Oregon

Link to Medicaid CCO 2.0 Contract

Overview
Oregon contracts with Coordinated Care Organizations (CCOs) to provide Medicaid managed care services to members in defined regions. In January 2020, 15 CCOs began service to Oregon Health Plan members across the State under its CCO 2.0 contracts. Oregon's CCO 2.0 contract requirements are intended to reduce health disparities, address the social determinants of health, and to promote health equity. The contract included in the link above dedicates an entire section, ***Exhibit K, Social Determinants of Health and Equity*** *to requirements associated with SDOH and Health Equity (SDOH-E). Exhibit K is on pages 248-271 of the linked CCO Contract and includes much more SDOH-E detail than is summarized here. Oregon's CCO requirements related to disparities or health equity included in different sections of the CCO contract are included in this summary.* *Key requirements of the Oregon contract include: the creation of a Community Advisor Council to advise the Contractor on serving the health care needs of the entire community, working in partnership with public and community partners, the collection of demographic and health data and the creation of a health equity plan for not just members but for all of the communities within the contractor's service area, the development of a spending proposal to address housing and other SDOH-E priorities, the sharing of any quality incentive dollars received with the Contractor's community partners, and requirement to consider disparities in evaluations.*
General Language
"Health Equity" means a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all sectors across Oregon, including Tribal governments, to address the equitable distribution or redistributing of resources and power and recognizing, reconciling and rectifying historical and contemporary injustices. **"Health Equity Plan"** means the Health Equity plan required to be drafted by Contractor and provided to OHA in accordance with Exhibit K and designed to address the cultural, socioeconomic, racial, and regional disparities in health care that exist among Contractor's members and the communities within the Contractor's service area. **"Learning Collaborative"** means a program in which CCOs, State agencies, and PCPCHs that provide or perform the activities that serve Health System Transformation objectives, achieve, the purposes of the Contract, and share:….. (iii) best practices and emerging practices that increase access to Culturally and Linguistically Appropriate care and reduce health disparities; **"Social Determinants of Health and Equity"** and **"SHOH-E"** each means the social, economic, and environmental conditions in which people are born, grow, work, live, and age. These conditions significantly impact length and quality of life and contribute to health inequities. SDOH fall into the following domains: neighborhood and built environment, economic stability, education, and social and Community health.

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Measurement and Data Analytics

Exhibit B –Statement of Work - Part 8 Accountability and Transparency of Operations

c. Contractor shall assist OHA with development and distribution of survey instruments and participate in other evaluation procedures established by OHA for evaluating Contractor's progress on payment reform and delivery system change including the achievement of benchmarks, progress toward eliminating health disparities, results of evaluations, customer satisfaction, use of Patient-Centered Primary Care Homes (PCPCHs), the involvement of local governments in governance and service delivery, or other developments as determined necessary by OHA its external review organizations, or any of its other designees, agents, or subcontractors (or any combination, or all, of them).

Quality Improvement

Exhibit B –Statement of Work - Part 10
Transformation Reporting, Performance Measures and External Quality Review
2. Transformation and Quality Strategy (TQS) Requirements

b. As set forth in the TQS Guidance Document, Contractor's TQS must include strategies and activities as required under the State's 1115 Waiver, 42 CFR §438.330 (a) and (b), and other federal obligations to improve certain elements of the services provided by Contractor to Members…as well as information about processes and procedures related to the TQS.

c. Accordingly, the TQS must include, without limitation the following:…

(1) strategies and related activities to improve Quality and appropriateness of care and Health Equity with respect to REAL+D, Cultural Competency, and CLAS standards and criteria.

4. Performance Measures: Quality Pool Incentive Payments

a. OHA has implemented a Quality Pool incentive payment program based on the Outcome and Quality Measures. The Quality Pool rewards all participating CCOs that demonstrate quality of care provided to members as measured by their performance or improvement on the Outcome and Quality Measures.

b. Contractor will, if it meets certain metrics related to performance or improvement in a Measurement Year, receive a monetary Payment from the Quality Pool. Contractor shall create a written distribution plan for Quality Pool and Challenge Pool earnings. The distribution plan must include: An overview of the methodology and/or strategy used to distribute quality pool earnings to Participating Providers, including Social Determinants of Health and Equity and public health partners, that provides information related to the Contractor's process of evaluating the contributions of Participating Providers and connecting those evaluations to distribution of funds;

5. Performance Measure Incentive Payments for Participating Providers

Contractor must offer correlative arrangements with Participating Providers (including Social Determinants of Health and Equity partners, public health partners, and other Health-Related services Providers as appropriate), providing monetary incentive payment arrangements with Providers that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives. Contractor shall report these arrangements and amounts paid to OHA's Contract Administrator via Administrative Notice. Such arrangements and amounts paid shall be broken down by quarter and provided in an annual Report in a format determined by OHA (about which OHA shall advise Contractor's Contract Administrator via Administrative Notice) and sent to OHA in conjunction with the 4th Quarter reporting period.

6. Performance Improvement Projects…Contractor shall undertake PIPs that address at least 4 of the 8 focus areas listed below... One of the four shall be the Statewide PIP…. Contractor shall select an additional three (3) from the list as follows:… (8) Social Determinants of Health and Equity.

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Performance Monitoring and Incentives

Exhibit H – Value Based Payment

7. Interviews: VBP Arrangements and Data Reporting Contract Year One (2020)

In June of 2020, Contractor's executive leadership team shall engage in interviews with OHA to:… (b) Discuss outcome of Contractor's plan for mitigating adverse effects of VBPs and compare/describe any modifications to that which was included in the Application Contractor submitted in response to the RFA and those relating to VBP arrangements with Providers serving populations with complex care needs or those who are at risk for health disparities, or both complex care needs and being at risk for health disparities, and compare and describe any modifications to the plans;

8. VBP Data Reporting: Contract Year Two (2021)

In June of 2021, Contractor's executive leadership team must engage in interviews with OHA to: …(2) Discuss outcome of the Contractor's plan for mitigating adverse effects of VBPs on populations with complex care needs or those who are at risk for health disparities, or both complex care needs and being at risk for health disparities, and compare and describe any modifications to the plans;

Other

Exhibit B –Statement of Work - Part 3 Patient Rights and Responsibilities, Engagement and Choice Member and Member Representative Engagement in Member Health Care and Treatment Plans.

Contractor shall actively engage Members, Member Representatives, and their families as partners in the design and implementation of Member's individual treatment and care plans, with ongoing consultation regarding individual and cultural preferences and goals for health maintenance and improvement. Contractor shall ensure that Member choices are reflected in the development of Treatment Plans and Member dignity is respected…

Contractor shall demonstrate how it:

- Engages Members to participate in development of holistic approaches to patient engagement and responsibility that account for SDOH and health disparities;

Exhibit B –Statement of Work - Part 4 Providers and Delivery System

Delivery System Dependencies: Intensive Care Coordination (ICC) for Prioritized Populations and Members with Special Health Care Needs

Contractor shall prioritize working with Members who are eligible for ICC Services and communities experiencing health disparities (as identified in the Community Health Assessment). Contractor shall actively engage such Members in accessing and managing appropriate preventive, remedial and supportive care and services to reduce the use of avoidable Emergency Department visits and Hospital admissions.