

# CCO PERFORMANCE SNAPSHOT

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## Individual Profile

### Yamhill Community Care Organization



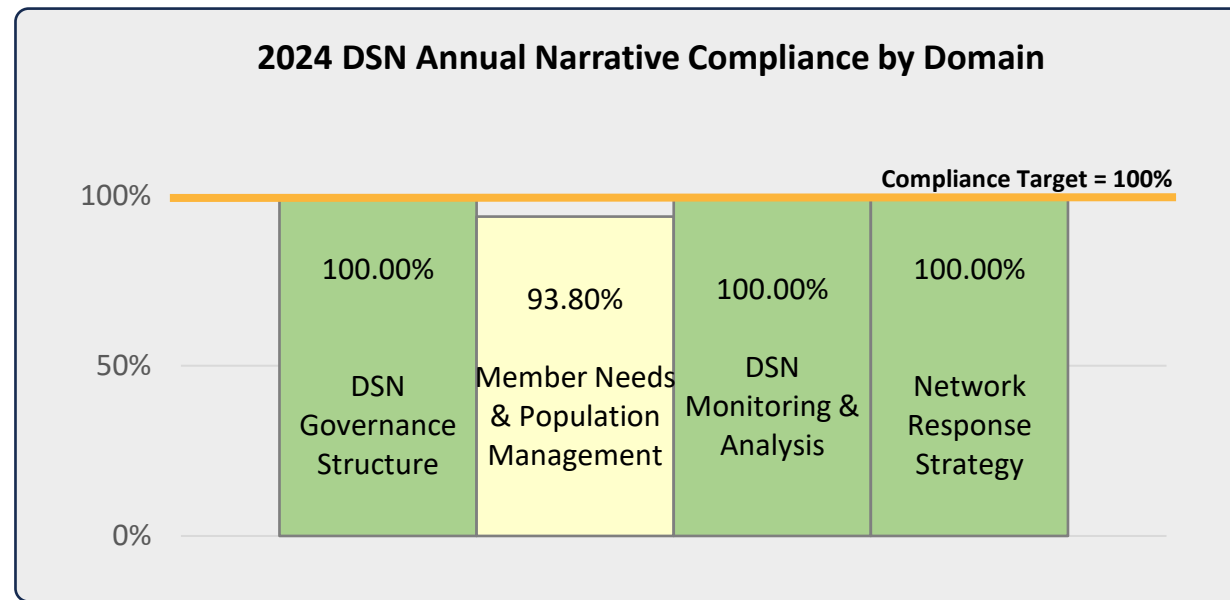
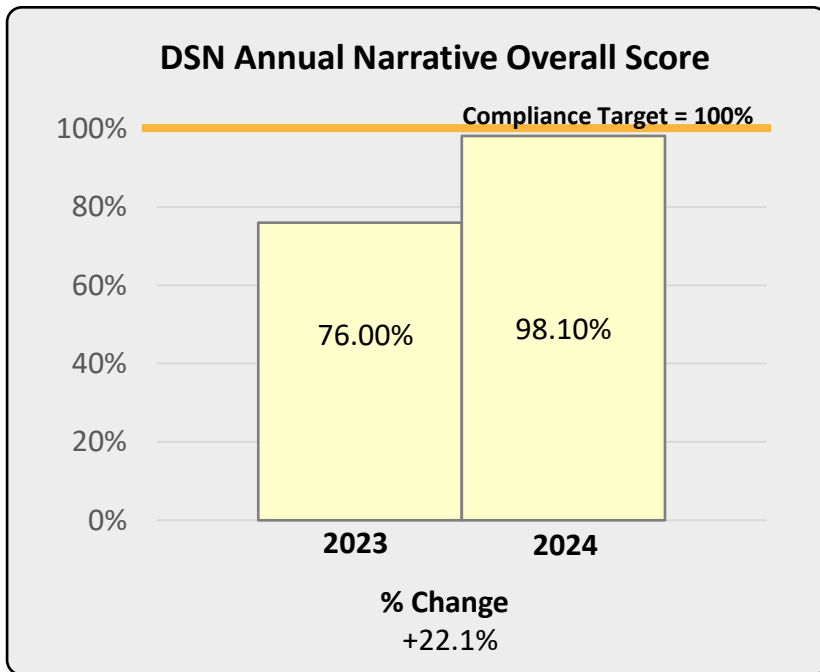


**ACCESS TO CARE**

## Recommendations:

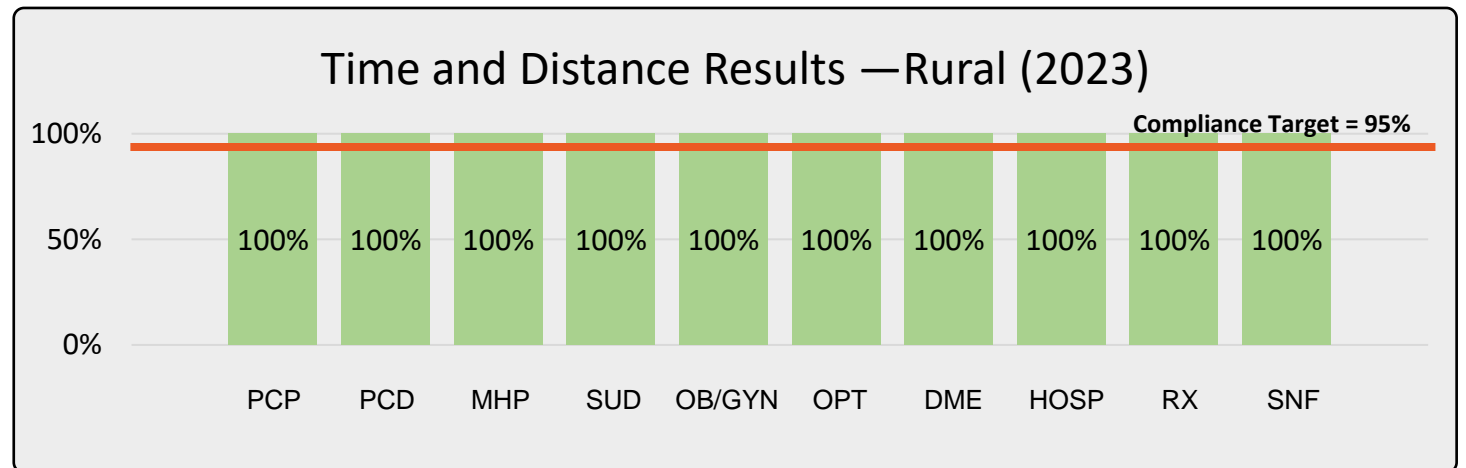
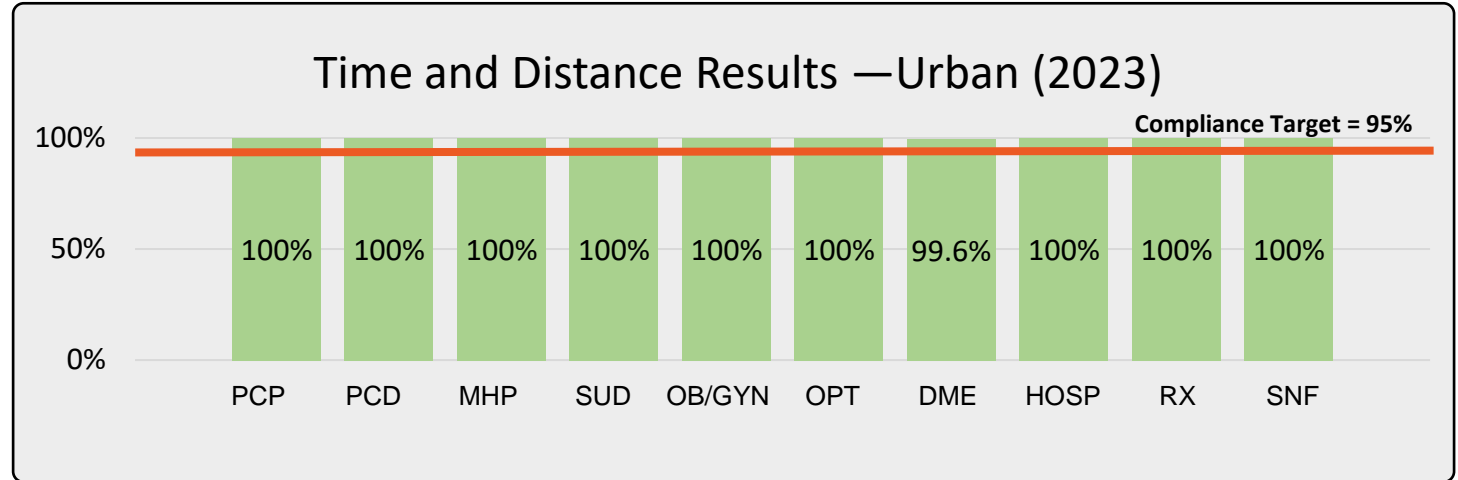
Address the findings issued in the 2024 DSN Annual Evaluation within the Member Needs and Population Management domain.

- Develop a process for regular review and use of available anticipated Medicaid enrollment data to inform and support network adequacy monitoring and decision-making.



### Recommendations:

- YCCO 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. YCCO does not have any approved exceptions.

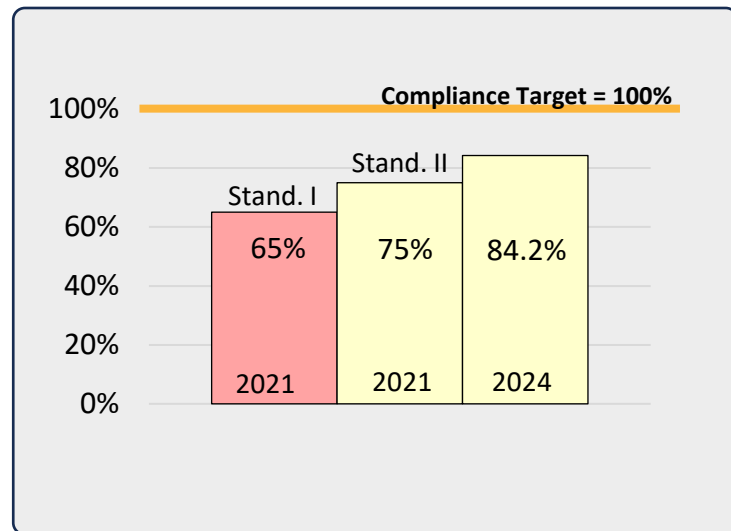


## Compliance Monitoring Review

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

#### Strengths:

- The CCO demonstrated best practices with its family planning, women’s health access efforts and outreach materials, which were tailored to the CCO’s population.



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

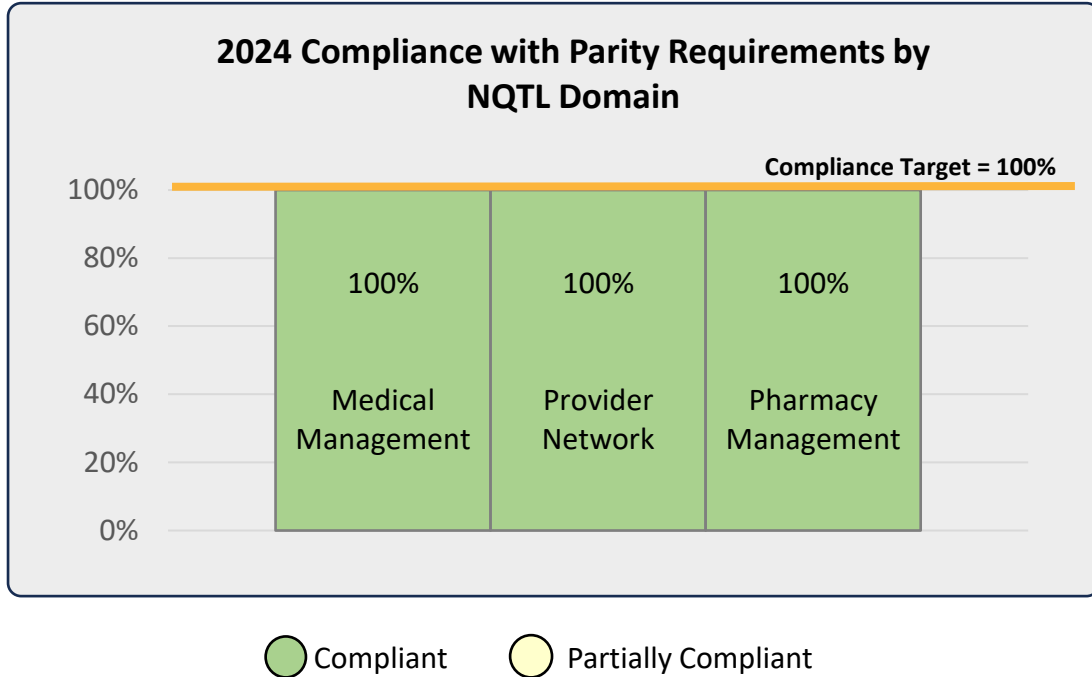
- High Confidence ≥95%
- Moderate Confidence ≥85% - <95%
- Low Confidence ≥75% - <85%
- No Confidence <75%

#### Recommendations:

- YCCO received a score of 84.2 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.
- Address six unresolved 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 state-established requirements for timely access to care and services and demonstrate implementation.
- Demonstrate corrective action when providers fail to meet appointment standards.



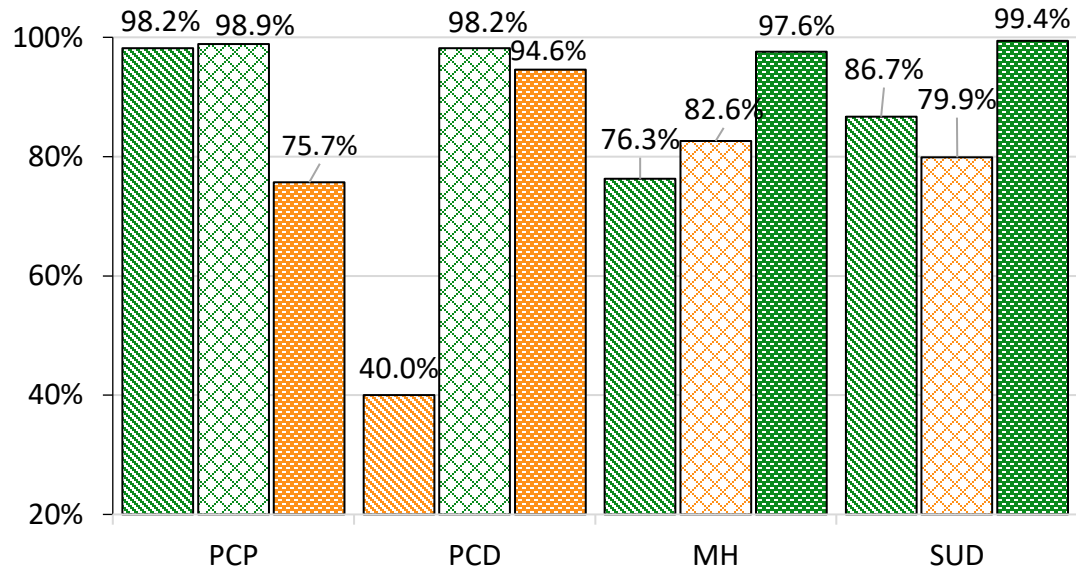
### Mental Health Parity



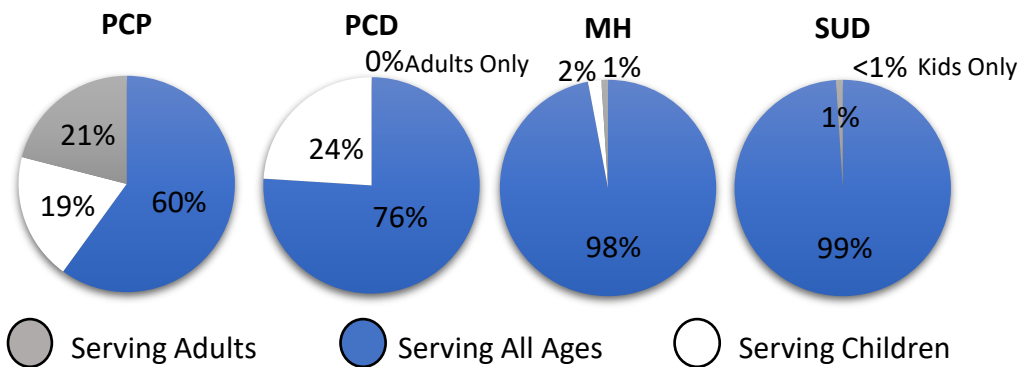
- YCCO attested that no changes were implemented to the NQTLs that applied to MH/SUD or M/S benefits, which were evaluated during the CY 2023 MHP Evaluation and met parity requirements.
- Continue monitoring to maintain parity across NQTL domains.



# Network Adequacy



Located in Service Area  
 Serving OHP Patients  
 Accepting New Patients



## Recommendations:

- Improve rate of primary care providers accepting new patients to improve access.
- Improve rate of SUD providers seeing OHP patients. Assess if providers are regularly seeing CCO members.
- Identify available primary care dentists and mental health 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 located in service area and determine if the contracted providers meet member needs.
- Monitor number of 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 1:16

SUD provider to member ratio 1:111

PCP provider to member ratio 1:30

PCD provider to member ratio 1:712

= 100 people



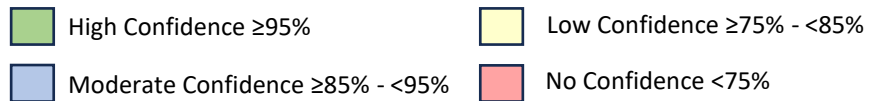
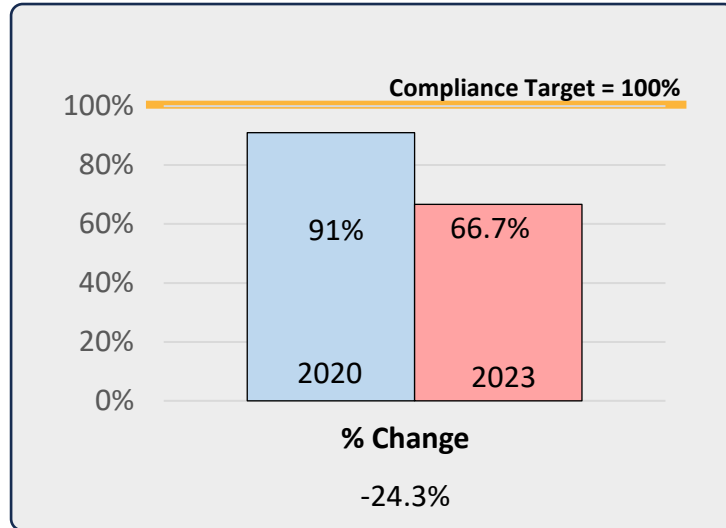


# SERVICE DELIVERY



## Compliance Monitoring Review

### Standard IV: Coverage and Authorization of Services



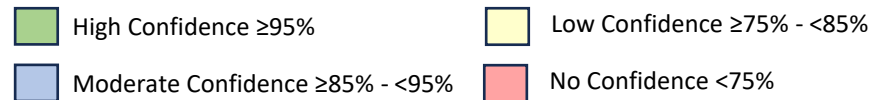
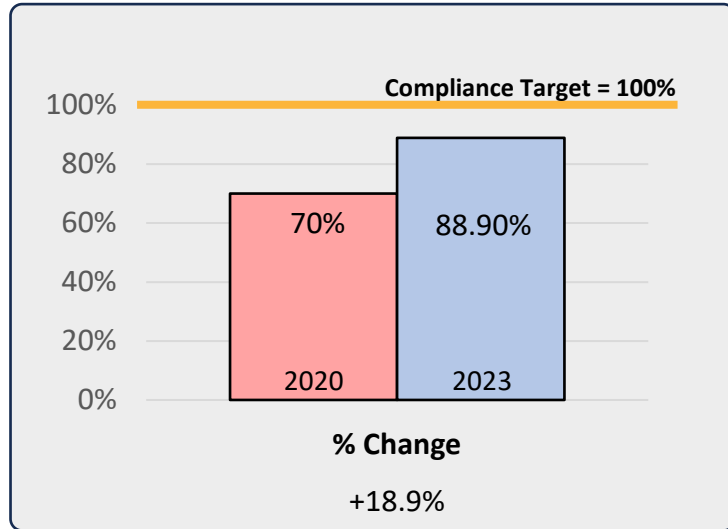
#### Recommendations:

- YCCO received a score of 66.7 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to ensure the appropriate services offered to members, appropriate and consistent coverage determinations, and 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 of services and required content and time frames for notification of adverse benefit determinations.
- Address eight unresolved findings for this standard.



## Compliance Monitoring Review

### Standard III: Coordination and Continuity of Care



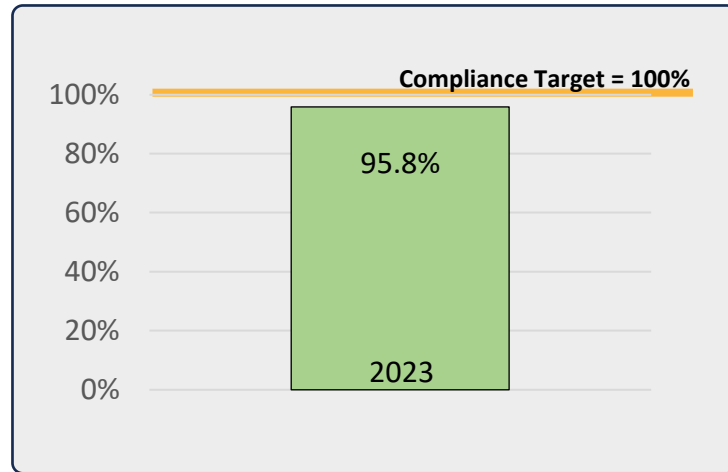
#### Recommendations:

- YCCO received a score of 88.9 percent due to failure to appropriately assess/reassess members for care coordination services, develop treatment plans, and ensure health records are maintained in accordance with professional standards.
- 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 two unresolved findings for this standard.



## Compliance Monitoring Review

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

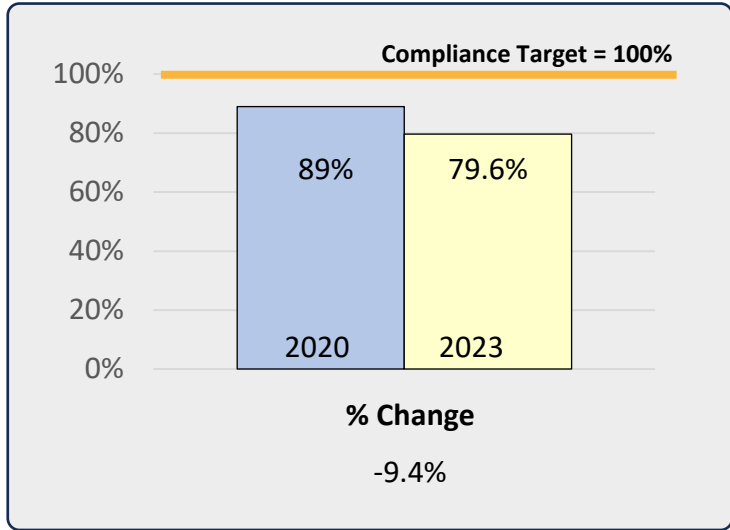


#### Recommendations:

- YCCO received a score of 95.8 percent due to a lack of operational structure to ensure poststabilization services are covered appropriately.
- Revise policies and procedures to align with federal and State requirements.
- Address one unresolved findings for this standard.



## Compliance Monitoring Review Standard X: Grievance and Appeal Systems



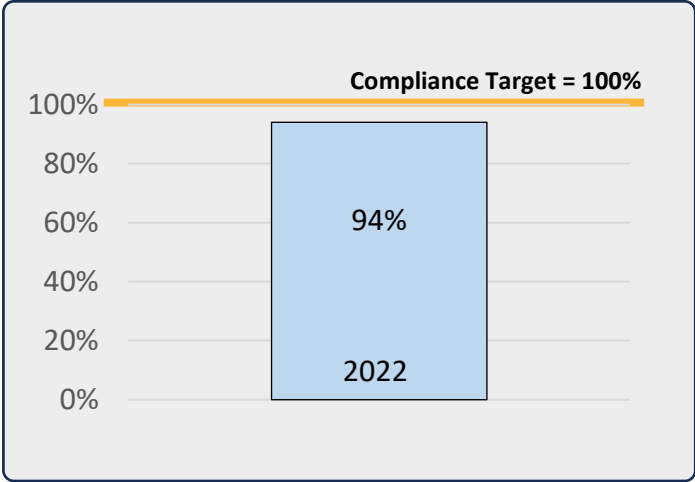
### Recommendations:

- YCCO received a score of 79.6 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.
- Address three unresolved findings for this standard.



### 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:

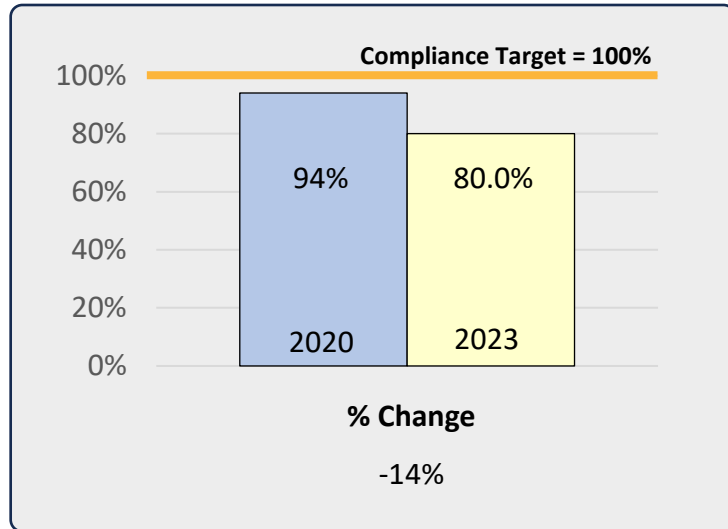
- YCCO received a score of 94 percent due to failure to demonstrate appropriate oversight of its QAPI program, which impacted the MCE’s ability to monitor and evaluate the quality and appropriateness of services furnished to its members consistent with the needs and priorities of the MCE’s member population.
- YCCO must revise its QAPI program structure to align with federal and State requirements for a QAPI program, including appropriate oversight of its QAPI program.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.





# MEMBER RIGHTS & HEALTH EQUITY

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



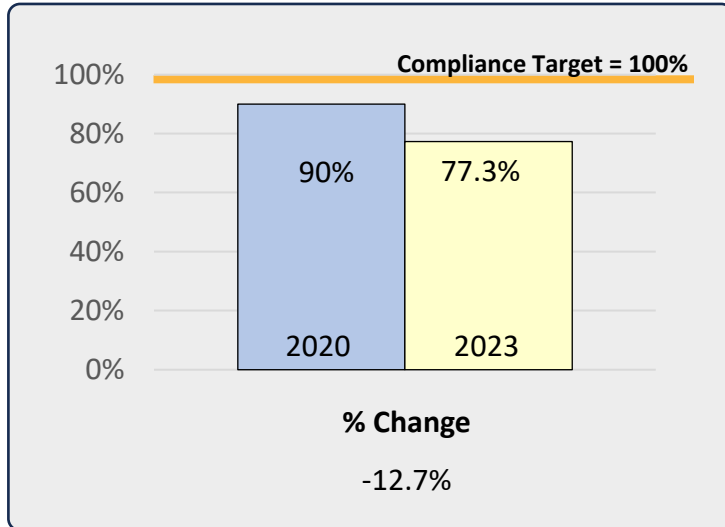
- High Confidence ≥95%
- Moderate Confidence ≥85% - <95%
- Low Confidence ≥75% - <85%
- No Confidence <75%

#### Recommendations:

- YCCO received a score of 80.0 percent due to a lack of operational structure, impacting the CCO’s ability to ensure that member rights are respected, and advance directive requirements are met.
- Revise 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 XIV: Member Information



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

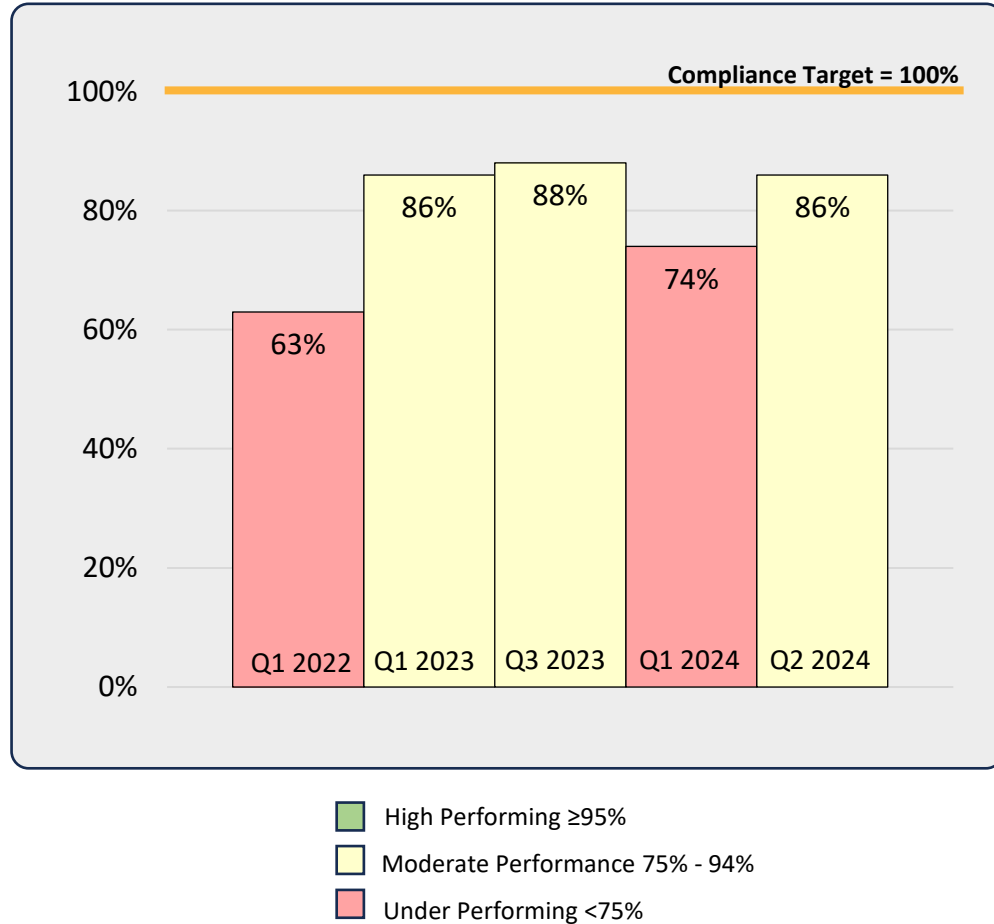
#### Recommendations:

- YCCO received a score of 77.3 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.
- Revise policies, procedures, and member-facing materials to align with federal and State requirements.
- Address five unresolved findings for this standard.





## Notice of Adverse Benefit Determination Requirements



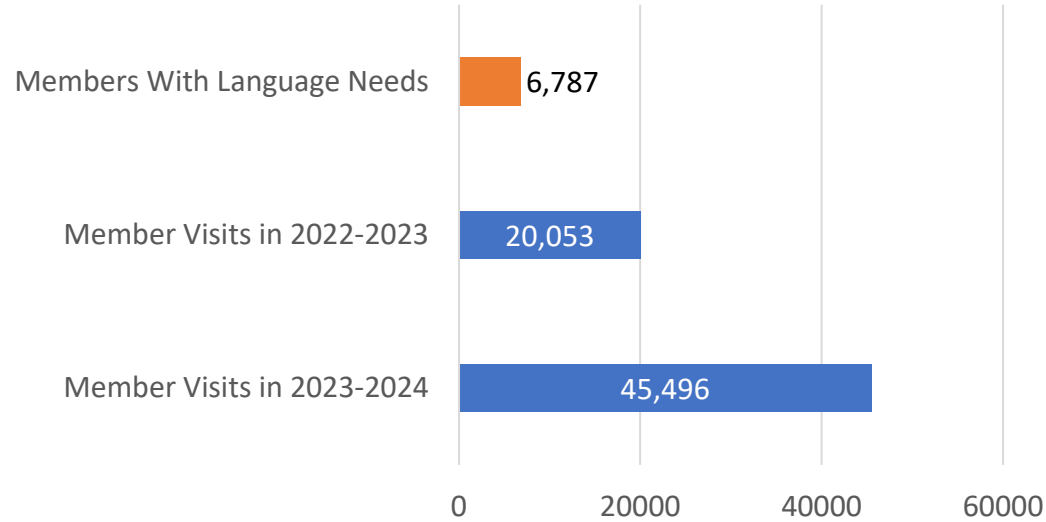
### Recommendations:

- 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

Number of Visits Utilizing an Interpreter



Note: This chart shows a current average of 6.7 visits per member.

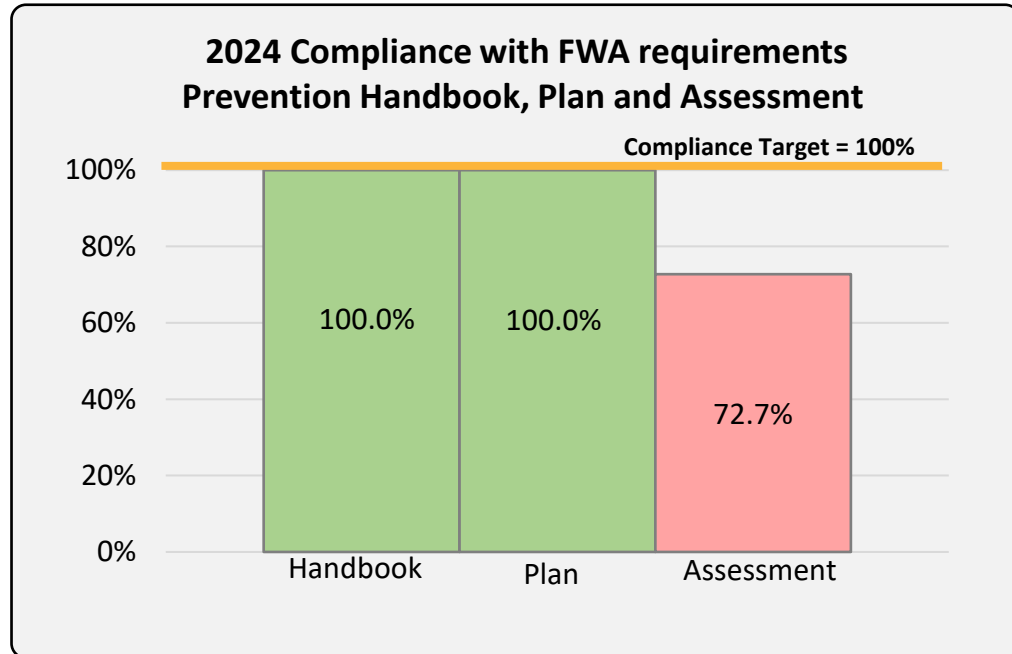
### Recommendations:

- 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



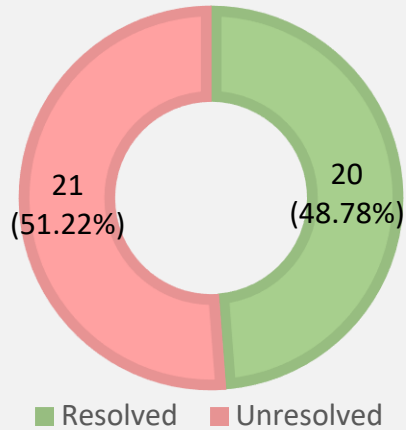
● High Performance (≥95%)    
 ● Moderate Performance (75-94.9%)    
 ● Low Performance (<75%)

**Recommendations:**

- Demonstrate accurate reporting of compliance reviews that were conducted in response to reported or suspected non-compliance. If no compliance reviews were conducted that met this criterion, that information must be included in the annual FWA assessment.
- Indicate whether compliance reviews were conducted onsite or based on a review of documentation, outcomes of the compliance reviews, and any corrective actions implemented.
- Demonstrate all BOD and Regulatory Committee members complete initial and annual training.
- Demonstrate provider training was conducted and completed by the CCO’s participating providers for the prior contract year. 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.
- Demonstrate completion of FWA training by subcontractors.
- Develop a methodology for identifying high-risk providers and services.



2021-2023 UNRESOLVED FINDINGS



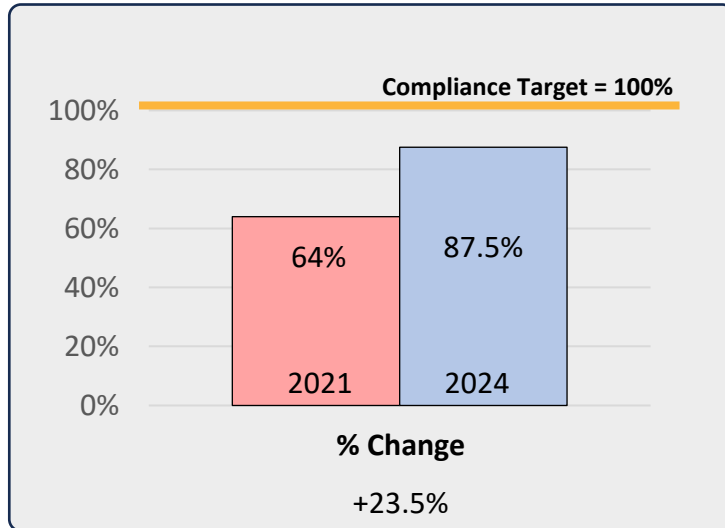
Recommendations:

- 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	1	0	0.0%	1	100.0%
Standard IX—Enrollment and Disenrollment	2022	2	1	50.0%	1	50.0%
Standard III—Coordination and Continuity of Care	2023	2	0	0.0%	2	100.0%
Standard IV—Coverage and Authorization of Services	2023	12	4	33.3%	8	66.7%
Standard X—Grievance and Appeal Systems	2023	11	8	72.7%	3	27.3%
Standard XIV—Member Information	2023	9	4	44.4%	5	55.6%
Standard XVI – Emergency and Poststabilization Services	2023	1	0	0.0%	1	100.0%



## Standard VI: Subcontractual and Delegation Requirements



### Recommendations:

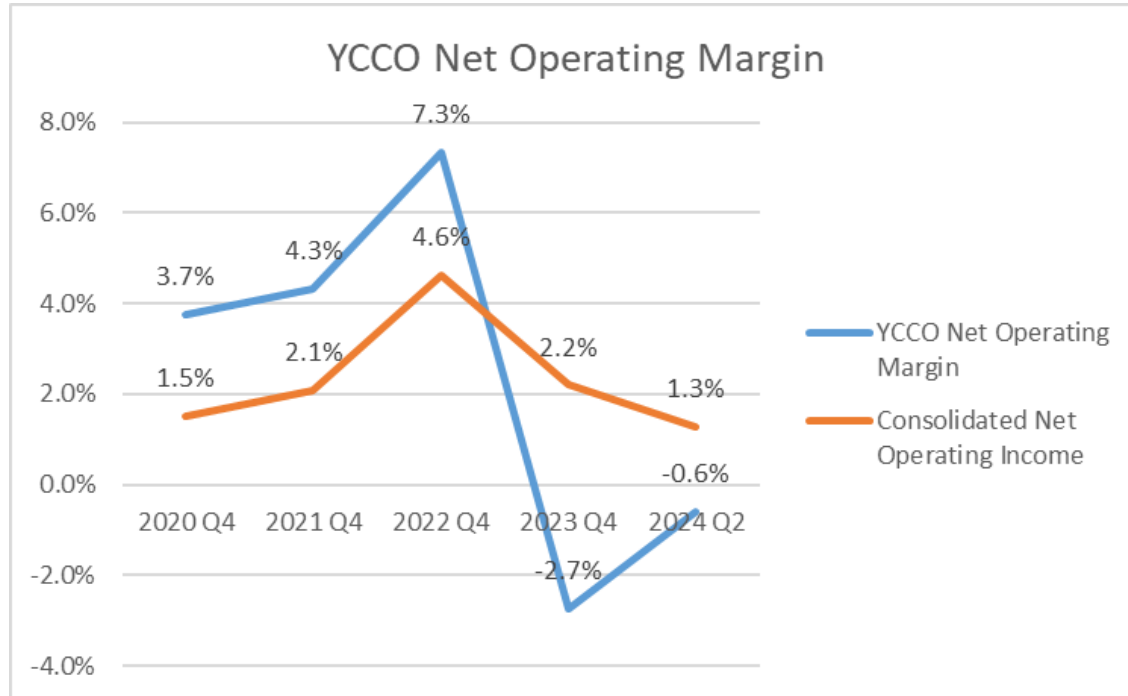
- YCCO received a score of 87.5 percent due to insufficient documentation to support operations and ensure compliance with federal requirements for written agreements between the CCO and its subcontractors.
- Address one finding for this standard.
- Revise written agreements to align with federally required language for written agreements with subcontractors.





# FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



**Recommendations:**

- Yamhill Community Care has had its 2 most 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 could minimize their investments in the community or reinvestment in their continued business.





Exhibit L: Risk-Adjusted Rate of Growth

Risk-Adjusted Rate of Growth			
	Unadjusted Rate of Growth 2022-2023	Risk-Adjusted Rate of Growth 2022-2023	Annualized 2020-2023
Yamhill Community Care	10.9%	9.4%	7.2%
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
Yamhill Community Care	88.13%
Source: Minimum Medical Loss Ratio data	

**Recommendations:**

- Yamhill Community Care reported an MLR for 2021 – 2023 of 88.13%, 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

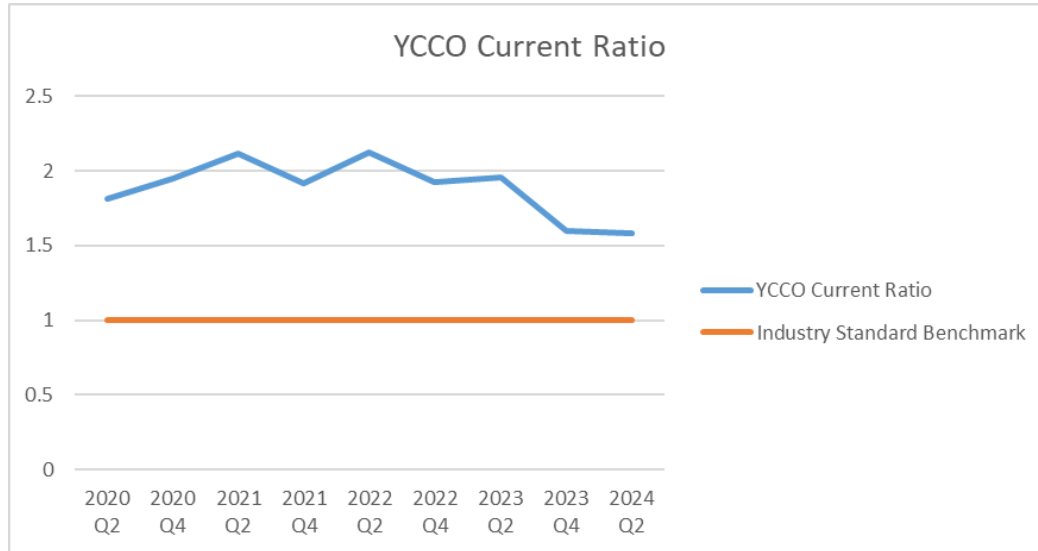
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	YCCO	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4		7
2021	Q1		10
	Q2		5
	Q3		6
	Q4		8
2022	Q1		8
	Q2		5
	Q3		5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
<b>Total Deficits by CCO</b>		0	

**Recommendations:**

- Yamhill Community Care 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.
- The CCO has not report any deficits and has maintained compliance with the CCO Contract.



### Exhibit L: Ratio of Current Assets to Current Liabilities



#### Recommendations:

- Yamhill Community Care 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.

