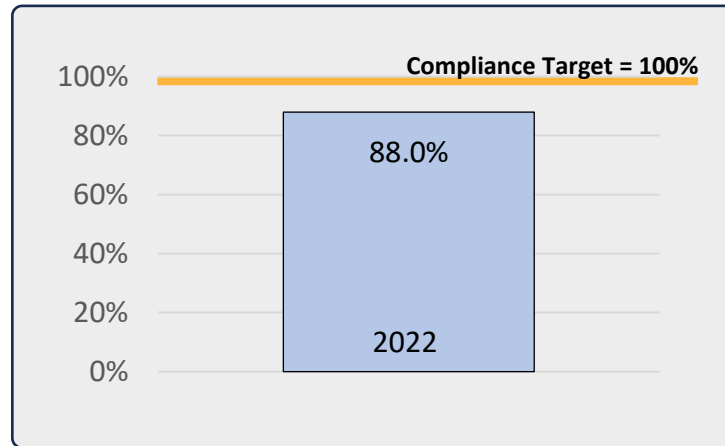
### Recommendations:

- EOCCO received a score of 85.2 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.
- Adhere to federal and State requirements for the required content for grievance resolution notices, maintenance of an expedited process, time frames for acknowledging appeals, and extension requirements.
- Demonstrate implementation of federal and State requirements within communications to providers and subcontractors.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



## Compliance Monitoring Review

### Standard XII: Quality Assessment and Performance Improvement



#### Recommendations:

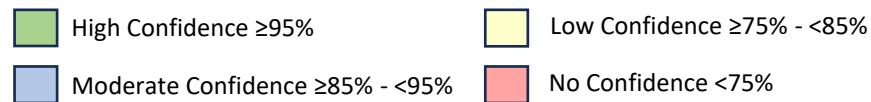
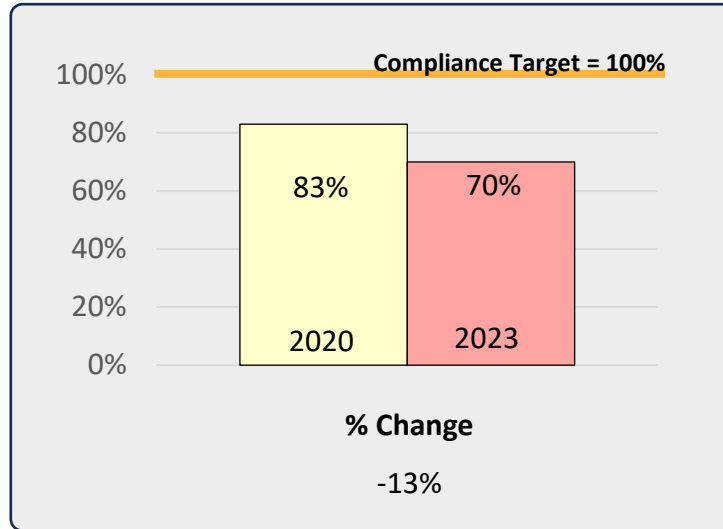
- EOCCO Received a score of 88 percent due to failure to demonstrate appropriate oversight of its QAPI program, which impacted the MCE’s ability to monitor and evaluate the quality and appropriateness of services furnished to its members consistent with the needs and priorities of the MCE’s member population.
- Revise QAPI program structure to align with federal and State requirements for a QAPI program, including appropriate oversight of its QAPI program.
- Address one unresolved finding for this standard.





# MEMBER RIGHTS & HEALTH EQUITY

## Compliance Monitoring Review Standard VII: Member Rights and Protections



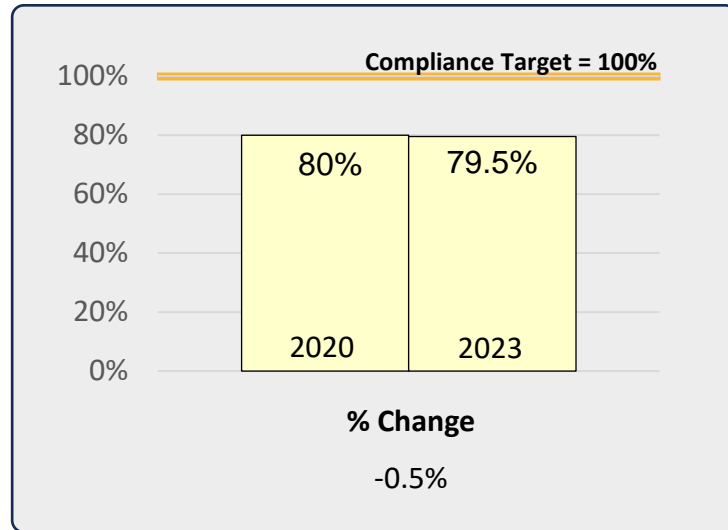
### Recommendations:

- EOCCO 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 and that advance directive requirements are met.
- Revise policies and procedures 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

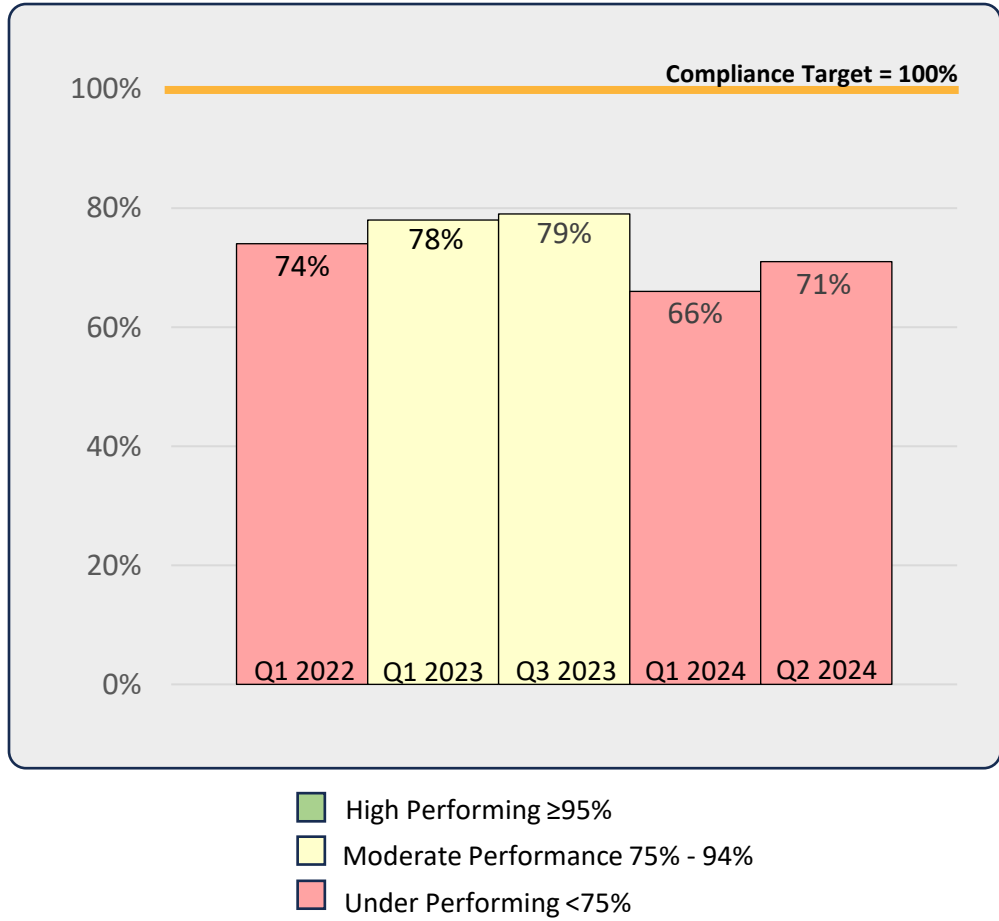


### Recommendations:

- EOCCO received a score of 79.5 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure timely and proper member communication.
- Must revise policies, procedures, and member-facing materials to align with federal and State requirements.
- Notify members of the availability of member information.
- Track and monitor the timely provision of required member information.
- Address four unresolved findings for this standard.



## Notice of Adverse Benefit Determination Requirements

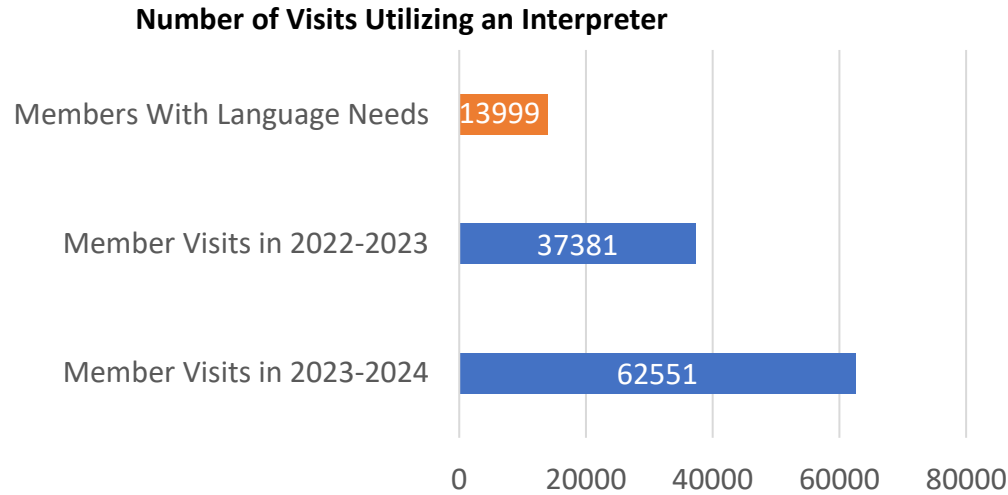


### Recommendations:

- 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 4.47 visits per member.

### Recommendations:

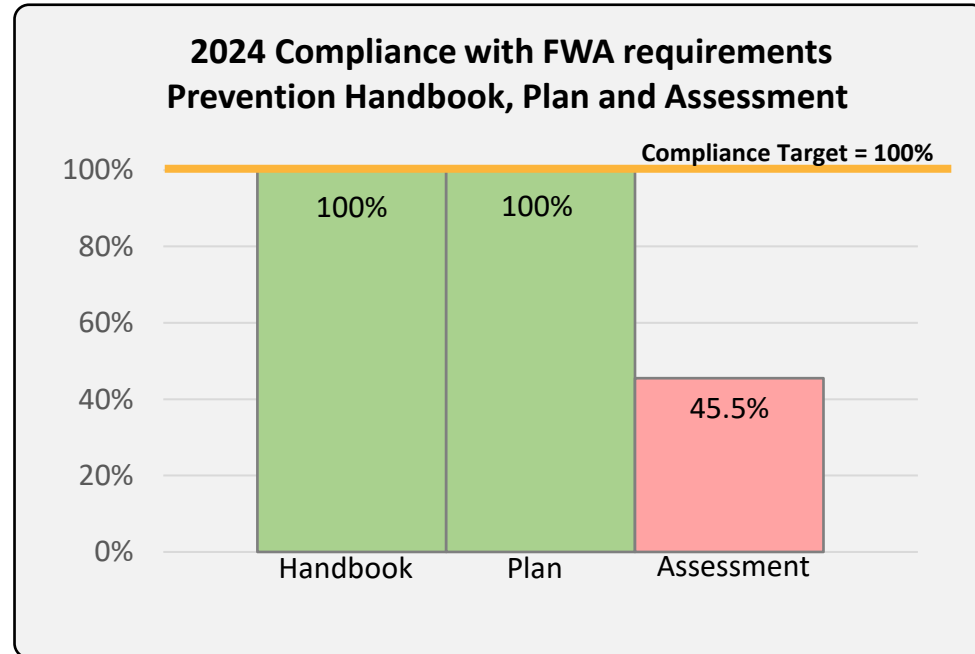
- Identify gaps in meeting language access needs.
  - Determine language preferences among members.
  - Evaluate the languages spoken by the provider network.
  - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members' needs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





# PROGRAM INTEGRITY

## FWA Prevention Handbook, Prevention Plan, and Assessment Requirements



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

### Recommendations:

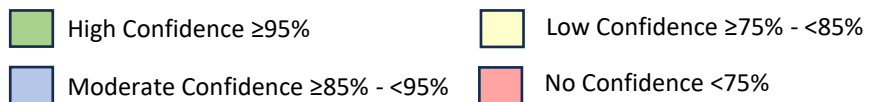
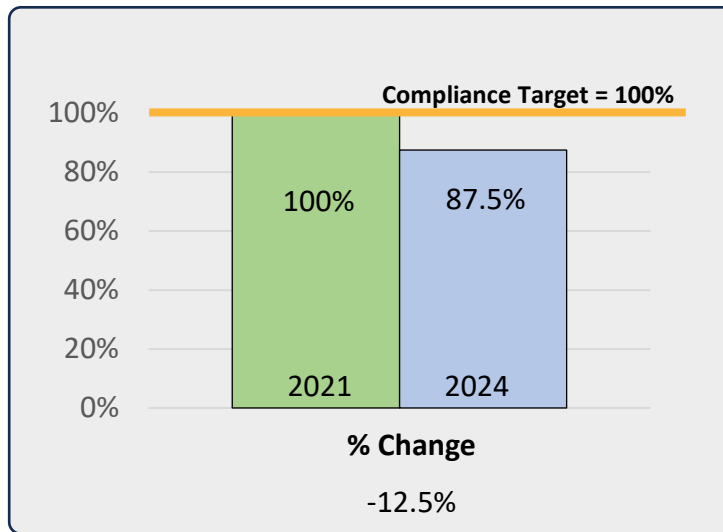
- FWA assessment must include a summary and outcomes of the preliminary investigations conducted by the CCO along with the rationale for opening each of the preliminary investigations. This information should align with the investigations reported to OHA in CY 2023.
- Provide a summary of the audits that were conducted, and the summary should be specific to the provider or subcontractor audited.
- Identify which audits were completed by desk review and/or onsite.
- Provide the findings from the PI audits and corrective actions for each of the PI audits.
- CCO must demonstrate training completion for all employees and board members.
- Demonstrate that provider training is conducted in accordance with the CCO’s established process. If no established process exists, the CCO must develop a process for ensuring that FWA training is provided to network providers as appropriate. At a minimum, all newly contracted providers should receive FWA training and annual updates by the CCO in accordance with the CCO’s established mechanisms for providing such trainings.
- Submit evidence of training completion for all subcontractors, and that the training materials include all required content.
- Provide a review of the planned provider audits performed during the prior year. This should include a brief summary for each audit, findings, and corrective actions for each audit.
- Address whether the PI audit activity was in accordance with the FWA prevention work plan from the prior year, meaning the FWA assessment should include information regarding each PI audit conducted for each provider identified on the previous year’s FWA prevention work plan.
- Provide a summary of each planned compliance review conducted for subcontractors and participating providers, description of the data analytics relied on for each of the compliance reviews and indicate whether the compliance reviews were conducted in accordance with the CCO’s FWA prevention plan from the prior contract year. Provide outcomes and corrective action for each compliance review.
- Include a narrative that advises OHA of the outcomes of all FWA prevention activities not already reported in other elements.



## Standard VI: Subcontractual and Delegation Requirements

### Strengths:

- Eastern Oregon demonstrated best practices through its annual delegation reviews that assess compliance with targeted elements annually, aligning with the CMR compliance reviews

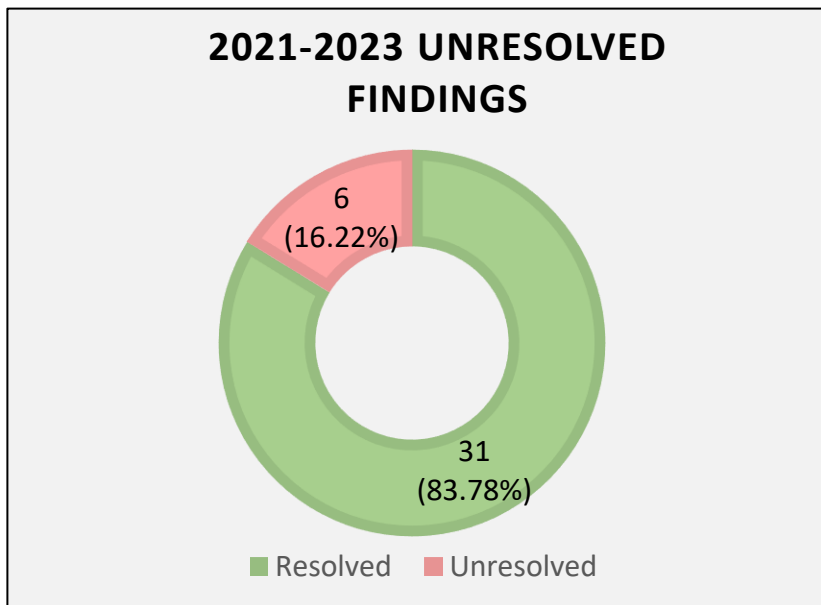


### Recommendations:

- EOCCO received a score of 87.5 percent due to insufficient documentation to support operations and ensure compliance with federal requirements for written agreements between the CCO and its subcontractors.
- Revise written agreements to align with federally required language for written agreements with subcontractors.
- Address one finding 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 XII—Quality Assessment and Performance Improvement	2022	2	1	50.0%	1	50.0%
Standard III—Coordination and Continuity of Care	2023	3	2	66.7%	1	33.3%
Standard XIV—Member Information	2023	8	4	50.0%	4	50.0%

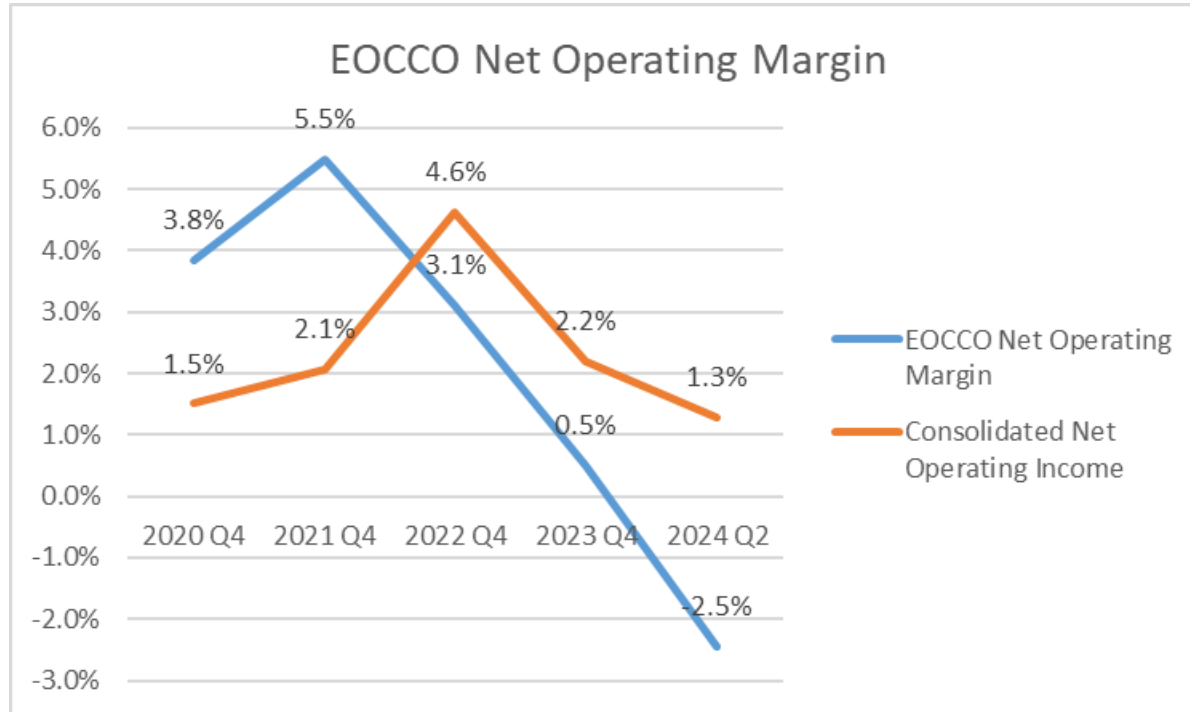






# FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



**Recommendations:**

- Eastern Oregon CCO has had the 3 more recent financial reporting periods in which have been at or below the CCO Consolidated Totals for Net Operating Margins. This results in an Operational Loss, meaning their Adjusted Revenues do not exceed their Medical and Administrative Expenses.
- Continued operations with a negative percentage of total revenue will result in the CCO not growing their reserves and minimize their investments in the community or reinvestment in their continued operations.



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
Eastern Oregon CCO	6.4%	6.8%	6.6%
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
Eastern Oregon CCO	88.80%
Source: Minimum Medical Loss Ratio data	

**Recommendations:**

- Eastern Oregon CCO reported an MLR for 2021 – 2023 of 88.8%, 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

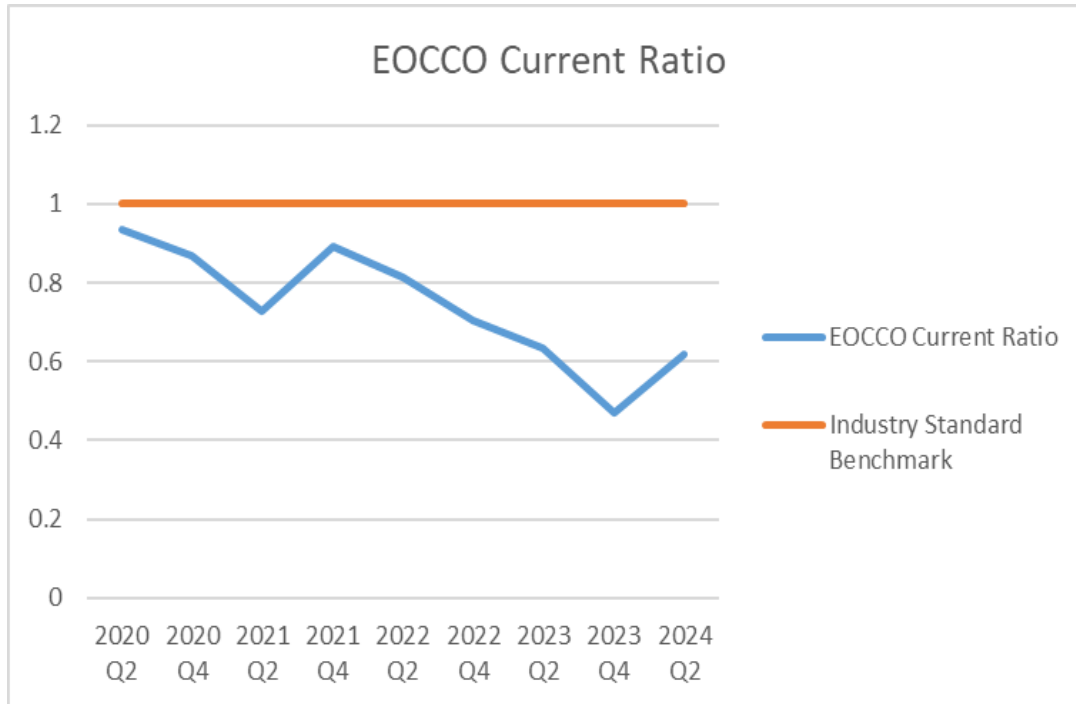
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	EOCCO	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4		7
2021	Q1		10
	Q2		5
	Q3		6
	Q4		8
2022	Q1		8
	Q2	Deficit	5
	Q3		5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
<b>Total Deficits by CCO</b>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

**Recommendations:**

- Eastern Oregon CCO 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 1 period, 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:**

- Eastern Oregon CCO has reported a Current Ratio below the industry standard of 1 for one or more reporting periods since the beginning of the CCO 2.0 Contract. 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.
- There are no standards specified within the contract regarding the application of the Current Ratio, however, when a CCO consistently does not have Current Assets sufficient to meet their Current Liabilities, it indicates that they use other means of financing or classifications of assets when meeting their debt obligations that will come due in a year or less.

