March 2025

CCO PERFORMANCE SNAPSHOT

Individual Profile

Umpqua Health Alliance

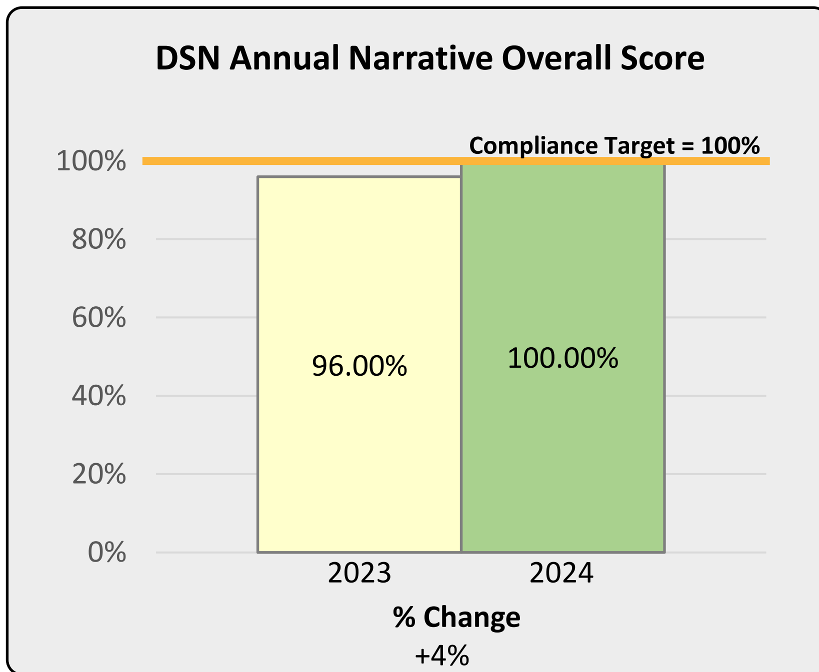
OREGON HEALTH AUTHORITY

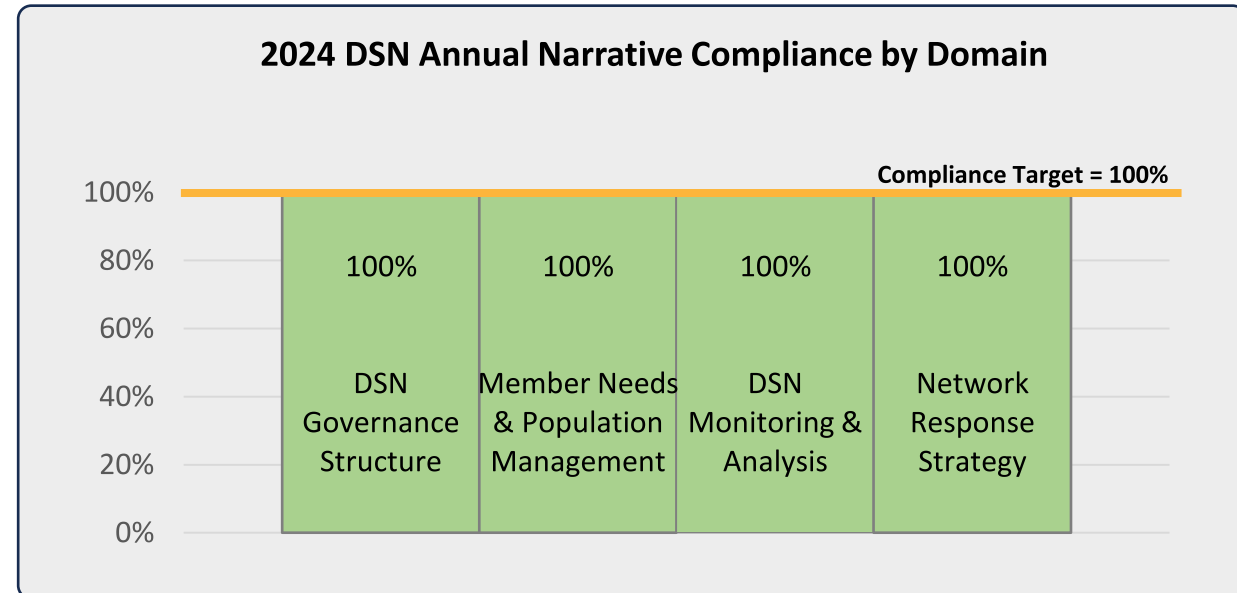
ACCESS TO CARE

OREGON HEALTH AUTHORITY

Recommendations:

- UHA was fully compliant with all four domains in 2024. No actions are required currently unless the CCO implements operational changes.



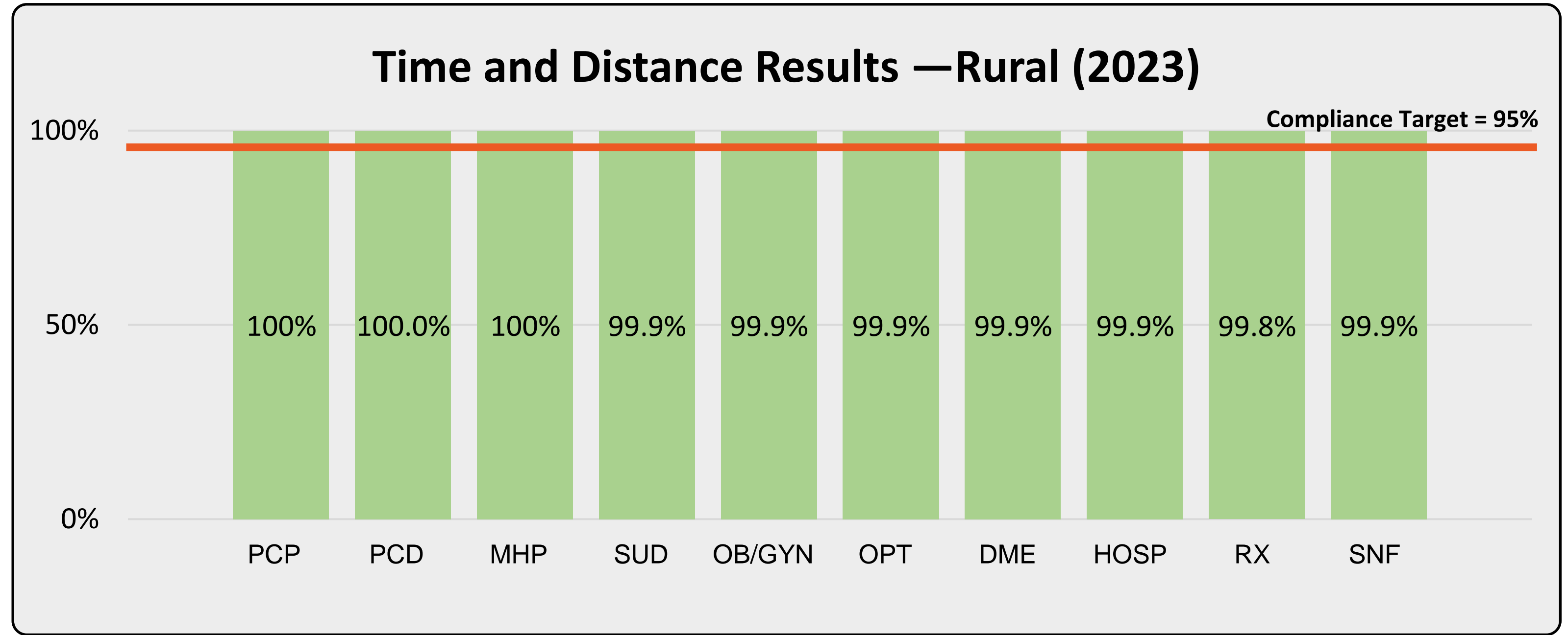


High Performance (100%) | Moderate Performance (75-99.9%) | Low Performance (<75%)

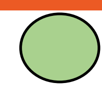
OREGON HEALTH AUTHORITY

Recommendations:

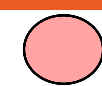
- UHA was generally compliant in 2023 for the following provider types. Although the CCO is compliant, it is recommended the CCO continue monitoring the geographic proximity of providers and members across all provider types identified in OAR 410-141-3515.
- Review Q3 2024 DSN Provider Capacity Report and identified gaps in time and distance and address any gaps if the CCO does not have an approved time and distance exception. UHA does not have any approved exceptions.



Note: The CCO did not have any urban settings within its service area.



High Performance (≥ 95%)



Low Performance (<95%)

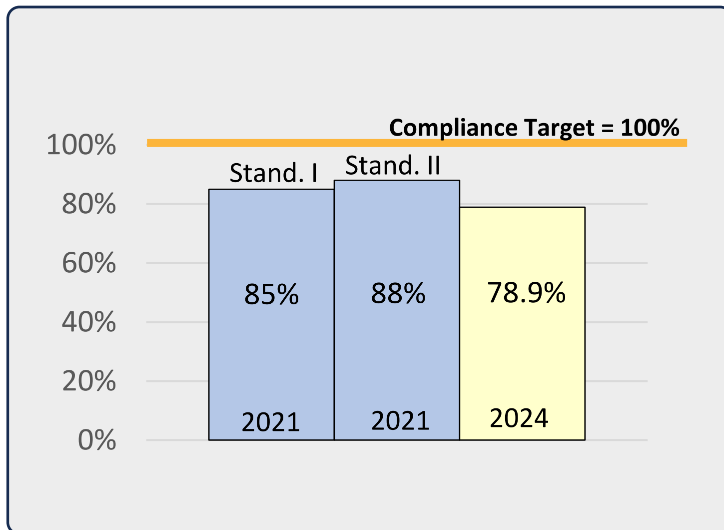
OREGON HEALTH AUTHORITY

Compliance Monitoring Review

Standard I: Assurance of Adequate Capacity and Availability of Services

Strengths:

- The CCO demonstrated best practices by becoming National Committee for Quality Assurance (NCQA) accredited in Health Equity.



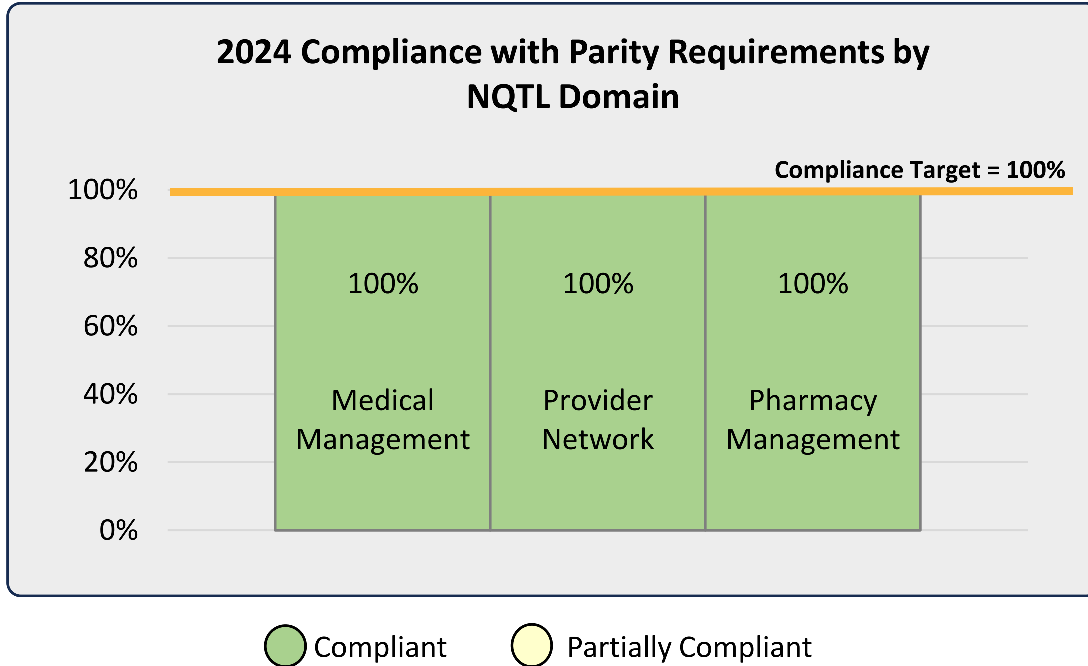
Note: In 2024, the two separate standards reviewed in 2021 were combined.

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

Recommendations:

- UHA received a score of 78.9 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 seven 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 reporting and demonstrate implementation.
- Demonstrate corrective action when providers fail to meet appointment standards.

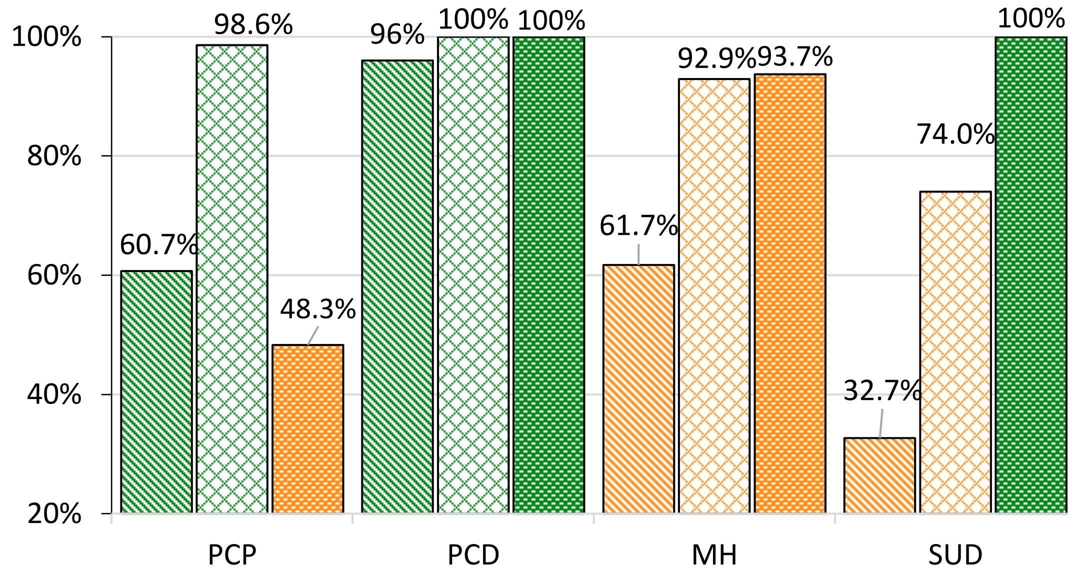
Mental Health Parity

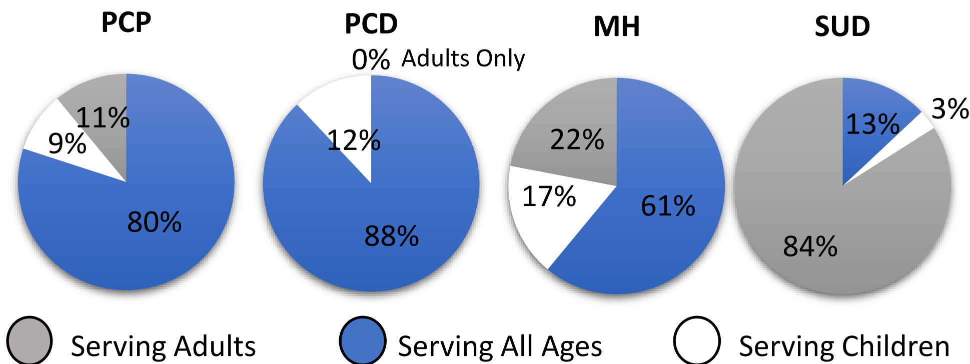


Compliant Partially Compliant

- UHA sufficiently addressed its formulary design NQTL. The rationale used to determine assignment of the formulary design NQTL was consistent between MH/SUD and M/S benefits, and the evidentiary standards used in administering the NQTL to MH/SUD benefits were comparable to the evidentiary standards used in administering the NQTL to M/S benefits. UHA used evidence-based criteria for MH/SUD and M/S benefits to administer its processes with equivalent stringency.
- Continue to maintain parity across NQTL domains.

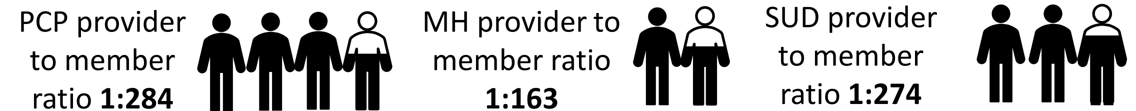
OREGON HEALTH AUTHORITY

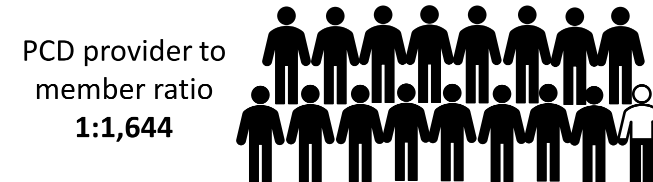




Recommendations:

- Improve rate of primary care providers accepting new patients to improve access.
- Identify available primary care providers, primary care dentists, mental health providers, and substance use providers within service area that are not contracted. Contract with any interested providers and consider other solutions outside of contracting.
- Monitor number of primary care providers accepting new patients to determine opportunities for improvement.
- Increase the percentage of SUD providers serving OHP patients; assess if providers are regularly seeing CCO members.
- Assess if the composition of providers serving adults only and children only are enough to meet the specific needs of each population group.





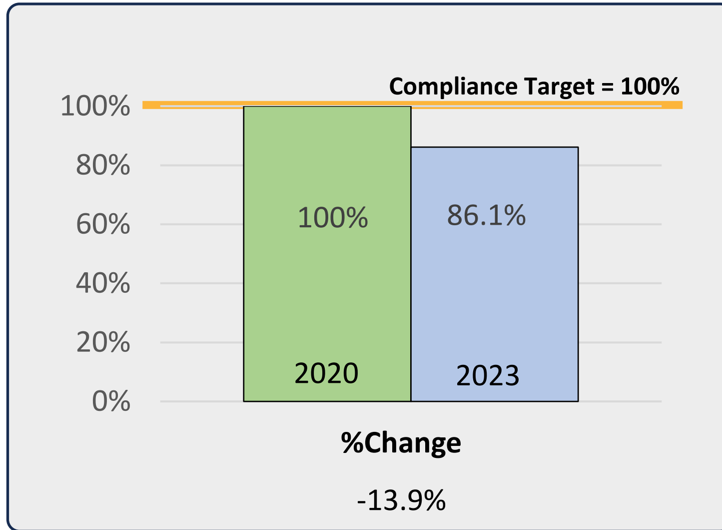
= 100 people

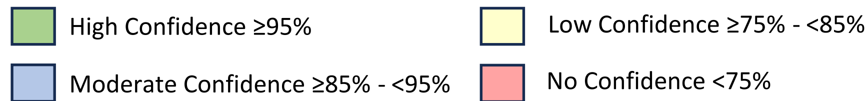
ACCESS TO CARE

SERVICE DELIVERY

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services





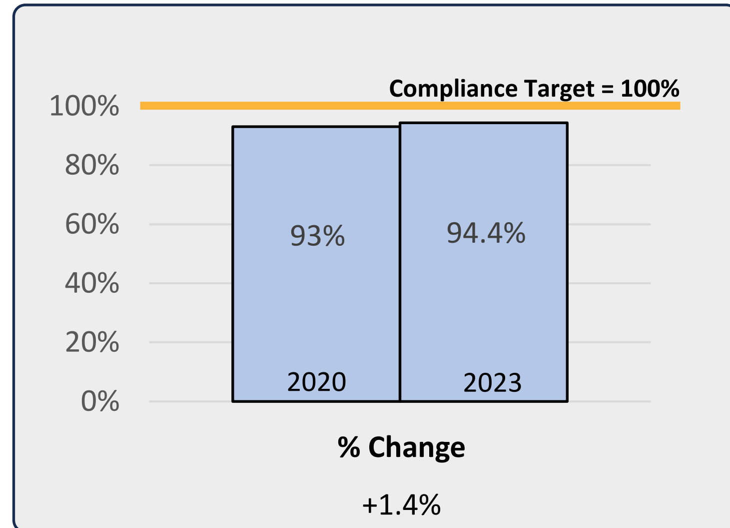
Recommendations:

- UHA received a score of 86.1 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.
- 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.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.

OREGON HEALTH AUTHORITY

Compliance Monitoring Review

Standard III: Coordination and Continuity of Care



High Confidence ≥95%

Moderate Confidence ≥85% - <95%

Low Confidence ≥75% - <85%

No Confidence <75%

Recommendations:

- UHA received a score of 94.4 percent due to failure to appropriately assess/reassess members for care management and ICC services.
- Demonstrate assessments and reassessments and development and revision of treatment plans according to federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.

Compliance Monitoring Review

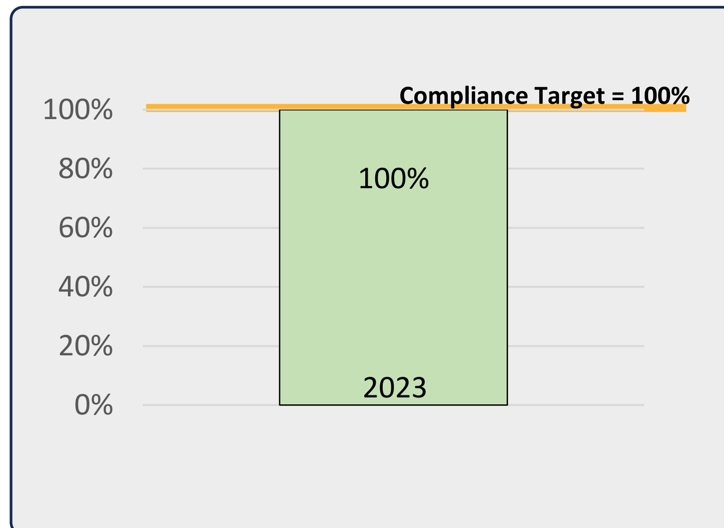
Standard XVI: Emergency and Post-stabilization Services

Strengths:

- The CCO achieved full compliance for the Emergency and Poststabilization Services standard, demonstrating the CCO had policies and procedures and demonstrated implementation of appropriate processes and workflows to ensure the emergency and poststabilization services are covered appropriately.

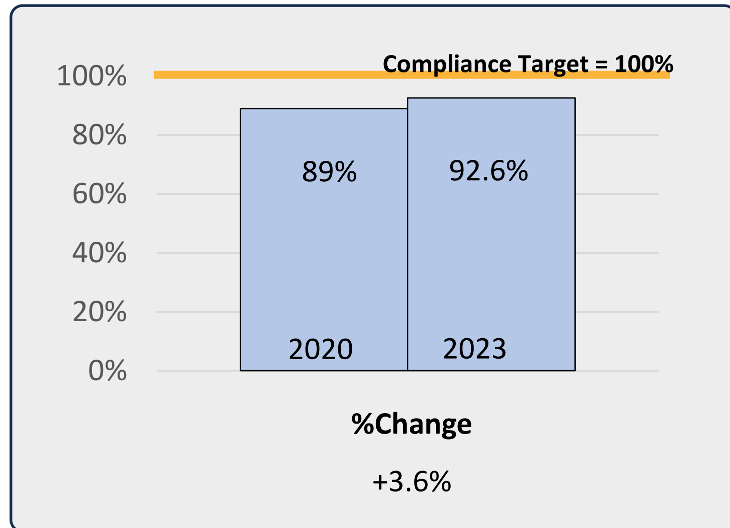
Recommendations:

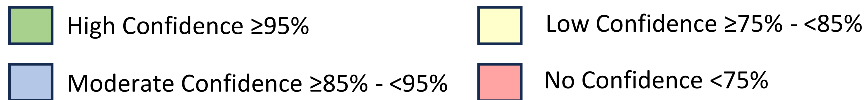
- No areas requiring improvement were identified for the Emergency and Poststabilization Services standard.



OREGON HEALTH AUTHORITY

Compliance Monitoring Review
Standard X: Grievance and Appeal Systems





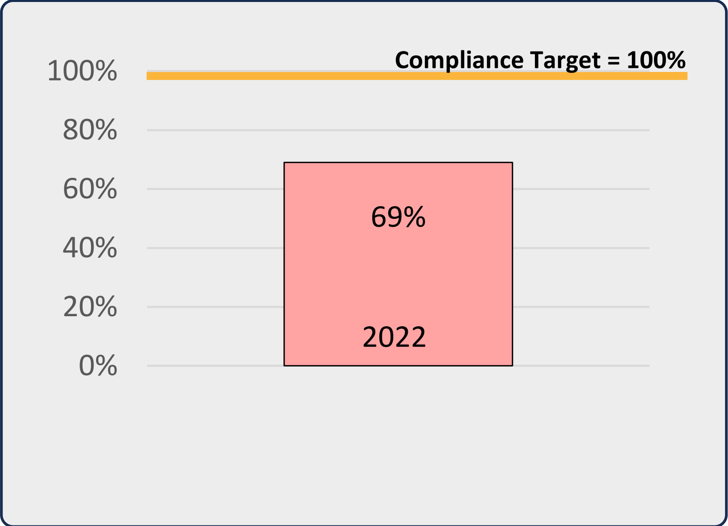
Recommendations:

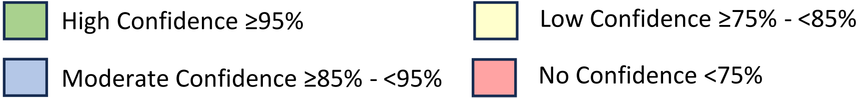
- UHA received a score of 92.6 percent due to a deficit in its operational structure and failure to demonstrate appropriate implementation, impacting the CCO's ability to ensure member grievances and appeals are addressed and responded to appropriately.
- Demonstrate adherence to federal and State requirements 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.

OREGON HEALTH AUTHORITY

Compliance Monitoring Review

Standard XII: Quality Assessment and Performance Improvement





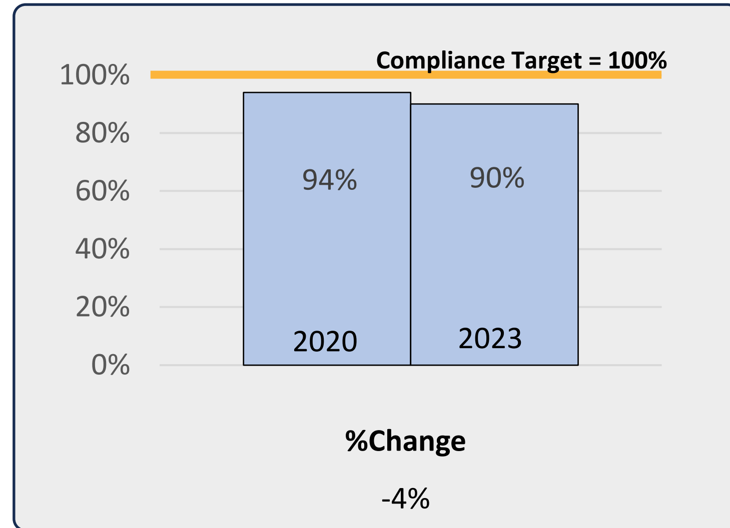
Recommendations:

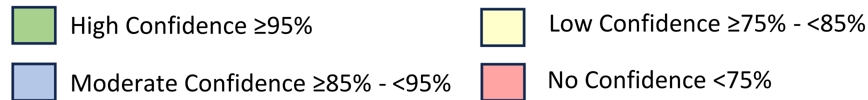
- UHA received a score of 69 percent due to failure to establish and implement a comprehensive and descriptive program description and workplan that met applicable federal, State, and contractual requirements. In addition, UHA failed to demonstrate appropriate oversight of its QAPI program, which impacted 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.
- UHA must revise its QAPI program structure to align with federal and State requirements for a QAPI program. UHA must also demonstrate implementation and 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

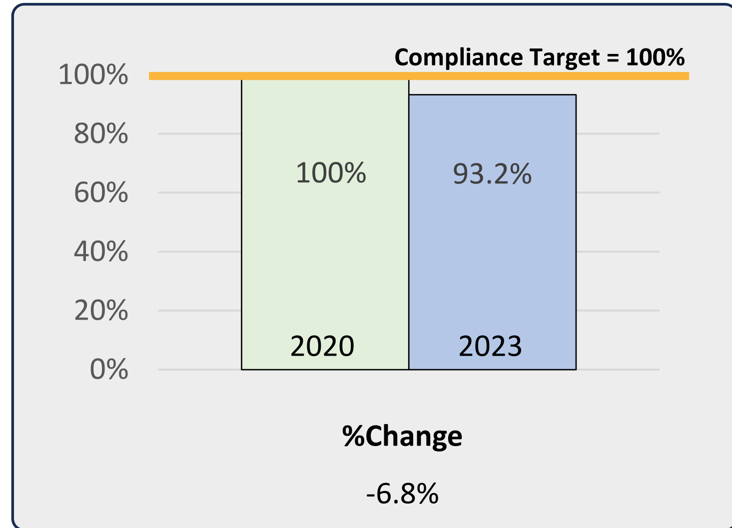




Recommendations:

- UHA received a score of 90.0 percent in the Member Rights and Protections standard due deficits in its operational structure, impacting the CCO's ability to ensure that member rights are respected.
- 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%

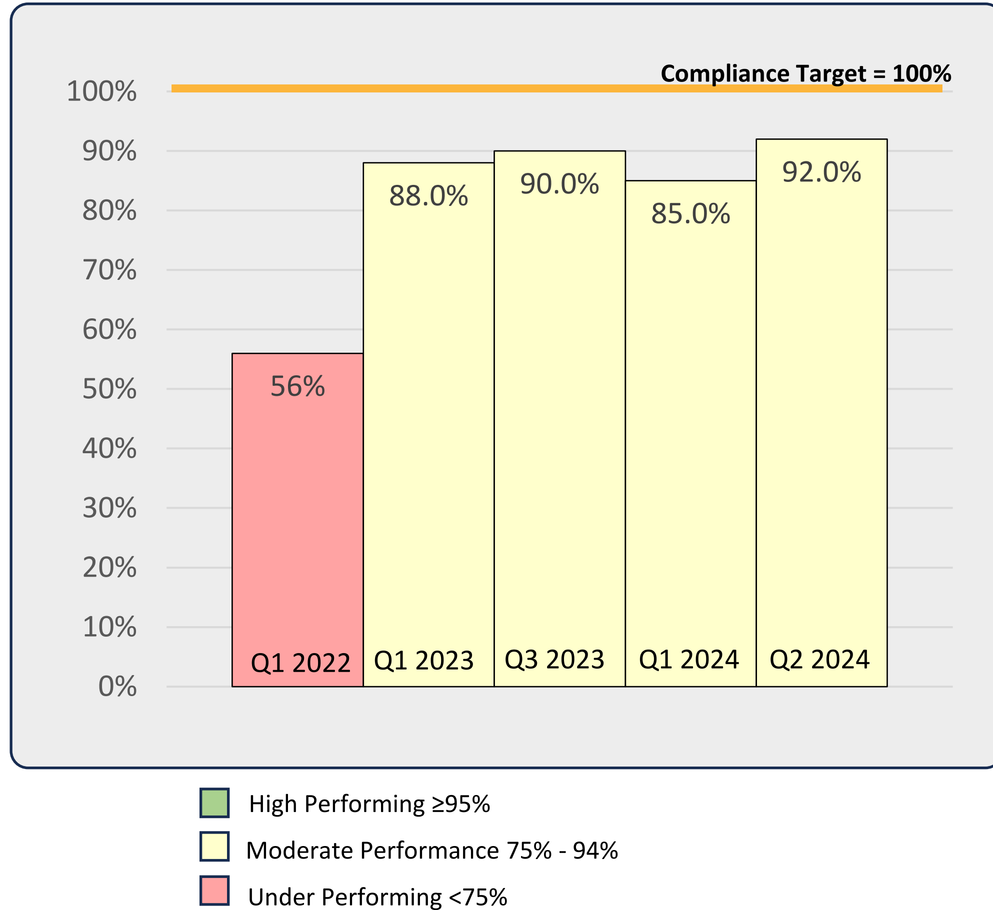
No Confidence <75%

Recommendations:

- UHA received a score of 93.2 percent due to deficiencies in its implementation of an established process, impacting the CCO's ability to ensure proper member communication.
- Revise its member-facing materials to align with federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.

OREGON HEALTH AUTHORITY

Notice of Adverse Benefit Determination Requirements



High Performing ≥95%

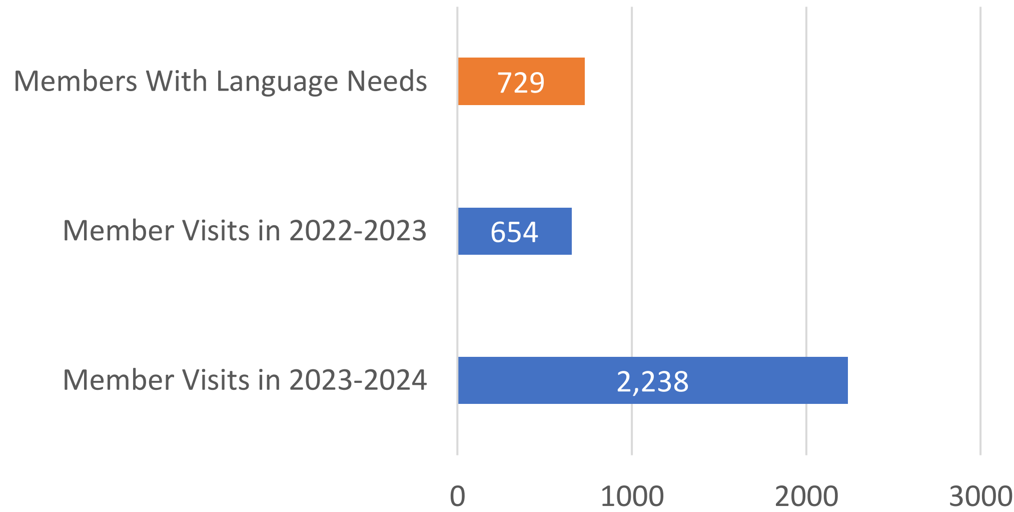
Moderate Performance 75% - 94%

Under Performing <75%

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

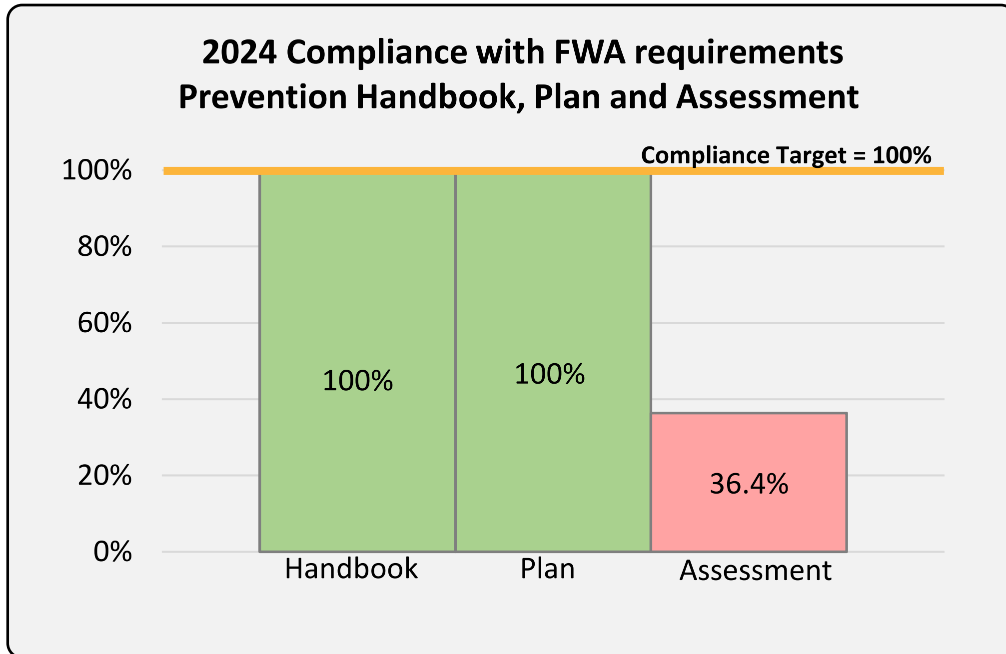


Note: This chart shows a current average of 3.07 visits per member.

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%)

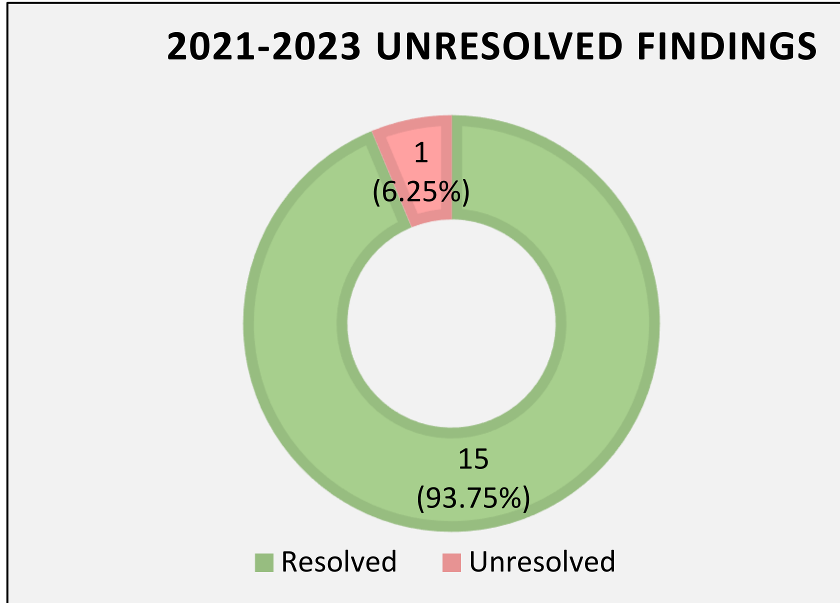
Moderate Performance (75-94.9%)

Low Performance (<75%)

Recommendations:

- Provide a brief summary of the preliminary investigations, including the rationales and outcomes for all preliminary investigations, including those that were closed.
- Clearly describe PI audits that were conducted in response to referrals and investigations and whether the PI audits were performed onsite or were based on a review of documentation.
- Demonstrate accurate reporting of the compliance reviews that were conducted in response to reported or suspected non-compliance. If no compliance reviews were conducted that met the criteria, that information must be included in the annual FWA assessment.
- Indicate whether compliance reviews were conducted onsite or were based on a review of documentation, report the outcomes of the compliance reviews and any corrective actions that were implemented.
- Demonstrate that all employees and the BOD receive FWA training upon hire and annually. The CCO must also ensure that the documentation used to provide training to the BOD is current and includes all required content.
- Demonstrate that provider training is conducted in accordance with the CCO's established processes. If no established process exists, the CCO must develop a process for ensuring that FWA training is provided to network providers as appropriate. At a minimum, all newly contracted providers should receive FWA training and annual updates by the CCO in accordance with the CCO's established mechanisms for providing such trainings.
- Show evidence of completed training for subcontractors
- Complete the PI audits represented on its previous year's work plan.
- Include its methodology for identifying high-risk providers. The methodology must involve process steps and must specifically address how the CCO triages and selects the providers and services performed for PI audits
- Include information regarding the outcomes of the compliance reviews in addition to the number of findings and corrective actions taken or required.
- Include the outcomes for all FWA prevention activities listed in the previous year's work plan.

OREGON HEALTH AUTHORITY

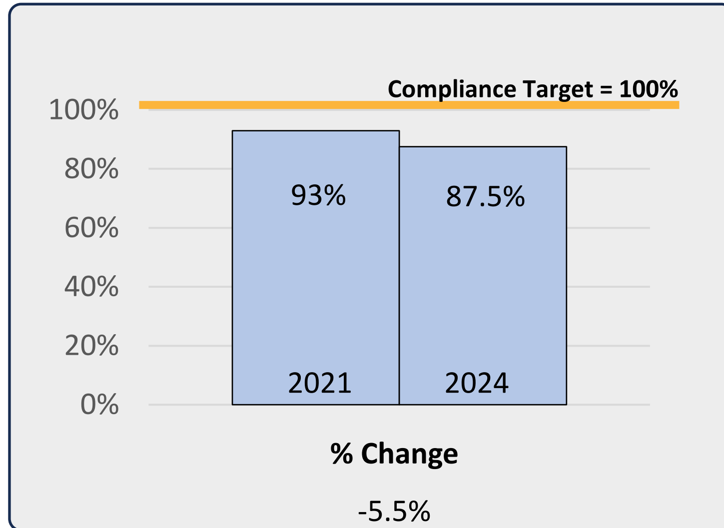


Recommendations:

- 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%	1	100%

Standard VI: Subcontractual and Delegation Requirements

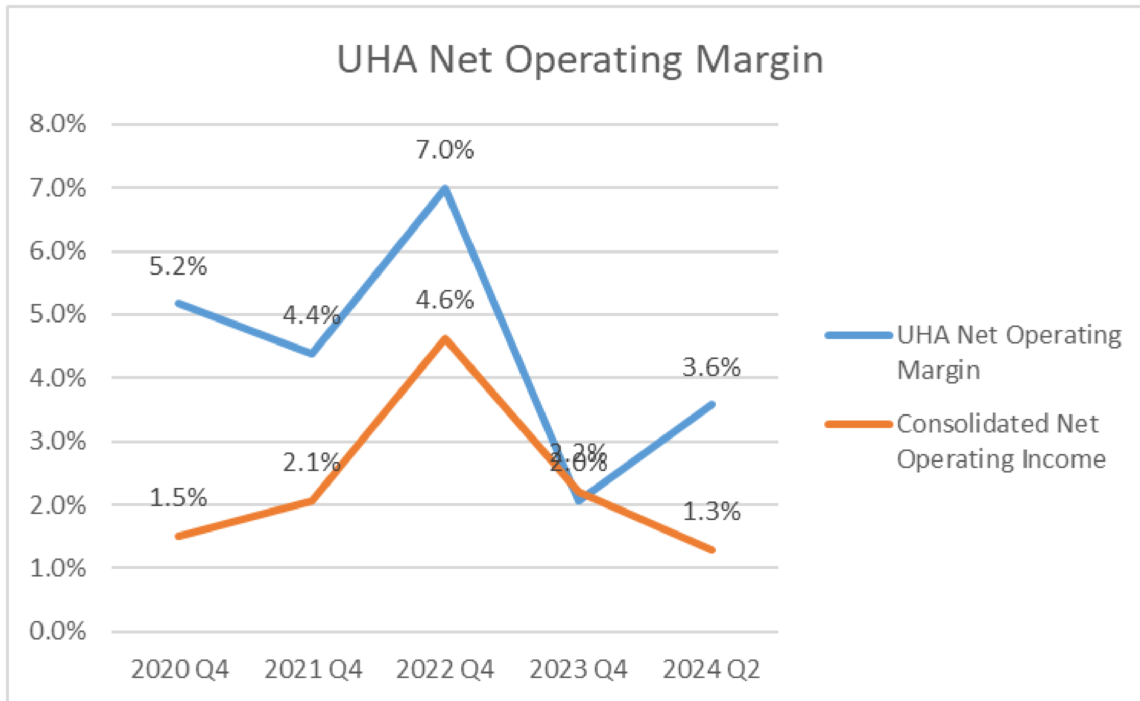


Recommendations:

- UHA 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 unresolved finding for this standard.
- Revise its written agreements to align with federally required language for written agreements with subcontractors.

FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- UHA has consistently met or been above the CCO Consolidated Totals for Net Operating Margin. This allows the CCO to recognize an Operational Profit, meaning their Adjusted Revenues are greater than their Medical and Administrative Expenses.
- Continued operations with a positive percentage of total revenue will continue to support the operational profits of the CCO, ensuring they are able to grow their reserves and choose ways in which to invest these profits in their continued operations or within the community.

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
Umpqua Health Alliance	15.9%	14.3%	6.7%
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).

OREGON HEALTH AUTHORITY

Exhibit L: Minimum Loss Ratio

Three-year Minimum Loss Ratio	
	2021 - 2023
Umpqua Health Alliance	85.14%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Umpqua Health Alliance reported an MLR for 2021 – 2023 of 85.14%, 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.

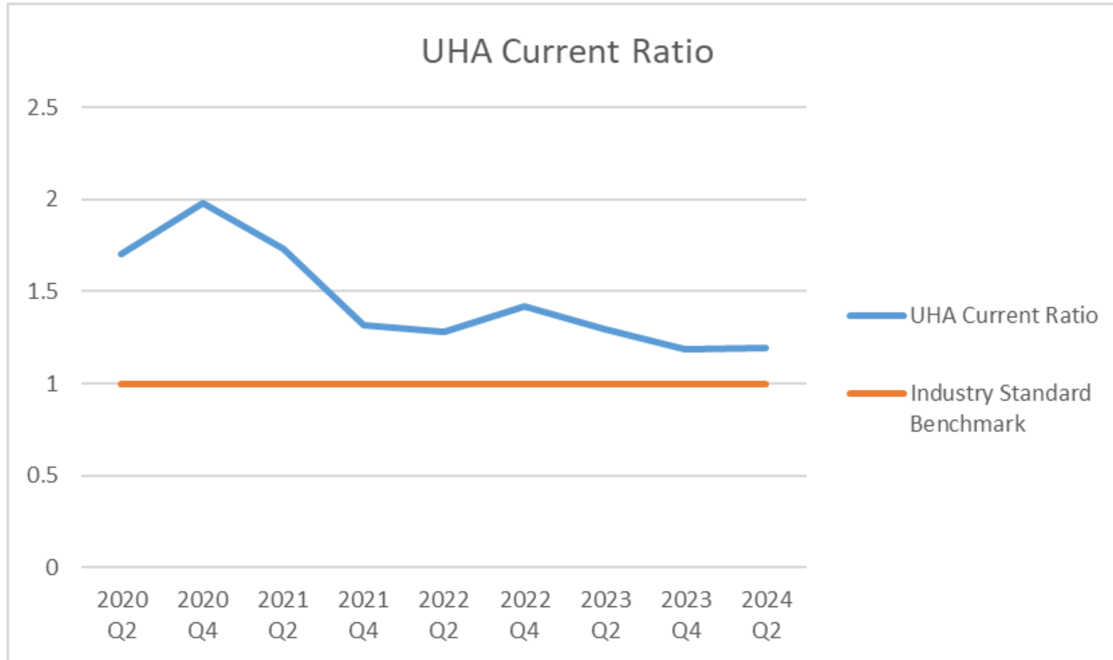
Exhibit L: Restricted Reserve

Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	UHA	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4		7
2021	Q1	Deficit	10
	Q2		5
	Q3	Deficit	6
	Q4	Deficit	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		3	

Recommendations:

- Umpqua Health Alliance 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 3 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:

- Umpqua Health Alliance 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.