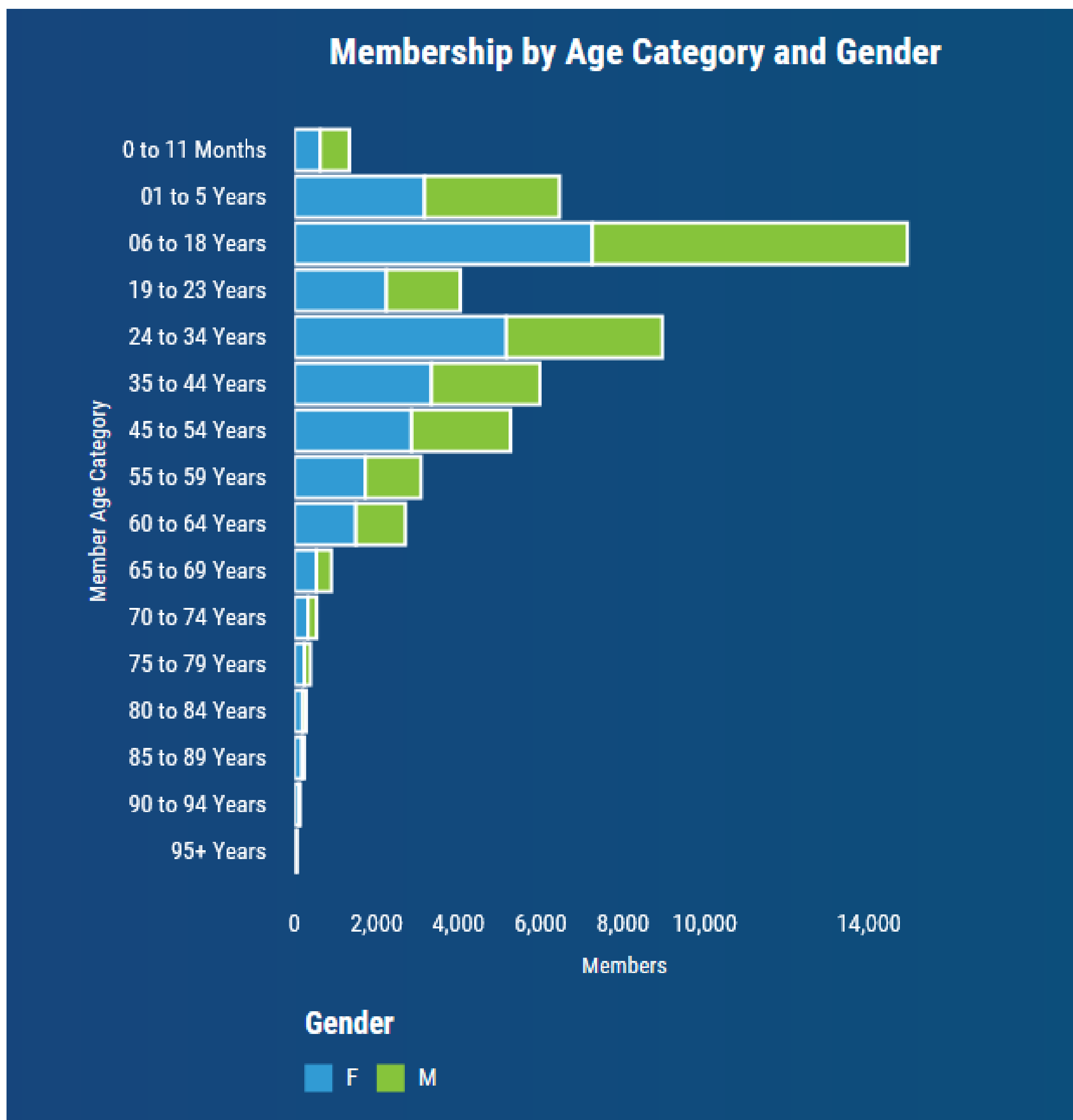
InterCommunity Health Network CCO

# IHN-CCO
# Operations Report
# March 2018

**<u>IHN-CCO Total Enrollment</u>**

As of February 2018 55,352



**Highlights**

January 30, 2018

- *Voters approve Measure 101*

  The Oregon Health Authority will move forward and implement the assessments voters approved in Measure 101. Measure 101 raises revenue that offsets cuts to vital health programs, including health coverage for more than 350,000 Oregonians enrolled in the Oregon Health Plan through the Medicaid expansion. Oregon's health reforms have saved taxpayers more than $2.2 billion in the past five years, while improving health and quality measures.

- *Study says Oregon's Medicaid reform efforts largely successful; more work remains*

  An independent evaluation of Oregon's Medicaid waiver concluded that coordinated care organizations came up with innovative ways of providing care and slowed health care spending between 2012 and 2017. Oregon's coordinated care organizations (CCOs) are charged with transforming health care delivery for nearly 1 million Oregonians under the waiver from the U.S. Centers for Medicare and Medicaid Services (CMS) that was in effect 2012-2017. The evaluation by researchers at OHSU's Center for Health Systems Effectiveness found that the 16 CCOs found creative ways of improving their local members' health, such as increasing vaccination rates. At the same time, per capita spending for CCO members grew at a slower rate than per capita spending for Medicaid enrollees next door in Washington state. However, evaluators noted that "more work remains" over the next five years to continue Oregon's progress in limiting spending and improving quality and access.

Under the waiver, CCOs are accountable for the health care spending and outcomes of their members. CCOs are locally governed and responsible for managing physical, behavioral, and oral health care for their members.

"The evaluation validates our practice of rewarding CCOs for improving the health of their members," says Chris DeMars, administrator of OHA's Transformation Center, which provides support and guidance to CCOs as the hub of innovation and quality improvement for OHA's health system transformation efforts.

"More work remains, particularly in the integration of behavioral, oral and physical health, confronting the cost of prescription drugs, and increasing the use of value-based payments for CCOs and providers," says OHSU's John McConnell, Ph.D. "However, the Oregon Health Authority and CCOs have created the infrastructure that may be well suited to address these issues over the next five years."

The full report is available on the OHA website.

- *OHA finalizes 2018 CCO rates*

  The Oregon Health Authority has finalized 2018 capitation rates for coordinated care organizations (CCOs) and has submitted additional documentation to the Centers for Medicare & Medicaid Services (CMS) to support these rates.

  The additional documentation addresses recommendations from two independent reviews that call on OHA to provide more detailed information about how it developed the 2018 CCO capitation rates.

  This includes more information about how CCOs' medical loss ratio is considered in rate development, an analysis of CCO spending growth and a comparison of provider reimbursement rates.

- *Cover All Kids*

  DHS member services staff and OHA have been collaborating with community partners to implement Senate Bill 558, or Cover All Kids, beginning Jan. 1, 2018.

  This new policy opens the doors to health coverage for Oregon children and teens younger than 19 who were previously ineligible due to their immigration status. The Legislature allocated $36.1 million in state general funds to provide coverage to this additional population.

  The children and teens affected by Senate Bill 558 will receive the same benefits as children currently in OHP Plus. It is OHA's aim to have them enrolled in CCOs.

  OHA is providing resources and support to CCOs to ensure a smooth transition to serving this new population. Here is what you need to know so far:

  - A draft contract has been sent on Nov. 7.
  - A draft risk corridor policy document is in the works, and you will have a chance to review it before the next financial reporting workgroup meeting on Nov. 21.
  - Enrollment information will be sent through the existing 834s and financial information will be sent through existing 820s.

- PERC codes have been developed and are being tested. They are expected to be fully operational on Jan. 1.

OHA will continue discussions with CCOs and provide more detailed guidance regarding the newly

- *Community Initiatives supported by IHN-CCO*
  Linn Benton Lincoln Child and Family System of Care:
  - Children's System of Care Governance Structure:
    Contractor shall establish and maintain a governance structure to support the development of a functional System of Care in its service area in accordance with the Portland State University System of Care established best practices. The governance structure shall incorporate the following functions as described in the Best Practice Guide located at https://www.pdx.edu/ccf/best-practice-guide.

  Early Learning HUB:
  - Community Health Assessment (CHA) and Community Health Improvement Plans (CHP)
    a. The Contractor, through its CAC, shall adopt a CHA and a CHIP with responsibilities identified in OAR 410-141-3145 and in compliance with ORS 414.627. To the extent practicable, Contractor shall include in the CHA and CHP a strategy and plan for:
       1. Working with the Early Learning Council, Early Learning Hubs, the Youth Development Council, Local Mental Health Authority, oral health care providers, the local public health authority, community based organizations, hospital systems and the school health providers in the Service Area/region; and
       2. Coordinating the effective and efficient delivery of health care to children and adolescents in the community, as follows:
          a) Base the CHIP on research, including research into adverse childhood experiences;
          b) Evaluate the adequacy of the existing school-based health center (SBHC) network to meet the specific pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system;
          c) Improve the integration of all services provided to meet the needs of children, adolescents, and families; and
          d) Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents;
          e) Must identify funding sources and additional funding necessary to address the health needs of children and adolescents in the community and to meet the goals of the plan.

**High Dollar Cases:**

- IHN-CCO has 0 cases over $300,000 as of February 2018

**Transformation Update:**

2017 Metrics –

a. We have made great strides on the 2017 metrics since we last met, we have met Adolescent Well Child visits and Effective Contraceptive use. At this point we believe we are meeting 10 of the 12 needed to receive our full allotment of dollars. We are waiting to see where we end up on:
    a. Prenatal care
    b. Immunization status
    c. CAHPS – Access to care
    d. CAHPS – Satisfaction with Care
b. We know we will not meet
    a. ED utilization
    b. Diabetes

**Issue Brief Updates:**

a. Lincoln county – DST meeting accessibility using technology – the DST discussed this at their February 22nd meeting and agreed to move forward. A roll out/implementation plan will be discussed and presented to the DST over the next few meetings.
b. Benton County – Searchable Provider Directory – this is live