**2023 Quality Pool Distribution Plan**

***Template***

**Due:** **August 29, 2023**

**Purpose**

Exh. B, Pt. 10, Sec. 4, Para. e in the 2023 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.

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 2023 (Distribution Year 2023) for achievement of 2022 incentive metrics (Measurement Year 2022).

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.MCODeliverableReports@odhsoha.oregon.gov](mailto:CCO.MCODeliverableReports@odhsoha.oregon.gov) by August 29, 2023. 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@odhsoha.oregon.gov](mailto:metrics.questions@odhsoha.oregon.gov).

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| **CCO Name**: **Umpqua Health Alliance, LLC** |
| **CCO Contact Person (name and email)**: **Keith Lowther, CFO** [**klowther@umpquahealth.com**](mailto: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.**

During the past year, Umpqua Health Alliance (UHA) invested in expanding its Quality Team whose primary focus is 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 CCO Quality 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 improve quality outcomes of the annual metrics.

UHA and its provider community are committed to excellence regardless of the barriers they may encounter. To ensure our provider community is supported financially, UHA budgets fixed amounts for incentive plans based on expected Quality Pool earnings from OHA. These budgeted amounts include the CCO Quality Metrics for participating Primary Care, Dental, Mental Health and SUD providers and contractually set Targeted Metrics pool for the broader provider network. 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 funds UHA receives from the OHA. OHA distributes funds to UHA based on the total number of incentive measure benchmarks the CCO meets or exceeds.

Challenge Pool earnings are considered separately. If the total quality metrics earnings fail to cover the budgeted incentive amounts for the 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.

For the 2022 PCP Quality Metric payout UHA used the following method:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Step 1 | Number of Metrics Met | | | | X |  | Clinic Member Months  for CY2022 | = | | Clinic Adjusted  Member Months |
| Number of Qualified Metrics per Contract | | | |
| Step 2 | Total CCO Metric Quality Pool | | | | = |  | Quality Pool PMPM |  | |  |
| Sum of Clinic Adjusted Member Months | | | |
| Step 3 |  | Quality Pool PMPM | |  | X |  | Clinic Adjusted Member Months | = | | Clinic Quality Payment |
| **Example Clinic A:** | | | | | | | | | | |
| Step 1 | 10 0.714286 | | 84,000 | |  | | 60,000 | | Clinic Adjusted | |
|  | 14 | |  | |  | | Member Months | |
|  |  | |  | |  | | | |  | |
| Step 2 | $ 2,000,000  255,000 | | $ 7.84 | | Quality Pool PMPM | | | |
| Step 3 | $ 7.84 | | 60,000 | | $ 470,588 | | | | Clinic Quality Payment | |

For Targeted Metrics, UHA defines various quality measures that providers would need to meet to earn such funds in advance. Such quality outcomes from the Targeted Metrics 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.

1. **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. UHA uses the results of the CCO Metrics Manager tool to determine final attainment of CCO Quality Metrics at the provider level and prepare distributions based off the year-end results.

1. **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

1. **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, hospitalists, behavioral health providers, dental care organizations, and organizations that focus on child abuse and neglect services.

As to public health services, the services rendered by public health partners are delivered through a contracted FQHC. As a result, those services and related incentives are allocated in the FQHC quality payment.

1. **Describe how your CCO distributed its 2021 Quality Pool (Measurement Year 2021) funds to Participating Providers, if different from the process described in #1 and #2 above.**

Until 2021, UHA had met and achieved over 100% of quality funding from OHA. COVID and a community EMR conversion 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. For 2021 the Quality Pool was distributed according to the UHA provider agreements, which is the same methodology for 2022 as described above (Question 1).

1. **Describe any changes your CCO plans to make to its process for distributing Quality Pool funds in future years (beyond MY2022).**

UHA plans to continue its current methodology for distributing the 2023 Quality Pool in mid-2024.

1. **Please provide a link to where the 2023 Quality Pool Distribution Plan (this document) will be publicly available on your CCO’s website.**

<https://www.umpquahealth.com/provider-forms/>