March 2025

CCO PERFORMANCE SNAPSHOT

Individual Profile

Health Share of Oregon

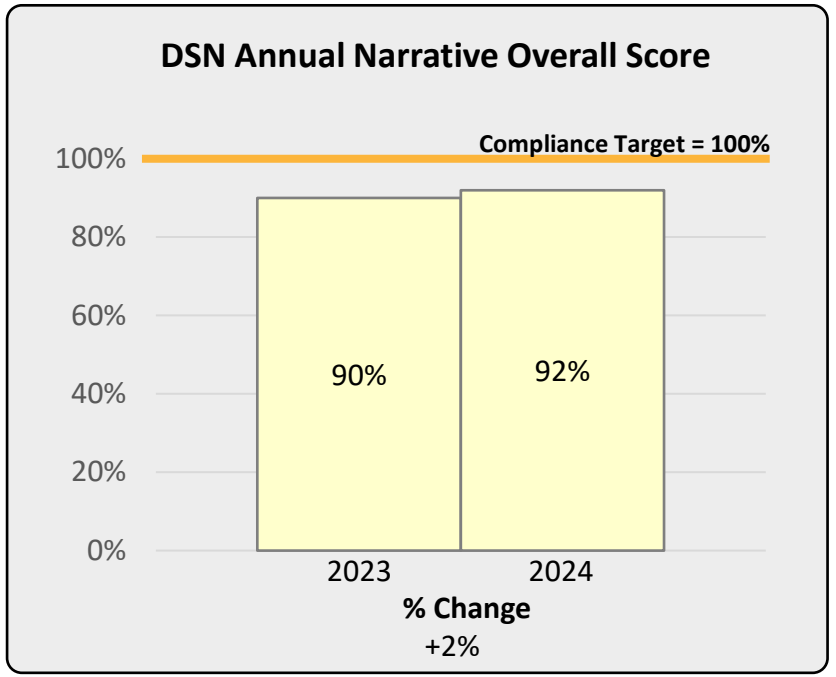
OREGON HEALTH AUTHORITY

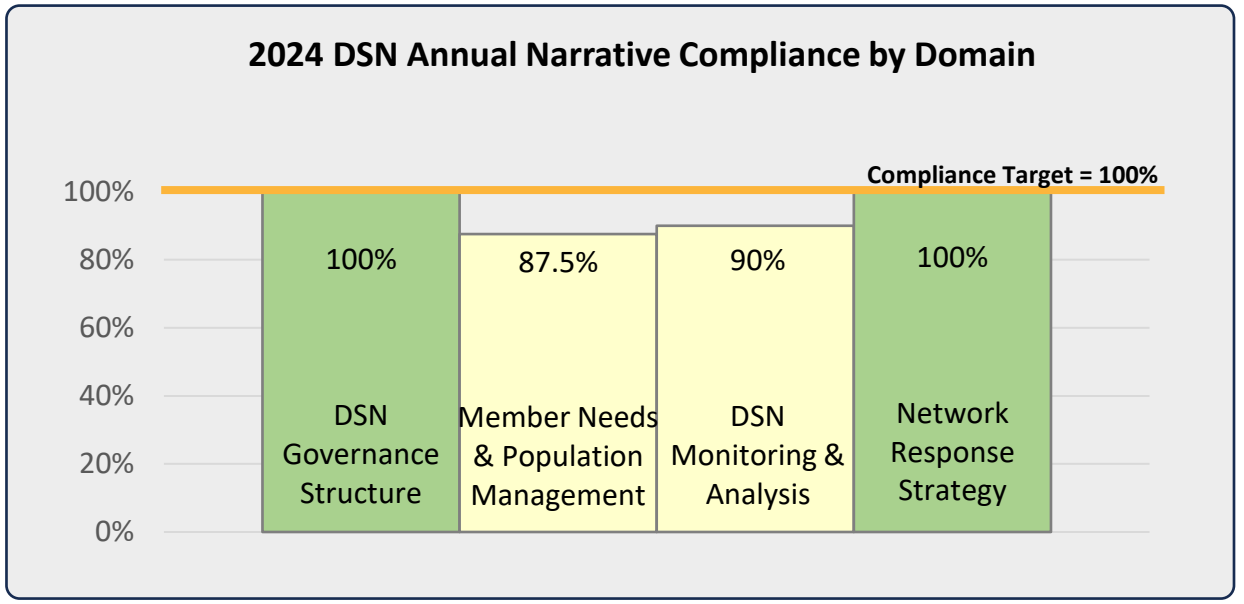
ACCESS TO CARE

Recommendations:

Address the findings issued in the 2024 DSN Annual Evaluation within the Member Needs and Population Management and DSN Monitoring and Analysis domains:

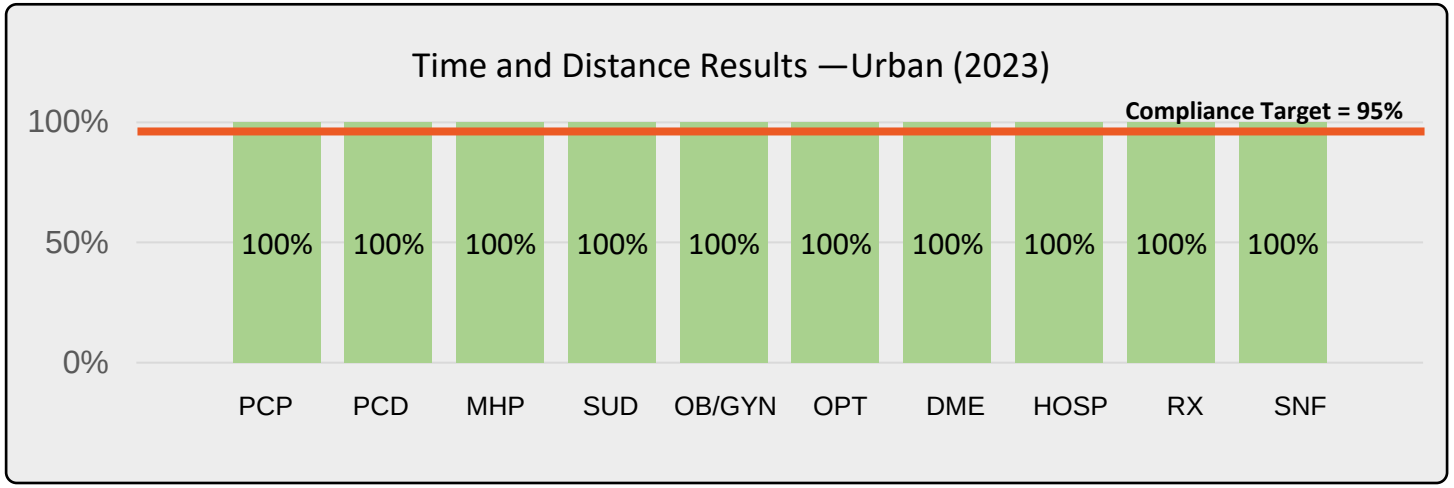
- Provide evidence in alignment with its monitoring processes including, but not limited to, the prevalence of diseases across member populations and demographics.
- Provide results of its efforts to monitor hours of operation at a network level.
- Identify which staff, departments, and committees review collected telehealth information and should describe or demonstrate how the information is used to inform network adequacy decision-making.

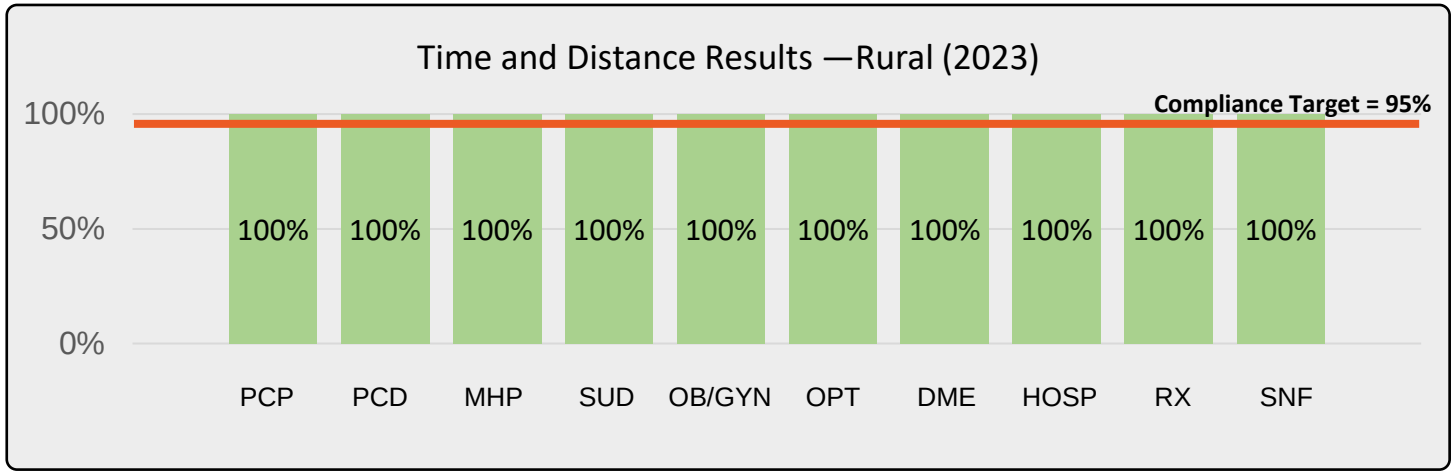




Recommendations:

- HSO was fully compliant in 2023. Although the CCO is 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. HSO does not have any approved exceptions.



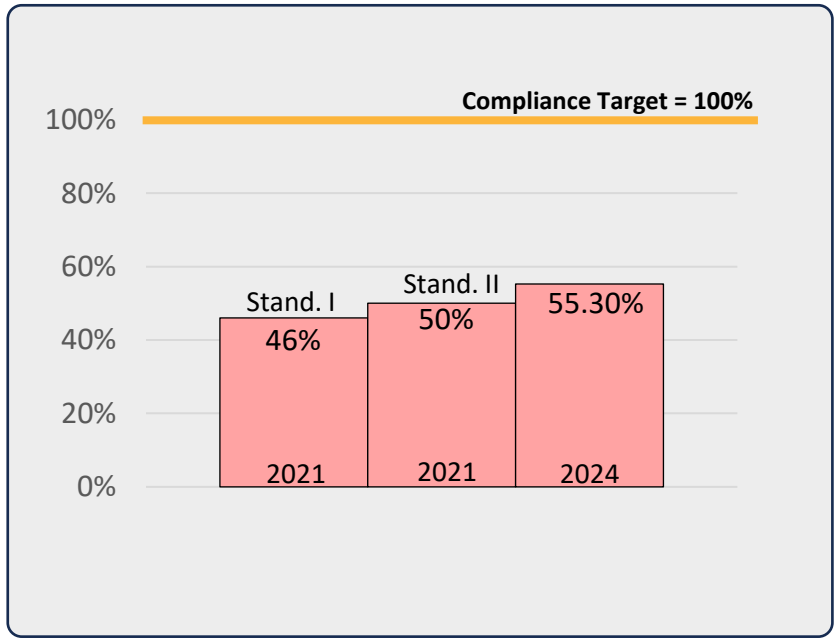


High Performance (≥ 95%)

Low Performance (<95%)

Compliance Monitoring Review

Standard I: Assurance of Adequate Capacity and Availability of Services

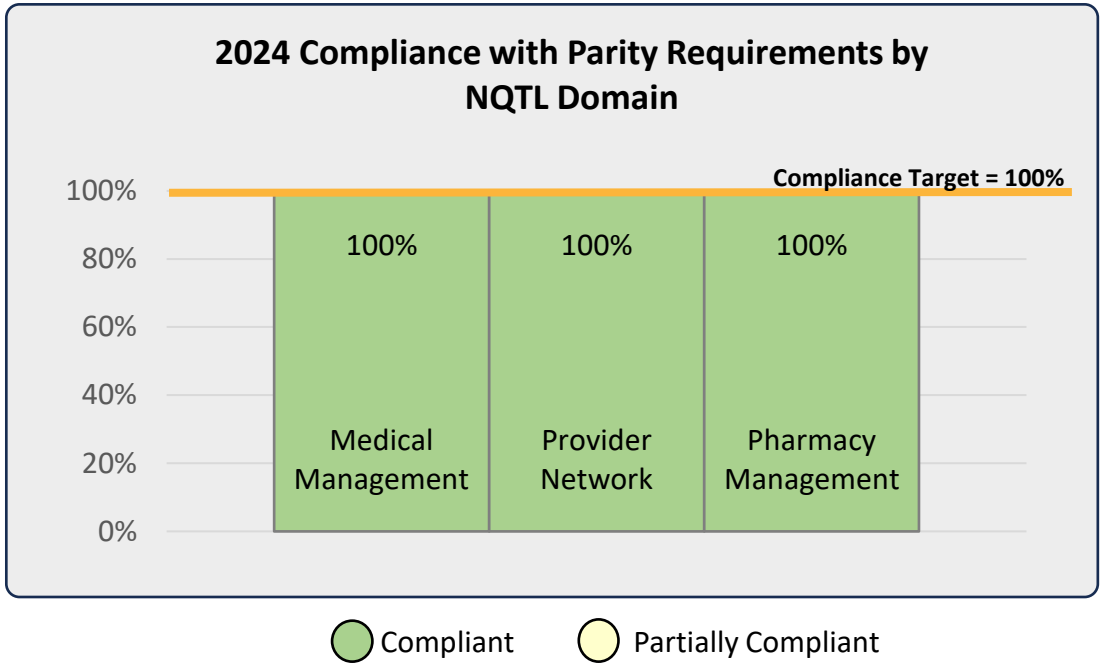


Note: In 2024, the two separate standards reviewed in 2021 were combined.

Recommendations:

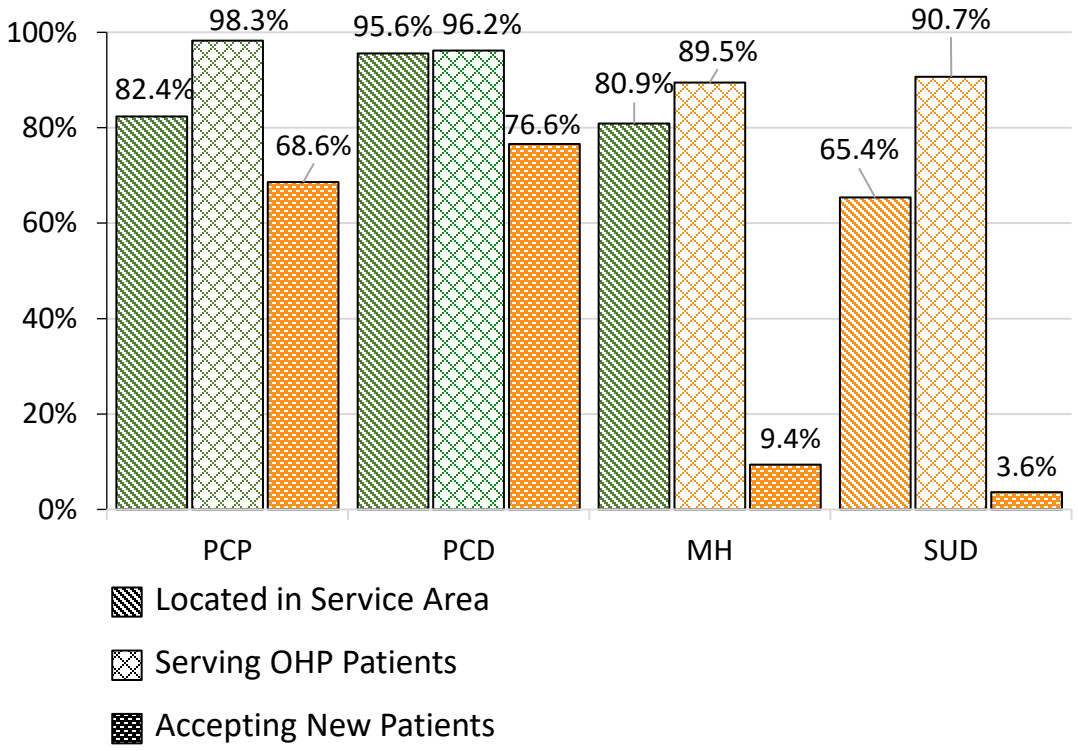
- HSO received a score of 55.3 percent due to insufficient documentation to support operations and ensure compliance with federal and State requirements, the inability to demonstrate sufficient implementation of established processes, and deficiencies within its monitoring activities impacting the CCO's ability to ensure timely access to care and services.
- Develop and implement a methodology for monitoring and maintaining its provider network for the federal and State-required components.
- Revise policies and procedures to align with federal and State requirements for timely access to care and services and reporting and demonstrate implementation.
- Demonstrate the implementation of corrective action when providers fail to meet appointment standards.
- Revise provider communications to include the appropriate access to care and service requirements.
- Address sixteen findings for this standard.

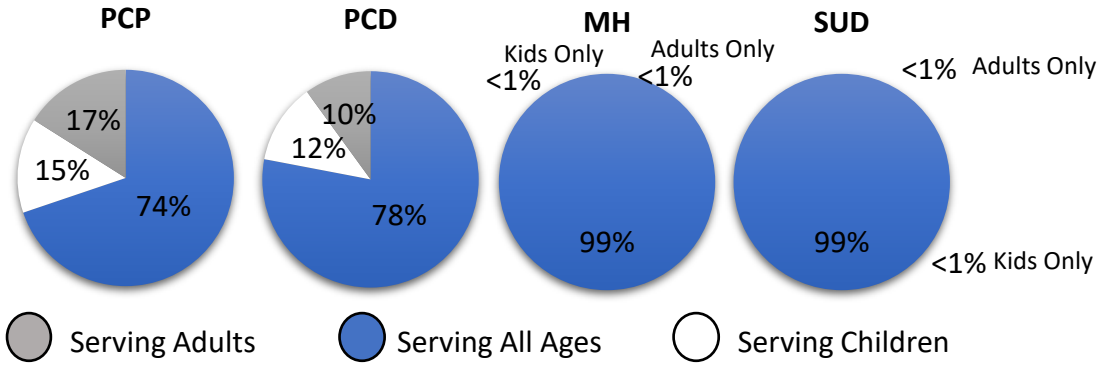
Mental Health Parity



- Medical Management domain: HSO sufficiently addressed the concurrent review (CR) and practice guidelines NQTLs. The rationale used to determine assignment of the CR and practice guidelines NQTLs were 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.
- Medical Management domain: HSO also addressed the Medical Management domain's step therapy or fail-first strategies NQTL by indicating step therapy or fail-first strategies were not used to manage the administration of MH/SUD or M/S services.
- Provider Network domain: HSO addressed the geographic restrictions NQTL by indicating geographic restrictions were not used to manage the administration of MH/SUD services.
- Pharmacy Management domain: The NQTL of formulary design for prescription drugs was unable to be fully evaluated for parity with MHP requirements due to a lack of sufficient information and/or supporting documentation to demonstrate how each subcontractor is applying the formulary design NQTL.
- Continue to maintain parity across NQTL domains.

Network Adequacy



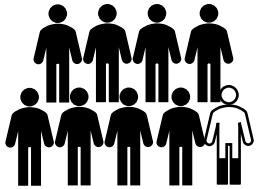


Recommendations:

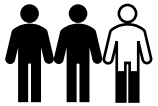
- Improve rate of primary care providers, primary care dentist, mental health providers, and substance use providers accepting new patients to improve access.
- Identify available primary care dentists, mental health providers, substance use disorder providers within service area that are not contracted. Contract with any interested providers and consider other solutions outside of contracting.
- Monitor number of SUD providers and mental health 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.

MH provider to member ratio **1:133**

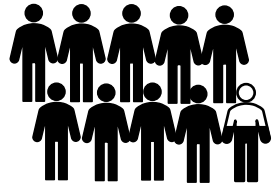
SUD provider to member ratio **1:828**



PCP provider to member ratio **1:233**



PCD provider to member ratio **1:966**

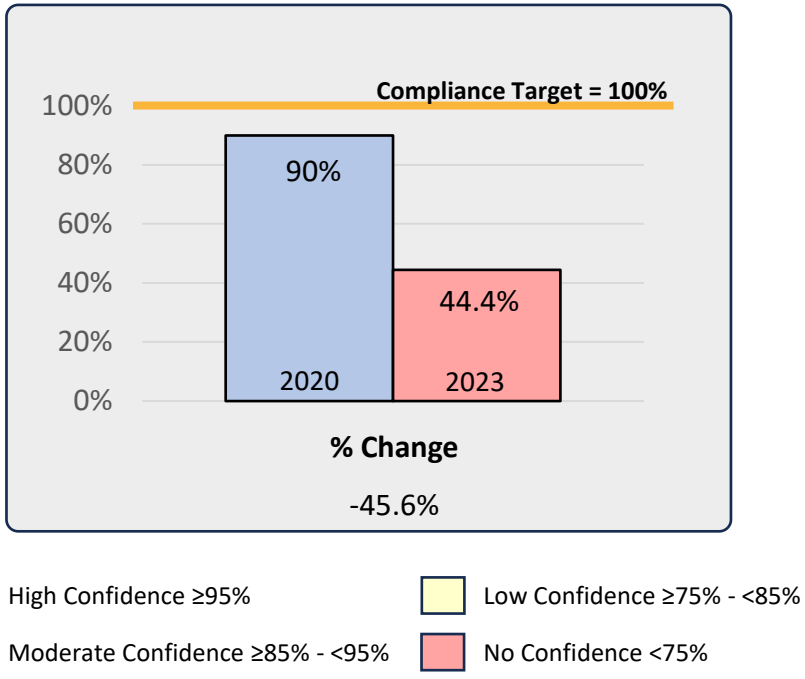


= 100 people

SERVICE DELIVERY

Compliance Monitoring Review

Standard III: Coordination and Continuity of Care

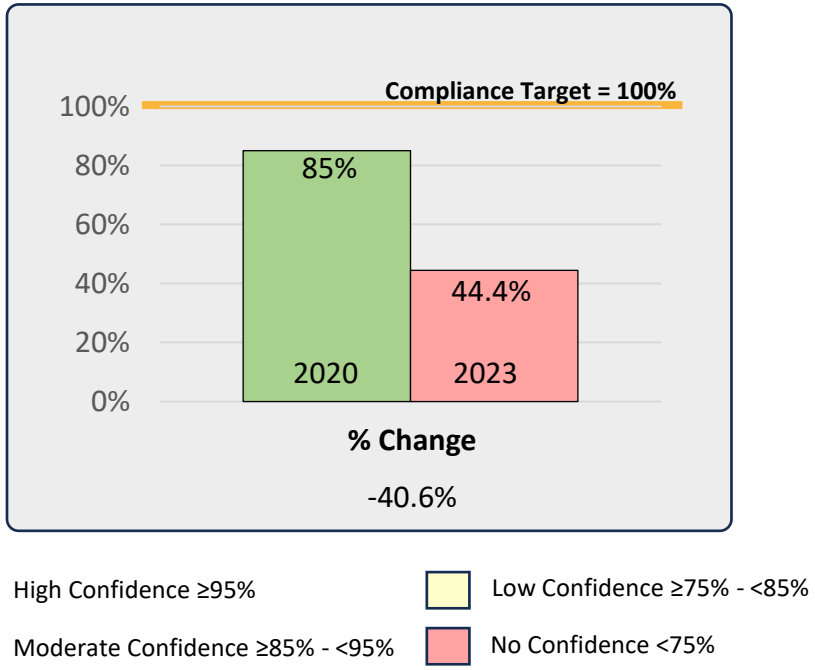


Recommendations:

- HSO received a score of 44.4 percent due to a lack of operational structure and failure to appropriately screen and assess/reassess members for care management and ICC services.
- Address seven unresolved findings for this standard.
- Revise policies and procedures to align with federal and State requirements.
- Demonstrate that its subcontractors have and implement the appropriate processes to ensure compliance with the requirements.

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services

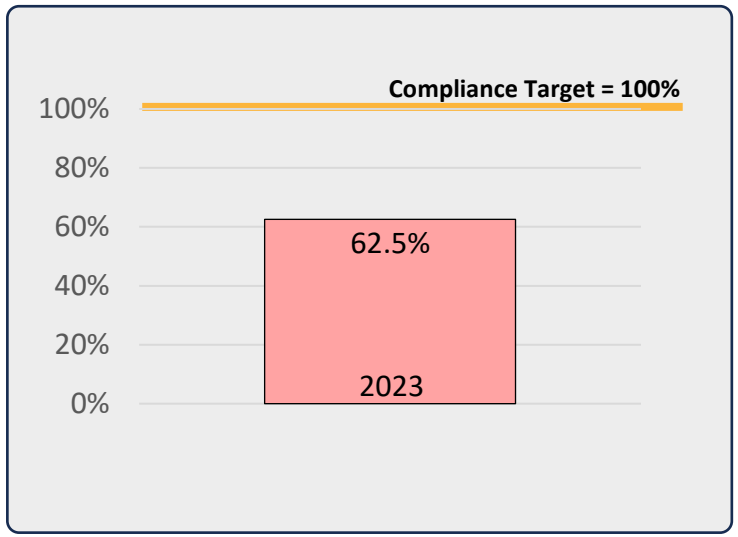


Recommendations:

- HSO received a score of 44.4 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 ensuring the appropriate authorizing services and to ensure proper and timely notification of adverse benefit determinations.
- Address thirteen unresolved findings for this standard.
- Revise its policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for coverage and authorization of services and required content and time frames for notification of adverse benefit determinations.

Compliance Monitoring Review

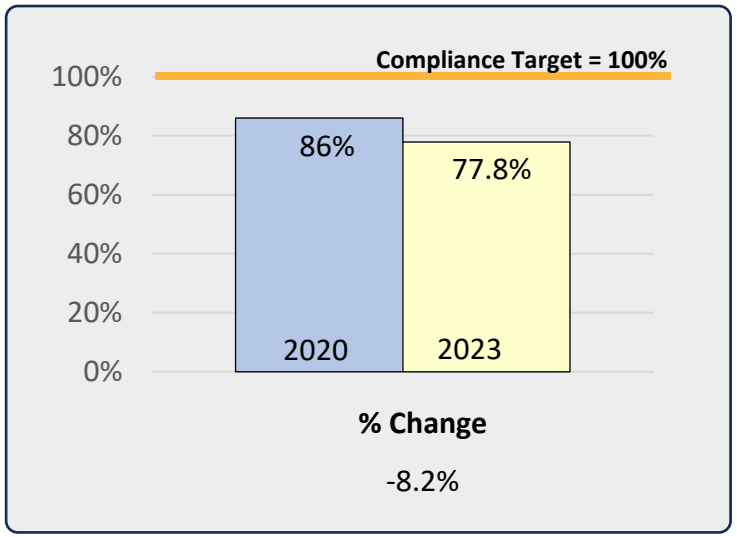
Standard XVI: Emergency and Post-stabilization Services



Recommendations:

- HSO received a score of 62.5 percent due to a lack of operational structure to ensure emergency and poststabilization services are covered appropriately.
- Address five unresolved findings for this standard.
- Revise the applicable plan documents to define “emergency and poststabilization services” and communicate the appropriate requirements.
- Ensure that its internal and subcontractors’ policies and procedures align with State and federal requirements and demonstrate implementation.

Compliance Monitoring Review
Standard X: Grievance and Appeal Systems

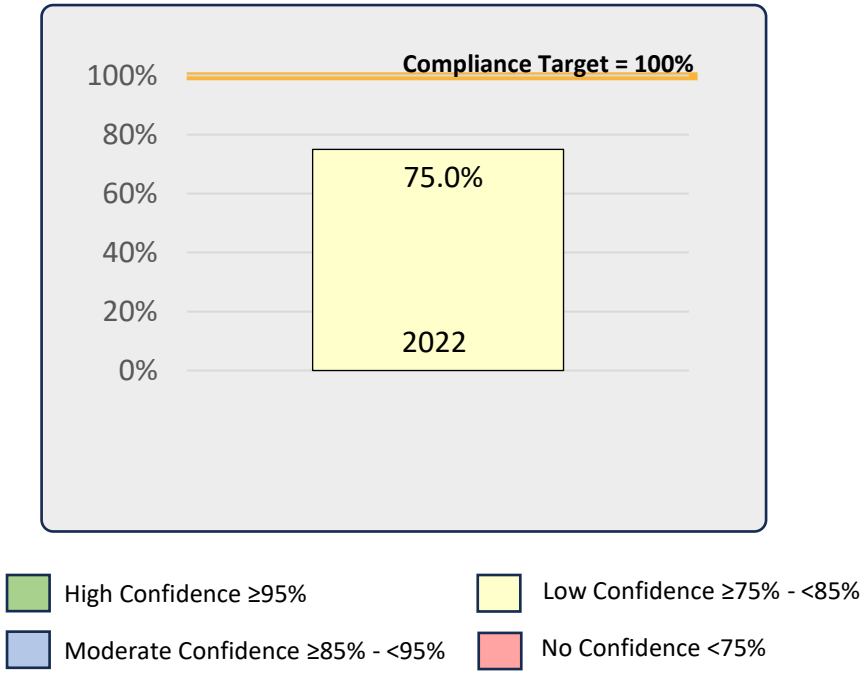


Recommendations:

- HSO 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 ensure member grievances and appeals are addressed and responded to appropriately.
- Address nine unresolved findings for this standard.
- Revise policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for grievances and appeals.

Compliance Monitoring Review

Standard XII: Quality Assessment and Performance Improvement

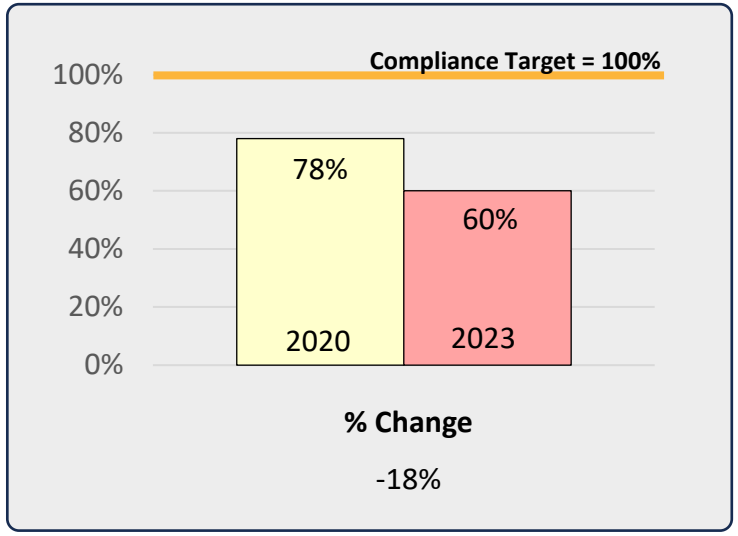


Recommendations:

- HSO received a score of 75 percent due to failure to establish and implement a comprehensive and descriptive program description and workplan that met applicable federal, State, and contractual requirements. In addition, Health Share failed 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.
- Address one unresolved findings for this standard.
- Revise QAPI program structure to align with federal and State requirements for a QAPI program.
- Demonstrate implementation and appropriate oversight of its QAPI program.

MEMBER RIGHTS & HEALTH EQUITY

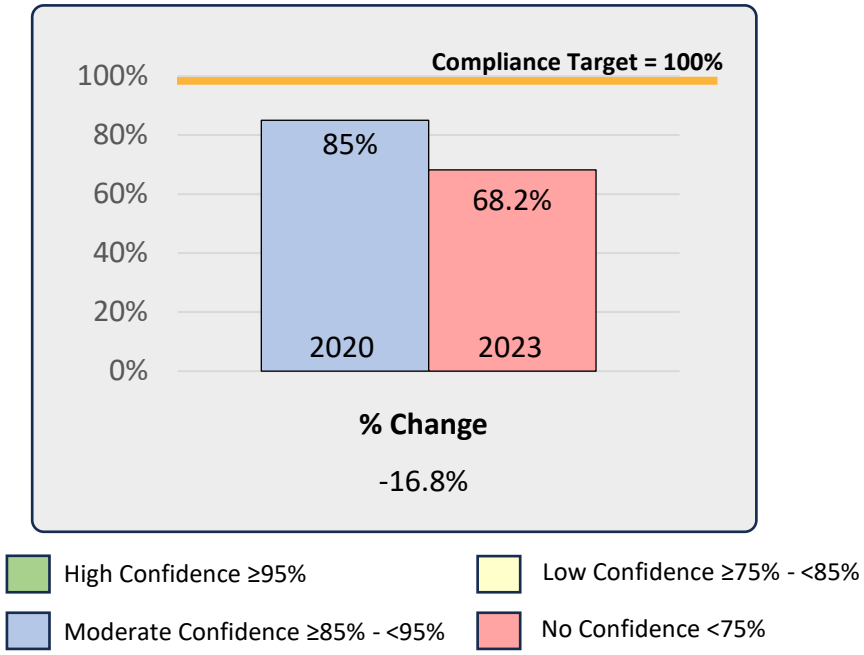
Compliance Monitoring Review
Standard VII: Member Rights and Protections



Recommendations:

- Received a score of 60.0 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.
- Address two unresolved findings for this standard.
- Revise policies and procedures and member- and provider-facing materials to align with federal and State requirements.

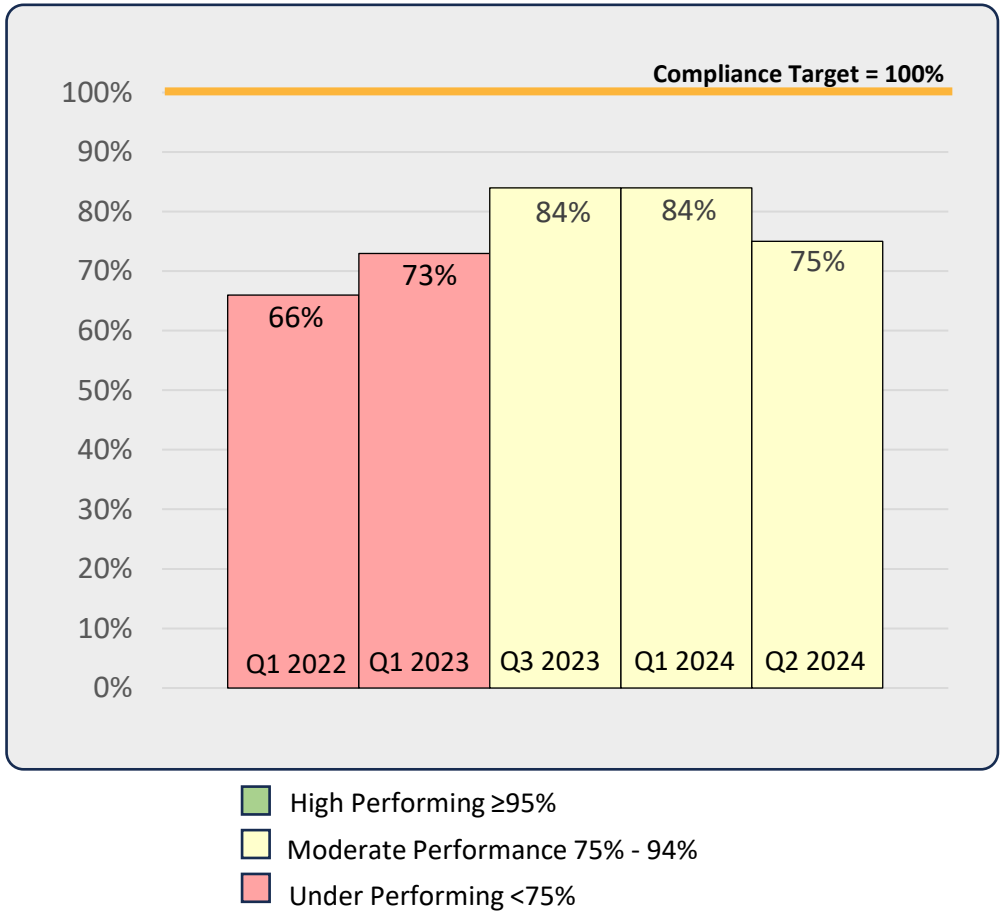
Compliance Monitoring Review
Standard XIV: Member Information



Recommendations:

- HSO received a score of 68.2 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.
- Address eleven unresolved findings for this standard.
- Revise policies, procedures, and member-facing materials to align with federal and State requirements.
- Track and monitor the timely provision of required member information.

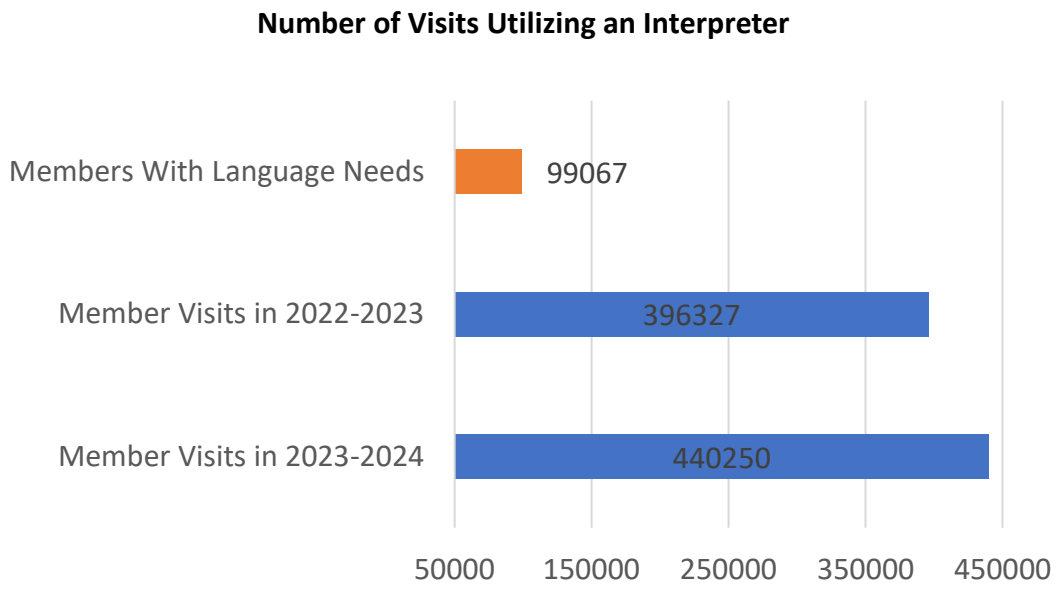
Notice of Adverse Benefit Determination Requirements



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



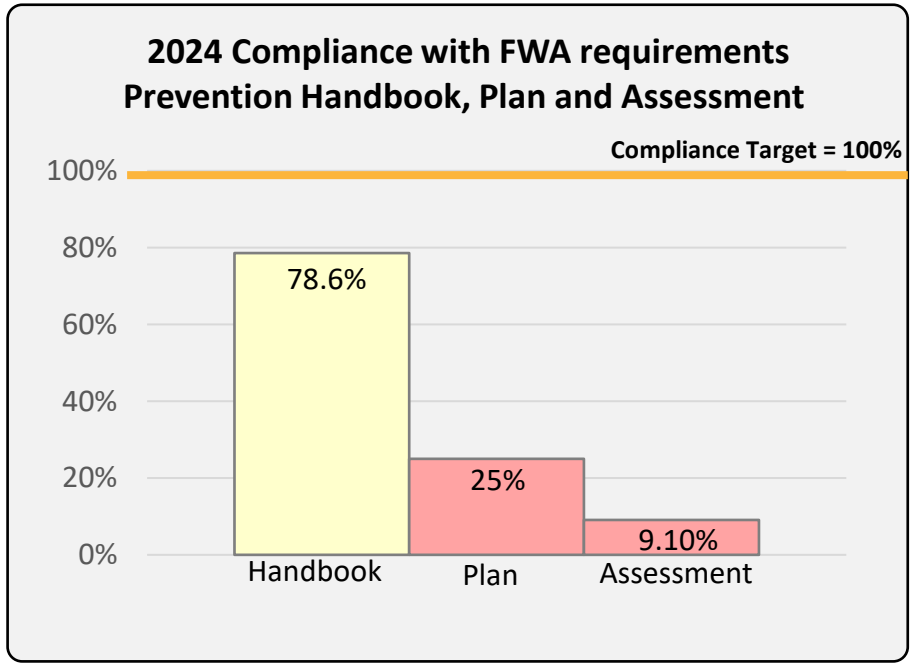
Note: This chart shows a current average of 4.44 visits per member.

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

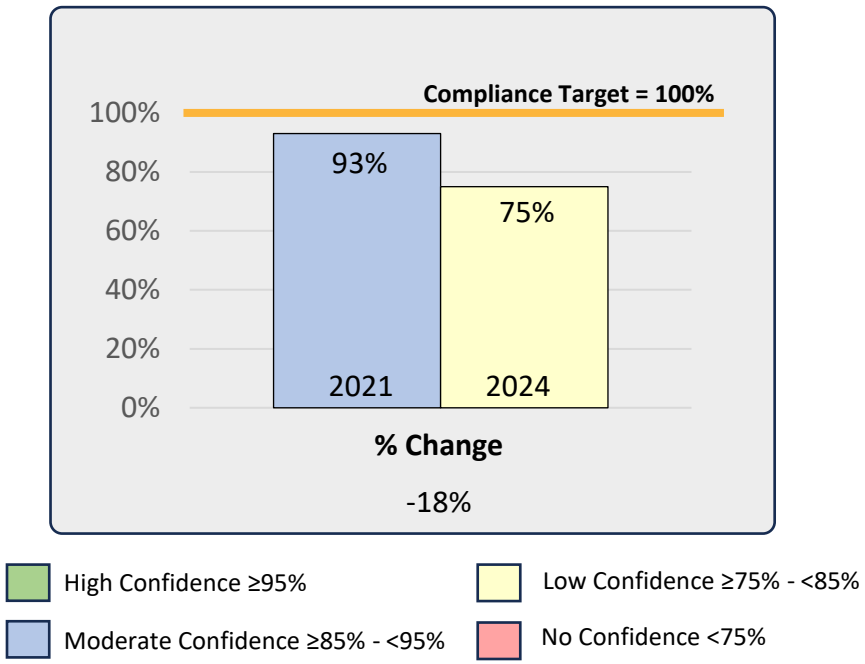
FWA Prevention Handbook, Prevention Plan, and Assessment Requirements



Recommendations:

- Provide documentation that demonstrates the CCO has a Regulatory Compliance Committee with appropriate membership, and it is responsible for overseeing the CCO's FWA prevention program and for ensuring compliance with the CCO contract.
- Develop a formalized plan and/or timeline for increasing staff qualifications of those responsible for implementing the annual FWA prevention plan.
- Identify the individual meeting the State's requirement for an investigator, submit a policy or the FWA handbook that outlines the minimum qualifications of the individual and ensure that those qualifications are in line with OHA's requirement, and submit documentation demonstrating that the individual serving in that role meets the minimum qualifications. Mandatory core and specialized training should be specific to the jobs and the tasks the staff members are completing.
- Submit a policy or the FWA handbook that outlines the requirement for the compliance team to have knowledge of the provision of medical assistance under Title XIX of the Social Security Act, operations of health care providers and submit documentation demonstrating that individuals possess such qualifications.
- Submit a policy or the FWA handbook that outlines the additional forensic/specialized skills required for those individual(s) supporting investigations and submit documentation demonstrating that the compliance team includes those individuals who have such qualifications. Additional skills must be relevant to the duties performed.
- Develop a written process for providing training to the providers and subcontractors upon contracting in addition to annually, ensuring subcontractor training materials include the required content, and tracking completion/attendance for training.
- Demonstrate that the training materials used for employees, providers, subcontractors, BODs includes the required components.
- The workplan must include training for providers, senior management and board of directors.
- Describe the CCO's process for ensuring that annual training is provided to the employees responsible for credentialing providers and subcontracting with third parties.
- Submit the training materials used to conduct training. Ensure training materials meet the requirements in 42 CFR §§438.608(b) and 438.214(d).
- Provide a current policy and/or procedure with sufficient methodological detail and evidence of implementation to review for compliance. The CCO is responsible for demonstrating the procedures used to verify services even if the task is delegated.
- Ensure that its policy and/or procedure for conducting VOS audits includes investigations of incidents where services were not delivered or where members paid out of pocket for services and collecting any associated overpayments.
- Update its Overpayment and Identification policy to include the provision that the CCO report overpayments suspected to be a result of FWA in accordance with Exhibit B, Part 9, Section 17 of the CCO contract.
- FWA prevention plan must describe the FWA prevention and detection activities planned for the current contract year, which must include routine internal monitoring, reporting, and PI auditing of FWA risk, data information or sources, whether each review is conducted in person/onsite. The work plan must: demonstrate that at least one PI audit has been identified or developed based on the ongoing monitoring activities; list all compliance reviews planned for the current contract year and include the data or information sources along with the start date for each compliance review.
- Update its FWA prevention plan or develop and a policy and procedure that: describes the CCO's process for conducting investigations of potential FWA and other potential compliance problems as reported or identified in the course of self-evaluation and PI audits; address the CCO's process for prompt and thorough correction of FWA incidents and other compliance related incidents in a manner that is designed to reduce the potential for recurrence, and include the CCO's processes for coordinating with law enforcement agencies in cases of suspected criminal acts, opening PI audits to recover overpayments, and referring cases internally for further compliance.
- Submit risk evaluation procedures to enable compliance in identified all problem areas such as claims, prior authorization, service verification, 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 describe the CCO's process for conducting encounter data validation (EDV) activities. The CCO's process should include specific methodologies, including review criteria, ensuring a representative sample, and investigative and corrective action in cases where data were not sufficiently valid. The CCO may have a separate policy and procedure with this detailed information regarding the EDV activities.

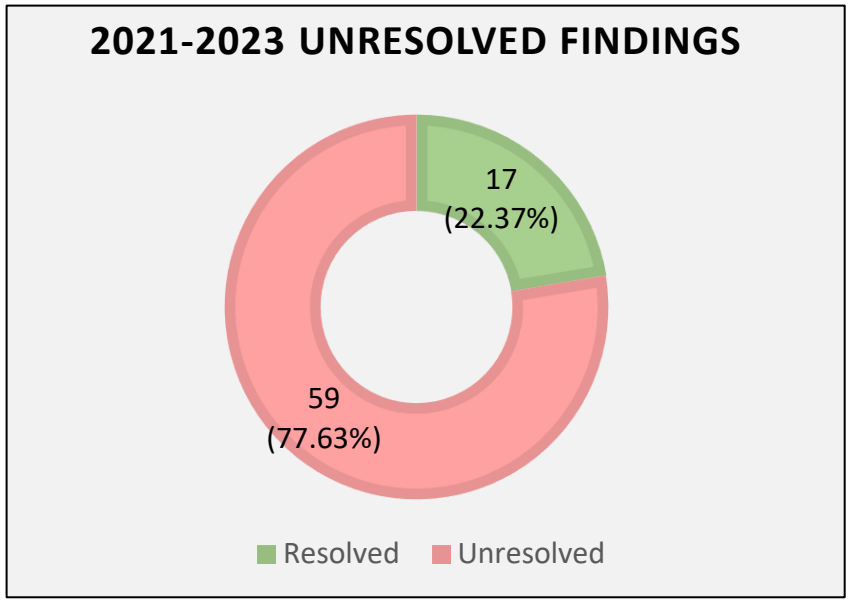
Standard VI: Subcontractual and Delegation Requirements



Recommendations:

- HSO received a score of 75 percent due to insufficient documentation to support operations and ensure compliance with federal requirements for written agreements between the CCO and its subcontractors and failure to conduct appropriate monitoring activities impacting the CCO's ability to adhere to federal requirements and the CCO's contractual requirements with the State.
- Address two findings for this standard.
- Hold subcontractors accountable for contractual obligations and conduct the appropriate oversight and monitoring of its subcontractors.
- Revise written agreements to align with federally required language for written agreements with subcontractors.

Unresolved Findings from Compliance Monitoring Reviews



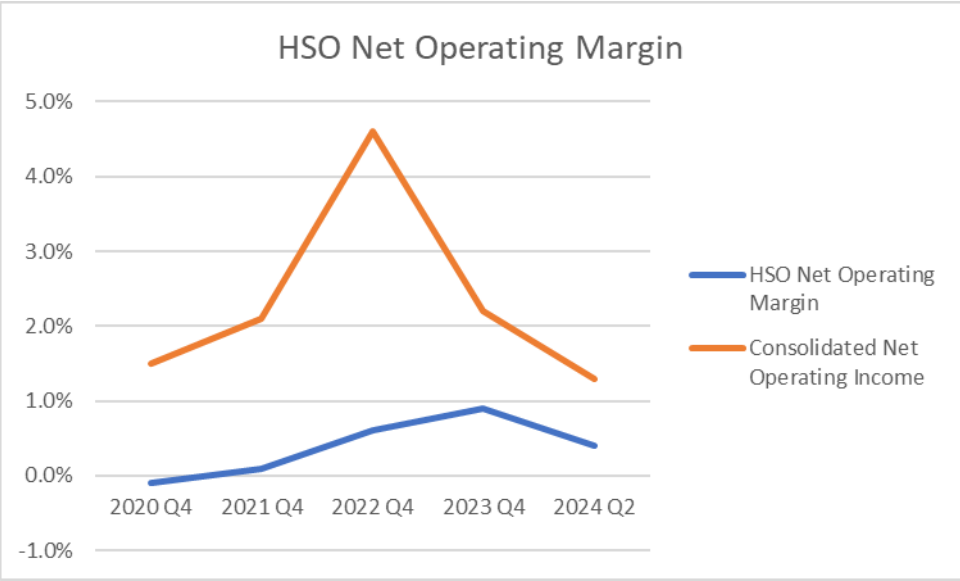
Recommendations:

- 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	9	0	0.0%	9	100.0%
Standard II—Assurances of Adequate Capacity and Services	2021	2	0	0.0%	2	100.0%
Standard XII—Quality Assessment and Performance Improvement	2022	3	2	66.7%	1	33.3%
Standard III—Coordination and Continuity of Care	2023	9	2	22.2%	7	77.8%
Standard IV—Coverage and Authorization of Services	2023	15	2	13.3%	13	86.7%
Standard VII—Member Rights and Protections	2023	4	2	50.0%	2	50.0%
Standard X—Grievance and Appeal Systems	2023	12	3	25.0%	9	75.0%
Standard XIV—Member Information	2023	11	0	0.0%	11	100.0%
Standard XVI – Emergency and Poststabilization Services	2023	9	4	44.4%	5	55.6%

FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- Health Share of Oregon has been below the CCO Consolidated Totals for Net Operating Margins in each of the five periods reviewed. 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
Health Share of Oregon	7.5%	7.4%	6.0%
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
Health Share of Oregon	88.39%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Health Share of Oregon reported an MLR for 2021 – 2023 of 88.39%, 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.

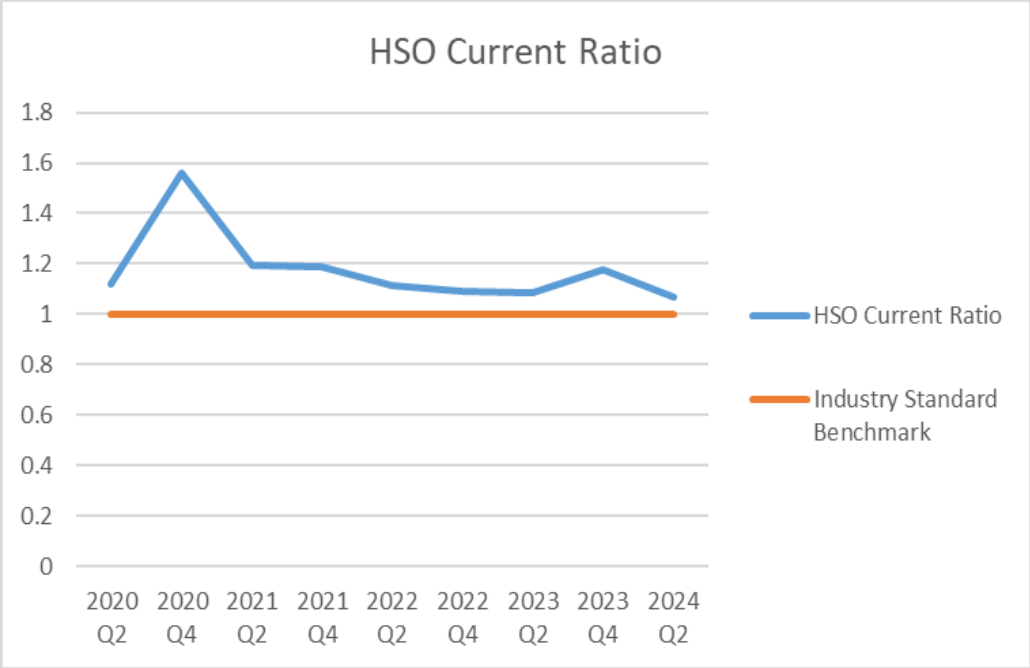
Exhibit L: Restricted Reserve

Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	HSO	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4	Deficit	7
2021	Q1	Deficit	10
	Q2		5
	Q3		6
	Q4		8
2022	Q1		8
	Q2		5
	Q3		5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
Total Deficits by CCO		2	

Recommendations:

- Health Share of Oregon 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 2 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:

- Health Share of Oregon 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.