

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

Mr. David Simnitt
Acting State Medicaid Director
Oregon Health Authority
421 SW Oak Street, Suite 875
Portland, OR 97204

AUG 24 2017

Dear Mr. Simnitt:

The Centers for Medicare & Medicaid Services (CMS) is approving Oregon's quarterly report guidelines for the section 1115 demonstration, entitled "Oregon Health Plan, Project Number 21-W-00013/10 and 11-W-00160/10. The Special Terms and Conditions (STCs) were updated to incorporate the approved quarterly report guidelines as Attachment A of the STCs.

This approval does not alter any of the requirements specified in the STCs of the demonstration. A copy of updated Attachment A is enclosed.

If you have any questions, please contact your project officer, Ms. Linda Macdonald. Ms. Macdonald can be reached at (410) 786-3872, or by email at Linda.Macdonald@cms.hhs.gov.

We look forward to continuing to partner with you and your staff on the Oregon Health Plan section 1115 demonstration.

Sincerely,

A black rectangular redaction box covering the signature of Kim Howell.

Kim Howell
Director
Division of State Demonstrations and Waivers

Enclosure

cc: Mr. David Meacham, Associate Regional Administrator, Region X
Mr. Gary Ashby, State Lead, CMS Region X

Attachment A - Quarterly Report Guidelines (Updated August 24, 2017)

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I. Introduction

A. Letter from the State Medicaid Director

Executive summary of report: This summary should provide a high level overview of important findings during the quarter, highlight the report's contents and key points.

B. About the Oregon Health Plan demonstration

Information describing the goal of the Demonstration, what it does, and key dates of approval /operation. (This should be the same for each report.)

C. State Contact(s)

Self-explanatory

II. Title

Title Line One – Oregon Health Plan

Title Line Two - Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:

Example:

Demonstration Year: 11 – Quarter 1 (7/2012 – 9/2012)

Federal Fiscal Quarter: 4/2012 (7/2012 – 9/2012)

III. Overview of the current quarter

The content in this section should provide a statewide overview of the effect, or impact, of changes – positive, negative or with neutral effect –that are noteworthy because they reflect trends, major policy modifications or planned or unforeseen occurrences that affect:

- The demonstration goals of better health, better care, and lower costs as reflected in measures of efficiency, value and health outcomes;
- A substantial portion of the delivery system; or
- A substantial portion of beneficiaries.

A. Enrollment progress

Narrative about enrollment strategies; progress or difficulties with enrollment; and interventions. Refers to Appendix A (Enrollment Reports). The state will explore the development of an enrollment dashboard to supplement reporting.

B. Benefits

Narrative about changes in benefit coverage resulting from HERC (for non-pharmacy coverage), P&T Committee (for pharmacy coverage), and other coverage changes resulting from legislative or federal mandates. Please ensure that the source of the resulting benefit change is clearly noted.

C. Access to care

Narrative should include an overview of relevant impacts on CCO and Fee-for-Service populations and delivery systems.

On an annual basis, the state will report on statewide workforce development. The state will provide a report on the number of certified Traditional Health Workers and THW programs (see tables 1 and 2). To the extent possible, the report will highlight improvements in outreach and mobilization of patients, community and cultural liaising, managing and coordinating care, assisting in system navigation, and health promotion and coaching, as a result of workforce development.

Table 1: Certified traditional health workers (THWs) (annual reporting)

THW Type	Greater Portland	Columbia Gorge	Willamette Valley	Oregon Coast	Central Oregon	Southern Oregon	Eastern Oregon
Community Health Workers (CHW)							
Personal Health Navigator (PSN)							
Peer Wellness Specialist							
Peer Support Specialist							
Other THW							
Total							

Table 2: THW programs that are active or in development (annual reporting)

Please visit [the THW website](#) for a list of all active programs including name, location and website.

Region	Active programs				In Development
	CHW	Peer Support	Peer Wellness	Other	
Greater Portland					
Columbia Gorge					
Willamette Valley					
Oregon Coast					
Central Oregon					
Southern Oregon					
Eastern Oregon					
Total					

D. Quality of care (annual reporting)

Narrative should include an overview of relevant impacts on CCO and Fee-for-Service populations and delivery systems (annual reporting). Reporting could include but is not limited to the following areas: Quality Assessment and Performance Improvement plan/Transformation Plan, improvements in quality of care measures, HERC evidence review process (e.g., coverage guidance).

E. Complaints, grievances and hearings

Narrative of significant trends and interventions.

1. CCO and FFS complaints and grievances

For CCOs, refer to CCO logs in Appendix B. Discussion to include:

- Rate of complaints and grievances per CCO and in FFS
- Trends across quarters, including total number of year to date complaints and grievances with percentages
- Interventions to resolve complaints and grievances trends

2. CCO and FFS appeals and hearings

For CCOs, refers to CCO logs in Appendix C. Narrative to include trends and interventions.

F. CCO activities

For each of the following areas, the narrative should describe the specific change; the effect on the delivery system and members; the number of CCOs affected; and the number of members affected.

1. New plans

Narrative should highlight any new plans serving the Medicaid population.

2. Provider networks

Narrative should highlight any relevant changes in physical health, oral health and behavioral health networks, including the purpose of the change and outcomes, if available.

3. Rate certifications

Narrative

4. Enrollment/disenrollment

Narrative

5. Contract compliance

Narrative should provide an overview of trends across the state (e.g., summary from MCO/CCO collaborative).

6. Relevant financial performance

Also refer to reporting on Lever 2.

7. Corrective action plans

Narrative about any corrective action plans put in place due to a lack of data reporting, quality and appropriateness of care reporting, contract compliance and reports for monitoring. The description should include:

- Entity name (CCO)
- Purpose and type of CAP
- Start/end date of CAP
- Action sought
- Progress during current quarter

8. One percent (1%) withhold

Narrative should provide an overview of any corrective action preceding a withhold application and/or withhold imposed on a CCO resulting from not meeting administrative data reporting requirements.

9. Other significant activities

Narrative should include any operational trends or activities that have a large impact on the

G. Health Information Technology

Narrative should include substantive changes and new activities/accomplishments in HIT program areas that are relevant to and/or impact CCOs, Medicaid providers, and/or Medicaid members.

H. Metrics development

Narrative should highlight any relevant committee work or other metrics development efforts impacting measure specifications. Description should include an overview of the goals and purpose of measure changes.

I. Budget neutrality

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and CMS 64 reporting for the current quarter. Identify the State's actions to address these issues. Refer to Appendix E (Neutrality Reports).

J. Legislative activities

Narrative about any legislative activity specific to achieving demonstration goals or impacting the demonstration.

K. Litigation status

Narrative

L. Public forums

For any public forums (e.g., Oregon Health Policy Board, Metrics and Scoring Committee, Medicaid Advisory Committee) held during the quarter, include public comment and summary report.

IV. Progress toward demonstration goals

Primarily narrative section focusing on the levers that are expected to drive quality improvement and cost trend reduction under the waiver, and results available to date regarding progress toward demonstration goals. Discussion of progress to date on waiver goals: reducing per-member cost growth, and improving quality, access, member experience and health outcomes.

A. Improvement strategies

To meet the goals of the three-part aim, Oregon's coordinated care model and FFS delivery systems rely on six key levers to generate savings and quality improvements and accelerate spread across the delivery system. These levers drive Oregon's transformation. Along with the actions that the Oregon Health Authority will take in the form of the stimuli and supports described below, they comprise a roadmap for achieving Oregon's vision for better health, better care and lower costs.

- Lever 1: Improving care coordination at all points in the system, especially for those with multiple or complex conditions, with an emphasis on primary care through patient-centered primary care homes (PCPCH).
- Lever 2: Implementing value-based payment models to focus on value and pay for improved outcomes.
- Lever 3: Integrating physical, behavioral, and oral health care structurally and in the model of care.
- Lever 4: Increased efficiency in providing care through administrative simplification and a more effective model of care that incorporates community-based and public health resources.
- Lever 5: Implementation of health-related services aimed at improving care delivery, enrollee health, and lowering costs.
- Lever 6: Testing, accelerating and spreading effective delivery system and payment innovations through peer-to-peer learning, the spread of best practices, and innovation through the Transformation Center

Lever 1: Improving care coordination at all points in the system, especially for those with multiple or complex conditions, with an emphasis on primary care through patient-centered primary care homes (PCPCH)

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3) trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

Patient-Centered Primary Care Homes

Certified Community Behavioral Health Clinics

Tribal Care Coordination

Lever 2: Implementing value-based payment (VBP) models to focus on value and pay for improved outcomes

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3) trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

CCO Financial Reports

Narrative should include a description of VBP use among CCOs and innovative payment arrangements between CCOs and sub-contracted service delivery network.

Quality pool – CCO incentives (semi-annual reporting)

Disbursement of the CCO quality pool funds continues to be contingent on CCO performance relative to both the absolute benchmark and improvement targets for the selected measures. Funds from the quality pool will be distributed on an annual basis, with the calendar year payment made by June 30 of the following year.

Federally Qualified Health Center Alternative Payment Methodology Program

Comprehensive Primary Care Plus (CPC+)

Value-Based Payment Innovations and Technical Assistance

Progress towards meeting VBP targets outlined in the VBP Framework (annual reporting)

Lever 3: Integrating physical, behavioral, and oral health care structurally and in the model of care

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3)

trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

Statewide Performance Improvement Project

Behavioral Health Collaborative Implementation

Roadmap to Oral Health

Lever 4: Increased efficiency in providing care through administrative simplification and a more effective model of care that incorporates community-based and public health resources

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3) trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

Sustainable Relationships for Community Health program

Process Improvement (workflow) Technical Assistance

Reporting Simplification Efforts

Innovator Agents

Lever 5: Implementation of health-related services aimed at improving care delivery, enrollee health, and lowering costs

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3) trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

Health-related services

Updates about CCO use of health-related services, including flexible services and community-benefit initiatives. Include health-related services provided broken out by:

- Services that are not Medicaid state plan services but do have encounter data (e.g., alternative providers)
- Services that are not reflected in encounter data (e.g., air-conditioners, sneakers)

CCO Performance Improvement Projects

Lever 6: Testing, accelerating and spreading effective delivery system and payment innovations through peer-to-peer learning, the spread of best practices, and innovation through the Transformation Center

This is a narrative providing an overview of the current quarter's: 1) activities supporting or resulting in health improvements (e.g., technical assistance or other improvement strategies); 2) overview of progress of evaluation activities and interim findings, including key milestones accomplished, as well as other challenges encountered and how they were addressed; and 3) trends, successes, or issues. Improvement strategies noted in the quarterly reports may include, but are not limited to the following:

These items will be reported in a qualitative, narrative fashion based on quality, access and cost data and other progress reports submitted by CCOs and reviewed for statewide impact on health transformation goals.

Community Advisory Committee activities

Narrative

Transformation Center activities

Narrative that includes any relevant activities during the quarter related to CCO and tribal technical assistance or other activities (e.g., metrics collaboration with community partners, untested models).

B. Lower cost

Narrative about progress in meeting this goal based on results and outcomes available during the quarter reported.

Two-percent test data (reporting on an annual basis)

Narrative providing a summary of Two-Percent Trend Reduction Tracking that explains OHA's progress in meeting spending growth reduction targets.

C. Better care and Better Health

Oregon proposes replacing the metrics table with a semi-annual submission of our public facing metrics report. Report would be similar to the report found at the following link:
https://www.oregon.gov/oha/analytics/Documents/LegislativeReport_Q2-Q3_2016.pdf.

V. Appendices

A. Quarterly enrollment reports

1. SEDS reports

Attached separately.

2. State reported enrollment tables

Enrollment	Month/Year	Month/Year	Month/Year
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Enrollment	Month/Year	Month/Year	Month/Year
Title XIX funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14			
Title XXI funded State Plan			
Title XIX funded Expansion Populations 9, 10, 11, 17, 18			
Title XXI funded Expansion Populations 16, 20			
DSH Funded Expansion			
Other Expansion			
Pharmacy Only			
Family Planning Only			

<i>Enrollment current as of</i>	Month/Date/Year	Month/Date/Year	Month/Date/Year
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3. Actual and unduplicated enrollment

Ever-enrolled report

The percent change in each category from the previous quarter and from the same quarter of the previous year.

POPULATION			Total Number of Clients	Member Months	% Change from Previous Quarter	% Change from Previous Year
Expansion	Title 19	PLM Children FPL > 170%				
		Pregnant Women FPL > 170%				
	Title 21	SCHIP FPL > 170				
Optional	Title 19	PLM Women FPL 133-170%				
	Title 21	SCHIP FPL < 170%				
Mandatory	Title 19	Other OHP Plus				
		MAGI Adults/Children				
		MAGI Pregnant Women				
QUARTER TOTALS						

** Due to retroactive eligibility changes, the numbers should be considered preliminary.*

OHP eligible and managed care enrollment

The number and percentage of eligibles enrolled in managed/coordinated care

OHP Eligibles*		Coordinated Care				Dental Care	Mental Health
		CCOA**	CCOB**	CCOE**	CCOG**	DCO	MHO
Month	Total						
Month	Total						
Month	Total						
Qtr Average	Total average number						
	Average percentage						

**Total OHP Eligibles include: TANF, GA, PLM-Adults, PLM-Children, MAGI Adults/ Children, MAGI Pregnant Women, OAA, ABAD, CHIP, FC and SAC. Due to retroactive eligibility changes, the numbers should be considered preliminary.*

***CCOA: Physical, Dental and Mental Health; CCOB: Physical and Mental Health; CCOE: Mental Health only; CCOG: Mental and Dental*

B. CCO complaints and grievances

Report will be attached separately that will provide a summary of statewide complaints and grievances reported by the CCOs for the relevant quarter. A report will not be attached if there is no activity during the relevant quarter.

C. CCO appeals and hearings

Report will be attached separately that will provide a summary of appeals and hearings for the relevant quarter. A report will not be attached if there is no activity during the relevant quarter.

D. Neutrality reports

Budget monitoring spreadsheets

Attached separately. The state currently provides three budget neutrality reports (Exhibits 1, 2, and 3). We propose to remove exhibit 1 because it is a summary of information already included in Exhibits 2 and 3. Moving forward, we will submit the following reports for budget neutrality purposes:

- OHP Section 1115 Demonstration (Expenditures)
- OHP Title XXI Allotment

E. DSHP tracking (through June 30, 2017)

Report will be attached separately.