

# Oregon Medicaid Accountability Plan

*January 4, 2013*

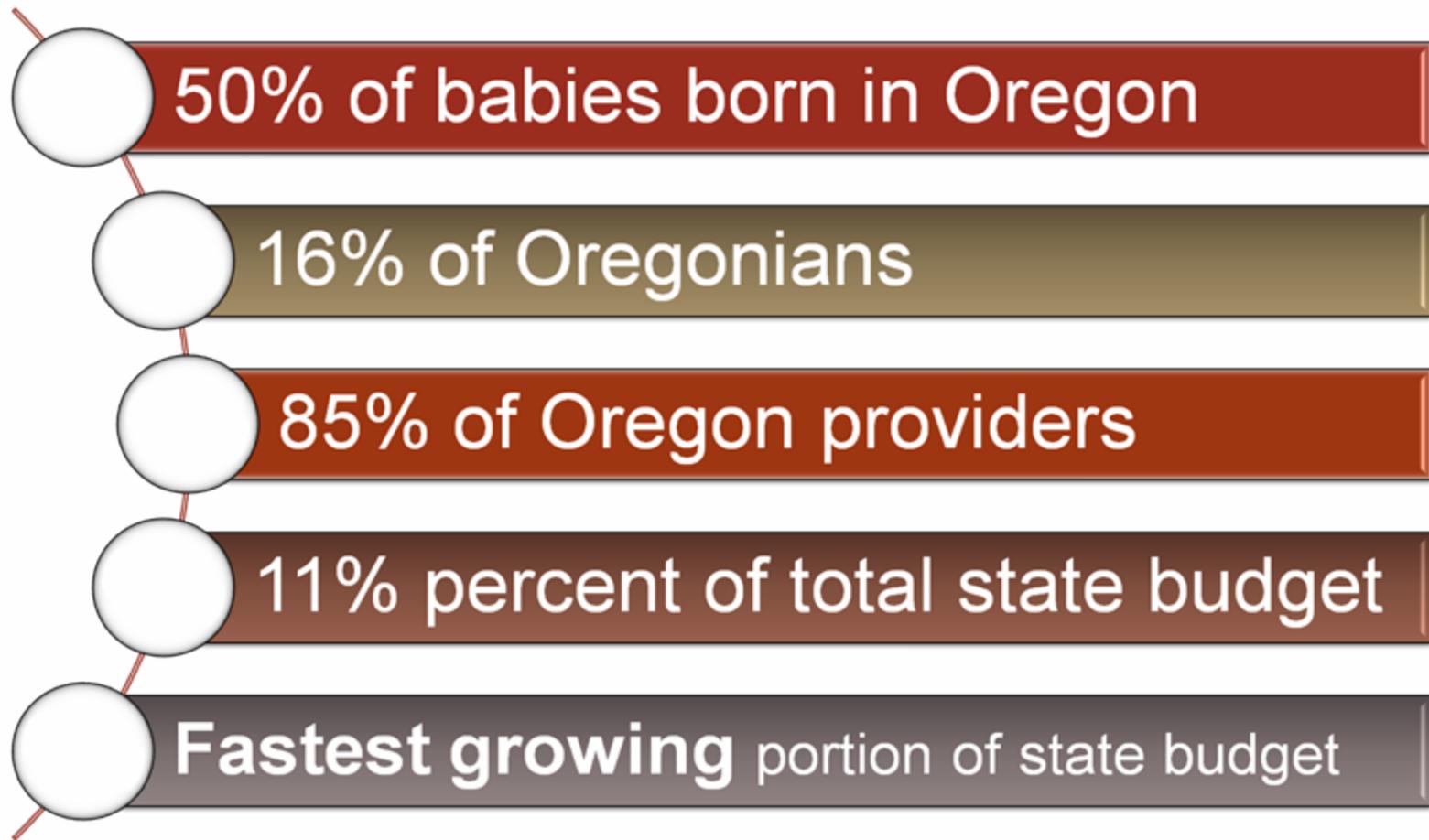
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*Chief of Policy*

# What we'll review today

1. Background: Oregon's health system transformation
2. Oregon's Accountability Plan
  - a. Quality Strategy
  - b. State "Tests" for Quality and Access
  - c. Measurement Strategy
  - d. Quality Pool
  - e. Expenditure Review
  - f. Evaluation

# Context: Oregon's Health System Transformation



# Achieving a three-part aim

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves

# Transforming the health care delivery system

Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

Metrics: standards for safe and effective care

Local accountability for health and budget

Local flexibility

# Coordinated Care Organizations

## Serving clients August 1, 2012

CCO Applicant Name	Service Area by County
AllCare Health Plan, Inc. - Mid Rogue Independent Physician Association, Inc.	Curry, Josephine, Jackson, Douglas (partial)
FamilyCare, Inc.	Clackamas, Marion (partial), Multnomah, Washington
Intercommunity Health Network CCO	Benton, Lincoln, Linn
PacificSource Community Solutions, Inc.	Crook, Deschutes, Jefferson, Klamath (partial)
Trillium Community Health Plan, Inc.	Lane
Umpqua Health Alliance - DCIPA, LLC	Most of Douglas
Western Oregon Advanced Health, LLC	Curry, Coos
Willamette Valley Community Health, LLC	Marion, most of Polk

# Coordinated Care Organizations

## Serving clients September 1, 2012

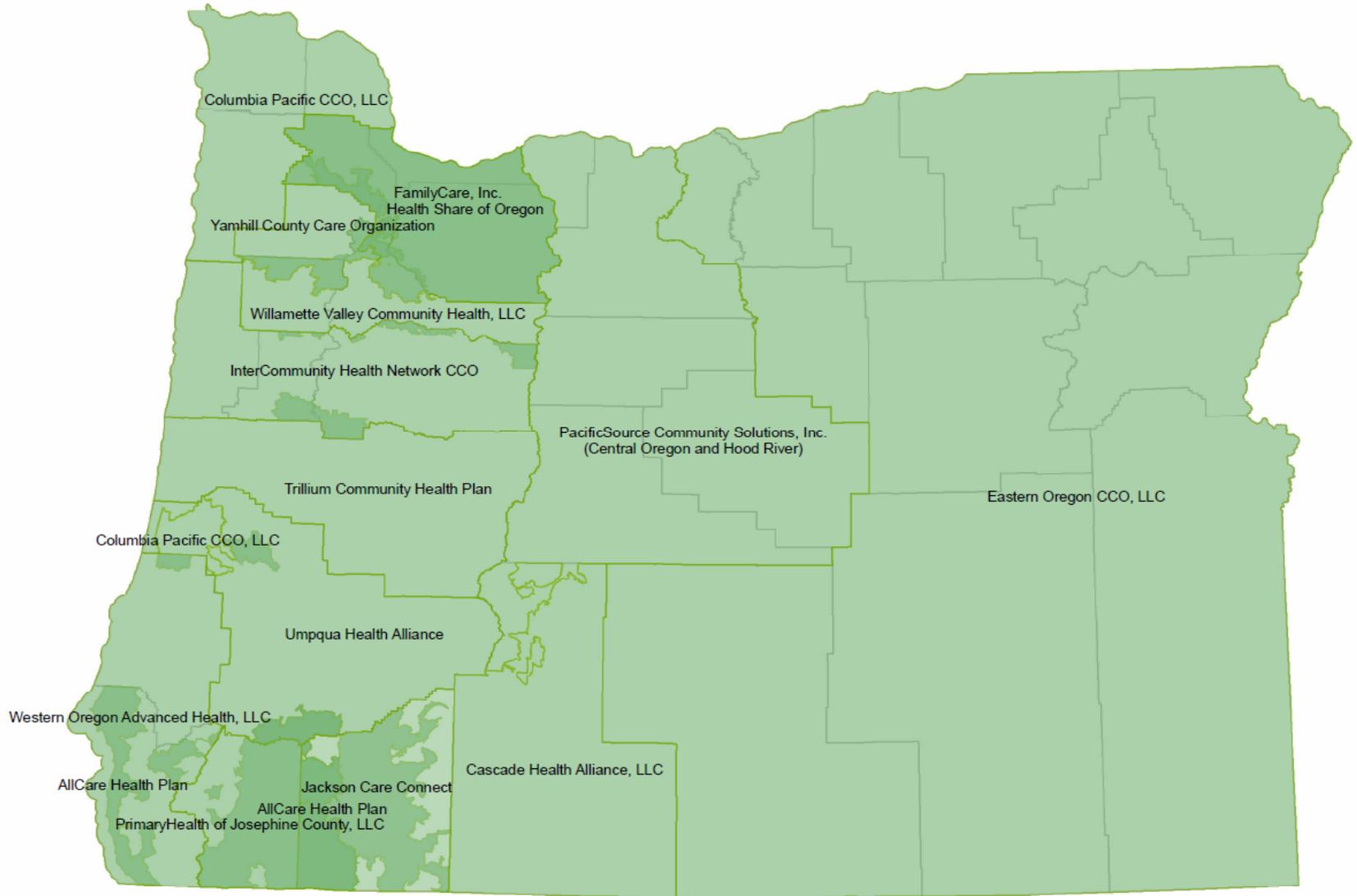
CCO Applicant Name	Service Area by County
Columbia Pacific Coordinated Care Organization, LLC	All of Clatsop, Columbia and Tillamook counties; parts of Coos and Douglas counties
Eastern Oregon Community Care Organization	Baker, Malheur, Union, Wallowa (Sept. 1); Sherman (Oct. 1); Morrow, Umatilla, Wheeler, Grant, Harney, Lake (Nov. 1); Gilliam (certified - date to begin serving clients pending)
Jackson Care Connect	Jackson County
PrimaryHealth of Josephine County, LLC	Josephine County and parts of Douglas and Jackson counties
Health Share of Oregon	Clackamas, Multnomah and Washington counties

# Coordinated Care Organizations

## Serving clients November 1, 2012

<b>CCO Applicant Name</b>	<b>Service Area by County</b>
Pacific Source - Columbia Gorge CCO	Hood River and Wasco counties
Yamhill County CCO	Yamhill County, parts of Marion, Clackamas and Polk counties

# Coordinated Care Organization Service Areas



# Accountability Plan

# What is the Accountability Plan?

- Addresses the Special Terms and Conditions that were part of the \$1.9 billion agreement with the Centers for Medicare and Medicaid Services (CMS).
- Describes accountability for reducing expenditures while improving health and health care in Oregon's Medicaid program, focusing on:
  - CCO reporting to state
  - State reporting to CMS
- Approved by CMS on December 18, 2012

# Accountability Plan

- a. Quality Strategy
- b. State “Tests” for Quality and Access
- c. Measurement Strategy
- d. Quality Pool
- e. Expenditure Review
- f. Evaluation

# Oregon's Medicaid Program Commitments to CMS:

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Establish a 1% withhold for timely and accurate reporting of data
- Establish a quality pool

# Purpose of the Quality Strategy

- Address the Special Terms and conditions of the waiver and how Oregon proposes to meet them, including:
  - Transformation goals
  - Strategies for transformation
- Address how Oregon will meet federal requirements

# Quality Strategy

## Quality Assurance

- On-site reviews
- Quarterly and annual financial reporting
- Complaints, grievances and appeals reports
- Fraud and abuse reports

## Quality Improvement

- 7 quality improvement focus areas for CCOs to choose from
  - Performance improvement projects (PIPs)
  - Rapid-cycle improvement (Plan, Do, Study, Act- PDSA)
- Contractual requirements
- Transparency
- Financial incentives

# Quality Strategy Includes Supports for Transformation

- Transformation Center and Innovator Agents
- Learning collaboratives
- Peer-to-peer and rapid-cycle learning systems
- Community Advisory Councils: Community health assessments and improvement plan
- Non-traditional healthcare workers
- Primary care home adoption

# State “Test” for Quality and Access

- Annual assessment of Oregon’s statewide performance on 33 metrics, in 7 quality improvement focus areas:
  - Improving behavioral and physical health coordination
  - Improving perinatal and maternity care
  - Reducing preventable re-hospitalizations
  - Ensuring appropriate care is delivered in appropriate settings
  - Improving primary care for all populations
  - Reducing preventable and unnecessarily costly utilization by super users
  - Addressing discrete health issues (such as asthma, diabetes, hypertension)

# State “Test”

- 2011 = base year
- For 2013 and 2014, performance must not decline
- For remainder of the demonstration, performance must improve
- Significant financial penalties to the state if quality goals are not achieved

# Measurement Strategy

# Principles for Metrics Selection

- Transformative potential
- Consumer engagement
- Relevance
- Consistency with existing state and national quality measures, with room for innovation when needed
- Attainability
- Accuracy
- Feasibility of measurement
- Reasonable accountability
- Range/diversity of measures

From OHPB Stakeholder Workgroup on Outcomes, Quality, and Efficiency Metrics

# Measurement Strategy

- Five important sets of metrics:
  - Core performance metrics
  - Metrics and Scoring Committee: Quality Pool Metrics
  - Child Health Insurance Program (CHIP) Core Set
  - Medicaid Adult Core Set
  - Seriously and persistently mentally ill special focus

# Measurement Strategy: CMS requirements

- Quality and Access Measures for Quality Pool
- Transparency: Core measures and Quality Pool measures will be posted on OHA website by CCO
- First public reports expected late summer, 2013

# Measurement Strategy: Measures selected

- Measurement year: 2013 = year 1
- Baseline year: 2011
- Final set of agreed upon measures

# Measurement Strategy: Data Collection

- Administrative (claims/billing) data
- Hybrid measures (claims and other): OHA will work with CCOs to develop the most effective, least burdensome strategy for collecting this data, e.g.:
  - Surveys
  - Chart reviews

# Quality Pool

# Quality Pool: Metrics and Scoring Committee

- 2012 Senate Bill 1580 establishes committee
- Nine members serve two-year terms. Must include:
  - 3 members at large;
  - 3 members with expertise in health outcome measures
  - 3 representatives of CCOs
- Committee uses public process to identify objective outcome and quality measures and benchmarks

# Quality Pool

- A bridge strategy in moving from capitation to paying for outcomes
- Pool size will increase each year:
  - Year 1 = 2% per member per month (pmpm)
- 17 metrics in the 7 quality improvement focus areas

# Quality Pool Metrics

*Behavioral health metrics, addressing underlying morbidity and cost drivers*

1. Screening for clinical depression and follow-up plan
2. Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT)
3. Mental health and physical health assessment for children in Department of Human Services (DHS) custody
4. Follow-up after hospitalization for mental illness
5. Follow-up care for children on ADHD medication

# Quality Pool Metrics

*Maternal/child health metrics reflecting the large proportion of women and children in Medicaid:*

6. Prenatal care initiated in the first trimester
7. Reducing elective delivery before 39 weeks
8. Developmental screening by 36 months
9. Adolescent well care visits

# Quality Pool Metrics

*Metrics addressing chronic conditions which drive cost:*

10. Optimal diabetes care
11. Controlling hypertension
12. Colorectal cancer screening

# Quality Pool Metrics

## *Metrics to ensure appropriate access:*

13. Emergency department and ambulatory care utilization
14. Rate of enrollment in Patient-Centered Primary Care homes (PCPCH)
15. Access to care: getting care quickly (Consumer Assessment of Healthcare Providers and Health Systems Survey (CAHPS): adult and child)

# Quality Pool Metrics

16. Patient experience of care: Health plan information and customer service (CAHPS, adult and child)
17. Electronic health record (EHR) adoption and meaningful use

# Quality Incentive Pool: How it will work

- All money in the pool is distributed every year
- Potential pool award determined by plan size (pmpm) with a minimum amount established as a floor for all CCOs
- CCOs can access \$ by meeting performance or improvement benchmarks

# Quality Incentive Pool: How it will work

Two phases:

- Phase 1: Distribution by meeting improvement **or** performance target
- Phase 2: Challenge pool (remainder) distributed based on 4 metrics:
  - PCPCH enrollment
  - Screening for depression and follow-up plan
  - SBIRT
  - Optimal diabetes care

# Expenditure Review

- 2 percentage point reduction in expenditure trend will be evaluated based on:
  - All services provided through CCOs over the course of the demonstration
  - Wrap-around payments to Federally Qualified Health Centers (FQHCs) for services provided through CCOs
  - Financial incentives and shared savings payments made to CCOs

# Evaluation

- Ongoing monitoring with quarterly reporting and consistent feedback
- Mid-point, rigorous analysis of impacts
- Final comprehensive demonstration evaluation

# Questions?

## More information:

- OHA has posted the full Accountability Plan at [www.health.oregon.gov](http://www.health.oregon.gov)
- More details on metrics at <http://www.oregon.gov/oha/pages/matrix.aspx>

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