



2022 Quality Pool Distribution Plan Template

Due: August 29, 2022

Purpose

Exh. B, Pt. 10, Sec. 4, Para. e in the 2022 Coordinated Care Organization (CCO) describes the requirement for each CCO to create a written distribution plan for its Quality Pool and Challenge Pool earnings. The CCO must also make its plan publicly available. The purpose of the plan is to inform the CCO's Participating Providers, including Social Determinants of Health and Equity (SDOH-E) and public health partners, about CCO strategies and processes for distribution of Quality Pool funds.

2022 is the first year this deliverable has been required. The Oregon Health Authority (OHA) has developed this reporting template to ensure CCOs meet the contract requirements and to give Participating Providers and other interested parties clear and consistent information about CCO strategies for Quality Pool distribution.

Instructions

The CCO must answer all questions in this template to satisfy the contract requirements. Supporting materials and links may be provided, but they must only supplement the answers provided in the template document. A person reading the CCO's responses provided in this template should have a clear and complete picture of the CCO's Quality Pool distribution, without reliance on any other sources.

Unless otherwise noted in a specific question, this template pertains only to Quality Pool funds received in 2022 (Distribution Year 2022) for achievement of 2021 incentive metrics (Measurement Year 2021).

All references to "Quality Pool" within this template include both Quality Pool and Challenge Pool earnings.

Process

The CCO must submit the completed template in **PDF format** to CCO.MCOCDeliverableReports@dhsaha.state.or.us by August 29, 2022. The CCO must also make the completed template publicly available on its website.

OHA will review the submitted template for completeness. If any response is found to be incomplete, OHA will send a written request for additional information to the CCO contact person listed on the template. The CCO will then have 30 days to provide the requested additional information.

Once OHA approves the submitted template, OHA will notify the CCO via email. OHA will also add a link in the completed template to the CCO's most recent Exhibit L and send it back to the CCO. CCO should not publicly post its completed template until it receives confirmation from OHA that no additional information is needed.

Questions?

Any questions about the template should be directed to metrics.questions@dhsaha.state.or.us.

2022 Quality Pool Distribution Plan Template

CCO Name: Umpqua Health Alliance, LLC

CCO Contact Person (name and email): Keith Lowther, CFO klowther@umpquahealth.com

1. Provide an overview of the methodology and/or strategy your CCO uses to distribute Quality Pool and Challenge Pool earnings to Participating Providers, including SDOH-E and public health partners.

Umpqua Health Alliance (UHA) has a team of staff that are highly involved in the OHA Quality Incentive Metrics. This team works to develop tools for the staff and provider community to utilize and measure their progress throughout the year regarding the metrics. The UHA teams meet with the provider community not less than monthly to go over the current scorecards, analyze and communicate where gaps are being seen and what it takes to ensure quality outcomes of the annual metrics.

Until 2021, UHA has met and achieved over 100% of the quality funding in the State. COVID and a community EHR conversion has impacted the community as had been described by all the Medical Directors in the State when they asked for 2021 to be a report only year. UHA and the provider community are committed to excellence regardless of the barriers they have encountered. To ensure our provider community is supported financially, UHA budgeted fixed amounts for incentive plans based on expected Quality Pool earnings from OHA. These budgeted amounts included a Primary Care Provider (PCP) Quality Metrics pool and a contractually set Targeted Metrics pool for non-PCP providers. UHA used this approach as it recognized the importance of having all provider types participate in quality outcomes and making available Quality Incentives to a larger subset of its provider community would return better outcomes for the community.

Funds distributed to providers through the UHA payment methodology are derived from the quality pool payment UHA receives from the Oregon Health Authority (OHA). The OHA distributes funds to UHA based on the total number of incentive measure benchmarks the CCO meets or exceeds.

UHA budgets amounts for incentive programs based on expected revenues from OHA each year. Generally, this is attributed to PCP Quality Metrics, Targeted Metrics and PCPCH. The Targeted Metrics and PCPCH payments are contractual and cannot be adjusted based on the Quality Metrics performance, unless they miss the target completely, i.e., an all other nothing proposition. PCP Quality Metrics payments can be adjusted, although UHA works with the PCPs to discuss the method to get a majority buy in.

Challenge Pool earnings are considered separately. If the total quality metrics earnings fail to cover the budgeted incentive amounts for the PCP Quality Metrics, Targeted Metrics and PCPCH, any challenge pool funds earned will go to covering the shortfall. If additional challenge pool funds exceed the budgeted incentive amounts, the UHA Executive Committee will determine the allocation of the funds and has historically allocated those funds to the provider community.

2022 Quality Pool Distribution Plan Template

For the 2021 PCP Quality Metric payout UHA used the following method:

Step 1	$\frac{\text{Number of Metrics Met}}{\text{Number of Qualified Metrics per Contract}} \times \text{Clinic Member Months for CY2021} = \text{Clinic Adjusted Member Months}$
Step 2	$\frac{\text{Total CCO Metric Quality Pool}}{\text{Sum of Clinic Adjusted Member Months}} = \text{Quality Pool PMPM}$
Step 3	$\text{Quality Pool PMPM} \times \text{Clinic Adjusted Member Months} = \text{Clinic Quality Payment}$

Example Clinic A:

Step 1	$\frac{10}{14} = 0.714286$	84,000	60,000	Clinic Adjusted Member Months
Step 2	$\frac{\$ 2,000,000}{255,000} = 7.84$	\$ 7.84	Quality Pool PMPM	
Step 3	\$ 7.84	60,000	\$ 470,588	Clinic Quality Payment

For non-PCPs, UHA set out in advance various quality outcomes that a provider would need to meet to earn those funds. Such quality outcomes were focused on the domains of behavioral health, hospital care, emergency department, and dental. Providers obtain those funds by meeting the target outcomes that were defined in advance.

2. Describe your CCO’s process for evaluating the contributions of Participating Providers and connecting those evaluations to distributions of funds.

UHA’s robust CCO Metrics Manager tool has been widely accepted by PCPs to access through a secure provider portal, Umpqua Health Business Intelligence (UHBI). PCPs view their attainment of overall or individual quality metrics that are updated daily through claims data and EMR connectors. This tool identifies member level gaps, and gaps to target for each metric. PCPs can search for assigned members by name to identify members that may be on the provider’s schedule. They can sort number of outstanding gaps and proactively schedule members to close multiple gaps in a single visit. Additionally, UHA sends out monthly gap lists to each participating provider. After a six-month run out of claims, UHA uses the results of the CCO Metrics Manager tool to determine final attainment of CCO Quality Metrics at the PCP level and prepare distributions based off the year-end results.

2022 Quality Pool Distribution Plan Template

3. Does your CCO's distribution strategy consider payments made previously to Participating Providers (such as up-front funding to a clinic or non-clinical partner that is intended to help the CCO achieve metrics related to the Quality Pool)? If yes, please describe.

No

4. Describe how Participating Providers (including SDOH-E and public health partners) may qualify for CCO distribution of Quality Pool earnings.

Participating providers may qualify for the distribution of CCO quality pool earnings by either being assigned a member panel or by contractually agreeing to targeted metrics. UHA has provided incentive funds to non-PCPs such as Emergency Department provider groups, hospitals, behavioral health, dental, and organizations that focus on child abuse and neglect services.

As to public health services, most of the services rendered by public health partners are delivered through a FQHC that UHA contracts with. As a result, those services and attached incentives are allocated in the FQHC quality payment.

5. Describe how your CCO distributed its 2020 Quality Pool (Measurement Year 2020) funds to Participating Providers.

Due to the COVID 19 pandemic and the report only methodology for the 2020 Quality pool, UHA relied upon 2019 PCP metric performances to guide the 2020 payouts. UHA used a similar approach as 2021, with a slight modification that each metric was allocated a certain portion of the 2020 Quality Pool. Providers that achieved a metric would split the balance of that metrics allocation with other providers that achieved the metrics. This process incentivized providers who were able to achieve more difficult metrics. As described above, UHA modified its approach in 2021 to included adjusted member months making the Quality Pool distribution more equitable across the provider community.

6. Describe how your CCO plans to distribute Quality Pool funds in future years (beyond 2021).

UHA plans to continue its current methodology in 2022. However, UHA is working on a method to distribute the quality funds in a way that all participating providers in the quality metrics will be eligible to gain a metric reward. This review and recommendations for change will be determined later in the year for 2023.

7. Please provide a link to where the 2022 Quality Pool Distribution Plan (this document) will be publicly available on your CCO's website.

<https://www.umpquahealth.com/providers/>