
2017

# CCO Quality Metrics Program

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# 2017 CCO Quality Metrics Program Overview

In the coordinated effort of improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care, Umpqua Health Alliance (UHA) has adopted the Oregon Health Authority (OHA) incentive measures as determined by the Oregon Metrics and Scoring Committee as established in 2012 by Senate Bill 1580 to create outcomes and quality measures for each of the sixteen CCOs within the state of Oregon.

Each CCO has individualized improvement targets that are designed to decrease the distance between current performance and the OHA established benchmark each year. CCOs must achieve a majority of the State mandated measures to earn back the payments withheld by the Oregon Health Authority (OHA). In 2016, OHA withheld 4% of aggregate CCO payments. Ultimately OHA is responsible for data collection, analysis, and final reporting of the year end metrics attainment.

## 2017 Key Performance Measures: Focus on Alignment

- Framed around the Triple Aim: better care, better health, lower cost.
- Aligned with Health System Transformation metrics (both statewide and CCO), as defined in Oregon's Medicaid waiver.
- Aligned with Public Health priorities, as defined in Oregon's State Health Profile.

# 2017 CCO Quality Metrics Program Funding Allocation

| | | Amount | % |
|---|---|---|---|
| 1. | Primary Care Providers (PCP)* | $1,500,000 | 23% |
| 2. | Dental Care Organizations (DCO)* | 125,000 | 2% |
| 3. | Mental Health Agencies (MHA)* | 125,000 | 2% |
| 4. | Hospital, Claims based program attributes ** | 1,500,000 | 23% |
| 5. | Specialists, Claims based program attributes ** | 1,500,000 | 23% |
| 6. | Transitions of Care (TOC) | 250,000 | 4% |
| 7. | UHACA Community Health Improvement Program (CHIP) | 250,000 | 4% |
| 8. | Community Quality Incentive Program (CQIP) | 1,000,000 | 15% |
| 9. | Discretionary | 250,000 | 4% |
| | **Total 2017 Proposed CCO Quality Metrics Funding** | **$6,500,000** | **100%** |

* Total funding is based upon UHA receiving 100% of 2017 Quality Pool Phase I Distribution

** Funded through claims reimbursement

**Definitions:**

*"**Primary Care Practitioner**" UHA contracted physicians (MD or DO), nurse practitioners (NP), physician assistants (PA), or Clinical Nurse Specialists (CNS) who have a primary specialty designation of family medicine, internal medicine, pediatric medicine or geriatric medicine.*

*"**Dental Care Organization**" UHA contracted organization who employs or contracts with dental care providers who are lawfully qualified to provide dental care services and willing to provide such services to OHP members enrolled in UHA and specializing in coordinating and arranging of dental services.*

*"**Mental Health Agency**" UHA contracted community mental health organization(s) that hold a certificate of approval from OHA's Addictions and Mental Health Division ("AMH") permitting it to provide mental health services in the State of Oregon. Or a mental health agency who has qualified providers, sufficient access, and is contracted with UHA to provide CCO specific outpatient mental health services.*

*"**Hospital**" as Mercy Medical Center, located in Roseburg, Oregon.*

*"**Specialists**" UHA contracted physician's (MD or DO), nurse practitioner's (NP), physician assistant's (PA), or Clinical Nurse Specialist's (CNS) who have a primary specialty designation other than family medicine, internal medicine, pediatric medicine or geriatric medicine.*

*"**UHACA Community Health Improvement Program (CHIP)**" the organization who manages the community health improvement activities within Douglas County.*

*"**Community Quality Improvement Program (CQIP)**" UHA provider organizations who improve health outcomes relative to the UHA CCO Quality Metrics Program as determined by the Oregon Health Authority.*

## 2017 CCO Quality Metrics Program (cont'd)

### 2017 CCO Quality Metrics Program Participation Requirements:

Providers or qualified healthcare organizations must be contracted with UHA on December 31, 2017 to be eligible for distribution of 2017 CCO Quality Metrics Program funds.

**PCP's are eligible to participate in the 15 measureable CCO Clinical Quality Metrics during the 2017 calendar year:**

1. Adolescent Well Care Visits
2. Assessments for Children in DHS custody
3. Childhood Immunization Status
4. Cigarette Smoking Prevalence
5. Dental Sealants
6. Developmental Screening
7. Effective Contraceptive Use among Women
8. Early Prenatal Care
9. Depression Screening
10. SBIRT
11. Colorectal Cancer Screening
12. Blood Pressure
13. Diabetes
14. Follow up after Mental Health Hospitalization
15. ED Usage

**DCO's are eligible for participation in the following 2017 CCO Clinical Quality Metrics:**

1. Assessments for Children in DHS custody
2. Dental Sealants
3. ED Usage

**MHA's are eligible for participation in the following 2017 CCO Clinical Quality Metrics:**

1. Assessments for Children in DHS custody
2. Follow up after Mental Health Hospitalization
3. ED Usage

**Transitions of Care (TOC)**

1. HEDIS - All Cause Readmission Rate
2. PQI 01 - Diabetes, Short-Term Complication Rate
3. PQI 05 - COPD Admission Rate
4. PQI 08 - CHF Admission Rate
5. PQI 15 - Adult Asthma Admission Rate

## 2017 CCO Quality Metrics Program (cont'd)

**Measurements and timeframes:**

Claims (encounters) submitted for dates of service provided to UHA Members between January 1, 2017 – December 31, 2017 must be received and adjudicated by UHA no later than August 1, 2018. PCP's will be scored based upon their individual attainment of the 15 CCO clinical quality metrics above and their weighted average of assigned UHA members during the year, per the 2017 UHA plan summary exhibit.

DCO's and MHA's will be scored based upon attainment of the three CCO clinical quality metrics as defined in total.

TOC will be scored based upon attainment of the five CCO clinical quality metrics as defined in total.

Providers who are unable to submit EDI in the acceptable format for non-claims based data will be deemed as not met for those measures when calculating individual provider or clinic performance.

**2017 Program Funding:**

Payment under the 2017 CCO Quality Metrics Program shall be no later than August 31, 2018.


# 2017
# Community Health Improvement Plan (CHIP)

## CHIP Program Description & Requirements

**Program Overview**
Umpqua Health Alliance (UHA) will distribute up to $250,000 in Community Health Improvement Plan (CHIP) program payments to the UHA Community Advisory Council (CAC) with its program partners to improve the health of our community. These payments are available to the CAC with its program partners to complete projects, programs, or for operational expenses that achieve the goals as described in the Community Health Improvement Plan. Capital Expenses are typically not eligible.

**Program Applications** (attached)
Applicants must complete the application for consideration under the CHIP program. Applications should include: the CHIP Priority, CAC Lead/Champion, funding requested, organization to receive funds, project description, budget, project timeline, collaborating organizations, explanation of how the project supports the CHIP priorities, expected outcomes, and a summary of expectations.

Approved CHIP programs must be completed by December 31, 2017.

Please submit completed applications for consideration by the CAC to:

Kat Cooper
*Manager, Communications and Community Outreach*
kcooper@umpquahealth.com
(541) 464-4300

**Application Submission Timeline**
Applications must be submitted prior to June 30, 2017, but preferably prior to January 1, 2017.

**Approval Process**
Applications will be reviewed by the CAC and the UHA Board of Directors for approval. If approved, the CCO Coordinator will provide a Memorandum of Understanding (MOU) defining the following: contracted parties, how the program addresses the goal(s) of the CHIP, expected outcomes, summary of expectations and associated CHIP priorities, project timeline, program partners and others who will either be involved or benefit from the program, program reporting, and program funding. The MOU will be reviewed and revised as necessary during a meeting between the parties and will become the executed agreement.

**Program Funding**
Projects should have specific, measurable outcomes and the outcome criteria, which will determine what funding will be received, must be defined. In this program, awards will be paid per the MOU and dependent upon the outcomes achieved. Funding for patient gifts is not permissible.

**Reporting**
Approved programs will be required to provide the CAC reports on the program as specified within each program's MOU. Reporting content is dependent on the program design and will be defined in the executed MOU for each program.

## CHIP Program Application

Date of Application: _____ Project Name: _____

CHIP Priority:

_____

_____

Amount of Funds Requested: $ _____

Organization to Receive Funds: _____

_____

_____

Contact Info (Name, Mailing Address, Phone, Email): _____

_____

_____

How CHIP funds will be used: _____

_____

_____

Project Timeline: _____

_____

_____

Other community partners supporting the project (Committed resources, funding or collaborative effort): ____

_____

_____

_____

## CHIP Program Application (cont'd)

How project will support CHIP priorities: _____

_____

_____

Expected Outcomes **(S.M.A.R.T.—Specific, Measurable, Attainable, Realistic, Timely**): _____

_____

_____

Summary of Expectations: _____

_____

_____

### Budget

| Description of Expenses | Cost |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | **Totals:** |

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**For CCO Staff Use Only:**

| | | |
|---|---|---|
| Date of Approval: | CAC Lead/Champion: | |
| CAC member conflicts of interest: | | |
| CAC Vote: Yes _____ | No _____ | Abstain _____ |
| Date Submitted to UHA Chair: | | |
| Date Submitted to UHA Board: | | |


# 2017
# Community Quality Incentive Program (CQIP)

## CQIP Program Description & Requirements

**Program Overview**
Umpqua Health Alliance (UHA) will distribute up to $1,000,000 in funding to help meet the Triple Aim goal of better health outcomes for our community, improving access and experiences, and lowering the cost of health care per capita. Funding is available to UHA contracted providers or organizations in accordance with the UHA CCO Quality Metrics (as defined by the Oregon Health Authority).

**Program Applications** (attached)
Applicants must complete the attached application for consideration under the UHA Community Quality Incentive Program (CQIP). Applications should include: program description, how the program improves CCO Quality Metrics including success thresholds that will result in incentive payments, program readiness, program duration, amount of funding requested, and a basic budget.

Please submit completed applications for consideration to:

Lindsey Baker
*Executive Assistant*
lbaker@umpquahealth.com
(541) 464-6286

**Application Submission Timeline**
Applications must be submitted prior to June 30, 2017, but preferably prior to January 1, 2017.

**Approval Process**
Applications will be reviewed by UHA Senior Management and the UHA Board of Directors for approval. If approved, the CCO Coordinator will provide a Memorandum of Understanding (MOU) defining the following: contracted parties, purpose, how the program measures outcomes and associated CCO Quality metrics, project readiness, project duration, program partners and others who will either be involved or benefit from the program, program reporting, and program funding. The MOU will be reviewed and revised as necessary in a meeting between the contracted parties and will become the executed agreement. Proposals will be scored using the attached Scoring Matrix; in order to be considered for funding, proposals must meet a minimum threshold of 60 (out of 110).

**Program Funding**
Funds are intended to be distributed for work done in 2017. Projects should have specific, measurable outcomes and the outcome criteria, which will determine what incentive payments will be received, must be defined. In this incentive program, awards will be paid at the end of the project period depending on the outcomes achieved. For those programs that will utilize incentive funds must be in compliance with Exhibit A (see attached). (Exception: Gift Card Incentives relative to SUD Services must be in compliance with Exhibit B (see attached).)

*Note: Programs are defined as successful if a "met" status is achieved on the 2017 OHA Final CCO Metris Report. The quality incentive funding will be distributed no later than August 31, 2018.*

**Reporting**
Approved programs will be required to provide UHA defined reporting requirements no later than 45 days after the program ends. Reporting contents is dependent on the program design and will be defined in the MOU for each program.

## CQIP Program Description & Requirements (cont'd)

**Exhibit A**

Patient Incentive Guidelines

Certain community partners have proposed that DCIPA, LCC dba Umpqua Health Alliance ("UHA") fund certain programs whereby the community partner would provide incentives to patients to encourage engagement in certain preventative services that are aligned with the CCO Quality Metrics. Participants under the UHA Quality Incentive program agree to comply with all federal and state laws including without limitation, the anti-kickback statute and the anti-inducement statute. Furthermore funding under this MOU shall not be used to fund incentive programs that do not comply with federal and state law. In addition, funding under the UHA Incentive Program must fall within one of the categories below:

Nominal Value Exception (*OIG Special Advisory Bulletin: Offering Gifts and Other Inducements to Beneficiaries (Aug. 2002)*):

1. The incentive is not cash or a "cash equivalent" meaning that it cannot be redeemed for cash;
2. The value of each incentive is no more than $10; and
3. The provider gives no more than $50 worth of incentives in aggregate to any patient in any year

Incentive to Promote Delivery of Preventive Care (*42 CFR 1003.101*):

1. The incentive is provided to promote the delivery of "preventive care" which includes only care that is reimbursable by Medicare or Medicaid and is:
    a. a prenatal service or a postnatal well-baby visit; or
    b. a specific clinical service described in the current U.S. Preventive Services Task Force's Guide to Clinical Preventive Services listed here: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/;
2. Delivery of such preventive care service is not tied (directly or indirectly) to the provision of other services reimbursed in whole or in part by Medicare or Medicaid; and
3. The incentive is not cash or a "cash equivalent" meaning that it cannot be redeemed for cash.
4. The incentive is not "disproportionally large in relationship to the value of the preventive care service (i.e., either the value of the service itself or the future health care costs reasonably expected to be avoided as a result of the preventive care)."

**Exhibit B**

Patient Incentive Guidelines for SUD Services

Certain community partners have proposed that DCIPA, LCC dba Umpqua Health Alliance ("UHA") fund certain programs whereby the community partner would provide incentives to patients to encourage engagement in certain preventative services that are aligned with the CCO Quality Metrics. Participants under the UHA incentive program agree to comply with all federal and state laws including without limitation, the anti-kickback statute and the anti-inducement statute. Furthermore funding under this MOU shall not be used to fund incentive programs that do not comply with federal and state law. In addition, funding under the UHA Incentive Program must fall within one of the categories below:

**CQIP Program Description & Requirements (cont'd)**

Nominal Value Exception (*OIG Special Advisory Bulletin: Offering Gifts and Other Inducements to Beneficiaries (Oct. 2008)*):

1. The incentive is not cash or a "cash equivalent" meaning that it cannot be redeemed for cash;
2. The value of each incentive is no more than $10; and
3. The provider gives no more than $200/month for 3 months' worth of incentives

Must meet the following criteria:

a. The SUD incentive program followed therapeutic guidelines consistent with training curricula and planning materials jointly published by NIDA and SAMHSA. These guidelines were developed based on government sponsored clinically tested research.
b. Incentives were introduced to the patient provided only when clinically indicated as part of an established treatment plan. Specifically, the patients were not offered until after the patient had failed to make progress or deteriorated and the clinician specifically found that motivational incentives were clinically indicated for the individual. In addition, the incentives were provided only after the patient "earned" them through "achievement of specific, verifiable goals identified in the patient's Treatment Plan"
c. The incentives are not used in marketing materials or discussed with new patients. The incentives are a treatment option available for difficult substance abuse cases and not a marketing or promotional effort. The population for whom the incentives were determined to be clinically indicated was less than 25% of the provider's patients
d. Incentives consist of gift certificates redeemable at certain grocery stores, food outlets and gas stations for about $5-$10 value (NOT CASH), which are not expected to exceed $200/month (usually less) for 3 months or less

Incentive to Promote Delivery of Preventive Care (*42 CFR 1003.101*):

1. The incentive is provided to promote the delivery of "preventive care" which includes only care that is reimbursable by Medicare or Medicaid and is:
    a. a prenatal service or a postnatal well-baby visit; or
    b. a specific clinical service described in the current U.S. Preventive Services Task Force's Guide to Clinical Preventive Services listed here: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/;
2. Delivery of such preventive care service is not tied (directly or indirectly) to the provision of other services reimbursed in whole or in part by Medicare or Medicaid; and
3. The incentive is not cash or a "cash equivalent" meaning that it cannot be redeemed for cash.
4. The incentive is not "disproportionally large in relationship to the value of the preventive care service (i.e., either the value of the service itself or the future health care costs reasonably expected to be avoided as a result of the preventive care)."

## CQIP Program Application

| | |
|---|---|
| Applicant Name/Contact Information: | |
| Project Name (Metric goal): | |
| Project Description: | |
| How the Project Addresses the *Triple Aim*: | |
| Outcome metrics, including success threshold: | |
| Project Readiness: | |

## CQIP Project Application (cont'd)

| | |
|---|---|
| Project Duration (must be within the calendar year): | |
| Amount Requested: | |
| Other (other funding sources, others who would benefit from funding, etc.): | |

## Budget

| Description of Expenses | Monthly Budget | Annual Budget | Total Project Funding |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Totals:** | | | |

## Scoring Matrix

Each Umpqua Health Alliance (UHA) Community Quality Incentive Program (CQIP) application will be reviewed and scored utilizing the 11 qualities below. Applications will be reviewed by the UHA Senior Management team prior to review by the UHA Board of Directors. Programs will be scored on a scale of 1 to 10 (10 being the highest). To be considered for funding under CQIP program, proposals must meet a minimum threshold of 60 out of 110 possible points. This score will serve as a recommendation to the UHA Board of Directors for consideration through the CQIP review and approval process.

| **Questions:** | Score 1-10: | Out of |
|---|---|---|
| 1. Does it align with the Triple Aim? | | |
| a. Improve quality (10pts.) | | 10 |
| b. Lower costs (10pts.) | | 10 |
| c. Improve the patient experience (10pts.) | | 10 |
| 2. Does it align with the integration of physical, mental and behavioral health? (10pts.) | | 10 |
| 3. Does it positively impact the metrics? (10pts.) | | 10 |
| 4. Does it support the CHIP? (10pts.) | | 10 |
| 5. Does it integrate/align with current programs? (10pts.) | | 10 |
| 6. Does it impact a significant number of UHA assigned OHP members? (10pts.) | | 10 |
| 7. Does the practice/organization have data that is easily accessible (i.e. EMR)? (10pts.) | | 10 |
| 8. Does the amount of funds requested match the activity requirements in the program design? (10pts.) | | 10 |
| 9. How sustainable is the program? (10pts.) | | 10 |
| **Total Score:** | | 110 |

**Comments:**