

CCO PERFORMANCE SNAPSHOT

Individual Profile

InterCommunity Health Network



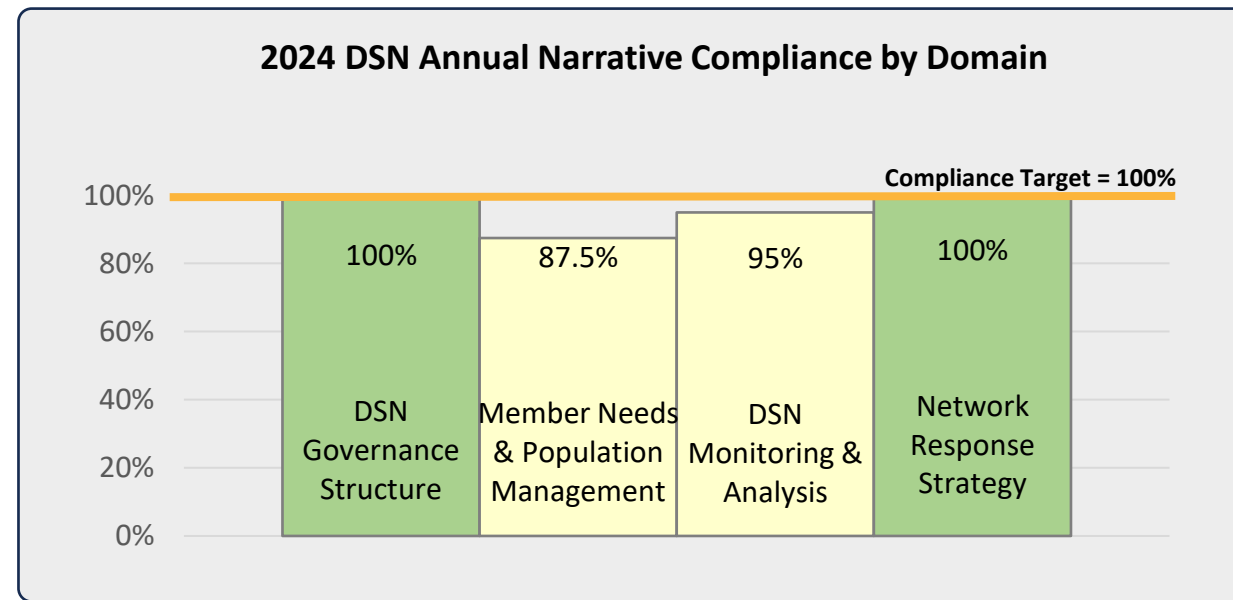
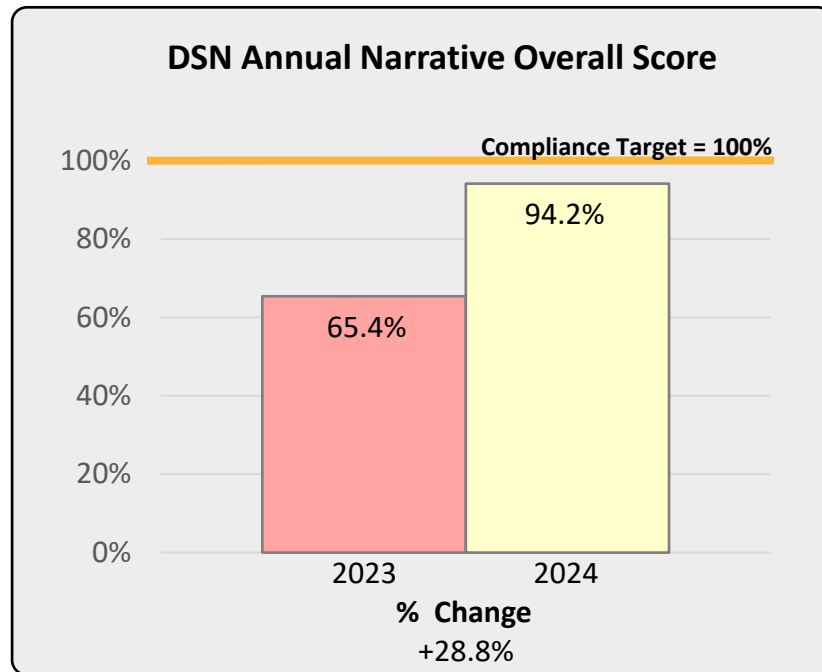


ACCESS TO CARE

Recommendations:

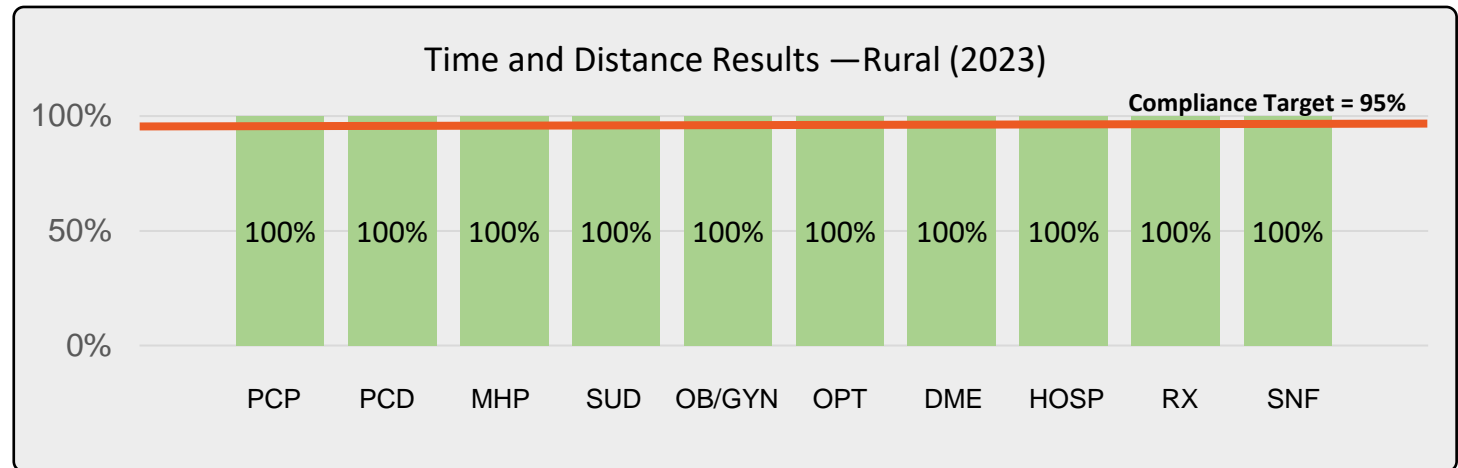
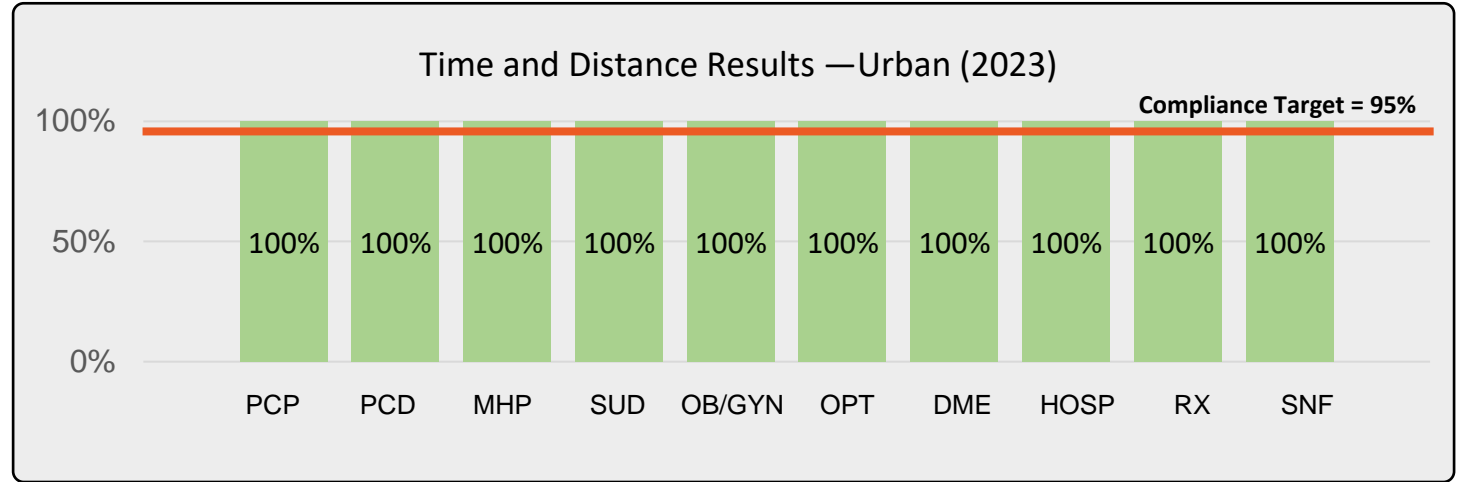
Address the findings issued in the 2024 DSN Annual Evaluation within the Member Needs and Population Management and DSN Monitoring and Analysis domain:

- Demonstrate how monitoring activities for its Special Health Care Need member population are used to facilitate routine network adequacy monitoring and decision-making.
- Demonstrate how it uses collected information to monitor and evaluate the availability of physical accessibility accommodations across its network to help inform network adequacy decision-making.



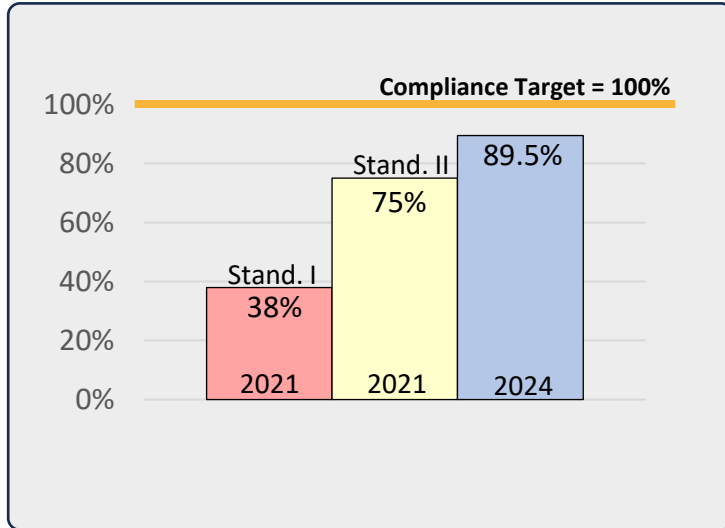
Recommendations:

- IHN 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. IHN does not have any approved exceptions.



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.

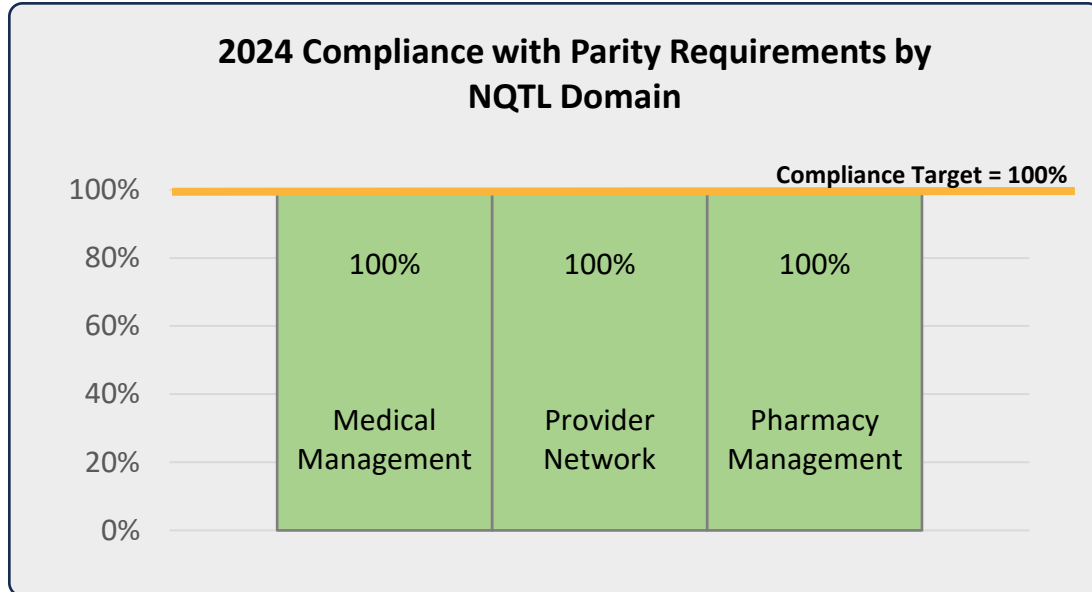
- High Confidence $\geq 95\%$
- Moderate Confidence $\geq 85\% - < 95\%$
- Low Confidence $\geq 75\% - < 85\%$
- No Confidence $< 75\%$

Recommendations:

- IHN received a score of 89.5 percent due to insufficient documentation to support operations and ensure compliance with federal and State requirements and deficiencies in its monitoring activities impacting the CCO’s ability to ensure timely access to care and services.
- Address four findings for this standard.
- Revise policies and procedures to align with federal and State requirements for timely access to care and services and reporting and demonstrate implementation.



Mental Health Parity

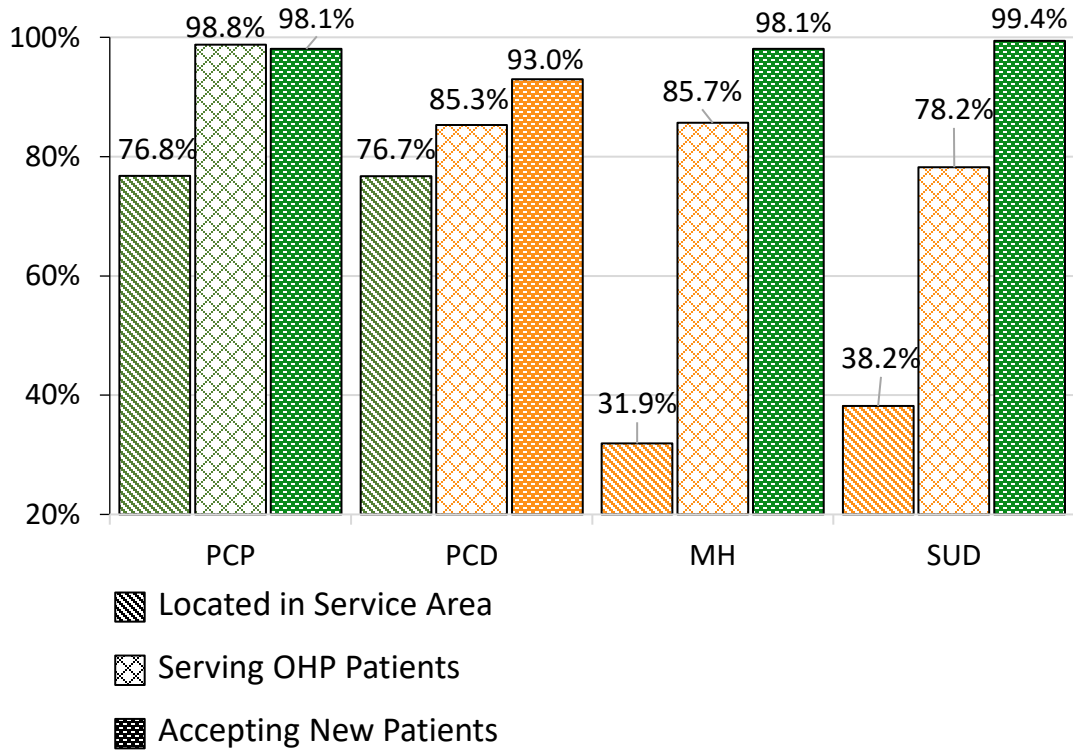


● Compliant
 ● Partially Compliant

- Medical Management domain:** The changes reported for the Prior Authorization and Concurrent Review NQTLs for MH/SUD and M/S benefits did not impact compliance with parity requirements. Specifically, the CCO reported that it removed the PA requirement for the first 30 occupational/physical therapy/speech therapy visits and 76 presumptive and 24 definitive urine drug tests, and updated CR processes to better align with Oregon Administrative Rules. The CCO also reported changes to retrospective review processes; however, the changes only applied to Outpatient services for M/S benefits and did not affect compliance with parity requirements.
- Provider Network domain:** IHN 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:** The CCO reported PA requirements were added or removed based on the Prioritized List of Health Services and its corresponding treatment guidelines, Food and Drug Administration (FDA) indications, and nationally recognized medical standards. The changes reported for PA processes for the Rx services NQTL for MH/SUD and M/S benefits did not impact compliance with parity requirements.
- Continue to maintain parity across NQTL domains.

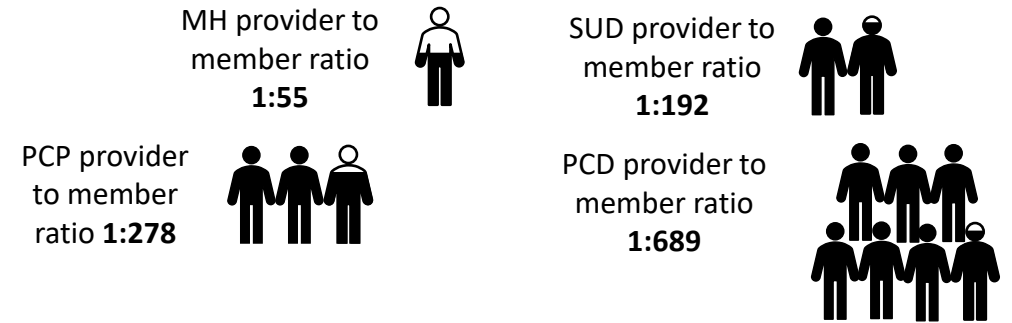
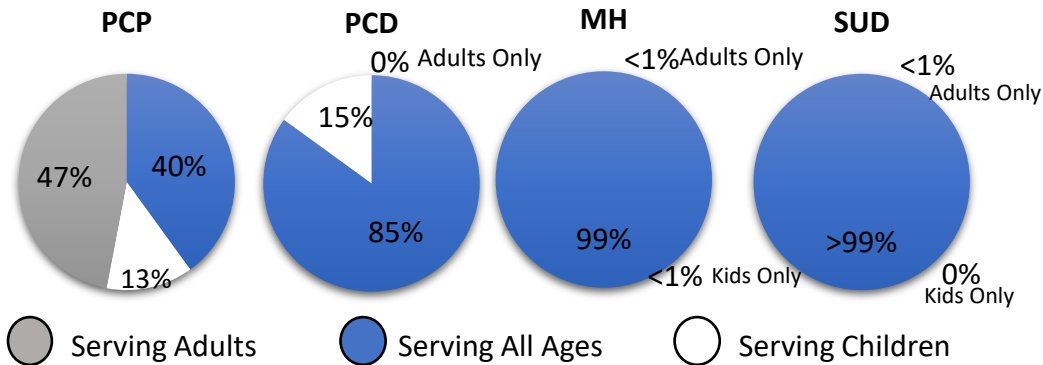


Network Adequacy



Recommendations:

- Identify available 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.
- Increase the rate of substance use providers actively serving OHP patients.
- Determine if the number of primary care providers located in the service area meets members' needs and identify actions to improve primary care provider access.
- Monitor number of primary care dentists 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.



= 100 people

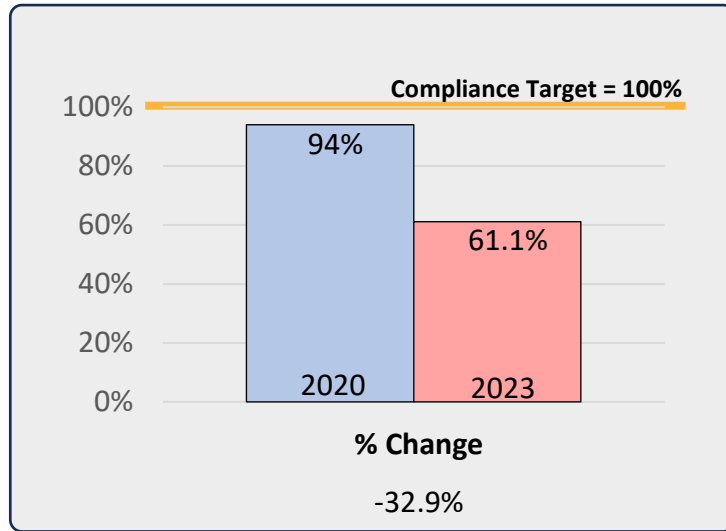




SERVICE DELIVERY

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services



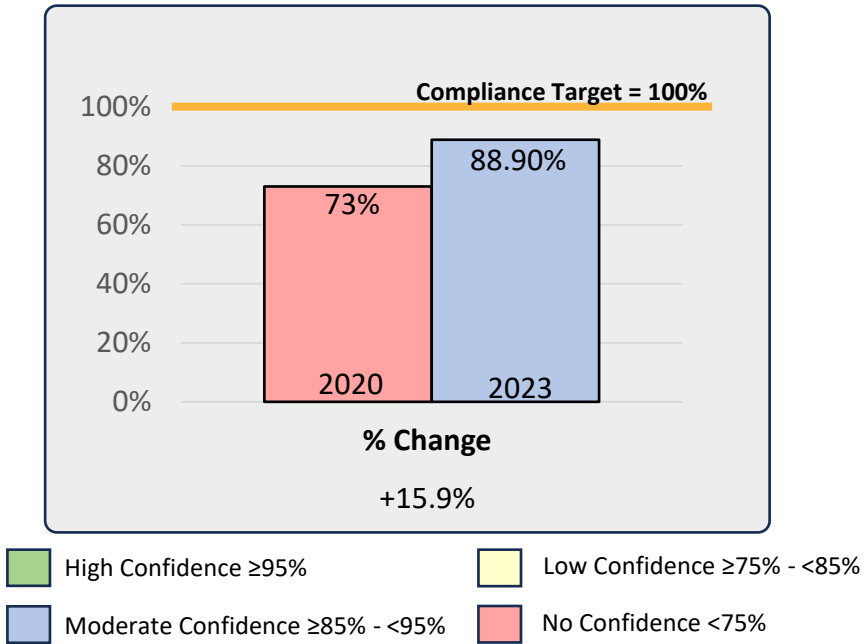
Recommendations:

- IHN received a score of 61.1 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.
- Address four unresolved findings for this standard.
- Revise policies and procedures to align with federal and State requirements.
- Demonstrate adherence to federal and State requirements for authorization of services and required content for notification of adverse benefit determinations.



Compliance Monitoring Review

Standard III: Coordination and Continuity of Care



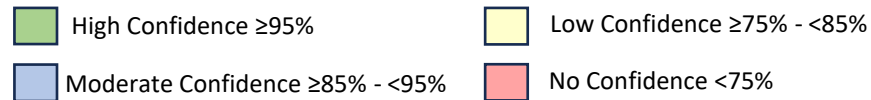
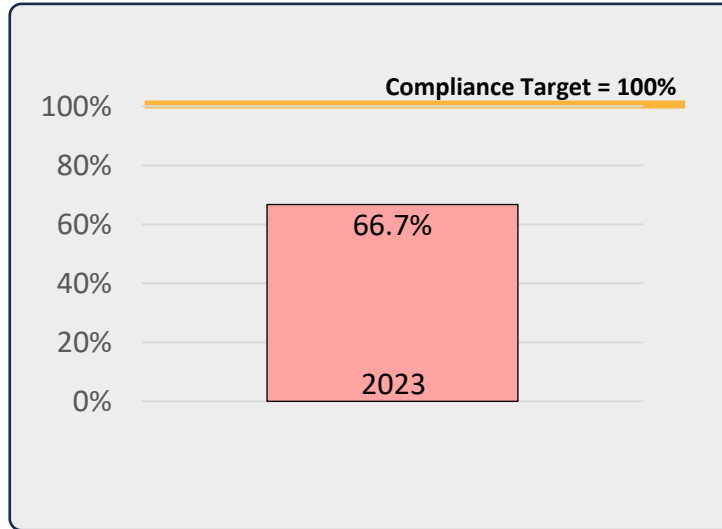
Recommendations:

- IHN received a score of 88.9 percent due to failure to appropriately screen members for care coordination services and ensure health records are maintained in accordance with professional standards.
- Demonstrate implementation of appropriate initial health risk screenings according to federal and State requirements.
- Implement mechanisms to ensure the appropriate maintenance of medical records in accordance with professional standards.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

Standard XVI: Emergency and Post-stabilization Services

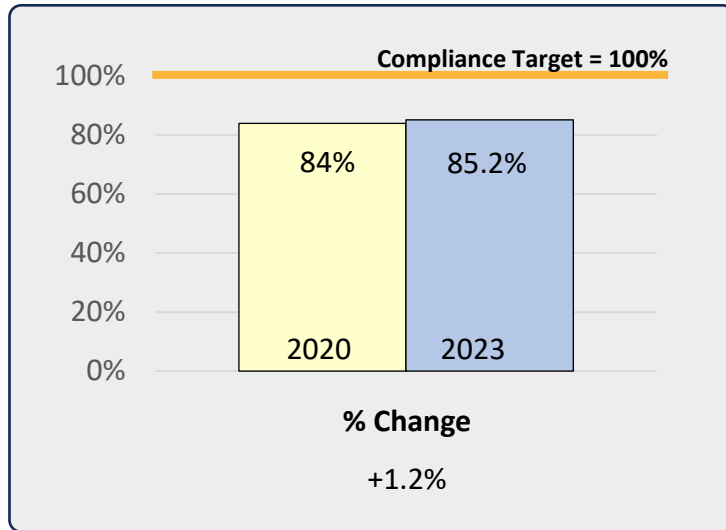


Recommendations:

- IHN received a score of 66.7 percent due to failure to demonstrate implementation of appropriate processes and workflows, impacting the CCO’s ability to ensure emergency and poststabilization services are covered appropriately.
- Address five unresolved findings for this standard.
- Demonstrate evidence of processes to ensure payment of emergency and poststabilization services.



Compliance Monitoring Review Standard X: Grievance and Appeal Systems



Recommendations:

- IHN 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.
- Demonstrate adherence to federal and State requirements for time frames for acknowledging and responding to grievances and appeals and readability of notices.
- 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

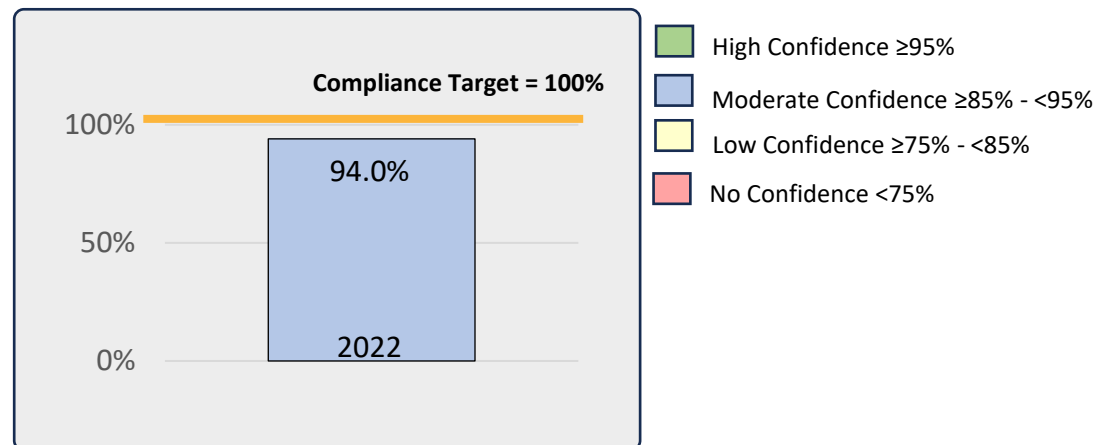
Standard XII: Quality Assessment and Performance Improvement

Strengths:

- IHN demonstrated a best practice with conducting a comprehensive data-driven QAPI program evaluation in 2021 that evaluated all elements of its QAPI program structure, including tracking of performance metrics over time, feedback from members, completing a barrier analysis, and evaluating the impact of the coronavirus disease 2019 (COVID-19) pandemic on certain performance improvement project (PIP) measures. Using its QAPI program evaluation, IHN enhanced its QAPI program structure and materials for 2022.

Recommendations:

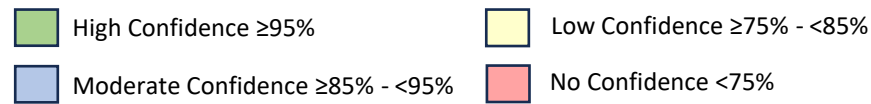
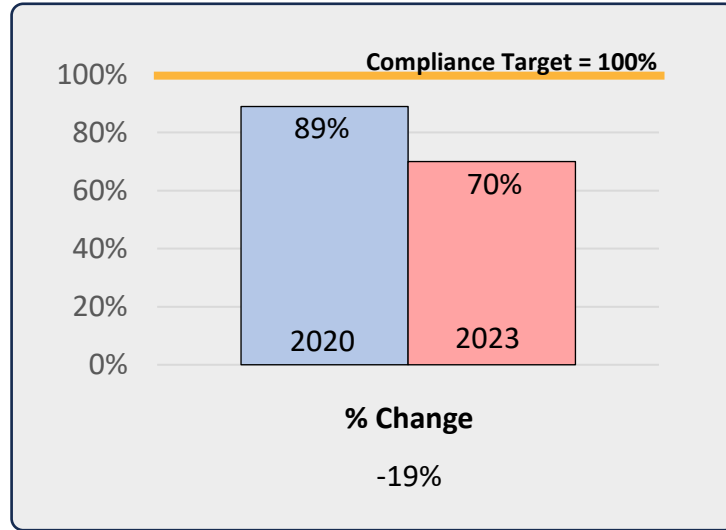
- IHN received a score of 94 percent due to failure to demonstrate appropriate oversight of its QAPI program, which impacted the MCE's ability to monitor and evaluate the quality and appropriateness of services furnished to its members consistent with the needs and priorities of the MCE's member population.
- IHN must demonstrate 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

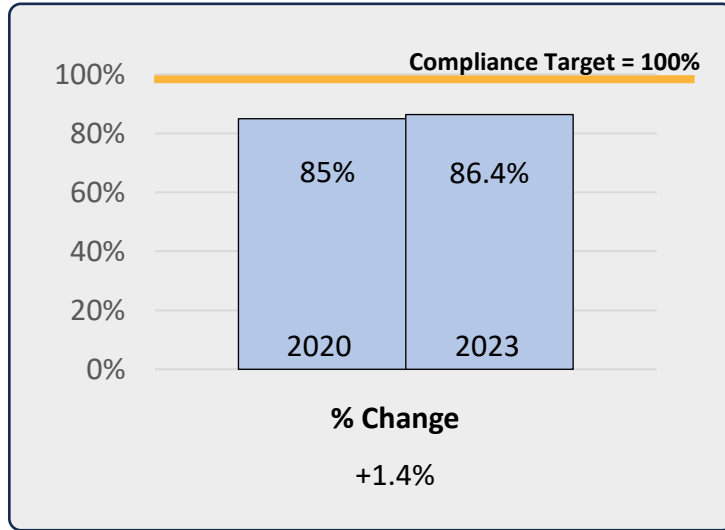


Recommendations:

- IHN received a score of 70 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.
- 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



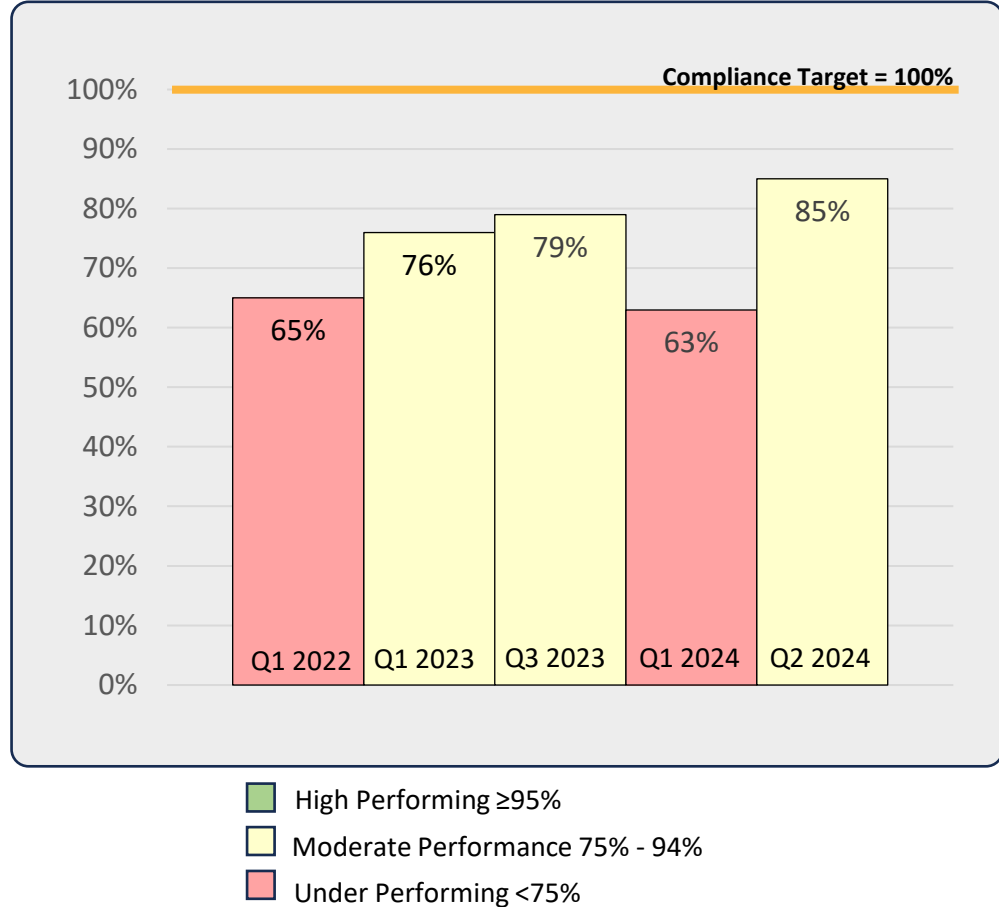
- High Confidence ≥95%
- Moderate Confidence ≥85% - <95%
- Low Confidence ≥75% - <85%
- No Confidence <75%

Recommendations:

- IHN received a score of 86.4 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.
- Address one unresolved findings for this standard.
- Ensure that all member-facing materials align with federal and State requirements.



Notice of Adverse Benefit Determination Requirements



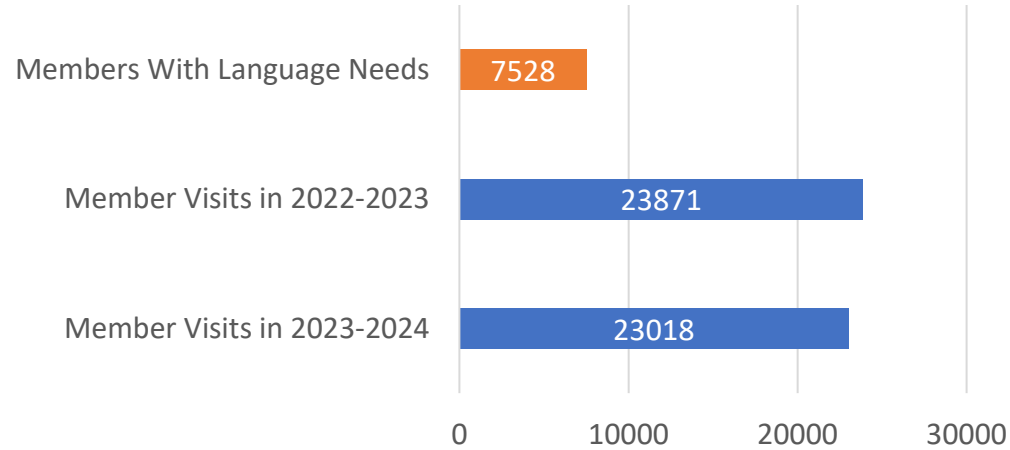
Recommendations:

- 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

Number of Visits Utilizing an Interpreter



Note: This chart shows a current average of 3.06 visits per member.

Recommendations:

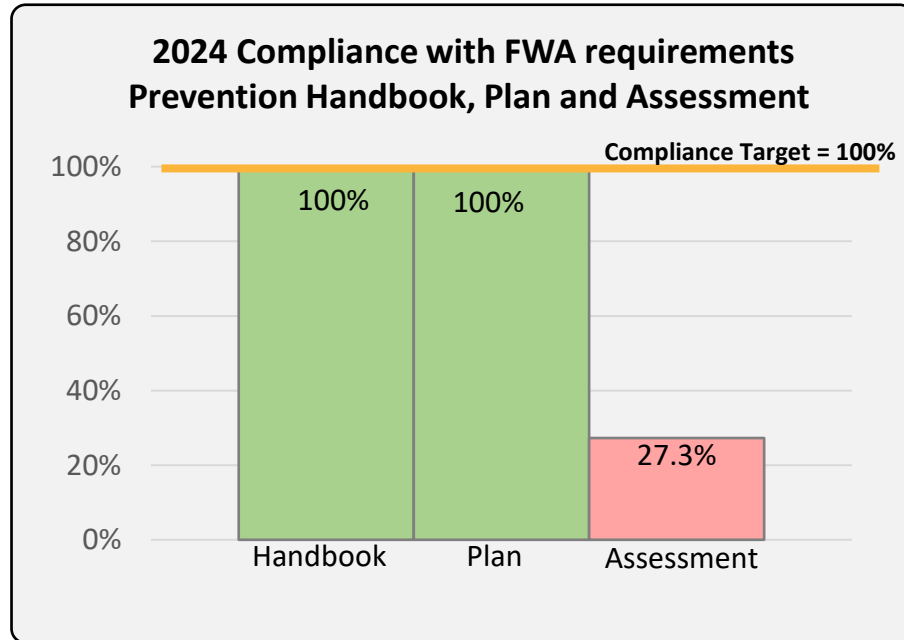
- Identify gaps in meeting language access needs.
 - Determine language preferences among members.
 - Evaluate the languages spoken by the provider network.
 - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members' needs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





PROGRAM INTEGRITY

FWA Prevention Handbook, Prevention Plan, and Assessment Requirements



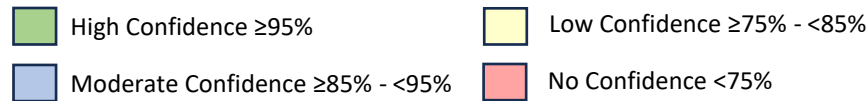
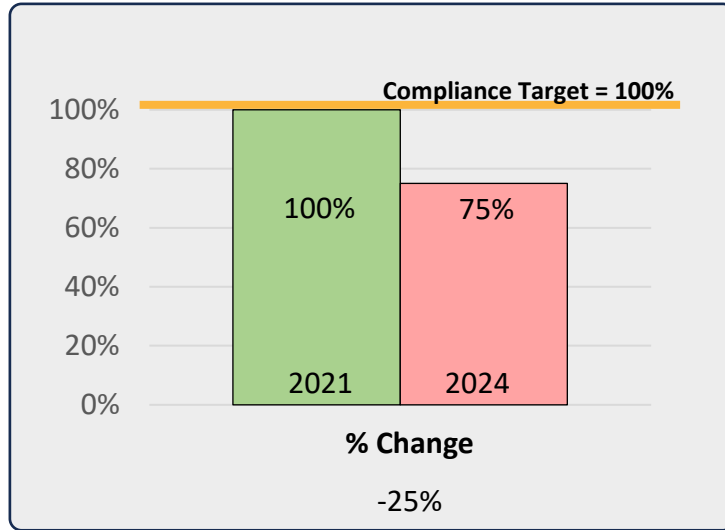
● High Performance (≥95%)
 ● Moderate Performance (75-94.9%)
 ● Low Performance (<75%)

Recommendations:

- Include a summary and outcomes of the preliminary investigations conducted by the CCO as well as the rationale for opening each of the preliminary investigations. This information should align with the investigations reported to OHA in CY 2023.
- Clearly present the information requested regarding the summary of PI audits conducted “as a result of referrals and investigations.”
- Clearly indicate whether the PI audits were conducted onsite or based on a review of documentation, present the findings and corrective actions taken from the PI audits.
- Provide a brief summary of the subcontractor and participating provider compliance reviews conducted by the CCO in response to reported or suspected non-compliance, including the rationale for conducting the compliance reviews.
- Include whether the reviews were performed onsite or were based on a review of documentation; the outcomes for each of the compliance reviews; and any corrective action taken for each of the compliance reviews.
- Demonstrate that provider training is conducted in accordance with the CCO’s established process. 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. The CCO is expected to submit evidence of delivering such training to providers.
- Demonstrate verification of subcontractor FWA training completion.
- Provide a review of the planned provider PI audit activity performed during the prior contract year; address whether such PI audit activity was in accordance with the CCO’s FWA prevention plan from the prior contract year; include findings and corrective action from each of the PI audits conducted.
- FWA assessment must include: a summary of the planned compliance review activity conducted during the prior contract year; description of the data analytics relied upon; address whether such activity was in accordance with CCO’s FWA prevention plan from the previous year; and include the outcomes and corrective action of each of the compliance reviews.
- FWA assessment must include narrative information that advises OHA of the outcomes of all FWA prevention activities not already reported in other elements. The CCO should ensure that the FWA assessment includes outcomes of every FWA prevention and compliance activity included in the FWA prevention plan from the previous year.
- FWA assessment must include a description of any activities that were listed in the prior year’s FWA prevention plan that were not implemented or were implemented differently than described and an explanation of how and why the activities changed.



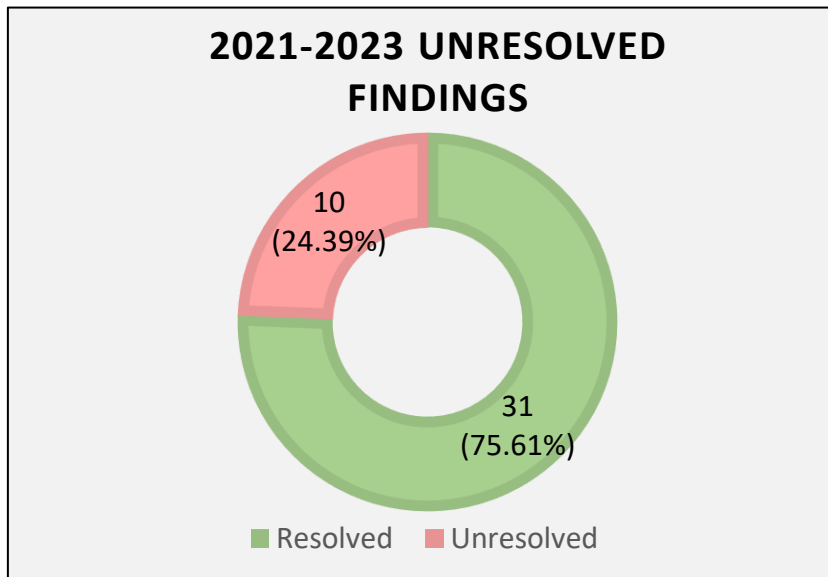
Standard VI: Subcontractual and Delegation Requirements



Recommendations:

- IHN 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.
- Address two findings for this standard.
- Revise written agreements to align with federally required language for written agreements with subcontractors.





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.

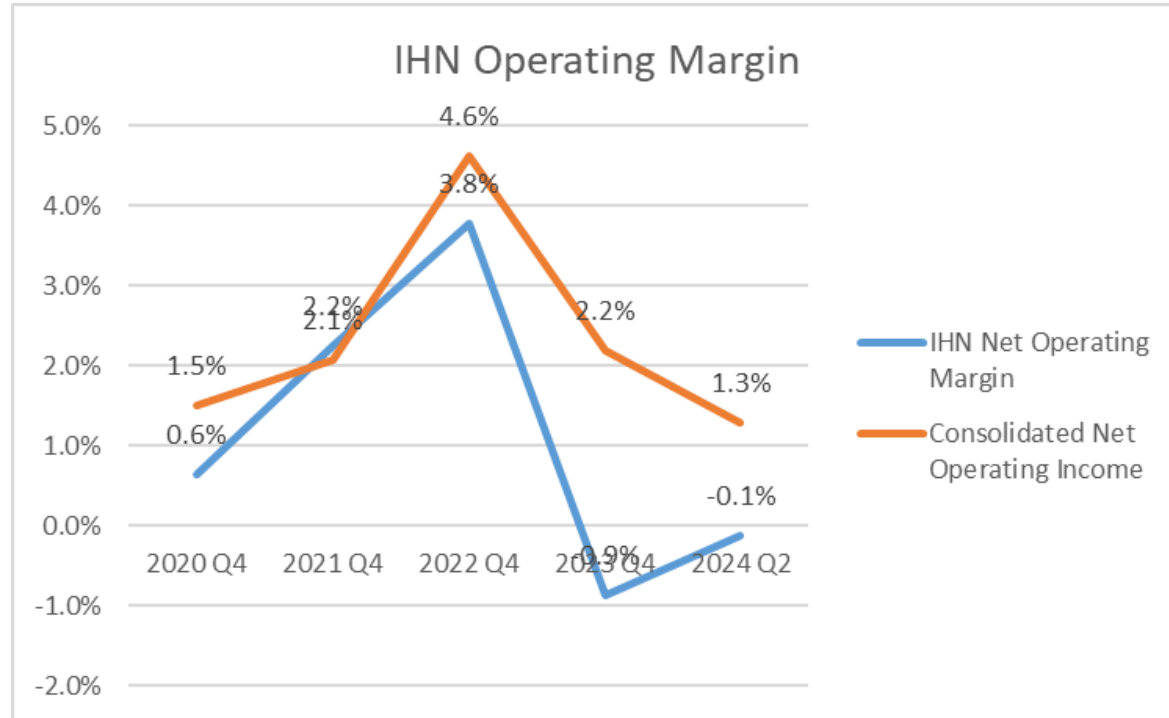
Standard	Review Year	Total # of IP Findings	Resolved IP Findings		Unresolved IP Findings	
			#	%	#	%
Standard IV—Coverage and Authorization of Services	2023	14	10	71%	4	29%
Standard XIV—Member Information	2023	6	5	83%	1	17%
Standard XVI – Emergency and Poststabilization Services	2023	6	1	17%	5	83%





FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- Intercommunity Health Network 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
IHN	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
IHN	92.51%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Intercommunity Health Network reported an MLR for 2021 – 2023 of 92.51%, 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

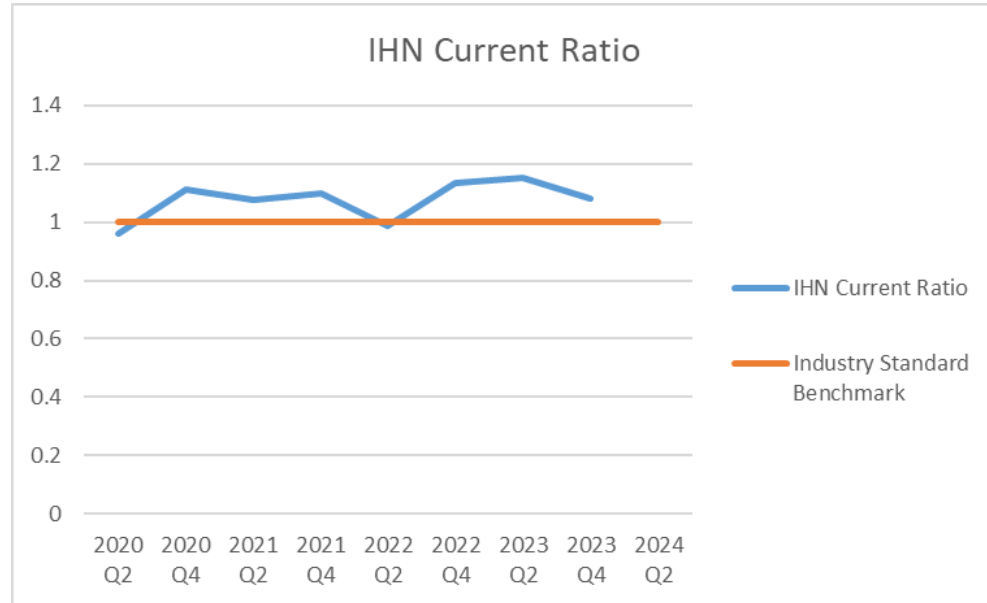
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	IHN	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4	Deficit	7
2021	Q1	Deficit	10
	Q2	Deficit	5
	Q3	Deficit	6
	Q4	Deficit	8
2022	Q1		8
	Q2		5
	Q3	Deficit	5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4	Deficit	1
2024	Q1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

Recommendations:

- Intercommunity Health Network exhibited several occurrences where they were unable to meet 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 8 periods, their ability to correct the actions did not result in a high risk of non-compliance.
- Each instance of non-compliance results in a request for a projection of at least 4 future quarters’ Restricted Reserve Requirements as well as a bank statement or other document from the depository entity with proof that sufficient funds were added to satisfy the periods’ deficit.
- Additional instances of non-compliance are reported in the footnotes of the CCO’s Comparative Financial Statements.



Exhibit L: Ratio of Current Assets to Current Liabilities



Recommendations:

- Intercommunity Health Network 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.

