

# CCO PERFORMANCE SNAPSHOT

---

## Individual Profile

Jackson Care Connect



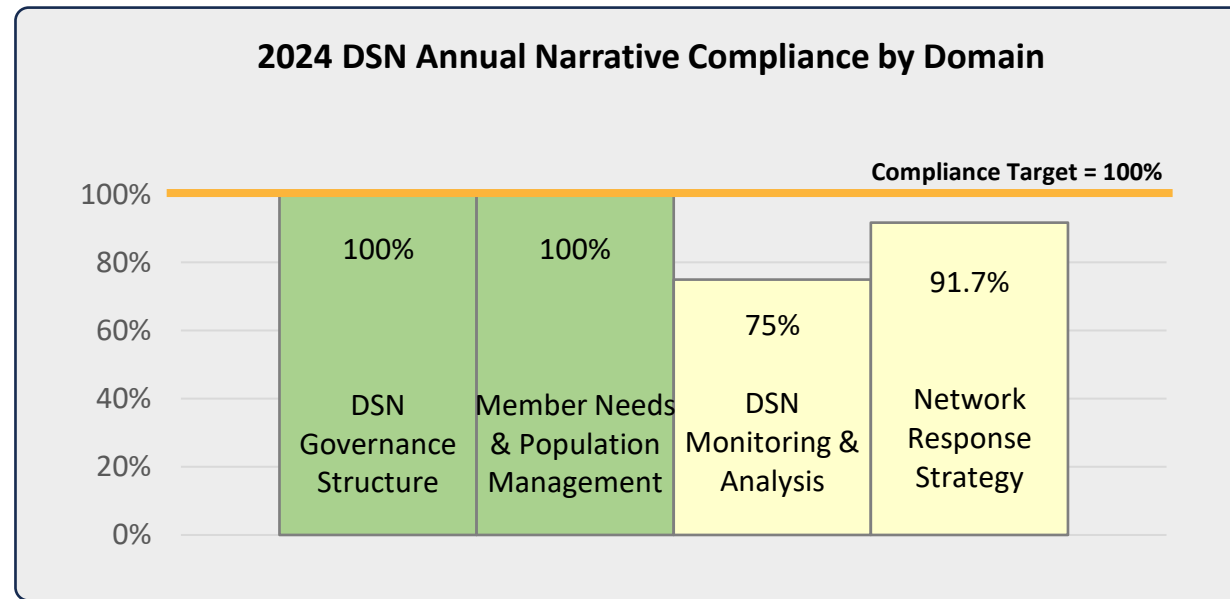
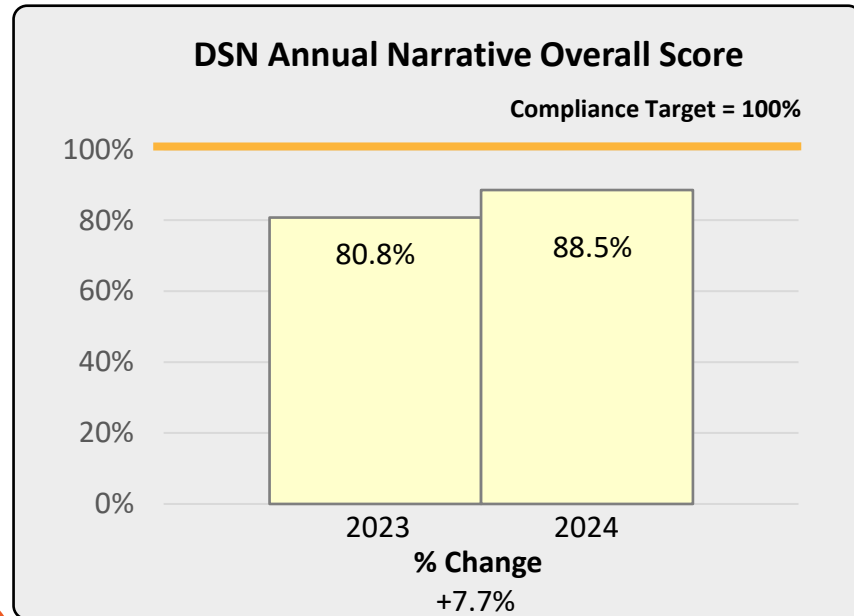


**ACCESS TO CARE**

## Recommendations:

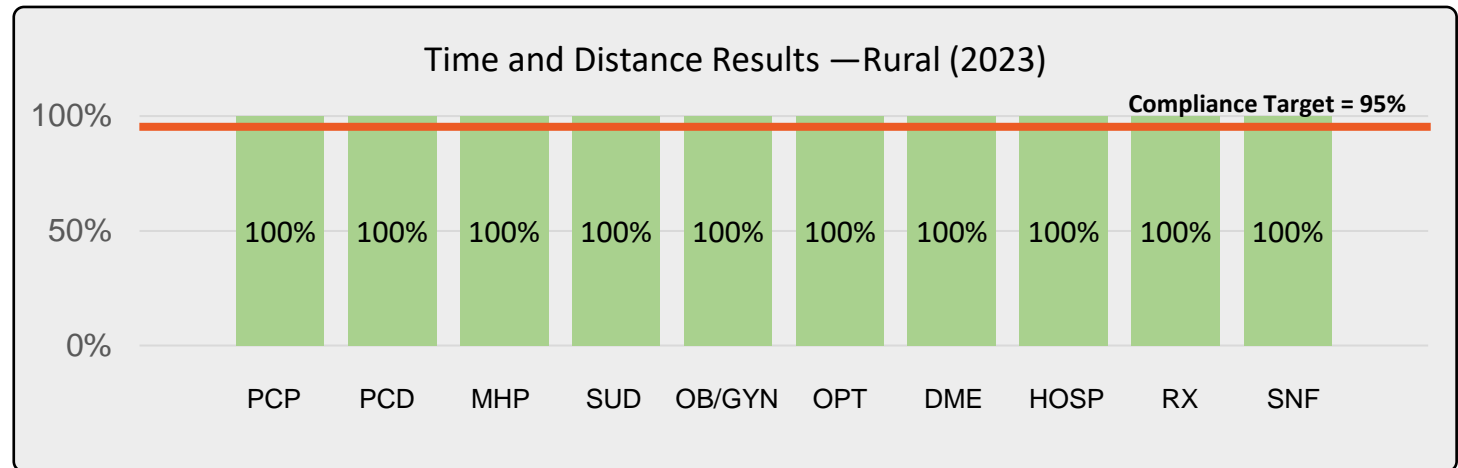
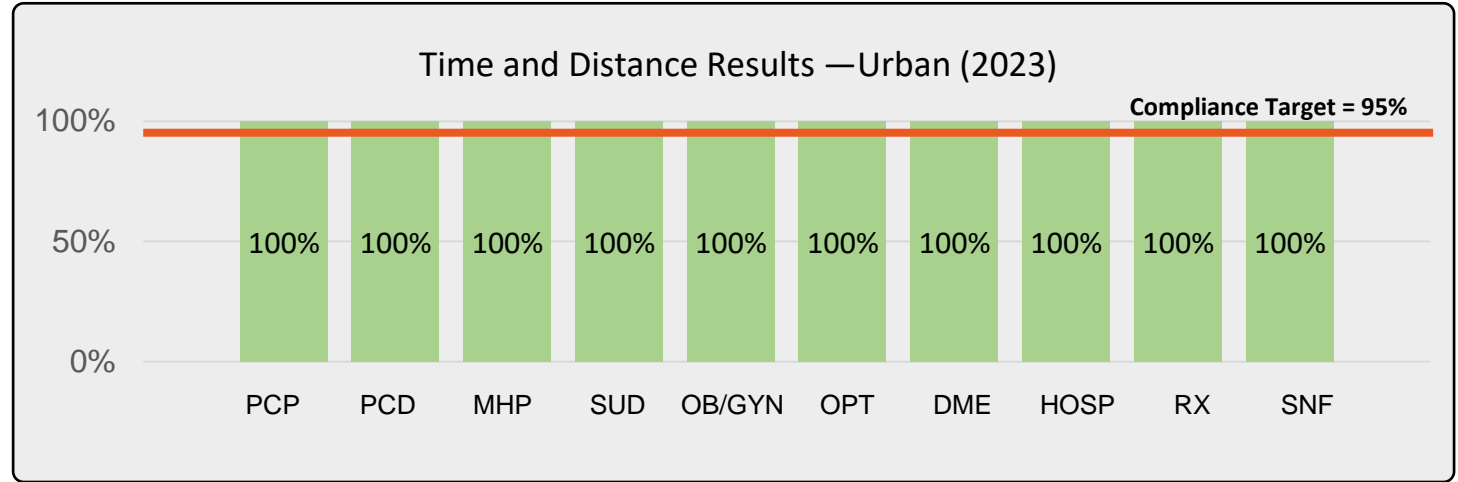
Address the findings issued in the 2024 DSN Annual Evaluation within the DSN Monitoring and Analysis and Network Response Strategy domains:

- Provide evidence of the full range of its monitoring efforts for wait time to appointment availability including, but not limited to, results and reports reviewed by CCO leadership and the Network Adequacy Steering Committee. Additionally, the CCO should demonstrate or describe how its regular provider survey efforts assess a representative provider network sample and should describe or demonstrate actions taken in cases of noncompliance or network gaps.
- Demonstrate a proactive approach to monitoring utilization of telehealth modalities within its DSN (e.g., assessing telehealth utilization by provider type, service type, member demographic, etc.). If regular monitoring is not yet implemented before the 2025 DSN Narrative submission, the CCO should provide a timeline for doing so as well as examples of ad hoc monitoring.
- Demonstrate how it uses aggregate provider information related to the availability of culturally appropriate care (e.g., provider cultural competency training reports, access to care reports, etc.) to inform and support network adequacy monitoring and decision-making.
- Demonstrate that it collects information on the availability of physical accessibility accommodations for all provider types within its network and should describe and demonstrate how it uses such information to support network adequacy monitoring and decision-making.
- Address the remaining finding from the 2023 DSN Annual Narrative Evaluation.



### Recommendations:

- JCC 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. JCC does not have any approved exceptions.

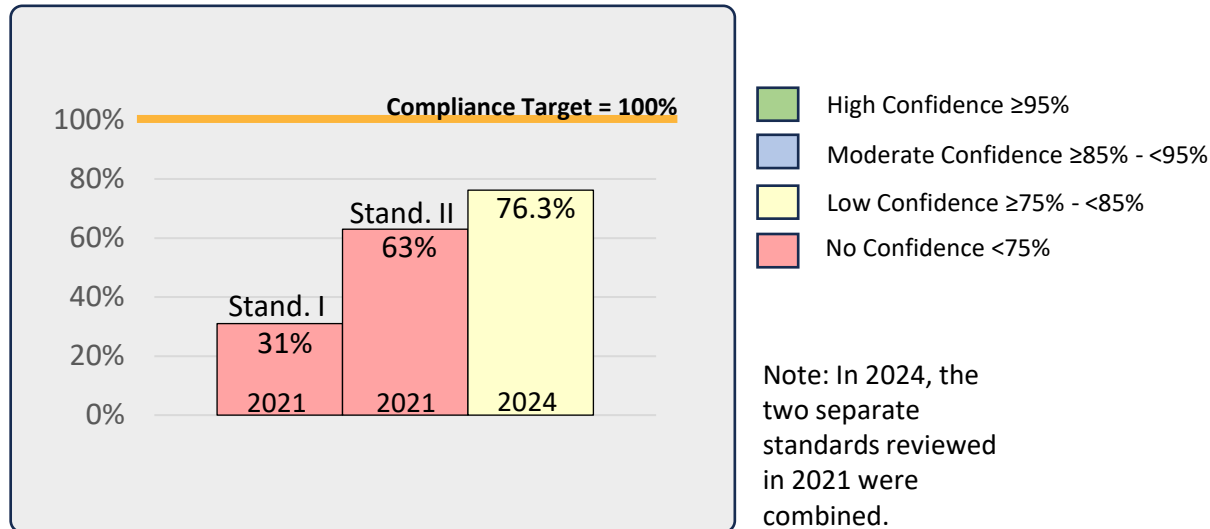


## Compliance Monitoring Review

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

#### Strengths:

- Demonstrated best practices by establishing a step-by-step procedure for customer service to follow to ensure the appropriate department is notified of access issues reported by members.
- Demonstrated best practices by incorporating justice into its Equity, Diversity, and Inclusion strategic plan.

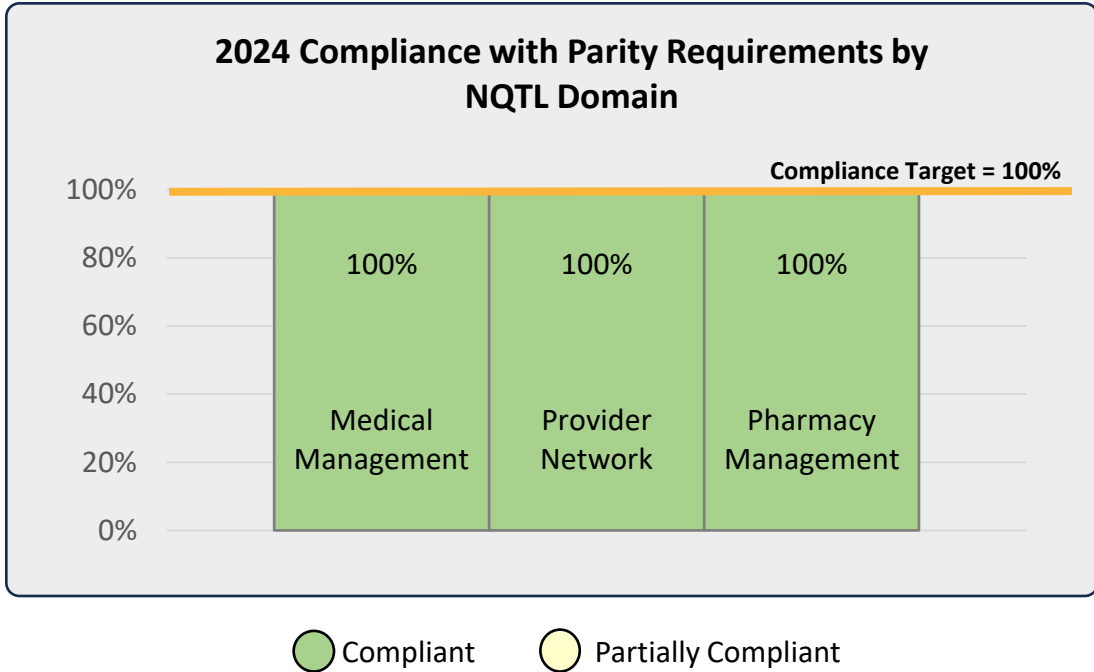


#### Recommendations:

- JCC received a score of 76.3 percent 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 seven findings for this standard.
- 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 its timely access to care and services and reporting and demonstrate implementation.
- Demonstrate the implementation of corrective action when providers fail to meet appointment standards.

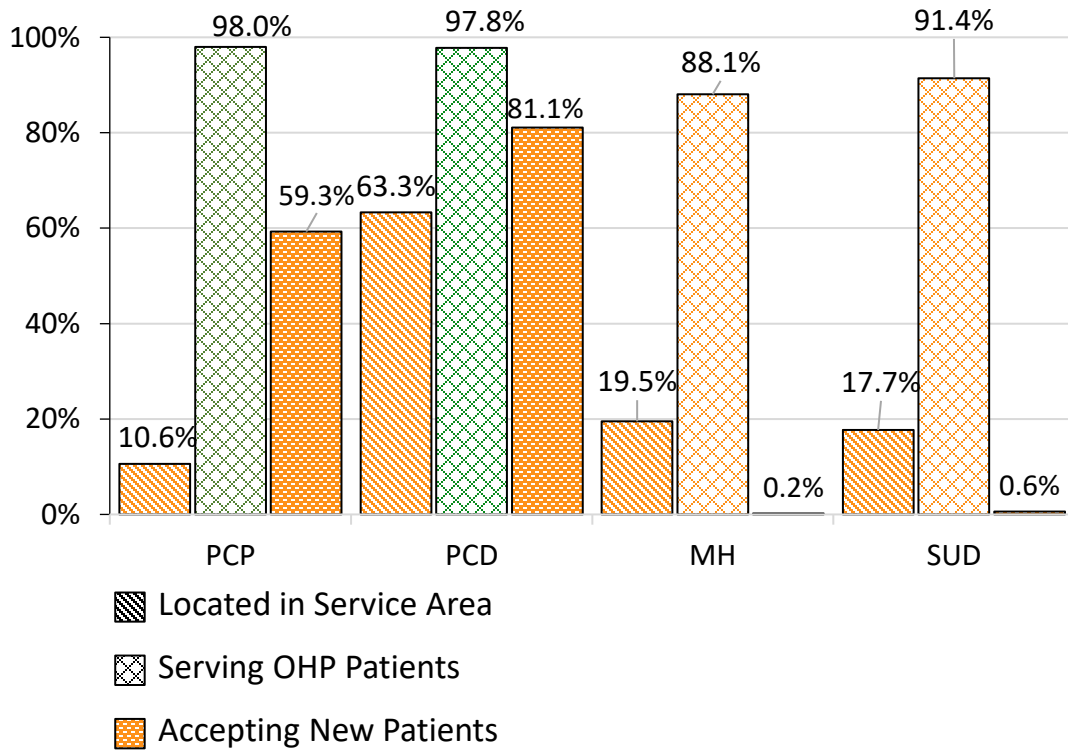


### Mental Health Parity



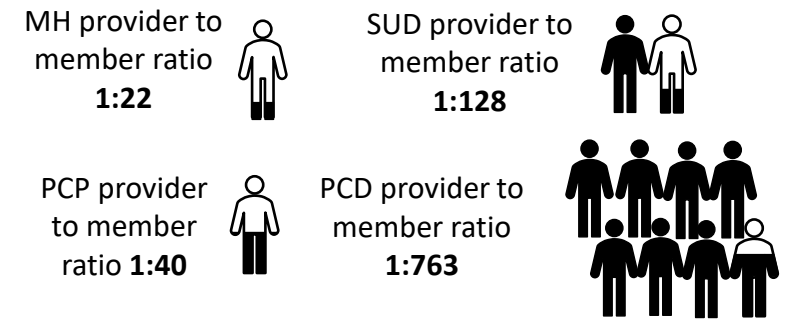
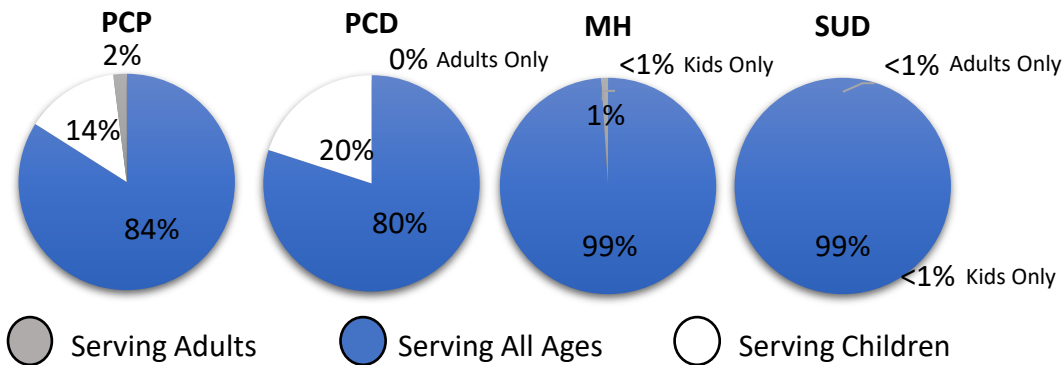
- Medical Management domain: JCC attested that no changes were implemented to the NQTLs that applied to MH/SUD or M/S benefits, which were evaluated during the calendar year (CY) 2023 MHP Evaluation and met parity requirements.
- Provider Network domain: JCC reported changes to reimbursement rates, including a rate increase for behavioral health and SUD services. The reported change to the reimbursement rates NQTL for MH/SUD benefits does not affect compliance with parity requirements.
- Continue to maintain parity across NQTL domains.





### Recommendations:

- Improve rate of primary care providers, mental health providers, and substance use disorder providers accepting new patients to improve access.
- Identify available primary care providers, primary care dentists, 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 mental health providers and SUD 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.



1 icon = 100 people



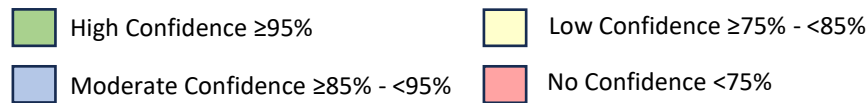
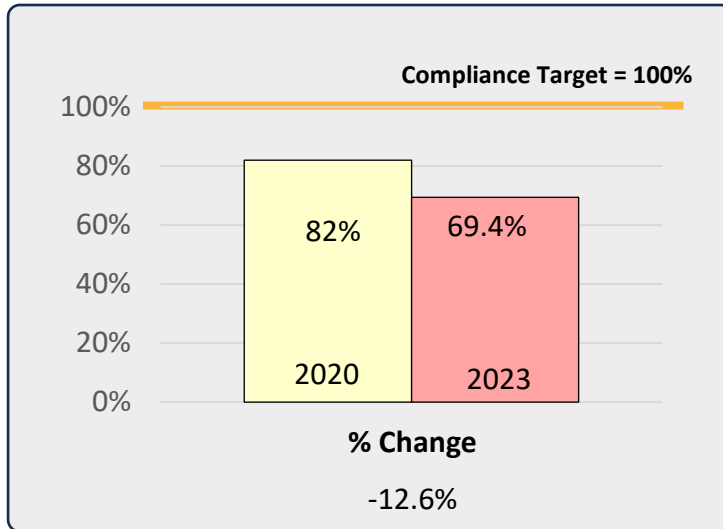


# SERVICE DELIVERY



## Compliance Monitoring Review

### Standard IV: Coverage and Authorization of Services



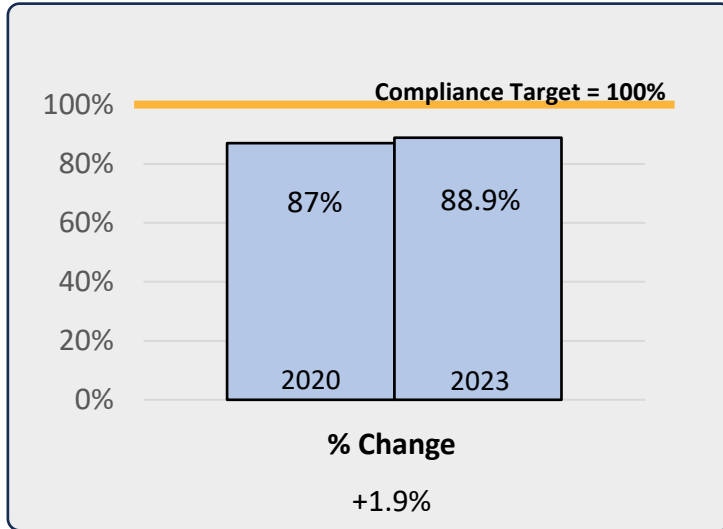
#### Recommendations:

- JCC received a score of 69.4 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 authorizing services and to ensure proper and timely notification of adverse benefit determinations.
- Address five 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 and time frames for notification of adverse benefit determinations.



## Compliance Monitoring Review

### Standard III: Coordination and Continuity of Care

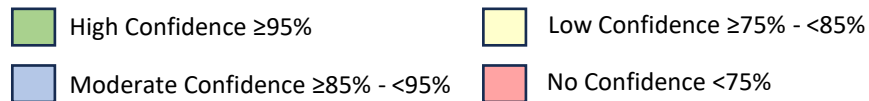
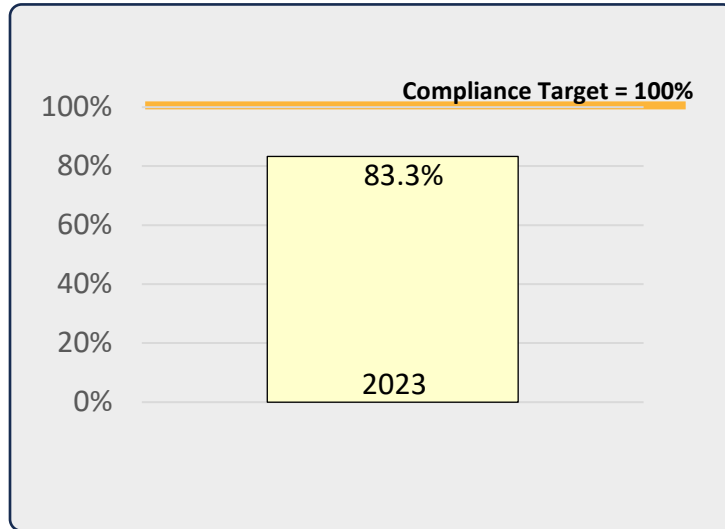


#### Recommendations:

- JCC received a score of 88.9 percent due to a lack of operational structure.
- Revise its policies and procedures to align with federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



## Compliance Monitoring Review Standard XVI: Emergency and Post-stabilization Services

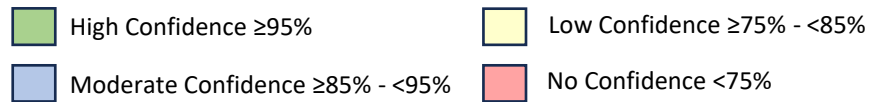
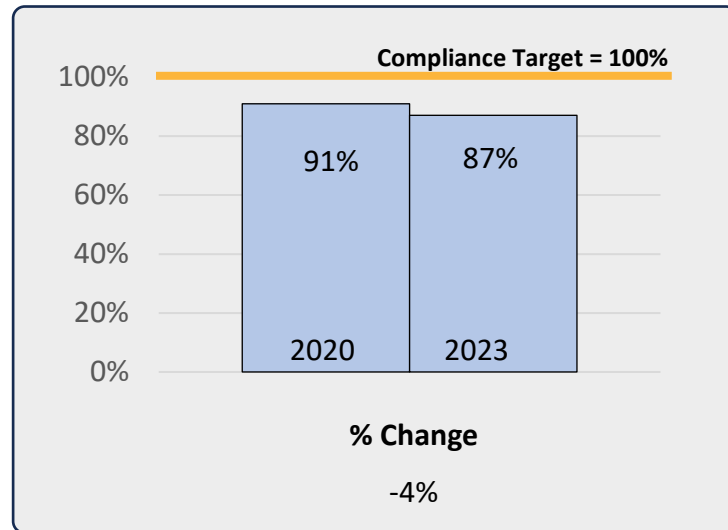


### Recommendations:

- JCC received a score of 83.3 percent due to a lack of operational structure to ensure poststabilization services are covered appropriately.
- Revise the applicable plan documents to define “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

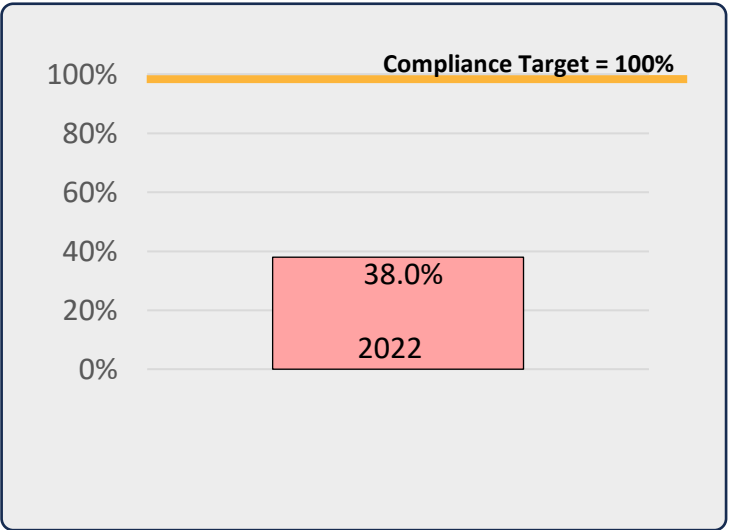






### Recommendations:

- JCC received a score of 87 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 two unresolved findings for this standard.
- 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; readability and required content of notices; and implementation of federal and State requirements within communications to members, providers, and subcontractors.
- Demonstrate maintaining one level of appeal.



### Compliance Monitoring Review Standard XII: Quality Assessment and Performance Improvement



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

**Recommendations:**

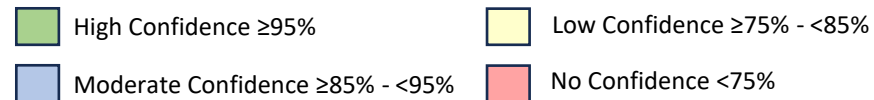
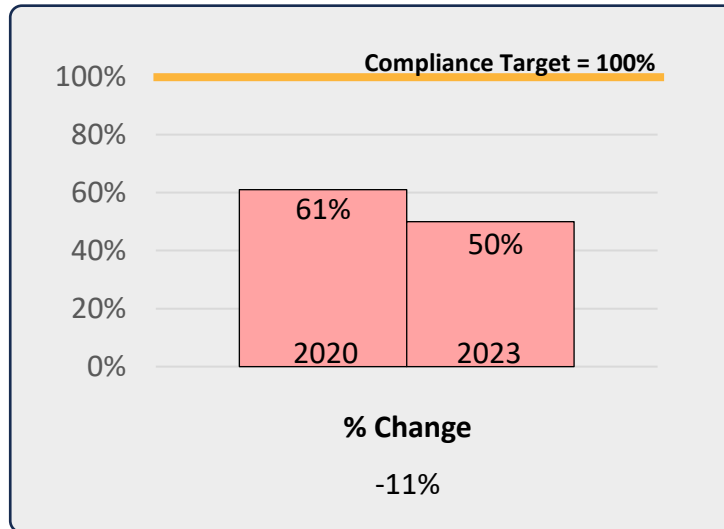
- JCC received a score of 38 percent due to failure to establish and implement a comprehensive and descriptive program description and workplan that met applicable federal, State, and contractual requirements. In addition, JCC failed to demonstrate appropriate oversight of its QAPI program, which impacted 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 three unresolved findings for this standard.
- Revise QAPI program structure to align with federal and State requirements for a QAPI program.
- Demonstrate appropriate oversight of its QAPI program.





# MEMBER RIGHTS & HEALTH EQUITY

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

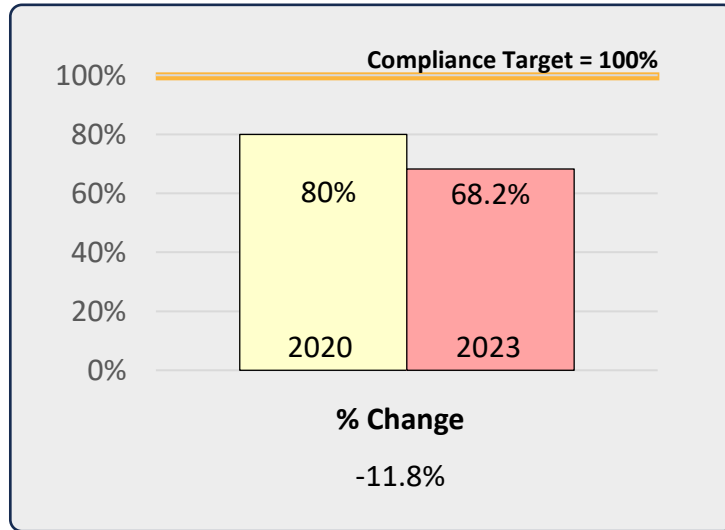


### Recommendations:

- JCC received a score of 50 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 three unresolved findings for this standard.
- Revise its policies and procedures and member- and provider-facing materials to align with federal and State requirements.



## Compliance Monitoring Review Standard XIV: Member Information



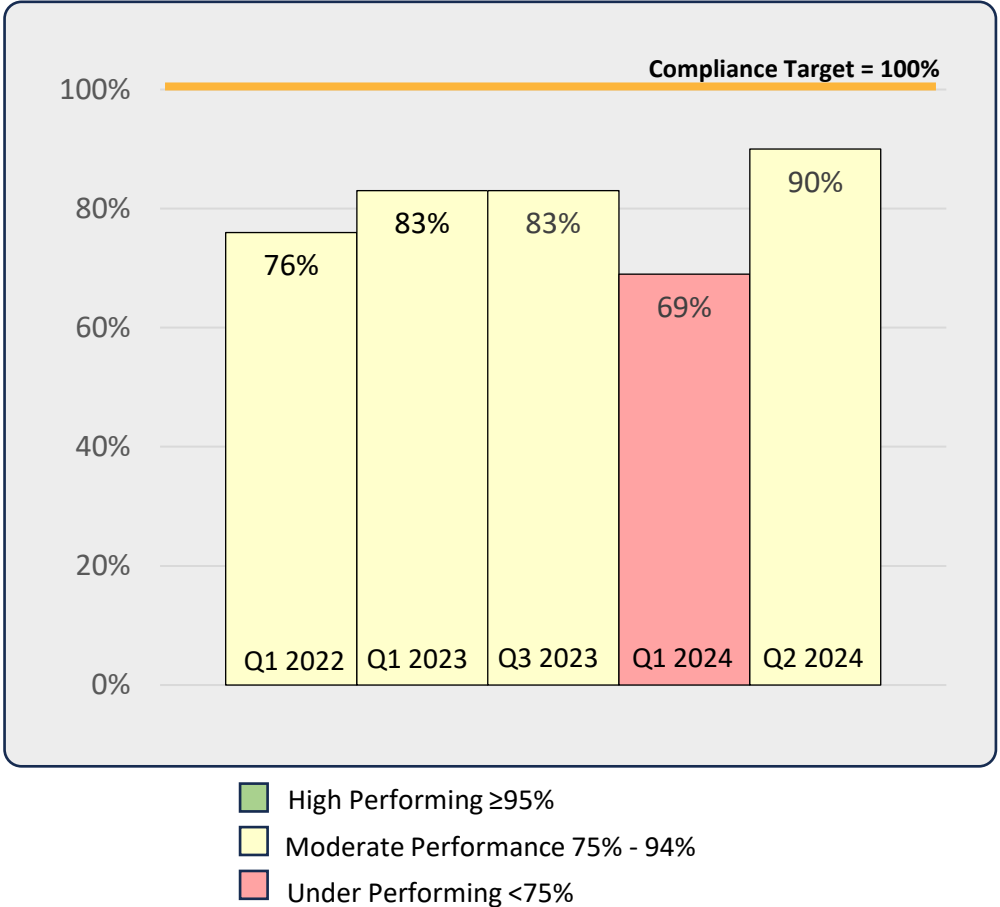
### Recommendations:

- JCC 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 six 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

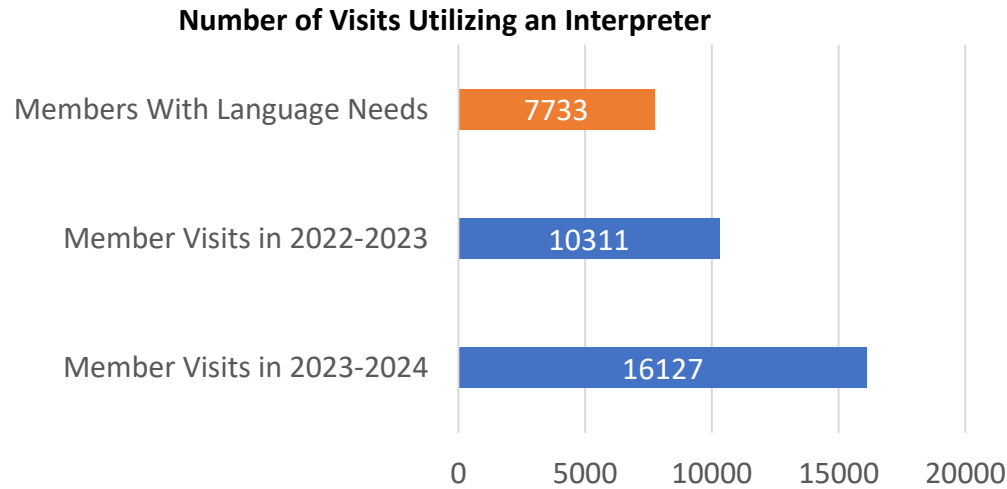


### Recommendations:

- 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 2.09 visits per member.

**Recommendations:**

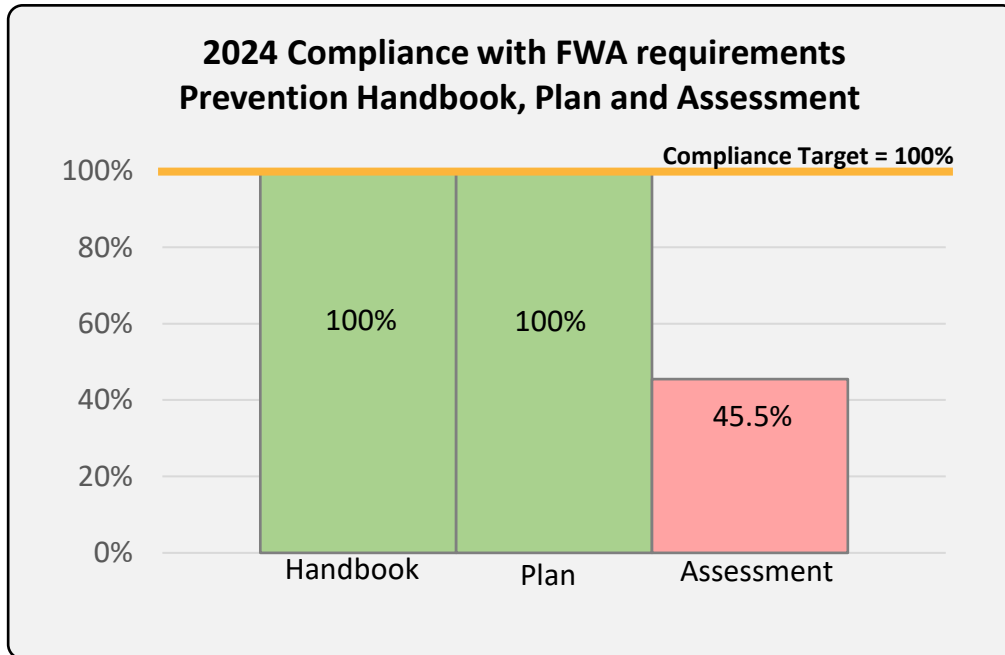
- Identify gaps in meeting language access needs.
  - Determine language preferences among members.
  - Evaluate the languages spoken by the provider network.
  - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members’ needs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





# PROGRAM INTEGRITY

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



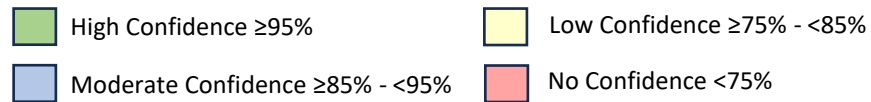
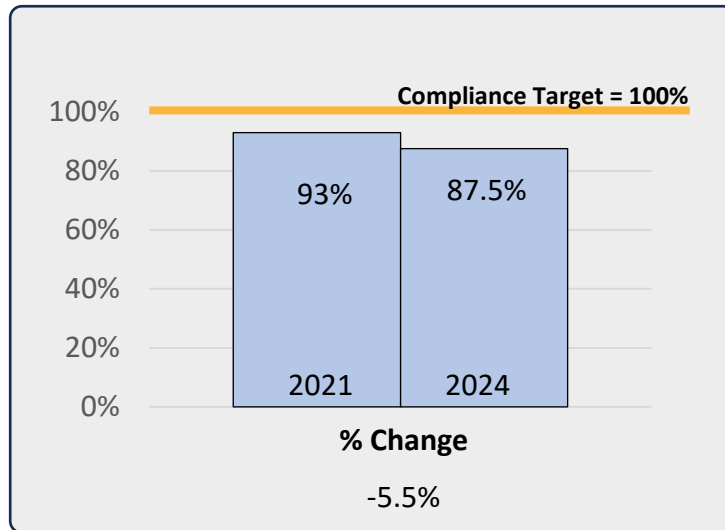
● High Performance (≥95%)    
 ● Moderate Performance (75-94.9%)    
 ● Low Performance (<75%)

### Recommendations:

- Include a clear rationale for each preliminary investigation listed. Include the findings and corrective action from the PI audits. In addition, when the CCO and its sister organization include information on identical cases, they must ensure that the information aligns between the assessments submitted by each plan.
- CCO must demonstrate the BOD completed the annual FWA training and providers completed training during onboarding and annually.
- Provide evidence that subcontractor training was provided or documentation demonstrating that the CCO reviewed and approved subcontractor training materials, policies, and completion records.
- Conduct the PI audits identified on the prior year’s FWA prevention plan/work plan and include a summary of the audit activity. The CCO may revise its FWA prevention plan as needed based on risks identified during the year; however, the CCO is still expected to conduct and report on proactive PI audits that were identified through routine monitoring and auditing activities to identify overpayments. When this occurs, the CCO is expected to include an explanation for deviating from the planned audits. Of note, insufficient staffing is not considered a valid reason for not completing audits.
- Provide findings and corrective actions from completed PI audits.
- Include the methodology used to identify high-risk providers and the services chosen for PI audits (i.e., if the information is not described in the narrative of the Annual FWA Assessment). The methodology should clearly outline the process for how the CCO triages and selects providers and services for review. At a minimum, this should encompass the type of data the CCO collects for the review, the source of the data, and how it how it collects and analyzes the information.
- Ensure that the summary of compliance review activities aligns with the planned compliance reviews listed in the CCO’s annual FWA prevention plan from the prior year.
- Ensure that its summary of outcomes for FWA prevention activities addresses all FWA prevention activities listed in the prior year’s FWA prevention plan.



## Standard VI: Subcontractual and Delegation Requirements

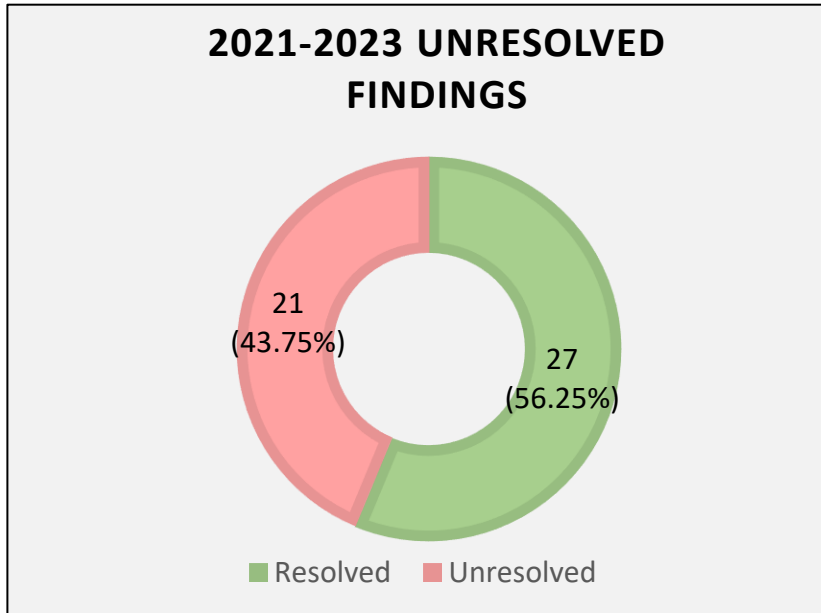


### Recommendations:

- JCC 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.
- Address one finding for this standard.
- 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.

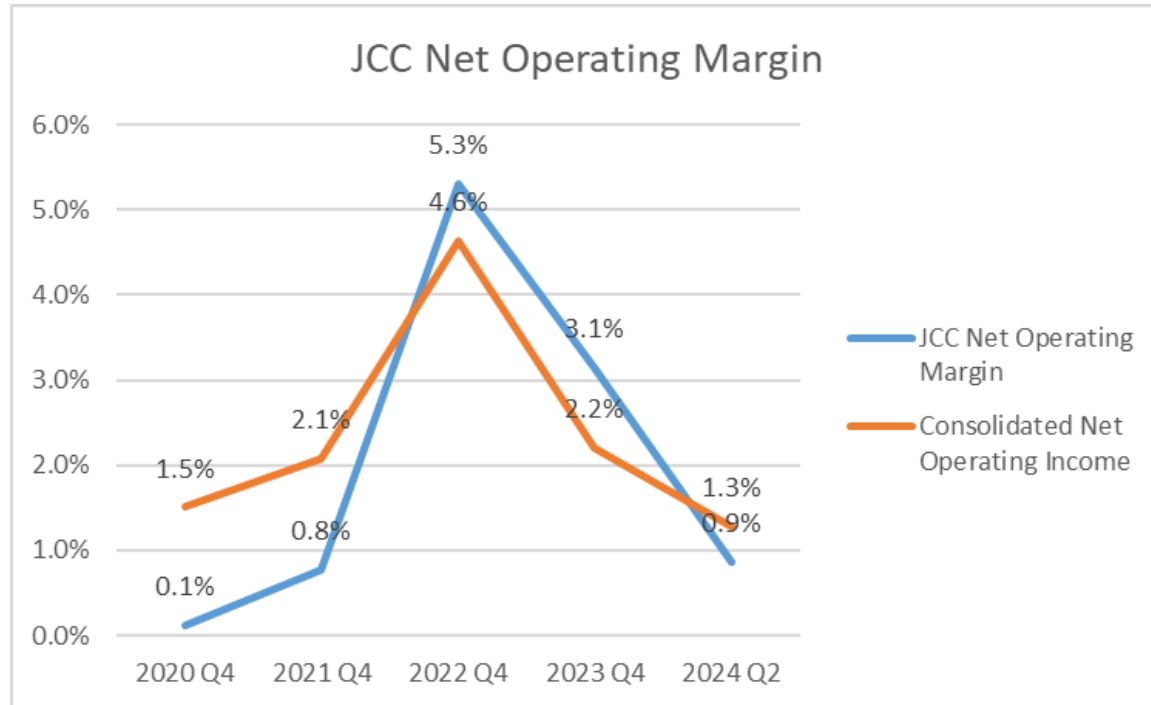
Standard	Review Year	Total # of IP Findings	Resolved IP Findings		Unresolved IP Findings	
			#	%	#	%
Standard I—Availability of Services	2021	2	1	50.0%	1	50.0%
Standard II—Assurances of Adequate Capacity and Services	2021	1	0	0.0%	1	100.0%
Standard XII—Quality Assessment and Performance Improvement	2022	4	1	25.0%	3	75.0%
Standard IV—Coverage and Authorization of Services	2023	11	6	54.5%	5	45.5%
Standard VII—Member Rights and Protections	2023	5	2	40.0%	3	60.0%
Standard X—Grievance and Appeal Systems	2023	7	5	71.4%	2	28.6%
Standard XIV—Member Information	2023	12	6	50.0%	6	50.0%





# FINANCIAL PERFORMANCE

## Exhibit L: Net Operating Margin

**Recommendations:**

- Jackson Care Connect has had the 3 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
Jackson Care Connect	15.1%	14.6%	6.5%
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
Jackson Care Connect	85.17%
Source: Minimum Medical Loss Ratio data	

**Recommendations:**

- Jackson Care Connect reported an MLR for 2021 – 2023 of 85.17%, 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

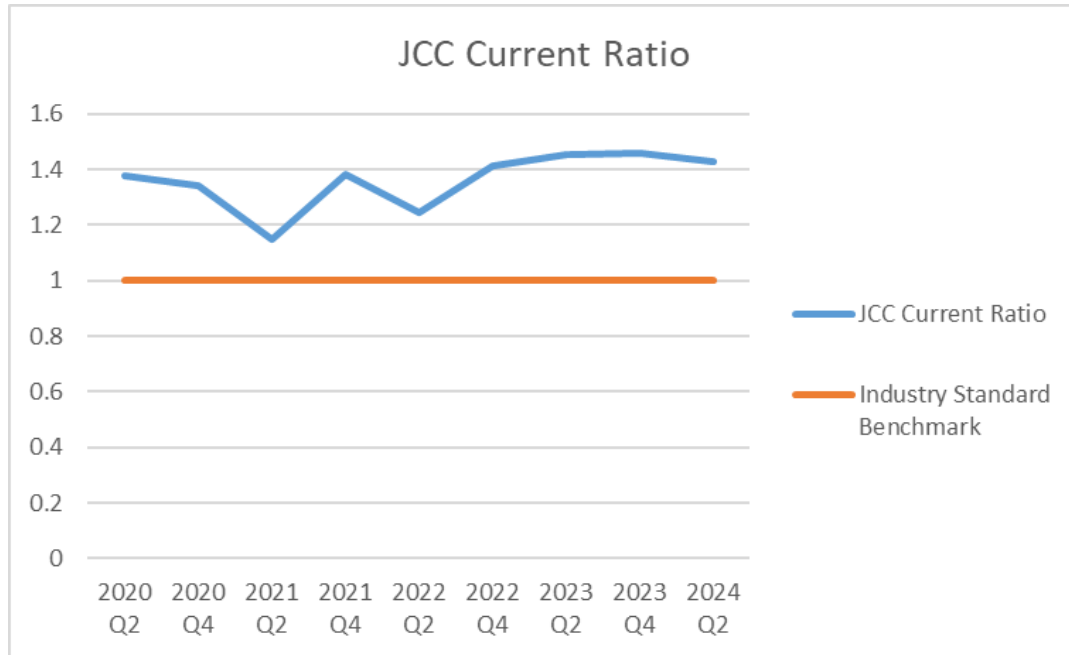
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	JCC	Total Deficits by Quarter - All CCOs
2020	Q1	Deficit	1
	Q2	Deficit	1
	Q3	Deficit	1
	Q4	Deficit	7
2021	Q1	Deficit	10
	Q2		5
	Q3		6
	Q4	Deficit	8
2022	Q1	Deficit	8
	Q2	Deficit	5
	Q3	Deficit	5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
Total Deficits by CCO		9	

**Recommendations:**

- Jackson Care Connect 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 9 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.



Exhibit L: Ratio of Current Assets to Current Liabilities



**Recommendations:**

- Jackson Care Connect 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.

