

**AMENDMENT NUMBER 6 TO HEALTH PLAN SERVICES CONTRACT
COORDINATED CARE ORGANIZATION
CONTRACT # 143111 BETWEEN
THE STATE OF OREGON
OREGON HEALTH AUTHORITY**

AND

**COLUMBIA-PACIFIC CCO, LLC
315 SW 5TH, SUITE #900
PORTLAND, OR 97204**

1. This is amendment number 6 (“Transformation Amendment”) to Health Plan Services Contract, Coordinated Care Organization, Contract # 143111 (the “Contract”), between the State of Oregon, acting by and through its Oregon Health Authority (“OHA”), and Columbia-Pacific CCO, LLC (“Contractor”). This Amendment is effective October 1, 2015, regardless of the date of signature, subject to approval by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services.

2. The Contract is hereby amended as follows:
 - a. Exhibit K, Opening Paragraph, is hereby deleted in its entirety and replaced with the following:

Contractor shall prepare a “Transformation Plan” that is a specific plan (plans, timeline, benchmarks, milestones, and deliverables) demonstrating how and when Contractor will achieve Health System Transformation, aligned with the quality and incentive specifications established in Exhibit B Part 9. Contractor shall prepare, subject to approval by OHA, DOJ, and CMS, “Areas of Transformation” that are based in substance on the Transformation Plan and in the form of the Transformation Deliverables and Benchmarks described below. Contractor’s Areas of Transformation are in Attachment 1, which is attached to this Exhibit K and hereby incorporated into this Contract with this reference. Contractor’s obligations under the Transformation Amendment are obligations under this Contract. The purpose of this Exhibit K is to set forth the procedure Contractor shall follow to maintain the Transformation Plan and Transformation Amendment required by this Contract.

 - b. Exhibit K, Section 1, is hereby deleted in its entirety and replaced with the following:
 1. **Transformation Plan**
 - a. Contractor shall maintain a Transformation Plan in effect throughout the term of this Contract. Contractor’s Transformation Plan must include, at minimum, the following eight areas of transformation (the “Transformation Areas”):
 - (1) Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions and dental health, when Dental Services are included. This plan must specifically address the needs of individuals with severe and persistent mental illness.

- (2) Continuing implementation and development of Patient-Centered Primary Care Home (PCPCH).
- (3) Implementing consistent Alternative Payment Methodologies that align payment with health outcomes.
- (4) Preparing a strategy for developing Contractor's Community Health Assessment and adopting an annual Community Health Improvement Plan consistent with ORS 414.627.
- (5) Developing a plan for encouraging Electronic Health Records; health information exchange; and meaningful use.
- (6) Assuring communications, outreach, Member engagement, and services are tailored to cultural, health literacy, and linguistic needs.
- (7) Assuring that the culturally diverse needs of Members are met (cultural competence training, provider composition reflects Member diversity, Certified Traditional Health Workers and Traditional Health Workers composition reflects Member diversity).
- (8) Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Contractor's Transformation Plan may include any other elements that are part of Contractor's strategy for Health System Transformation.

If Contractor does not have an OHA-approved Transformation Plan by the Deliverable Date identified in Section 4, Contractor shall continue to negotiate with OHA regarding the Transformation Plan. Contractor's failure to have an OHA-approved Transformation Plan by the Deliverable Date identified in Section 4 is a material breach of this Contract under Exhibit D, Section 10.a(3) of this Contract.

c. Exhibit K, Section 4, is hereby deleted in its entirety and replaced with the following:

4. Periodic Update of Transformation Plan

Contractor shall periodically update its Transformation Plan and Areas of Transformation to continue strategic planning and implementation of specific plans (plans, timeline, benchmarks, milestones, and deliverables) demonstrating how and when Contractor will achieve Health System Transformation, aligned with the quality and incentive specifications established in Exhibit B Part 9. Contractor shall provide the following deliverables, and OHA will respond to these deliverables, in accordance with the schedule described below:

<u>Deliverable</u>	<u>Deliverable Date</u>
(1) <u>Draft Plan</u> , Contractor furnishes OHA with a draft of an updated	March 16, 2015

Transformation Plan.

- (2) OHA Comments. OHA furnishes Contractor with written comments on its draft updated Transformation Plan. May 15, 2015
- (3) Final Draft. Contractor submits final draft language of its updated Transformation Plan for approval by OHA. June 10, 2015
- (4) OHA Acceptance. OHA furnishes Contractor with written approval of its draft updated Transformation Plan. July 1, 2015

d. Exhibit K, Attachment 1, is hereby deleted in its entirety and replaced with the revised Exhibit K, Attachment 1, a copy of which is attached to this Amendment and hereby incorporated into the Contract with this reference.

- 3. OHA's performance hereunder is conditioned upon Contractor's compliance with provisions of ORS 279B.220, 279B.225, 279B.230, 279B.235, and 279B.270, which are hereby incorporated by reference. Contractor shall, to the maximum extent economically feasible in the performance of this Contract, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in 279A.010(1)(ii)).
- 4. Except as expressly amended above, all other terms and conditions of the initial Contract and any previous amendments are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the initial Contract are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.

5. **Signatures**

IN WITNESS, THE PARTIES LISTED BELOW HAVE CAUSED THIS AMENDMENT TO BE EXECUTED BY THEIR DULY AUTHORIZED OFFICERS.

CONTRACTOR



By
Authorized

Printed Name: Mimi Haley

Date: July 27, 2015

Title Executive Director, Columbia Pacific CCO

OHA –Division of Medical Assistance Programs

By Rhonda Busen
OHA

8/5/15
Date

Approved as to Legal Sufficiency:

By _____
Deanna Laidler, Sr. Assistant Attorney General

7/20/15
Date

Reviewed by OHA/DMAP Contract Administration

By David Fischer
David H. Fischer, Contract Administrator

7/27/15
Date

Exhibit K - Attachment 1 -- Areas of Transformation

A. Benchmarks for 2015 – 2017 Transformation Plan Amendment

- (1) **Area of Transformation:** Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions and dental health, when Dental Services are included. This plan must specifically address the needs of individuals with severe and persistent mental illness.

Benchmark 1	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:</p> <p>Average daily MED for Pain Clinic attendees: 39.66 MED</p> <p>Number of clinics participating in First Tooth: 0</p> <p>Number of clinics receiving blended funding for co-locating behaviorists: 1</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> • Reduction in average MED equivalent in Contractor population. • First Tooth implemented in two clinics. • Behaviorists co-located in at least three primary care clinics. • Develop reporting mechanism for identifying and determining dental screening status of Contractor members with co-morbid SMPI and diabetes.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> • Maintain reduction in average MED equivalent in Contractor population. • First Tooth implemented in a minimum of three clinics across Contractor. • Implement co-location and clinical integration of behaviorists in all major primary care clinics (those serving more than 1,000 assigned members).

- (2) **Area of Transformation:** Continuing implementation and development of Patient-Centered Primary Care Home (PCPCH).

Benchmark 2	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:</p> <p>Number of members assigned to state-recognized PCPCHs:</p>

	83.7%
	Number of CAP requests for clinical input from PC3: 0
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Develop primary care delivery system infrastructure in 3-5 identified clinics across Contractor's service area. Complete training and technical assistance in the following areas: population management techniques, panel management, identification of gaps in care, EHR utilization, increasing care coordination programs, team based care, enhanced access.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> 85-90% of Members are enrolled with PCPCH Tier 3 clinics. PCPCH recognized clinics and/or PC3 Steering Committee provides feedback on 3-5 projects prioritized by Contractor's CAP.

(3) Area of Transformation: Implementing consistent Alternative Payment Methodologies that align payment with health outcomes.

Benchmark 3	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:</p> <p>Number of primary care clinics using APM for funding behaviorists: 1</p> <p>Number of community cost of care risk sharing models: 0</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Implement alternative payment methodology to integrate behavioral health into primary care. Develop and evaluate models that support a community/CAP defined cost of care/risk sharing payment methodology.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> Payment models that support community/CAP-defined clinical priorities will be implemented in at least two of the three CCO counties, affecting a minimum of 40% of Contractor's membership.

(4) Area of Transformation: Preparing a strategy for developing Contractor's Community Health Assessment and adopting an annual Community Health Improvement Plan consistent with ORS 414.627.

Benchmark 4	
How Benchmark will be measured (Baseline to July 31, 2017)	Baselines:

	<p>Percentage of adults with BMI \geq 30: 29%</p> <p>Suicide rate/100,000: 19.2%</p> <p>Percentage of adults reporting heavy or binge drinking*: 22%</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Action steps identified in the CHIP are completed. (Assessment, Outreach & Education, Participation in Policy and Planning Processes).
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> CHIP-recommended improvements from baseline rates will have been achieved for all three health priority areas.

- (5) **Area of Transformation:** Developing a plan for encouraging Electronic Health Records; health information exchange; and meaningful use.

Benchmark 5	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baseline:</p> <p>Number of clinics adopting and utilizing Pre-manage as a communication tool across primary care and with behavioral health partners: 0</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Inventory clinics by MU stage, with workplan for technical assistance and other supports for advancement, by clinic.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> Implement Pre-Manage in all OCHIN clinics and with all CMHPs in Contractor’s service area. Complete business capability to integrate clinical data from OCHIN with Contractor’s claims data, for ongoing analysis and outcomes management.

- (6) **Area of Transformation:** Assuring communications, outreach, Member engagement, and services are tailored to cultural, health literacy, and linguistic needs.

Benchmark 6	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:</p> <p>Number of cultural competence policies that utilize community defined improvement benchmarks: 0</p> <p>Number of clinics trained in trauma: 1</p>

	Number of non-clinical settings trained in trauma: 0
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Update policies and procedures using community definitions of cultural competence, language access and translation services for Contractor’s members. Review member complaints regarding interpretation services provided through Contractor. Conduct trauma/resilience training to address ACES in at least 5 clinic and 3 non-clinical settings.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> Complete a clinic-specific assessment of capacity to provide culturally responsive services to Contractor members, and identify 2-3 specific clinics for technical assistance and supports for improvement. Complete trauma/resilience training across Contractor’s service area, in all major clinics and key identified community settings (e.g schools).

(7) **Area of Transformation:** Assuring that the culturally diverse needs of Members are met (cultural competence training, provider composition reflects Member diversity, Certified Traditional Health Workers and Traditional Health Workers composition reflects Member diversity).

Benchmark 7	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:</p> <p>Number of members engaged with Health Resilience Specialists (HRS): 15</p> <p>Number of clinical pharmacists deployed in primary care clinics: 0</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> <u>Health Resilience Program HRP</u> 100-120 members engaged. <u>Clinical Pharmacy Program</u> Hire, train, and embed one clinical pharmacist in a Contractor primary care clinic. <p>See Area 6 for <u>Trauma/Resilience</u> milestones.</p>
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> <u>Health Resilience Program</u> 200-240 members engaged. <u>Clinical Pharmacy Program</u> Complete evaluation of Drug Therapy Coordination Risk scores (DCTR) and fill dates over a 12 month rolling period

	<p>for those members that receive a clinical pharmacy intervention.</p> <p>See Area 6 for <u>Trauma/Resilience</u> milestones.</p>
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(8) Area of Transformation: Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Benchmark 8	
How Benchmark will be measured (Baseline to July 31, 2017)	<p>Baselines:*</p> <p>Prenatal timeliness: 22 of 175 (12.6%) members are Latino.</p> <p>Colorectal Cancer (CRC) screening: 364 of 1077 (34%) members are Latino.</p>
Milestone(s) to be achieved as of July 31, 2016	<ul style="list-style-type: none"> Retrospective analysis of claims with clinical data to identify true baseline CRC screening rates and prenatal timeliness in the Latino membership versus the rates for Contractor’s membership as a whole.
Benchmark to be achieved as of July 31, 2017	<ul style="list-style-type: none"> Incorporate strategies to understand and reduce disparities of health outcomes or experience of care related to racial, ethnic and linguistic status in Contractor’s Quality Improvement Plan. Assure that Latino members have equal rates of CRC screening and timeliness to prenatal care as Contractor’s population in total.

*Based on self-reported race at enrollment, using claims data only.