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AllCare Health

Transformation and Quality Strategy

March 2022

Certified B Corporation

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Section 1: Transformation and Quality Program Details

A. **Project short title**: Project 1: Maternal Child High Risk Identification and Collaboration

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project or program

If continued, insert unique project ID from OHA: 47

B. **Components addressed:**

i. Component 1: Access: Quality and adequacy of services
ii. Component 2 (if applicable): Social determinants of health & equity
iii. Component 3 (if applicable): SHCN: Non-duals Medicaid
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☒ Economic stability ☒ Education
☐ Neighborhood and build environment ☒ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an item.

C. **Component prior year assessment:**

AllCare Health created a collaboration with the Women's Health Center of Southern Oregon (WHC) with the intention of improving identification of, and Care Coordination efforts for, the most vulnerable, at-risk, pregnant members.

Phase 1, a formal process to share information between the AllCare Health Maternal Child Health (MCH) team and the WHC was developed. Scheduled meetings provided a forum to establish and expand communication and accessibility while reducing barriers of information deficiency and inaccessibility. AllCare Health MCH met with the WHC five times during 2020 (08-05-2020, 08-12-2020, 10-27-2020, 11-11-2020 and 12-03-2020). Meetings for 2021 were disrupted due to COVID, vaccine mandates, and staff turnover. Regrouping and collaborative discussion took place in November of 2021 to determine next steps and goals for 2022, and we now have an established monthly meeting via zoom throughout 2022 and standing agenda. Contact information was updated and shared amongst the teams to ensure seamless engagement avenues.

Phase 1a: The 2022 meeting agenda now includes both teams furnishing lists of pre-identified members, paying particular attention to the Risk 3 members who: are not engaging in care at Women's Health Center, or for those members that are engaging but for whom the provider has determined is in need of additional supports, or for members struggling to engage whatsoever in supports for Social Determinants of Health (SDOH). This proactive approach to care coordination for our members and with the Women's Health Center will improve quality and access to care. With this level of engagement with our partner on shared members our goal is to reduce the number of unable to reach members, ensuring that barriers to care are mitigated, and members have timely access to prenatal care, increasing access to all levels of care and impacting overall costs of care.

Phase 2 of the collaboration developed the reporting process for information sharing which yielded a report of AllCare Health members (OHP primary and secondary insurance) categorized by risk. This report is sent monthly to the AllCare Health management team, reviewed and stored in a secure folder for the AllCare Health MCH team to process.

The Risk criteria is:

- Risk category one (1) means the member is pregnant and has no social determinants of health known which may affect her pregnancy.
- Risk category two (2) means the member is pregnant and using tobacco or marijuana in any form.
- Risk category three (3) means the member is pregnant with one or more of the following: late to begin pre-natal care, homelessness, less than 20 years old, any mental health diagnosis in which the member is prescribed medications for treatment (depression, anxiety, PTSD, etc.), domestic violence situation, and/or illicit drug use (excluding marijuana; including alcohol abuse).

Phase 3, this data is operationalized into the MCH team for prioritized Care Coordination efforts.
Phase 4, this project will be analyzed for effectiveness at reducing costs of care associated with high-risk pregnancies as well as children born of high-risk pregnancy.

D. **Project context:**

Pregnant women are a prioritized population (OAR 410-141-3870) of the Oregon Health Plan contract and are identified as having special health care needs. Often high risk, this population can have challenges that require close monitoring. Identifying at-risk expectant mothers is a difficult task as some of the population can be missed due to inadequate data reporting.

AllCare Health traditionally has used data reporting to assist in identifying expectant mothers who may be at risk. This method has shown to provide only a partial view of this population, missing the high-risk expectant mothers who face challenges with SDOH.

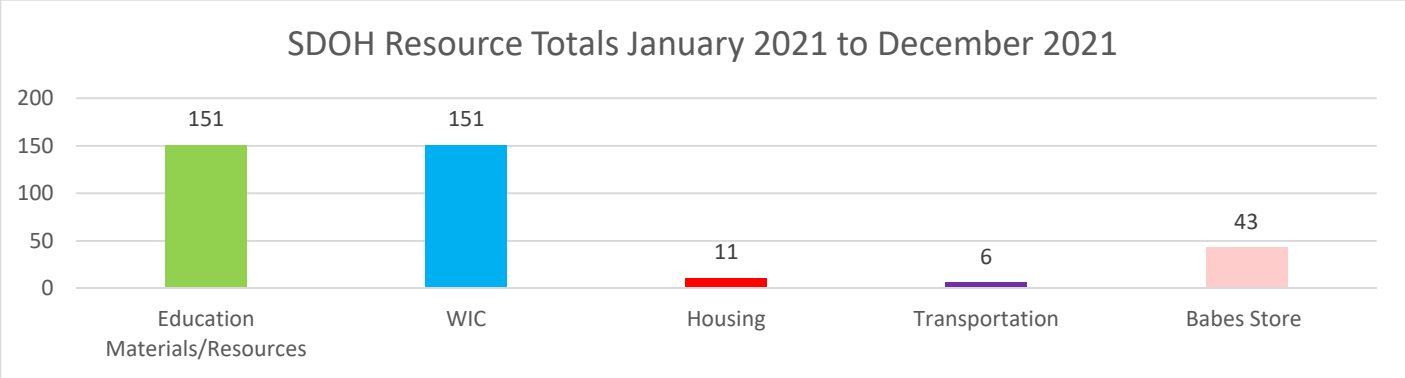
Although the 2021 TQS goal was to refer 50% of members to the SDOH Care Coordination hub, it was identified early on that the members did not want to change Care Coordinators after establishing a relationship with the Maternal Child Health team. Additionally, the staff members of the MCH hub have the knowledge, training, and expertise to manage the identified SDOH needs of this population. These staff members can provide care coordination and transition planning at any time for the management of behavioral health and SDOH needs, and screenings are built into their work processes to identify and support expectant and post-natal mothers, including transitions of care interventions. These team members have been trained on SDOH and actively provide those resources to members, including housing, transportation, community resource connection, education and language access supports as needed. They have been trained on trauma-informed and culturally and linguistically appropriate care, and are able to provide members with resources and referrals to those services and support in our community. It was determined it would be best to track the types of SDOH services members were engaging in, in lieu of referring them away from the AllCare Health MCH Care Coordination team.

Of the 157 Risk 3 members, 151 were provided educational and supportive resources that are in a manner and format that is tailored to the backgrounds and special needs of the member; including Babe store brochures, dental information for mom and baby, benefits to breastfeeding, how to get a breast pump, Safe sleep for babies, child birth classes including the Free Birth Boot Camp flyer, Live Better magazine, Nurse help line, and information to the Pregnancy Pathways Center. All of our documents can be translated into any language at the request of the team, if not already done so. 151 members were also provided detailed information on Women Infants and Children (WIC) services including, how it can support a mom during pregnancy and baby, after birth as well as information to enroll in the program.

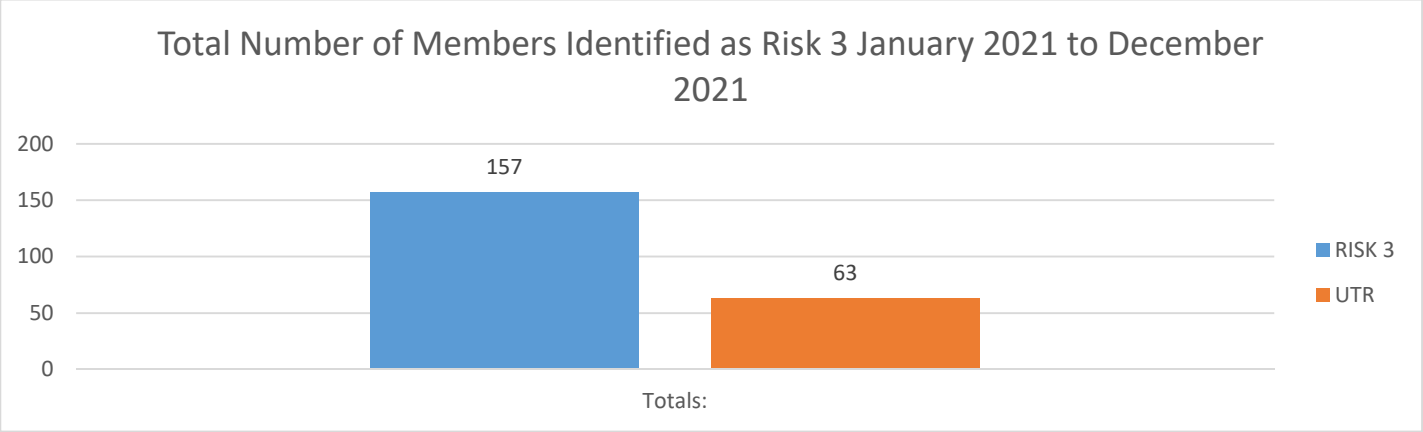
Risk 3 members were tracked and data was collected to identify social determinants of health resources offered. Our data tracked housing, Babe store use, WIC education, Resource and Education, and transportation. Each member engaged in care coordination activities (at a minimum) receives a direct phone call regarding the Babe store, Babe vouchers, and how to redeem vouchers. Babe vouchers are generally provided to members as they complete classes and health visits directly through those community based organizations. The vouchers can be redeemed for supplies such as diapers, clothing, blankets, nursing pillows, and toothbrushes. This engagement has been challenging due to COVID and the restrictions with scheduling appointments and move to virtual visits for members to receive and redeem vouchers. Members who want to redeem a voucher are required to schedule an appointment with their care coordinator to do so rather than as a walk-in visit, as has previously been allowed before the pandemic. We are working hard to re-introduce this practice to offices that are now holding in-person visits. These various offices have had staff turnover and changes in workflow which has created disruption in offering the vouchers to members, and we are working to provide education to those teams to re-engage the offering of vouchers to members upon completion of qualifying visits. Our Care Coordination team has proactively verified claims for members to understand what services they have

engaged/completed, to identify what would have qualified them for vouchers, and provided vouchers directly to members as a back up to traditional service engagement.

Babe store utilization was found in 28% of the total mothers engaged and we would like to see an increase in Babe store utilization to at least 40% (noted in Activity 2), as we know the supports and items offered can be incredibly helpful for new moms and families. Babe store vouchers are earned through participating in PCP visits, as well as for completing vaccinations and attending educational classes. Babe store vouchers provide needed resources for new families, and encourage members to engage with educational supports, attend regular wellness visits, and directly increase member and baby's engagement and connection within the community.



Analyzing the data that was received also allowed us to see a trend that we determined we would also refocus efforts for engagement and access. We identified a total number of 157 Risk 3 category members for 2021. Of the 157 Risk 3 members, 63 were categorized as unable to reach (UTR), which is 40% of the total Risk 3 identified population. Our goal is to reduce that percentage to less than 30% (noted in Activity 2), through the use of reports, data tools, and our relationship with the Women's Health Center.



E. **Brief narrative description**:

The AllCare Health MCH Care Coordination team makes telephonic contact with all expectant mothers at the Risk Levels Two and Three, subsequently mailing the Maternity Education and Resource Packets to the members. For expectant mothers at Risk Level One, a mailing of the Maternity Packet would initiate the contact, followed by appropriate communication, for example telephone calls, educational materials mailed.

Risk 2 and Risk 3 members are all engaged with a welcome call by care coordination and sent an educational and informational packet. Risk 1 members are also outreached, which is typical when a pregnant member is identified either through claims data or self-identification. If any Risk level is identified UTR after multiple (3) outreach attempts,

members are mailed a letter indicating that we are outreaching for MCH services, and a Babe store brochure is also included, which often incentivizes members to contact us back.

After analyzing the data it was determined that our highest priority members continue to be Risk 3 based on their status as a prioritized population, with ensuring that ongoing engagement and collaboration efforts across our teams are in place to support these high risk members. Initially in 2021 we met sporadically, and in November of 2021 finalized a monthly meeting cadence (these are now scheduled for the entire year of 2022). Our agenda includes both teams furnishing lists of pre-identified members, paying particular attention to the Risk 3 members who: are not engaging in care at Women's Health Center, or for those members that are engaging but for whom the provider has determined is in need of additional supports, and for members struggling to engage whatsoever in supports for SDOH. This proactive approach to care coordination for our members and with the Women's Health Center will improve quality and access to care.

In our re-engagement meeting we brainstormed ideas of how we could reach these members in different and successful ways. Care Coordination is engaging the use of a new data tool (Collective Medical) that allows us to see real time inpatient admissions and discharges, so if an identified Risk 3 member shows up at the ED/or hospital we can outreach directly at that time to the member in that point of contact, as well as engaging the hospital team to support and direct the member. We have also created an individualized cohort within Collective Medical to monitor OB members who have visits to the ED. This cohort will allow us to monitor members who are pregnant who may have an ED visit, and may need additional supports allowing us to outreach to members who may need engagement in care coordination. An additional strategy for supporting these members includes an agreement between WHC and AllCare Health that if a member has a scheduled appointment at the Women's Health Center, the MCH Care Coordination team will attempt to meet the member in person at the scheduled appointment to provide a warm handoff/connection, and offer support, education and any other SDOH resources not previously captured.

This collaboration and use of technology allows us to engage members, support their needs in real time, meet members where they are at, offer timely access to care, and provide support and identification of any barriers to care, particularly to these members with special health care needs. Risk 3 members are those with Special Health Care Needs (SHCN) and through the use of new technology, relationship building with the Women's Health Center, and intensive care coordination efforts, AllCare Health is working to ensure that members have coordinated services, access to appropriate care at both their specialists and primary care, as well as behavioral health care teams. Through our Maternal Health Risk Survey we identify those members who may need assessment for Intensive Care Coordination (ICC) services, and all of our care plans are developed with members to support their goals, and to support them through transitions of care (including admits and discharges from hospital, and residential treatment programs).

Analysis of the 2021 data collected for monitoring activity 2 also showed us that the Tier 3 health care expenditure for children of members engaged in MCH care coordination services, was comparatively lower in contrast to the health care expenditure for children who were identified as tier 3 and were NOT engaged in AllCare Health MCH care coordination services. The children of members who were enrolled in MCH care coordination services showed an average cost per month of $1196.85, compared to the children of members who were not enrolled in MCH care coordination services which showed an average cost per month of $1336.13. This is a 10% improvement in cost of care for these high risk children of members engaged in care coordination.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: The MCH and the WHC will continue to hone formal information sharing process

☒ Short term or ☐ Long term

Monitoring activity 1 for improvement: Establish functional data sharing

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
AllCare Health (ACH) and the Women's Health Center of Southern Oregon (WHC) will enter a collaboration contract to directly funnel member information to the appropriate care hub. Within this contract WCH will provide monthly risk data on ACH members who are receiving care at WHC.	WHC will provide monthly maternal risk stratification reports to the ACH MCH Supervisor. Maternal risk stratification will be differentiated into three categories: one, two, & three. **Risk 1** - Pregnant with no other social determinants. **Risk 2** - Pregnant and using tobacco or marijuana in any form. **Risk 3** - Pregnant with one or more of the following: late to care, homelessness, < 20 years old, any mental health diagnosis for which the mother is taking medication, domestic violence, and/or illicit drug use (including alcohol, excluding marijuana)	1/2021	WHC reports will be regularly received, in an Excel format, stratified into risk categories (one, two, & three) to monitor risk progression through pregnancy. These reports will be sent securely to the MCH hub Supervisor who will assign Care Management.	06/2021

Activity 2 description: Using product of enhanced communications to facilitate and organize workflows

☐ Short term or ☒ Long term

Monitoring activity 2.1 for improvement: Establish formal workflow between WHC & AllCare Health MCH team

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
Currently there are inconsistent meetings between AllCare Health and Women's Health Clinic of Southern Oregon (WHC) due	ACH and MCH will begin regular, monthly meetings to discuss report sharing and work flows which contribute to the Risk report, as well as any unique or special needs members.	02/2021	Seamless, regularly scheduled monthly meetings between the agencies.	06/2021

to COVID and other influencing factors.				

Monitoring activity 2.2 for improvement: Establish formal workflow within MCH hub

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
Currently there is not a "lead" position within the MCH hub and assignments are voluntarily picked up at Care Coordinator discretion. There is no identified process for prioritizing contact with at-risk pregnant members.	The MCH hub will be expanded to include a Registered Nurse "lead" who will be the recipient of these reports and primary point of contact for WHC. These reports will be assigned based on risk factor stratification and priority contact will be made with those members in Risk 3 category.	05/2021	Updated: Reduce UTR for Risk 3 members to 30% of overall total Risk 3 members. Increase access to Babe store for Risk 3 members to 40% of overall Risk 3 members.	06/2022

Monitoring activity 2.3 for improvement: Reduce the costs associated with high-risk pregnancy

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
AllCare Health has previously not had the tracking information to identify costs of care associated with a maternal risk category.	ACH will capture costs associated with children born of high-risk (risk category three) pregnancies in their first year of life.	01/2022	Costs of care associated with children born in high-risk pregnancies (risk category three) will be identified, analyzed for themes, and reduced by 5%.	01/2023

A. **Project short title**: Project 2: Intervening on Social Determinants of Health of the Special Needs Population

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project or program

If continued, insert unique project ID from OHA: 48

B. **Components addressed:**

i. Component 1: SHCN: Full benefit dual eligible
ii. Component 2 (if applicable): Social determinants of health & equity
i. Component 3 (if applicable): Choose an item.
ii. Does this include aspects of health information technology? ☐ Yes ☒ No
iii. If this project addresses social determinants of health & equity, which domain(s) does it address?

☒ Economic stability ☐ Education
☒ Neighborhood and build environment ☒ Social and community health

iv. If this project addresses CLAS standards, which standard does it primarily address? Choose an item

C. **Component prior year assessment:**

Between January 2020 and April 2020, AllCare Health (ACH) re-administered the new Health Risk Assessment (HRA) to the Special Needs population of its membership. This population includes our dually eligible members receiving Medicare Supplemental Security Income (SSI) & Medicaid Long-Term Support Services (LTSS). The purpose of the HRA is to identify the physical, behavioral, social, and oral health needs of AllCare Health members and to engage these members in Care Coordination support and services to address the Institute of Healthcare Improvement's (IHI) triple aim of improving the experience of care, improving the health of populations, and reducing per capita costs of health care (IHI, 2021). AllCare Health is monitoring the entire plan's population through the year for any re-assessment triggering events, such as recent homelessness, or newly acquired special health needs status, to re-administer the HRA in order to gain an up-to-date and accurate understanding of this population's complex needs.

AllCare Health collaborated with Oregon Health and Sciences University (OHSU) in a Social Determinants of Health Equity (SDOH) study. Preliminary results indicated shelter and issues associated with safe housing as the second and third most frequently reported SDOH challenges with food insecurity ranked first (OHSU, 2020). These findings indicate that safe housing is difficult to find and underscore the importance of keeping people at home as long as possible, even if small safety changes are needed. Aging in place allows for people to live independently, often provides greater comfort and is easier for members to stay closer to family and friends. Additionally there is an added convenience and cost savings, rather than moving to an institutional setting.

Acknowledging the significant role SDOH plays in AllCare Health's membership, it is addressed in an interdisciplinary venue throughout the organization. As Care Coordination is working with members involved in the program, they monitor for any needed SDOH support that will benefit the member including the following:

1. AllCare Health supports health literacy by utilizing Healthwise education material to deliver educational materials to members at the 6th grade reading level. Healthwise also provides AllCare Health members with videos to support the learning of those members who are illiterate or who prefer to learn through that medium. Member's health literacy is further supported by enabling them to request a Traditional Health Worker (THW) to attend their medical appointment(s) to assist them in understanding better what their provider has told them about their health as well as facilitate dialog between provider and member. AllCare Health supports members who have limited English language skills with live interpreters or electronic tablets to navigate language barriers.
2. Identify gaps in services and resources – these may be identified by members through Care Coordination or our Community Advisory Councils (CACs), data publications, community services agencies, a provider's office, OHSU research project SDOH and frequent Emergency Department usage studies), family members, or any combination.
3. Expand capacity in existing programs to meet identified needs in our community; this may be through technical assistance, in-kind contributions of staff time, or financial resources. AllCare Health identified how a lack of communication hinders member's abilities to communicate with their healthcare team. To offset this barrier in our community, AllCare Health created a Loaner Phone program. Members who are in need work with their Care Coordinator to request a phone and are provided a pre-paid telephone minutes loaded for immediate use. Members are also provided an application to an approved federal program for Wireless phones to help them establish a phone contract.
4. The SDOH Care Coordinator at AllCare Health facilitates the exchange of best practices throughout the service area; which includes the following: Grants Pass Housing Committee, Collaborative Economic Development Committee, Southwest Oregon Collaborative, CCO Oregon SDOH workgroup, the Housing and Transportation Committee (Jackson County), CACs, and regional networks.

5. Rogue Retreat data report (September 2019) provides data to guide project expansion to the most needed areas and which plan for expansion to support.
6. Partnership with United Community Action Network (UCAN) to develop and expand Rent Well program, which is an educational course for members aimed at building a plan and skills to maximize their ability to rent. The program goals are for the member to be involved and engaged in the development of an individual care plan with specific action steps outlined to assist the member in working towards their goal of obtaining housing.
7. Collaboration with Rebuilding Together Rogue Valley provides supports to members that allows them independence, and remain connected to their community, in ways that would not be possible if they moved to institutions.
8. According to the National Council on Aging, falls are the leading cause of fatal and non-fatal injuries for older Americans. Falls threaten seniors' safety and independence and generate enormous economic and personal costs.

In 2020, AllCare Health developed a partnership with Rebuilding Together Rogue Valley (RTRV) to administer a Fall Prevention program which continued through 2021. This program is intended to enable members to remain safely in their homes, for as long as possible by making small modifications to the home. As members are working with Care Coordination and are identified as at risk for falls, an intervention takes place, and the member receives a fall risk assessment. Identified members are referred to RTRV with a copy of the Fall Risk Assessment. Through this collaboration, members receive an in-home safety assessment performed by RTRV, to identify necessary safety modifications. Toilet risers, tub/shower grab bars, and other small changes can increase the ability for a member to avoid falls and remain independent in their own home. Members may also be assessed for ramps, or railing repairs when identified as needed. Initiation of this project in 2020 took place and strong growth and collaboration happened through 2021 as our relationship and processes were stronger, even in lieu of the COVID pandemic and staffing issues. This program has a safe housing assessment component, as well as the ability to provide assistance to fix or upgrade homes to make them safer. The aim of fall prevention is to reduce the risk and rate of falls for those at risk of falling - both individuals who have and those who have not experienced a fall. Through the 2021 year AllCare Health and RTRV were able to continue to support members and increase supports and services to our members, and our goal is to exceed that in 2022 (see activity 2 below).

D. **Project context:**

The program results for 2020 were encouraging. 22 referrals were generated and 17 of these members had fall prevention work done to their homes. 12 of these members responded to follow up interviews. All reported satisfaction with the process and the work done. Additional outcome data includes;

1. All members contacted reported greater independence in activities of daily living
2. All reported no visits to the Emergency Room due to falls
3. No Re-hospitalizations after discharge due to falls.

Due to the disruption caused by local wildfires, COVID restrictions, and the COVID vaccine mandate, as well as staffing shortages, we were not able to perform the multiple post surveys in 2021 as noted in our 2020 project. Our goal to provide the fall risk assessments and continue to identify members in need of services as well as referring members for services was the primary importance. Members received continued care coordination services and often reported to the care coordination team about their gratefulness of having access to these services that made them feel safe and independent. It was determined that we would evaluate and compare Emergency Department claims data prior to installation of supportive devices, and after the supportive devices were installed.

Wildfires in our community meant that over 3000 homes were lost. The ability of the project to allow people to stay safely in their homes, aging in place, as long as possible will save lives, save dollars and will also address the severe housing crisis in Southern Oregon by helping this vulnerable demographic from needing public housing or becoming

homeless. In Southern Oregon many low-income seniors are living independently but lack resources to make needed safety improvements. Their homes may be a single-family structure, a manufactured home, apartment, duplex, or even an aging recreational vehicle.

E. **Brief narrative description**:

AllCare Health contracted with a community-based organization (CBO) called Rebuilding Together Rogue Valley (RTRV). RTRV's mission is to help people age safely in place, whether the concern is smoke, COVID-19, household accidents, or improving the quality of the air within the home, AllCare Health has been proud to partner with RTRV to help adults be safe in their homes, prolong lives, improve quality of life, and reduce emergency department utilization. Our initial goal of providing 30 day, 3 month and 6 month follow up, surveying members, became unfeasible due to staffing challenges due to COVID, and COVID vaccine mandates at both AllCare Health as well as RTRV.

RTRV is a non-profit organization which helps low-income, older adults, remain in their homes and communities safely. ACH collaborated with RTRV to develop an assessment process, based on CDC fall-risk criteria, designed to provide an evaluation of the home for fall risk(s) focusing on four critical areas: accessibility, trip hazards, bathroom safety, and home environment safety. The assessment are performed at no cost by National Association of Home Builders (NAHB) Certified Aging-in-Place Specialists or trained volunteers under their supervision. Once the assessment is complete, the member is offered, at no cost to them, the identified equipment to improve home safety. If the member is renting their home, the property owner is contacted to provide written consent to have more permanent safety equipment installed.

RTRV installs:

- Grab bars
- Shower chairs
- Railings
- Air purifiers
- Toilet raisers
- Weatherization
- Smoke/CO alarms
- Nightlights
- Ramps

To address safe housing and members with declining health despite Care Coordination intervention, AllCare Health is continuing its partnership with Rebuilding Together Rogue Valley to continue and refine our Fall Prevention program. The program has shown promise in reducing emergency department visits, therefore reducing preventable ED utilization, for members as well as increasing member safety and independence levels.

Members are identified via these mechanisms:

1. Health Risk Assessment (HRA) data
2. Hospital event notifications (HEN) are reviewed daily by Care Coordination leadership. Members who were treated/admitted for a fall, or an injury secondary to a fall, are contacted in attempt to engage them in the Fall Prevention program
3. Provider offices received information packets about the Fall Risk program to refer their at-risk members to Care Coordination for assistance with enrolling in the Fall Prevention program
4. Provider offices received a copy of AllCare Health's Fall Risk assessment form to use as a resource
5. All members involved in Care Coordination have the Fall Risk assessment completed. Their provider's office is notified when the member is enrolled into the Fall Prevention program
6. A member, family, or community partner can make a referral to Care Coordination for Fall Risk concern through calling "Customer Care", the receptionists at the front desk, Member Portal, Provider Portal, or directly to their Care Coordinator.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Fall Prevention program assessment

Fall Risk Assessments are performed by Case managers through the identified process noted above. Members are asked the following standard questions to identify if they are good candidates for referral to Rebuilding Together Rogue Valley:

1. Who referred the member?
    a. Self
    b. Spouse, family or friend
    c. Primary Care Provider
    d. Other Provider
    e. Other Entity
    f. AllCare Health
2. I have fallen in the past year. Yes No
3. I use or have been advised to sue a case or walker to get around safely. Yes No
4. Sometimes I feel unsteady when I am walking. Yes No
5. I steady myself by holding onto furniture when walking at home. Yes No
6. I am worried about falling. Yes NO
7. I need to push with my hands to stand up from a chair. Yes No
8. I have some trouble stepping up onto a curb. Yes No
9. I often have to rush to the toilet. Yes No
10. I have lost some feeling in my feet. Yes No
11. I take medicine that sometimes makes me feel light-headed or more tired than usual. Yes No
12. I take medicine to help me sleep or improve my mood. Yes No
13. I often feel sad or depressed. Yes No
14. Did the member score 4 or more. Yes No

If a member answers “yes” to 4 or more questions, members are referred to RTRV for further in home assessment for identification of services/supports needed to help assist member to stay safely in their home.

Service and supports include:

In-home Risk assessment (25 Point checklist), including ramp feasibility assessment if that is needed. For members who are deemed in need of in-home supports, the assessment determines if and what types of supportive devices are feasible based on a variety of factors, including permits, letters of acceptance from landlords, and construction feasibility. Members may need grab bars, raised height toilets, toilet rails, tub rails, transfer benches, shower benches, shower wands, non-slip shower rugs, transition mats, bed rails, smoke detectors/carbon monoxide detectors and ramps.

The goal is to take a deeper look at the larger impact these supports have on total health care costs. Claims data was analyzed through 2020-2021 and showed that members who were identified, then referred and engaged in the RTRV in home assessments had a decrease in ED utilization. Data analyzed and measured was based on a per 1000 member month enrollment, as it is a more objective measure that is weighted, based on the visits and member months both before and after the installation of supports. Using this basis of estimate allows us to easily track over time and can be compared to external benchmarks for ED utilization as well. Our data revealed that there was a 25% decrease in emergency department utilization after supports were installed.

ED Visits rates per 1000 Mem/Mo prior to services installed	109
ED Visits rates per 1000 Mem/Mo after services installed	82
CCO Average ED Rate	36.5

Statewide Average 2019 (last yr. pre-COVID provided)	47.5

Members who were withdrawn (14) from the program due to no longer having interest, averaged 3 visits to the ED, while members who did receive services averaged only 2 visits.

This data shows us that members who receive a fall risk assessment from their care coordinator, and engage in services and supports provided by RTRV are less likely to need Emergency services.

☐ Short term or ☒ Long term

Monitoring activity 1 for improvement: Fall Prevention program evaluation and monitoring

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
Fall Prevention Program initiated in January of 2019	Analyze results of ED utilization, pre installation and post installation impact of in home safety supports.	12/2021	Analysis of results for year of 2020-2021 were encouraging and indicated the program may be having desired results. Reduction of member ED visits by 15% over 2021.	12/2024

Activity 2 description: In home supportive devices and ramps.

Aging in place is the overwhelming preference of Americans over 50, but doing so requires assistance for low income seniors. This collaborative practice will provide in-home assessment services, low-cost safety devices to enable seniors to remain at home safely and reduce hospitalizations. For frail or disabled seniors, wheelchair ramps are essential to maintaining their independence and ability to live at home. Seniors who use a wheelchair or electric scooter benefit from the ability to get more of their activities of daily living accomplished with less assistance. Wheelchair bound seniors with easy access to a handicap ramp will likely interact more socially, access social services more, and generally age in place more easily. Ramps also serve an important function in emergencies should medical staff need to enter and exit the senior's home. Having a ramp installation program is new for AllCare and members in Josephine, Jackson and Curry counties. The plan is to collect data on the number of ramps and supports being installed for all members, regardless of county of residence and work to increase member's engagement in these services.

Through 2020-2021 90 total members (Dual, Advantage and CCO) members were served by RTRV. 21 members withdrew/declined from service or were termed off their plans. Our goal is to increase the number of members served by 5%.

	Number of Members Served		
Plan	**2020**	**2021**	**Totals**
Dual SN	13	43	56
Advantage (Medicare)	10	16	26
CCO	3	8	11
Termed/withdrew	13	8	21

We also were able to note the number of supportive items provided, categorized by groups below.

Supportive items installed	2020	2021	Total
Grab bars/rails installed in-home	41	122	163
Supportive items in bathroom	22	67	89
Air filtration/lighting/smoke detectors/carbon monoxide detectors	4	12	16
Ramps	2	3	5

☐ Short term or ☒ Long term

Monitoring activity 2 for improvement: To improve self-sufficiency within our service communities.

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
Collate data on number of supports and ramps installed for ACH members & cost associated with each ramp.	Evaluate the number of members served by Rebuilding Together Rogue Valley program.	01/2022	Increase the number of members served by 5%	12/2023

A. **Project short title**: Project 3: Continuous Glucose Monitor Expansion to Address Underutilization

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project

If continued, insert unique project ID from OHA: 50

B. **Components addressed:**

i. Component 1: Utilization review
ii. Component 2 (if applicable): Choose an item.
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an item

C. **Component prior year assessment:**

AllCare uses a committee to ensure benefit utilization alignment with clinical practice guidelines (CPG) and treatment protocols, policies and procedures. The AllCare CCO Utilization Management Clinical Practice Guideline and Utilization Review Committee (UMCPGURC) is an internal committee made up of AllCare clinical and operations staff and subcontractor partners. UMCPGURC reviews utilization data with a focus on over and underutilization of services and the appropriateness of such utilization.

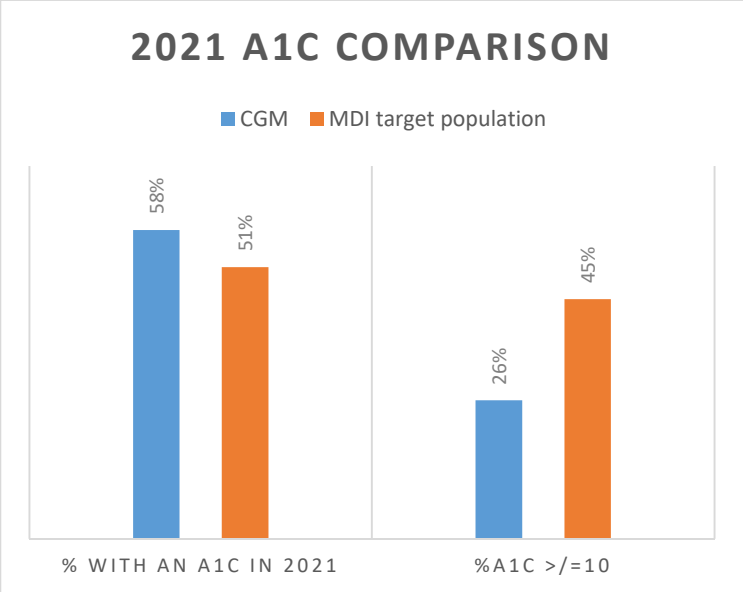
Through the UMCPGURC group, AllCare has identified new opportunities to discover and address over and underutilization. Prior projects included in the TQS reports included addressing underutilization of PrEP and HCV medications, overutilization of ED services, and increasing access to second opinions. For the last few years, we have focused on improving care for our type 2 diabetic (T2D) population through increasing access to continuous glucose monitors (CGM) by changing utilization management policies and encouraging engagement in case management.

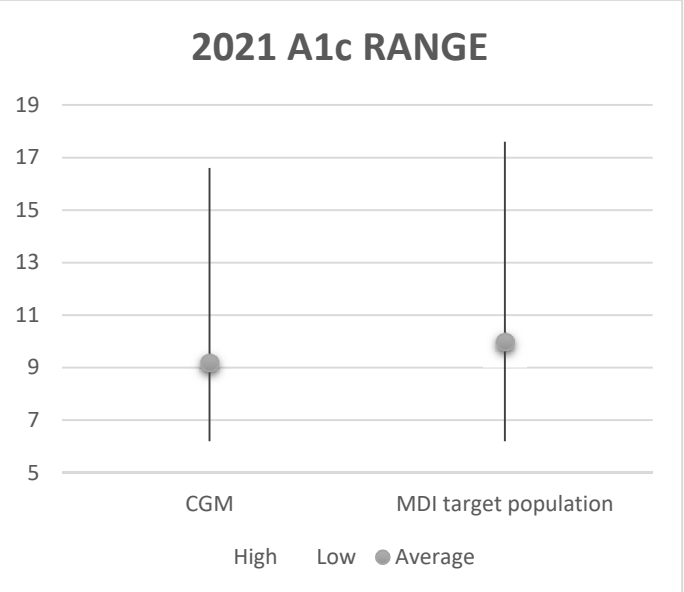
Current CPG including the 2020 American Association of Clinical Endocrinology and American College of Endocrinology (AACE/ACE) and the 2022 American Diabetes Association (ADA) guidelines recommend using CGM in patients with T2D on multiple daily insulin (MDI) injections as well as those with recurrent hypoglycemia episodes [Diabetes Management Algorithm, Endocr Pract. 2020;26(No. 1); Diabetes Technology: Standards of Medical Care in Diabetes, Diabetes Care 2022;45(Suppl. 1):S97-S112]. The Oregon Health Plan prioritized list does not include CGM coverage for members with T2D (Prioritized List January 1 2022; Guideline Note 108: Continuous Glucose Monitoring). AllCare CCO was aware that CGM was therefore underutilized by our T2D population and wanted to explore increasing utilization in an attempt to improve patient outcomes and to better align with current clinical practice guideline recommendations.

D. Project context:

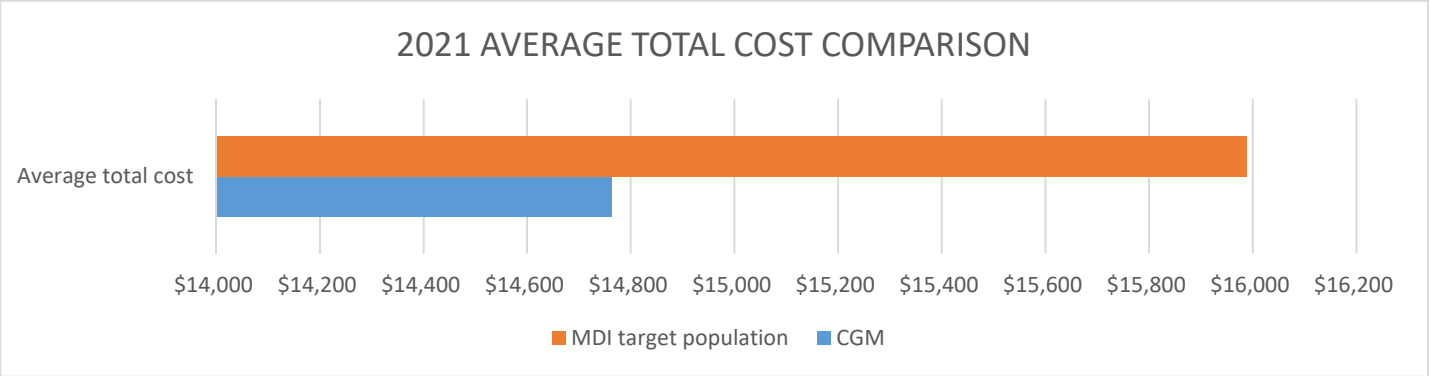
AllCare CCO has seen an increase in utilization for continuous glucose monitors (CGM) in our type 2 diabetic (T2D) adult population. In 2020, 7% of the adult T2D population was using a CGM. For 2021, this increased to 8%. In addition, we have identified 238 members as candidates for CGM in 2022. This population is our target population. They are adult CCO members with T2D on multiple daily injections (MDI) of insulin. They may or may not be using self-monitoring blood glucose (SMBG). Our target population is our intervention group.

AllCare CCO is partnering with our durable medical equipment supplier, Byram, to provide Primary Care Providers (PCPs) and endocrinologists with lists of our targeted members. The providers may prescribe CGM for these members if they consider it medically appropriate. AllCare CCO believes expanding CGM coverage will improve patient health as evidenced through lower A1c values, and will over time lower costs for the plan.

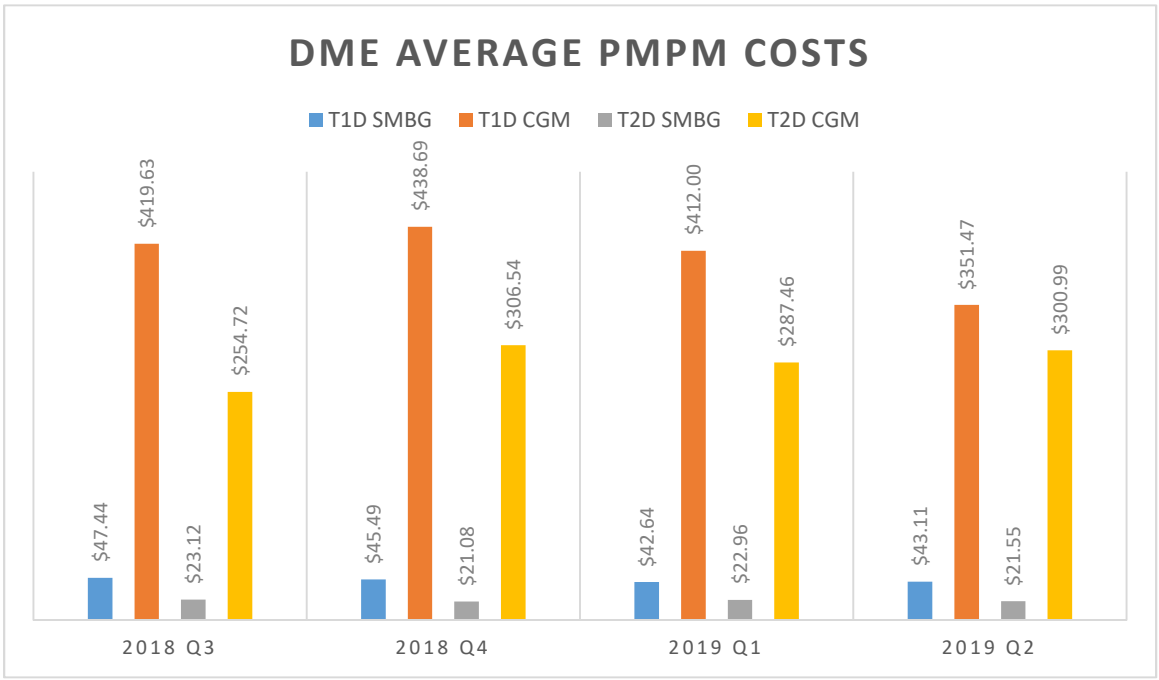




In comparing our populations in 2021, we found our current CGM population had a lower average A1c than our MDI target population (9.2 vs 10.0). The CGM population was also more likely to have had an A1c lab taken in 2021 than the target population (58% vs. 51%). The MDI target population had a much greater percentage of members with an A1c greater than or equal to 10. Twenty-six percent of the CGM population had a severely elevated A1c compared with 45% of our target MDI population.

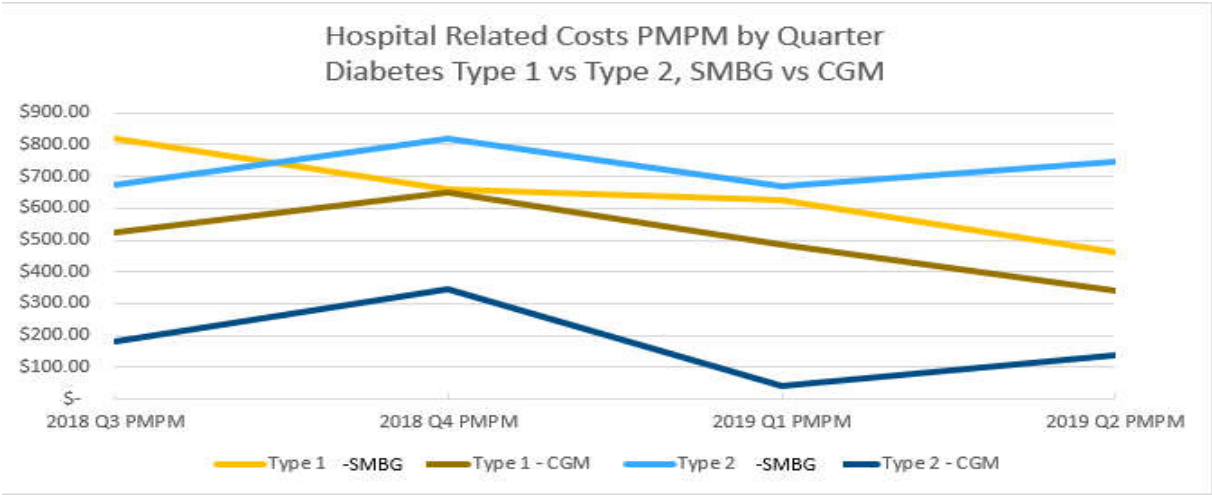


Costs also differed between our groups for 2021. Total spend for the CGM population in 2021 was just under 2.6 million dollars or an average of $14,764 per member. In contrast, the total spend for our target population was just over 3.7 million dollars or an average of $15,988 per member. AllCare CCO feels this is an important savings to note. Especially as the cost of durable medical equipment for CGM is significantly more expensive than SMBG supplies. We found the difference to be approximately 10 fold on average per member per month when we looked at supply costs for both type 1 diabetics (T1D) and T2D, as demonstrated in the graph below.

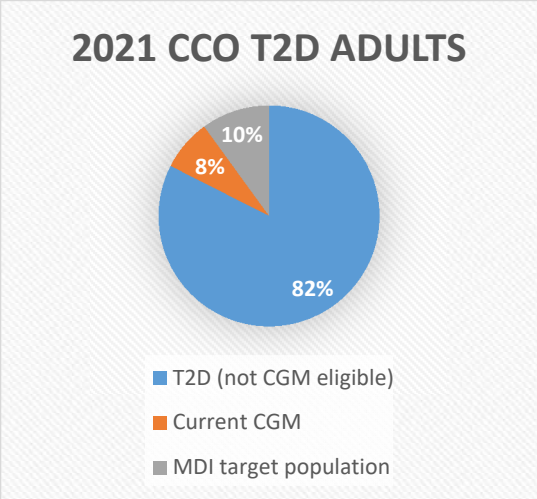


E. **Brief narrative description**:

The initial inspiration for our project for CGM expansion is based on changes in the clinical guidelines. Starting with the 2020 American Association of Clinical Endocrinology and American College of Endocrinology (AACE/ACE) guidelines, there has been a movement to recommend expansion of CGM to include T2D. Much focus has centered on using CGM in T2D patients with multiple daily insulin injections (Diabetes Management Algorithm, Endocr Pract. 2020;26(No. 1)). We started our project in 2019 and 2020, by researching the current CPG and reviewing utilization trends in our CCO population. One of our key findings in our preliminary investigation into differences between CGM users and members using traditional blood glucose monitoring (SMBG) was our CGM members had lower inpatient costs.



When we began this TQS project, our initial goals revolved around creating new policies for coverage and developing criteria for identifying our target population for CGM expansion. We have now completed these goals. AllCare CCO has expanded coverage for CGM from 2020 to 2021 from 7% to 8% of our adult T2D CCO members. In addition, we have identified an additional 10% of adult T2D CCO members on multiple daily injections of insulin that could benefit from CGM.



Our immediate work for 2022 is to move the target population onto CGM when the provider agrees it is appropriate. AllCare CCO will continue to monitor the population to trend A1c values and costs for the CGM and target populations. In reviewing the clinical literature, patients with T2D who move from SMBG to CGM can decrease their A1c on average 1.0% [(Ehrhardt N. M. et al, The effect of real-time continuous glucose monitoring on glycemic control in patients with type 2 diabetes mellitus. J. diabetes Sci. Technol. Vol 5.3, pg 669-675; 2011), (Bergenstal R. M. et al, Randomized comparison of self-monitored blood glucose (BGM) versus continuous glucose monitoring (CGM) data to optimize glucose control in type 2 diabetes. J. Diabetes Complicat. Vol 36. Issue 3; 2022)]. We believe we can see these results with our population.

In addition to improved A1c and decreased costs, over time we have observed our CGM population is more engaged in endocrinology than other CCO T2D members (70% vs. 19% in 2021) and they are more likely to enroll in CCO Care Coordination (12% vs. 8%). Although these are not goals for TQS, we will track these as well.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Member evaluation for meeting internal eligibility criteria for continuous glucose monitoring. Collect baseline surrogate data for T2D population.

☐ Short term or ☒ Long term

Monitoring measure 1.1	Review progress on selecting eligible members			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Develop standard workflow procedures for member identification and suitability determination	25% of diabetic member profiles reviewed for eligibility/suitability for CGM	12/2021	100% of diabetic member profiles reviewed for eligibility/suitability for CGM	12/2022
Monitoring measure 1.2	Collect baseline A1c on adult T2D members			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Develop report to collect any A1c from last 12 months from HL7 data feed	Collect A1c for at least 50% of T2D population	12/2022	Current A1c values for 80% of T2D population	12/2023

AllCare CCO is on schedule for reviewing all adult CCO primary T2D members. All have been reviewed for insulin usage. A population of 238 (10% of total T2D adult members) who are using multiple daily injections of insulin have been identified as CGM candidates.

AllCare CCO is on target for collecting lab values for the T2D population. A report mining HL7 data from Reliance (a health information exchange platform) for current A1c lab values is active.

Thirty percent of adult CCO T2D members have an A1c from the last 12 months available for baseline measurement. In reviewing the low number, we believe this is due to a combination of factors: decreased member compliance in having labs drawn due to the pandemic and participation of providers in the health information exchange is not universal.

We believe that member engagement in their health care including having lab draws will increase in 2022 with the removal of the state of emergency. In addition, Reliance is working to expand the number of providers participating in the exchange. Our goal is to increase the unique member A1c values available to the plan over the next two years to 80%.

Activity 2 description: Outreach to eligible members

☒ Short term or ☐ Long term

Monitoring measure 2.1	Initiate contact with identified members determined to be suitable for CGM			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
0% of eligible members contacted	25% of eligible members contacted	12/2021	50% of eligible members contacted and engaged on CGM	12/2022

AllCare CCO has not met the 25% goal for the end of 2021. During 2021, we were presented with an opportunity to partner with Byram, our CGM vendor, to support the Byram Connect app for adult T2D CCO members. AllCare CCO is incorporating our CGM expansion project into our work with Byram. Contracting issues slowed implementation from 2021 Q4 to 2022 Q1. We expect to meet our goal for 2022.

Activity 3 description: Review outcomes from CGM expansion

☐ Short term or ☒ Long term

Monitoring measure 3	Improvement in A1c; changes in PMPM			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Decrease average % A1c in current CGM users				
Current average % A1c (2021) 9.2	Decrease average % A1c: -0.5%	06/2023	Decrease average % A1c: - 2.0%	06/2025
Decrease average % A1c in target MDI population				
Current average % A1c (2021) 10.0	Decrease average % A1c: -1.0%	06/2023	Decrease average % A1c: - 2.0%	06/2025
Decrease average costs for target MDI population				
Current average annual costs (2021) $16,000	Decrease average 20%	12/2022	Decrease average 50%	12/2025

Current baseline states for current CGM members and the target population for A1c, endocrinology engagement and average PMPM and total costs.

- Total CCO primary members >18 yo with T2D in 2021: 2379
    - We had at least one A1c for 713 (30%)
- CGM: for 2021 we ended the year with 179 (7.5% of total T2D) CCO members on CGM
    - We had at least one A1c for 104 (58%)
    - Average A1c 9.2; range 6.2-16.6
    - 26% members with an A1c >/=10
    - 125 (70%) members in endocrinology
    - 22 (12%) member enrolled in CC
    - Average PMPM $1230.33
    - Total cost 2021 $2,583,709
        - $14,764 per member
- BGM or DME with multiple insulin doses per day (**target population)**
    - 238 (10% of total T2D) T2D members identified for TQS project to move to CGM
    - We had at least one A1c for 121 (51%)
    - Average A1c 10.0; range 6.2-17.6
    - 45% members with an A1c >/=10
    - 111 (47%) members in endocrinology
    - 24 (10%) members in CC
    - Average PMPM $1332.33
    - Total cost 2021 $3,757,158
        - $15,988 per member

A. **Project short title**: Project 4: Provider Training Program to Increase the use of Medically Certified Interpreters.

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project

If continued, insert unique project ID from OHA: 53

B. **Components addressed**

i. Component 1: Access: Cultural considerations
ii. Component 2 (if applicable): CLAS standards
iii. Component 3 (if applicable): Health equity: Data
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☒ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services

C. **Component prior year assessment:**

In 2021, AllCare worked with several clinical partners including Siskiyou Community Health Center, Grants Pass Clinic, Women's Health Center, Columbia Care, Rogue Community Health and others with regular meetings, policy and workflow reviews, training of bilingual staff and any other language access related resources needed. Due to this, more of our local clinics and provider offices have State Qualified Interpreters in their staff and have changed their workflows to better accommodate their Limited English Proficiency (LEP) patients. This has increased language access not only for our members but also for the LEP community. AllCare will continue to work on getting more American Sign Language (ASL) interpreters in 2022.

Due to COVID, many of the local Interpreters had to relocate out of the area. This especially affected the ASL interpreters. AllCare saw the need to increase interpreters in the community and increased the number of Interpreter training classes to three in 2021. A total of 28 were trained in these classes and submitted applications for each to OHA to become State Qualified Interpreters. AllCare focused on training bilingual staff already working within the local clinics and provide training in order to increase language access resources. AllCare will hold three more trainings in 2022.

AllCare is an advocate for the use of in-person interpretation services by trained interpreters. To see further justification please see “Locatis C, Williamson D, Gould-Kabler C, et al. Comparing in-person, video, and telephonic medical interpretation. J Gen Intern Med. 2010;25(4):345–350. doi:10.1007/s11606-009-1236-x”

D. **Project context:**

The Covid-19 pandemic significantly impacted this project. As with many of the societal inequities for people of color, language access was further exacerbated. Many of the employed Medical Interpreters AllCare trained over the last five (5) years were laid off during early lockdowns. Remote encounters largely shifted to Video Remote or Phone Interpretation services that do not enforce provisions related to Certified and Qualified Interpreters.

In addition to building on increasing language access, AllCare focused on providing information to the LEP community about their language access rights. Documents containing information about member rights, responsibilities, plan benefits, and resources were translated into additional languages. A video was recorded in English with subtitles (for ASL and hard of hearing) Spanish and Russian. These will be presented in a public event in 2022. AllCare published an article about language access rights in Spanish in the Caminos Magazine (Article link: https://indd.adobe.com/view/7b947e19-2f61-49d0-8973-66cc48e0b82a). Language Access and Branding developed a

Brochure in English (ASL / Hard of hearing) and Spanish detailing language access and Interpreter rights for our members. These are in process to be mailed out in 2022. AllCare also partnered with Public Health to hold an all-Spanish COVID vaccine clinic.

E. **Brief narrative description**:

AllCare completed trainings for offices and Interpreters throughout 2021 and the AllCare Language Access Manager has continued working with two Federally Qualified Health Centers directly; Siskiyou Community Health and Rogue Community Health. A language access assessment was completed by the organization, the Language Access Manager then outlined goals and policy recommendations for each organization. There are now three more organizations working directly with the Language Access Manager Grants Pass Pharmacy, Grants Pass Clinic, and Medical Eye Center located in Jackson and Josephine County. AllCare CCO will continue to develop and implement a training program to increase the utilization of Medically Certified Interpreter services.

For 2022 AllCare will:

- Monitor data on the number of interpreters and the languages available (including ASL).
- Monitor the number of Limited English Proficiency (LEP) Members with a PCP visit.
- Analyze the PMPM costs associated with LEP Members.
- Plan for targeted increases in interpreters in alignment with data.

This project meets the following CLAS standards 1,5,6,7,8,9,12.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Train ten (10) organizations on how to work with, and access Interpreter Services.

☒ Short term or ☐ Long term

Monitoring measure 1.1	Monitor impact of language access encounters.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Monitor the number of LEP Members who received OHA Qualified/Certified Interpretive services when receiving care.	Establish baseline rates for LEP Members who received OHA Qualified/Certified Interpretive services when receiving care.	12/2022	Set improvement targets based on end of year data.	1/2023

Activity 2 description: Analyze the PMPM costs associated with LEP Members. This should help to identify areas to add to further quality metrics with Primary Care clinics. This was already a standing report in AllCare's Health Equity team. By adding this metric to a TQS project it will be tracked in the QI team as well.

☒ Short term or ☐ Long term

Monitoring measure 1.2	Analyze the PMPM costs associated with LEP Members			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**

Monitor the PMPM costs of LEP Members.	Yearly PMPM rates for LEP individuals in a Primary Care setting will be measured against AllCare's population as a whole.	06/2022	Baseline and improvement target set	12/2022

Activity 2 description: AllCare is able to identify all individuals identified by OHA that needed Interpreter Services. During the Covid-19 pandemic, AllCare went from 29% of individuals receiving services from OHA Certified or Qualified, to 11% of members receiving services. The shift to telemedicine has greatly impacted this metric. Many Video Remote Interpreting agencies and Phone Interpretation Services do not work with Certified and Qualified Interpreters

☐ Short term or ☒ Long term

Monitoring measure 2.1	Increase interpreter services data collection rate to meet OHA standards			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Q3 2021 collection rate for Interpreter Services data is 53%.	Increase collection rate for Interpreter services data to 80%.	12/31/2022	Increase collection rate for Interpreter services data to 95%.	12/31/2024

A. **Project short title**: Project 5: Patient-Centered Primary Care Home (PCPCH)

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project

If continued, insert unique project ID from OHA: 54

B. **Components addressed**:

i. Component 1: PCPCH: Member enrollment
ii. Component 2 (if applicable): PCPCH: Tier advancement
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☒ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an itemChoose an item

C. **Component prior year assessment:**

As was the case in 2020, calendar year 2021 was fraught with challenges related to the COVID-19 pandemic. Staffing shortages were seen in nearly every practice on some level. As a result of the pandemic, practices were forced to prioritize their highest-risk and sickest patients over activities not specifically related to direct patient care. Additionally, in an effort to help address the public health crisis, many practices became testing and/or vaccination sites for COVID-19.

Through feedback from providers and practice staff, we learned that the vaccine mandate for healthcare workers in Oregon further compounded the workforce challenges faced by those providing care on the frontlines of healthcare in our community.

AllCare did not meet our Activity 1 goal of increasing the number of members assigned to a PCPCH provider by 3%. The percentage of members assigned to a PCPCH provider decreased from 87.5% in 2020 to 85.6% in 2021.

Calendar year 2021 saw a 10% increase in total enrollment for AllCare CCO. (2020 – 52,697; 2021 – 57,921). As of 12/31/2021, there were 49,572 members assigned to PCPCH providers and 8,349 members assigned to non-PCPCH provider.

The increased percentage of members assigned to non-PCPCH practices can be largely attributed to the following factors:

- Three new practices opened in 2021 that were not eligible for PCPCH designation. There were 610 members assigned to these practices as of 12/31/21.
- Two practices became eligible in 2021; one submitted their application in December and one is planning to submit in Quarter 1 of 2022. There were a total of 3,609 members assigned to these two practices. In total, the assigned membership at these five practices was 4,219 which equates to 49.5% of members assigned to non-PCPCH providers.
- Finally, there are some practices in southern Oregon that have not been responsive to AllCare's efforts to motivate and support them in becoming recognized PCPCH providers. We will continue to reach out to providers and practice staff in an attempt to educate them on the PCPCH program.

Our Activity 2 goal was to maintain the PCPCH weighted percentage of 71.9% from 2020. As of 12/31/2021 the weighted percentage was 70.1%.

In addition to the points mentioned above that also impacted our weighted PCPCH percentage, we had one practice that re-attested to maintain their 5 STAR recognition status under the new 2020 standards in December, 2021. Because this practice did not receive confirmation for 5 STAR recognition prior to the end of 2021, they remain listed as Tier 4, pending survey and verification. It is anticipated that they will again be awarded a 5 STAR recognition status in 2022.

The majority of the PCPCH practices in our service area are due to re-apply in December, 2022.

Just prior to our 2021 TQS submission, AllCare hired a new Provider Programs Coordinator to replace the outgoing individual in this role. She has been working closely with all PCPCH practices and specifically with those who are preparing to apply for new recognition and/or tier advancement.

D. **Project context:**

AllCare CCO recognizes and believes that by rewarding high quality, efficient care we can support our providers and, most importantly, our members, in achieving better health outcomes. This is the basis for our comprehensive plan to increase member assignment to recognized PCPCH clinics and to encourage upward tier recognition.

Brief narrative description:

In 2022, AllCare will continue our efforts to increase the percentage of our members assigned to PCPCH practices. AllCare CCO assigns members to provider offices based on quality performance and PCPCH recognition through our Quality Based Member Assignment tool. Whenever possible, we assign members to those providers who have proven their ability to manage care by providing whole-person care and who demonstrate the ability to improve the health outcomes of the members they serve.

AllCare CCO incentivizes provider offices for PCPCH recognition based on tier level, panel size, and geographical location. PCPCH payments are made using a per-member-per-month (pmpm) model. In an effort to provide ongoing support to clinics as they are faced with the financial challenges presented by the COVID 19 public health crisis, AllCare

will continue to make payments on a monthly basis as opposed to the quarterly distribution done pre-pandemic. PMPM rates are adjusted for practices for the following reasons: 1) PCPCH tier level; 2) number of members assigned to the practice; and, 3) greater distance from a designated city center.

In an effort to increase access and acknowledge that larger panel sizes require more resources to manage, practices with a patient panel size greater than 500, will receive an increased pmpm amount. Beginning in 2020 and continuing through the CCO 2.0 contract period, the pmpm will be adjusted according to tier level.

E. **Activities and monitoring for performance improvement**:

Activity 1 description: Because PCPCH clinics have been shown to provide high quality, cost-effective care for their patients, AllCare Health CCO will work to increase the percentage of its members who are assigned to providers PCPCH recognized clinic.

☐ Short term or ☒ Long term

Monitoring activity 1 for improvement: AllCare CCO will monitor member assignment among both PCPCH, and non-PCPCH provider practices in an effort to increase member assignment with providers who are practicing with a recognized PCPCH practice.

As with recognized clinics, member assignment will be prioritized by those performing at higher levels. We will explore setting thresholds for providers who fall below specific quality benchmarks. Those providers will not be permitted to receive member assignment until they have improved quality and/or engaged in the PCPCH program.

In an effort to promote whole-person care and improve the health of chronically ill and high-risk members, we will utilize our internal Provider Program Coordinator (PPC) to perform an ongoing, supportive role with practices during and after the PCPCH certification process. The PPC will work to advise practices to attest to the standards that practices have confidence in meeting, while encouraging practices to explore ways to incorporate continuous improvement modalities. The PPC reaches out to unrecognized offices to promote participation by:

- Initiating contact via email and by phone to orient practice staff to the role of the PPC
- Providing education on the benefits of PCPCH program participation and the proven positive impacts becoming a PCPCH practice has on clinical outcomes
- Offering technical assistance in the following ways:
    - Sharing AllCare CCO's current payment methodology along with an example of the practice's monthly payout based on members currently assigned at each tier level (tier 3 and higher)
    - Reviewing the PCPCH Technical Assistance Guidebook with practices and giving clarification on standard criteria
    - Assisting practices with assessing current state, and identifying barriers and opportunities for improvement in order to successfully satisfy PCPCH standards.
    - Making workflow recommendations to improve alignment with PCPCH measure intent and purpose.
    - Providing on-site PCPCH support to practices to prepare for PCPCH verification survey and offer to be present during the survey process

Monitoring measure 1.1	Increase percentage of members assigned to PCPCH recognized clinics			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
85.6% of AllCare members assigned to PCPCH recognized clinics as of 12/31/2021.	3% increase from baseline annually	12/2022	Annual improvement targets of +3% apply until AllCare attains current statewide CCO average.	12/2024

Activity 2 description: Increase number of clinics that are newly recognized and/or increase tier for clinics at a level 3 or 4.

☐ Short term or ☒ Long term

Monitoring activity 2 for improvement: In an effort to promote PCPCH tier level advancement, AllCare CCO will monitor practices who appear to have an opportunity to attain a higher level.

AllCare CCO will continue to work in partnership with recognized practices while encouraging these practices to increase tier levels by:

- Checking in with practices, especially those who are approaching their application deadline within 12 months and scheduling frequent meetings with those practices who are requesting additional support
- Offering technical assistance in the following ways:
    - Sharing AllCare CCO's current payment methodology along with an example of the practice's current monthly payout based on members currently assigned compared to the payout amount for the next tier level up
    - Reviewing PCPCH Technical Assistance Guidebook with practices and giving clarification on standard criteria
    - Assisting practices with assessing current state and in identifying barriers to focus improvement activities
    - Making workflow recommendations to improve alignment with PCPCH measure intent and purpose
    - Advising practices who are interested in achieving 5 STAR recognition to prioritize satisfying criteria for at least 13 of the 16 5 STAR designation measures
    - Helping practices select and interpret clinic quality measures, and provide guidance data collection and reporting of selected measures
    - Suggesting that practices adopt a team-based approach to care and develop new processes such as care coordination, screening for social determinants of health, and integration of behavioral health and dental services.
    - Recommending that practices optimize reporting functions in their electronic health record system and claims data to drive improvement activities
    - Offering training to practices on developing Plan-Do-Study-Act (PDSA) cycles to demonstrate improvement effort
    - Continuing to enhance understanding of organizational conditions and best practices of high performing clinics
    - Providing on-site PCPCH support to practices to prepare for PCPCH verification survey and be present during survey process
    - Keeping abreast of changes to PCPCH program including updates to quality measures and any revisions to standards and informing practices of any changes that may be relevant to the practice in a timely manner.

Monitoring measure 2.1	Increase weighted tier rating.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
OHA Tier Weighted Formula: 70.1% Member assignment as of 12/31/21 Non-PCPCH: 8349 (14%) Tier 1: 0 Tier 2: 0 Tier 3: 8277 (15%) Tier 4: 28377 (49%) Tier 5: 12918 (22%)	Achieve weighted tier rating of 71.94% (2020 baseline). **With the changes to the PCPCH 2020 TA Guide, higher tier levels are more difficult to maintain/achieve.**	12/2022	Annual improvement targets of +3% apply until AllCare attains current statewide CCO average.	12/2023 (+3% from baseline)

A. **Project short title**: Project 6: Support Increased Access to Oral Health Services within a Physical and/or Behavioral Health Setting and Oral Health Referrals to Community Services

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project

If continued, insert unique project ID from OHA: 55

B. **Components addressed:**

i. Component 1: Oral health integration
ii. Component 2 (if applicable): Behavioral health integration
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an item

C. **Component prior year assessment:**

In 2021, the Expanded Practice Dental Hygienist (EPDH) worked at Options for Southern Oregon, our community mental health partner, 1 day a week, and Grants Pass Clinic, a primary care and multi-specialty group, 2 days per week. 51 patients were seen at Options in Grants Pass, 27 patients were seen at Options in Medford and 78 patients seen at Grants Pass Clinic. The hygienist sees all patients, CCO and uninsured but the data shared reflects only CCO patients. We saw a drop in follow up visits but will continue to monitor for 2022. Due to COVID restrictions still in place, our percent of patients seen as a follow up dropped from 40% in 2020 to 22% in 2021. We feel this is due to many people not feeling comfortable going into the dental office as well as COVID related staffing issues. The EPDH had to fill in at other clinics at the peak of the Delta variant wave and was only spending about 12 hours per month at Options for Southern Oregon. We will continue with last year's goal to increase follow up visits by 5% of members seen at non-dental location.

D. **Project context:**

In 2020, COVID deeply impacted AllCare's ability to move forward with this TQS project. In 2021, AllCare continued to be hit with barriers related to COVID and workforce shortages but work on the project continued. The Expanded Practice Dental Hygienist that was in the offices noted in the project saw an increase in patients at both locations from 2020 to 2021 and did begin seeing patients in the Jackson County location late in 2021. AllCare has decided to continue the project for 2022 in the hope of seeing increased patient utilization at the locations as well as increased follow up in

the home dental offices where the patients are being referred. The significant impact the hygienist has made by seeing patients at the Options locations has been widely noticed. We have received many impact stories about how the hygienist has been able to help those struggling with behavioral health services access much needed oral health services. An unexpected, yet amazing benefit to this program has been the education about behavioral health that the hygienist has learned. She was able to use her new skills and recognize that one of her patients at Options was struggling so she asked the patient and they disclosed they were having suicidal thoughts. She was able to do an immediate warm hand off to a behavioral health clinician on site that helped the patient deal with his crisis. The member returned a few weeks later and was able to reconnect with the hygienist and thank her for recognizing his need for services. The Director of Oral Health Services and the Hygienist have spoken at several conferences throughout Oregon as well as nationally to describe the collaboration efforts of all parties involved and to share best practices among others who are looking to integrate oral health in a physical and/or behavioral health setting.

Those living with serious mental illness are at higher risk and have higher prevalence of having poor physical health. Oral health is a big part of our overall health and it can be even more of a challenge for patients with mental health issues to seek care due to fear, anxiety, shame and judgement from providers. The connection between the two is bi-directional: oral health problems are often exacerbated when a person has behavioral health needs, and mental health is likely to be made worse by poor oral health. It is critically important to maintain EPDH services in these integrated care settings and continue to increase the hygienist's availability to mental health patients and staff to promote awareness, education and provide timely interventions.

Another area of behavioral health that we have been trying to increase oral health awareness and services in is Substance Use Disorder (SUD) treatment programs. The pandemic has made this very difficult due to the inability for providers to be in-person and the lack of hygienists available to expand into this setting. Dental issues are one of the most common health conditions that those with SUD experience and many never access the oral healthcare they need. Many patients in SUD treatment/recovery need major dental procedures like root canal or extraction but delay or don't access care due to fear of needing/using prescribed opioids/narcotics. Many oral health providers don't ask about the patient's SUD treatment or recovery status and are not skilled in effectively discussing non-narcotic pain mitigation plans for patients in recovery. Despite the barriers we have had with implementing oral health services in SUD settings, we feel these are much needed services for a population that has more disease and less access. At minimum, oral health education in SUD settings will be prioritized. This education would be exponentially beneficial for members in the residential SUD programs who are parenting children ages 0-5. AllCare has 3 of these types of programs in our region, also known as Mom's and Dad's programs. Targeted oral health awareness and education in these programs are not only beneficial for the patient's own care but also impactful for them to learn how to best care for their child's oral health.

E. **Brief narrative description**:

AllCare CCO plans to continue to expand oral health integration into our physical health and behavioral health clinics in 2022 with an emphasis on assessing and addressing the needs of the communities we serve. AllCare plans to expand dental integration services into Douglas County in 2022. AllCare's Director of Oral Health Services will continue to work with community partners and providers to build professional relationships and will continuously evaluate and adjust procedures as needed. AllCare CCO will continue to collect data on the number of members seen at the clinics and the referrals made to dental homes on an ongoing basis to establish a baseline, develop benchmarks and improvement targets. AllCare will also continue to monitor this Transformation and Quality program for increased engagement with these integrated providers.

As mentioned above, maintaining the hours of the EPDH has been difficult at Options and was impossible to expand into the residential SUD programs due to the COVID-19 pandemic and workforce shortage issues. AllCare will continue to preserve the EPDH position and collaborate with these partners to at least get back to 12 hours per month of oral health

services being provided at Options. This could include use of the hygienist's time in group settings, in children's programs and/or providing education to mental health staff. As it is very unlikely that EPDH position and time will be available to expand into our residential SUD settings in 2022, AllCare will begin working with SUD providers and the hygienist to provide oral health education services to our 3 local Mom's and Dad's programs. This will include, but is not limited to, monthly educational presentations by AllCare's Director of Oral Health Services, culturally appropriate educational materials, and referrals to dental health homes for members and their children/families.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: AllCare will continue to increase oral health access and services into behavioral and physical health clinics in Jackson, Josephine, Curry and Southern Douglas Counties. Southern Douglas County is new to the project this year.

☐ Short term or ☒ Long term

Monitoring measure 1.1	AllCare's Director of Oral Health Services will work with the providers in the project, not only oral health, but behavioral and physical health as well. AllCare will provide support to clinics and providers where services are provided.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently AllCare supports the work of the Expanded Practice Dental Hygienist at Options for Southern Oregon in Grants Pass and Medford, and at Grants Pass Clinic.	Increase the locations dental services are provided in a non-dental setting by at least 1 clinic.	8/2022	Expand to the AllCare Clinic in Glendale (Douglas County) and Curry Family Medical in Port Orford.	12/2022
Monitoring measure 1.2	AllCare's Director of Oral Health Services will monitor the amount of patients seen at non-dental locations as well as the percentage of follow up visits, and work with the dental care providers to assist members in scheduling and attending appointments. We would like to increase this percentage by 5% in 2022.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Due to COVID restrictions still in place our % of patients seen as a follow up dropped to 22%.	Increase the number of follow up visits by patients seen by the hygienist in integrated settings by 5%	8/2022	Increase the number of patient follow up visits to the dental home by 10%	12/2024
Monitoring measure 1.3	Maintain the EPDH currently providing oral health services at Options and increase their hours onsite providing direct hygiene services but also increasing opportunities for awareness, education, prevention, intervention, coordination of care and staff trainings.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**

The EPDH is at Options less than 12 hours per month.	The EPDH will supplement the direct services hours with flexible education and trainings to individuals, groups and staff at Options to obtain at least 12 hours of oral health education and support per month.	12/2022	The EPDH will be providing direct services, coordination to patients on-site for at least 12 hours per month.	12/2023

Monitoring measure 1.4	Increase opportunities for oral health education and hygiene services in Behavioral Health Setting.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently providing integrated services with Options for Southern Oregon	Expand oral health education into at least one substance use disorder program	12/2022	Implement oral health hygiene services in at least one substance use disorder program	12/2023

Activity 2 description: AllCare will continue to work with Unite Us, Connect Oregon, and all of the dental partners, providers and other stakeholders to implement referrals to outside community partners from the dental office.

☐ Short term or ☒ Long term

Monitoring measure 2.1	AllCare's Director of Oral Health Services will support the dental partners by providing the tools necessary to use the Community Information Exchange (CIE) platform for referrals to outside community supports.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Community partners are using Unite Us, dental partners are still in the early implementation stage for the platform.	Targeted dental partners identified, and now need to fully implement Unite Us usage in the 3 clinics.	7/2022	Pull data related to referrals and utilization of the CIE to establish baseline utilization. Collaborate with the DCO's, Community Partners and Unite Us to increase referrals made by dental offices using Unite Us data.	12/2024

A. **Project short title**: Project 7: Health Equity, African American PCP visits

Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project

If continued, insert unique project ID from OHA: #56

B. **Components addressed**

i. Component 1: Health equity: Data
ii. Component 2 (if applicable): Health equity: Cultural responsiveness
iii. Component 3 (if applicable): Access: Cultural considerations
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☒ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery

C. **Component prior year assessment:**

AllCare has a Data Workgroup as part of the Internal "Health Equity and Inclusivity Action Team". That data workgroup has identified that African American AllCare CCO members have low Primary Care encounter rates compared to the rest of the AllCare CCO membership. Quarterly reports are being generated and reviewed by the Health Equity Team and Quality Director. There was an increase of African American patients who had a Primary Care Provider (PCP) visit in 2021 vs 2020. Data shows an increase of 3% from 52% in 2020 to 55% as of Q3 2021 while the overall percentage of CCO members who had a PCP visit remained the same at 61%. This is an early indicator that the strategies we have put in place are having a positive impact on increasing African American member engagement.

D. **Project context:**

The Steering Committee of the Health Equity and Inclusivity Action Team approved for the Data Work Group to establish a dashboard to monitor the inequity of low African American PCP engagement. After the dashboard was established, this project was moved to the Culturally Specific Materials (aka CLAS workgroup). This workgroup was also tasked with focusing on Covid-19 vaccination efforts in the region. This forced resources that could have been focused to the project, to be directed towards Community Based Organization vaccination efforts. The workgroup, in partnership with the Regional Health Equity coalition is focusing heavily on addressing the systemic issues that have caused disparities in Primary Care and vaccination rates with African American AllCare members.

The Oregon Health Authority has identified institutional bias as one of the strategic priorities for 2020-2025.

https://www.oregon.gov/oha/PH/ABOUT/Pages/institutional-bias.aspx

This project is further justified by empirical research of African American segregation in communities, and distrust of the medical community.

Arnett MJ, Thorpe RJ Jr, Gaskin DJ, Bowie JV, LaVeist TA. Race, Medical Mistrust, and Segregation in Primary Care as Usual Source of Care: Findings from the Exploring Health Disparities in Integrated Communities Study. J Urban Health. 2016;93(3):456–467. doi:10.1007/s11524-016-0054-9

This focus area of increasing member engagement for African American members was chosen as both a Performance Improvement Project as well as a project for TQS. New interventions that have been created include:

- Quarterly reports are being generated and reviewed by the Health Equity Team and Quality Director
- Questionnaire for PCP upon credentialing and re-credentialing

    - Providing people of color more access to quality healthcare by increasing cultural competency is the timeliest intervention AllCare is able to provide, while focusing on gaps in workforce that do not match the demographics of our region.
- Contracted with a new Family Nurse Practitioner who identifies as African American
- In the current workforce, diversity among Primary Care Providers in Southern Oregon is limited. That can lead to mistrust in doctor-patient relationships, even during routine checkups. Black patients, for instance, may feel more wary with a white doctor than a black doctor, and white doctors may feel less comfortable caring for minority patients. Not only is there empirical evidence to support this, AllCare's communities of color have expressed this on multiple occasions.
- Panel Discussion
    - A panel discussion was held with members of the community who identify as African American and Hispanic to discuss their experiences in the community. The event was formatted so that community members could speak directly to their experience in the region. This allowed HR professionals in the Medical and other fields who attended to better understand barriers to inclusion. All professionals that participated were then asked to join a Regional Health Equity Coalition work group in Josephine County. Individuals of color are still participating in the Regional Health Equity Coalition and working with AllCare to develop further interventions.
- Community Antiracism trainings

AllCare has contracted with Matthew Reynolds Consulting to provide a Crafting Equity Lens 3-Day (in-person) Workshop that addresses structural and systemic racism. The primary focus of the training is Behavioral Health clinicians working in a Primary Care Setting; however, it is open to the whole community. The first round of trainings was completed in January. The next is scheduled for April 11-16 2022.

E. **Brief narrative description**:

The internal infrastructure of AllCare's Health Equity workgroups was significantly impacted by the COVID-19 pandemic. These workgroups prioritized Covid-19 education and testing within the region. AllCare grants funded 10 Community Based Organizations to hold vaccine and education events throughout Southern Oregon. Southern Oregon African American community groups (B.A.S.E., SO-BLACC, and SO-Equity) have been resistant to providing any events specifically focused on Covid-19 vaccinations or vaccine education. There is significant distrust by the African American community in the region of any institutions offering Covid-19 resources. As historically demonstrated, these groups did not trust that any interventions would be permanent, but only in place long enough to achieve the goal.

AllCare has been engaging with the African American community in all counties that AllCare serves for the last five years. There is mistrust in doctor-patient relationships, even during routine checkups. The community has identified that discordant patient-provider interactions can be improved by training more culturally and structurally competent doctors as well as hiring providers that African American patients can better identify with. Although finding, hiring and retaining providers of color is vital; getting people of color more access to quality healthcare by increasing cultural competency, through the credentialing process among all AllCare Providers is another goal for 2022. AllCare was able to contract with a Nurse Practitioner that identifies as African American in 2021. As a new independent practice, the provider does not have as many supports as a larger clinic system. It has been difficult for the provider to remain independent as they do not have the same financial reserves. It has been difficult to find grant programs to support an independent provider. This is crucial in the project though, as the provider selected the location of the practice, to ensure ease of access to African American patients in Jackson County.

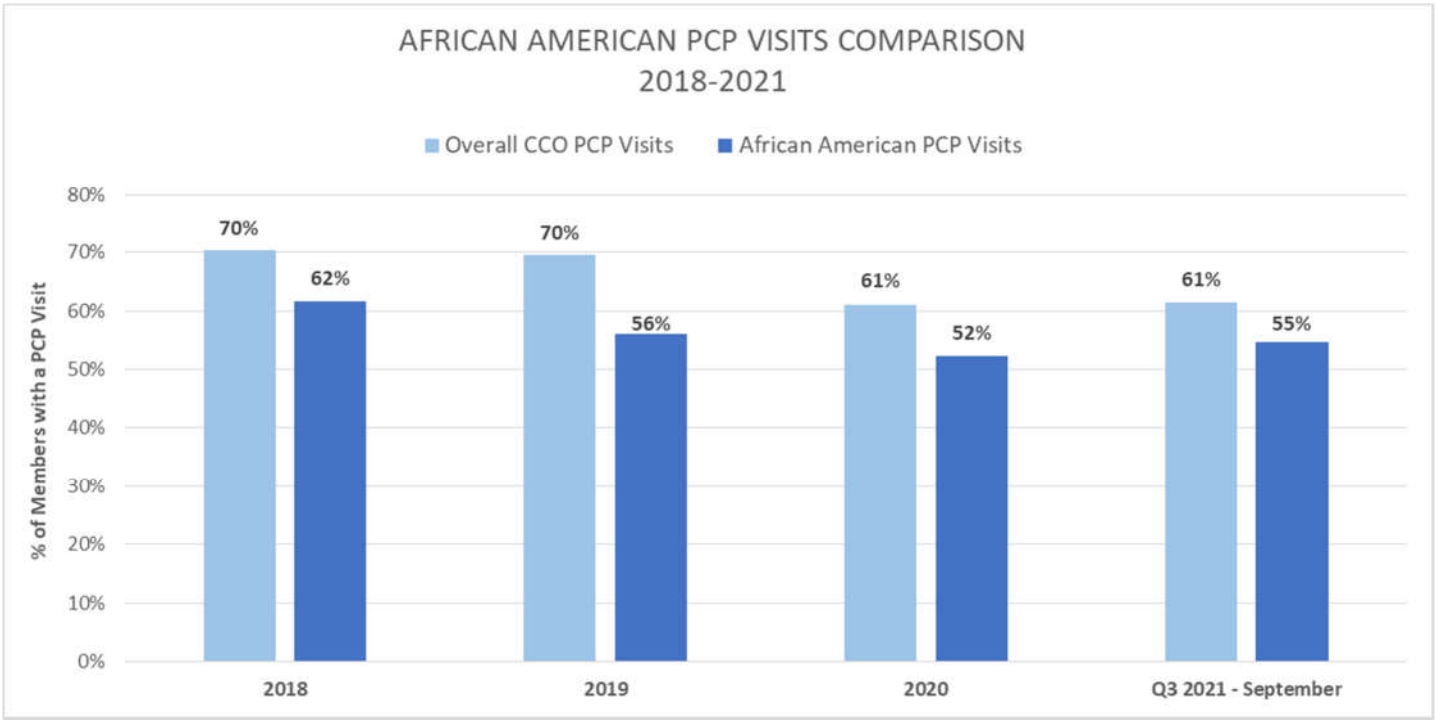
F. **Activities and monitoring for performance improvement**:

Activity 1 description: Contracted with a new Nurse Practitioner who identifies as African American. Though the Provider identifies as African American, the clinic is designed to provide services to all People of Color (POC). Along with

a focus on Linguistics and LGBTQ+ culturally competent care. Assignment will be tracked by POC and then the focus will be on African American Primary Care visits.

☐ Short term or ☒ Long term

Monitoring measure 1.1	Contracting and credentialing has been completed with a provider to provide culturally appropriate services in Jackson County.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Provider's assigned panel currently contains 12% POC	Target: (11%) POC= People of Color) assigned to this provider.	12/2021	(15%) POC= People of Color) assigned to this provider.	12/2022
Monitoring measure 1.2	Increase PCP Visits for African American CCO members			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
55% of African American Members seeing Primary Care provider on an annual basis	58% of African American members seeing Primary Care provider on an annual basis	12/2022	61% of African American members seeing Primary Care provider on an annual basis	12/2024



Activity 2 description: Questionnaire for a Culturally Competent practice to be added to credentialing process.

☐ Short term or ☒ Long term

Monitoring measure 2.1	Tracking of Provider offices that are Culturally Competent			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Questionnaire for a Culturally Competent practice is complete for the credentialing process, but not implemented.	33% of providers complete questionnaire	6/2023	Re-credentialing occurs every 3 three years. 100% of providers complete the process.	06/2026

A. **Project short title**: Project 8: Mental Health Service Access Monitoring for Adults with SPMI

Continued or slightly modified from prior TQS? ☐Yes ☒No, this is a new project

If continued, insert unique project ID from OHA:

B. **Components addressed**

i. Component 1: Serious and persistent mental illness
ii. Component 2 (if applicable): Choose an item.
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an item

C. **Component prior year assessment:**

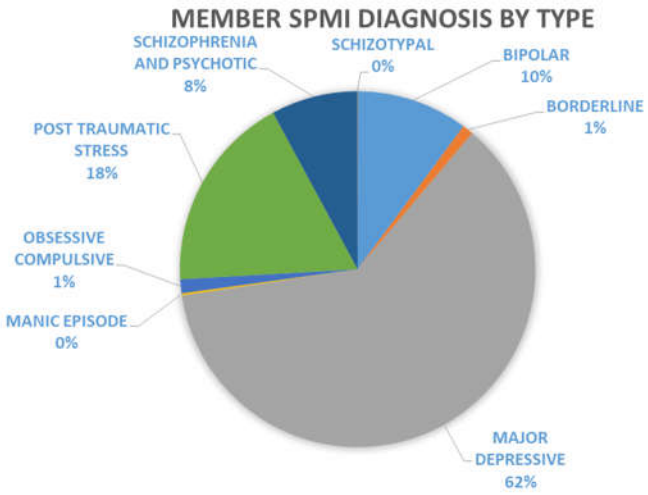
AllCare Health completed our prior year assessment by using 2021 claims data. Our claims show that we have 7,434 members that qualify as having a Serious and Persistent Mental Illness (SPMI). It is of note that our baseline data does include members under age 18 who meet the diagnosis specifications as defined by the OHA. AllCare will monitor the claims and access for this youth population but will not be including them in this project.

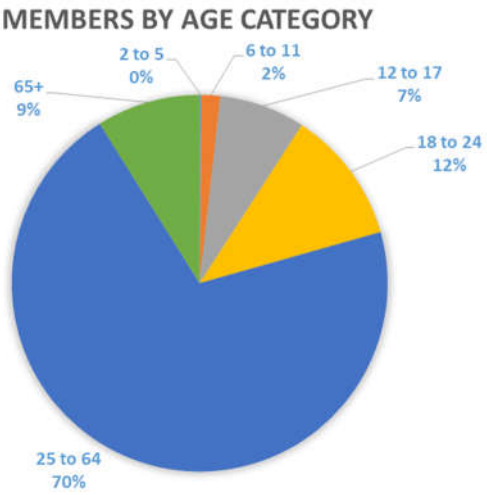
Our baseline claims data shows that the majority of our members with SPMI are diagnosed with Major Depressive Disorder and this group has the lowest percentage of engagement in Mental Health (MH) services. There were 4,571 members with a Major Depression diagnosis, with 57% of them having accessed a qualifying MH service within the baseline year time period. The second largest diagnostic group is 1,338 members with Post Traumatic Stress Disorder (PTSD). This group shows strong access to MH services at 84% being engaged.

The 2021 year-to-date claims data is as follows:

AllCare SPMI Measure					
Data Year: 2021					
Members	**Members with SPMI Dx**	**Engaged in MH Services**	**Not Engaged in MH Services**	**Percent Engaged**	**Percent Not Engaged**

SPMI Members	7434	4888	2546	66%	34%
Diagnosis Categories	**Members with SPMI Dx**	**Engaged in MH Services**	**Not Engaged in MH Services**	**Percent Engaged**	**Percent Not Engaged**
BIPOLAR	755	559	196	74%	26%
BORDERLINE	74	67	7	91%	9%
MAJOR DEPRESSIVE	4571	2618	1953	57%	43%
MANIC EPISODE	14	12	2	86%	14%
OBSESSIVE COMPULSIVE	95	56	39	59%	41%
POST TRAUMATIC STRESS	1338	1119	219	84%	16%
SCHIZOPHRENIA AND PSYCHOTIC	584	454	130	78%	22%
SCHIZOTYPAL	3	3	0	100%	0%
Grand Total	**7434**	**4888**	**2546**	**66%**	**34%**
Age Category	**Members with SPMI Dx**	**Engaged in MH Services**	**Not Engaged in MH Services**	**Percent Engaged**	**Percent Not Engaged**
2 to 5	11	10	1	91%	9%
6 to 11	121	110	11	91%	9%
12 to 17	548	450	98	82%	18%
18 to 24	853	597	256	70%	30%
25 to 64	5238	3386	1852	65%	35%
65+	663	335	328	51%	49%
Grand Total	**7434**	**4888**	**2546**	**66%**	**34%**
County	**Members with SPMI Dx**	**Engaged in MH Services**	**Not Engaged in MH Services**	**Percent Engaged**	**Percent Not Engaged**
CURRY	608	406	202	67%	33%
DOUGLAS	101	66	35	65%	35%
JACKSON	1904	1236	668	65%	35%
JOSEPHINE	4757	3133	1624	66%	34%
OUTSIDE AREA	64	47	17	73%	27%
Grand Total	**7434**	**4888**	**2546**	**66%**	**34%**





D. **Project context:**

AllCare Health works hard to ensure that all members have access to the Mental Health services that they need. This is especially important for our members living with Severe and Persistent Mental Illness (SPMI). We know that those living with SPMI experience many health disparities and have much lower life expectancy than those without SPMI. It is important that AllCare and other CCOs continue the work of the Behavioral Health Quality and Performance Improvement Plan to ensure delivery of community services that help adults with SPMI live in the most integrated setting appropriate to their needs, achieve positive outcomes, and prevent unnecessary institutionalization.

AllCare has conducted ongoing data and utilization monitoring for this population for many years but aims to perform more detailed analysis to better understand community-based MH service access for adults with SPMI. Our CCO membership in December 2021 was about 57,000 members with approximately 39,000 being over age 18. A total of 6,754, or 17%, of our adult members had a qualifying SPMI diagnosis per claims data. The following is further breakdown of AllCare's all age membership with SPMI individuals per County: Josephine 4,757, Jackson 1,904, Curry and Southern Douglas 101.

National prevalence and statistics, according to NAMI's (National Alliance on Mental Illness) 2020 Mental Health By the Numbers report, show that 5.6% of US adults experienced serious mental illness (SMI) and 64.5% of these adults received treatment. The COVID-19 pandemic has amplified behavioral health problems. The NAMI report also indicates that 1 in 15 US adults experienced both a substance use disorder and mental illness. 12+ million US adults had serious thoughts of suicide. Lastly, more than half, 55%, of US adults with SMI report that the pandemic had a significant negative impact on their mental health.

AllCare will be working closely with our subcontracted Mental Health providers to achieve increased access to mental health services for adult CCO members diagnosed with SPMI. The work is timely and aligns with the Statewide PIP for MH Service Access Monitoring. Furthermore, the Statewide PIP gave us standard data sets and specifications to be able to effectively compare MH access utilization of our larger member populations with this targeted population of adults with SPMI. Our baseline data shows there is need for improvement across all age levels. AllCare looks forward to being able to better understand the gaps in accessing MH services and improving community-based MH access for our members living with SPMI.

E. **Brief narrative description**:

AllCare Health will be monitoring and tracking MH access via claims data quarterly reporting. AllCare Health will use outlined data to track engagement of our adult members living with SPMI. The goal of this TQS project is to increase

engagement percentage MH service access for AllCare CCO Adults diagnosed with a SPMI by 3% in year one. Measure specifications are outlined below.

Additionally, we will be collaborating with our subcontracted MH providers to ensure they understand the project, performance metrics and AllCare claims data. Together, we will begin to identify and understand the access issues and disparities for this population. AllCare will work with the MH providers to better target our outreach and engagement efforts for members diagnosed with SPMI who have not accessed MH services. AllCare and our MH providers will work to identify disparities for this population, including if access is worse or better for certain ages, races and/or zip codes. Based on what our analysis determines after our baseline and year 1 data, we will investigate the disparities and barriers to access in order to identify areas where access points can be modified or developed to better serve this population.

AllCare Health will be using the Statewide PIP MH Services Access Monitoring specifications but narrowed to focus on adults with SPMI diagnosis per the OHA CCO Incentive metrics definition. The most recent OHA Data Dashboard defines SPMI as Members having 2+ instances of any of the qualifying diagnosis codes in the past 36 months and be 18+ years of age. Qualifying ICD-10 codes are as follows: F20-F29 (Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders), F30-F39 (Mood/affective disorders), F42 (Obsessive Compulsive disorder), F43.10-F43.12 (PTSD) and F603 (Borderline personality disorder).

Measure Specifications:

Denominator
Mental health service need is identified by the occurrence of any of the following conditions:

1. Receipt of any mental health service encounter meeting the numerator service criteria in the 24-month identification window where diagnosis of mental illness is in the first three diagnosis codes.
2. Any diagnosis of SPMI (not restricted to primary) in the SPMI-Diagnosis code set in the 24-month identification window.

Numerator
Members receiving at least one outpatient mental health service meeting at least one of the following criteria, applied by claim line, in the 12-month measurement year, and after the denominator event:

1. Receipt of an outpatient service with a procedure code in the MH-Proc1 value set
2. Receipt of an outpatient service with:
    a. Servicing provider taxonomy code in the MH-Taxonomy value set AND
    b. Procedure code in MH-Proc2 value set OR MH-Proc3 value set AND
    c. Primary diagnosis code in the SPMI-Diagnosis value set
3. Receipt of an outpatient service with:
    a. Procedure code in MH-Proc4 value set AND
    b. Any diagnosis code in the SPMI-Diagnosis value set
4. Receipt of an outpatient service with:
    a. Servicing provider taxonomy code in the MH-Taxonomy value set AND
    b. Procedure code in MH-Proc5 value set AND
    c. Any diagnosis code in the SPMI-Diagnosis value set
5. Receipt of an outpatient service with:
    a. Procedure code in MH-Proc3 AND
    b. Primary diagnosis code in the SPMI-Diagnosis value set

<u>Exclusions</u>

1. Hospice care in the measurement year
2. Gap of eligibility greater than 45 days in the measurement year

3. Services provided at a laboratory

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Maintain accurate and useful Adult SPMI MH access data and analyze to identify trends.

☒ Short term or ☐ Long term

Monitoring measure 1.1	Develop measurement specifications and ongoing reports.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Draft data set and measure specifications	Finalize data set and measure specifications	02/2022	Quarterly reports generated and distributed to Project Team 30 days after end of each quarter.	04/2022
Monitoring measure 1.2	Increase engagement in MH Services			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
64% adult SPMI engaged in MH services	67%	01/2023	70%	12/2023
Monitoring measure 1.2	Identify disparities in data			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently disparities related to access for specific member demographics, member location and/or clinic locations are unknown within our adult SPMI population.	AllCare is able to identify at least 1 subset/targeted population within the SPMI adult data that are experiencing disparate challenges accessing MH services.	09/2022	At least 1 modification to current MH access point or creation of a new MH access point for adult SPMI members based on the analysis of 2 years of data.	06/2023

Activity 2 description: Partner with subcontracted MH providers on this project to ensure they understand the measures, data and expectations. Work together to identify disparities, barriers and other challenges with the identified population accessing mental health services. Identify and implement improvements and/or changes to the MH provider and CCO outreach and engagement processes based on the data.

☒ Short term or ☐ Long term

Monitoring measure 2.1	Educate MH providers on the project			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
MH providers are unaware of this project, measure,	MH providers have all project information, measure specifications	04/2022	N/A	N/A

data and expectations	and baseline data summary.			
Monitoring measure 2.2	AllCare and MH providers develop outreach and engagement strategies for this adult SPMI population based on AllCare's data.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
No outreach and engagement strategies identified for adults with SPMI based on data.	2 or more strategies are identified to modify an existing or add a new outreach/engagement process for this population based on the data.	10/2022	2 or more strategies are implemented to modify and existing or add a new outreach/engagement process for this population based on the data.	01/2023

Activity 3 description: AllCare will use our data and collaboration with providers to implement improvements and/or new strategies to increase MH services access for our members living with SPMI. These strategies will be based in data and will be flexible, not relying on billable services only. AllCare will move the innovative strategies and solutions into a pay for performance model. We aim to look beyond just MH providers and include all providers that can positively impact MH services access for this population.

☐ Short term or ☒ Long term

Monitoring measure 3.1	Value Based Payments (VBP)			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
No Value Based Payment (VBP) based on increasing access for disparate SPMI members.	Develop a Value Based Payment (VBP) measure based on the project data that increases access for members with SPMI who are experiencing disparities.	01/2024	Implementation of a Population-Based Payment for appropriate providers (mental, physical, oral, specialty, etc.)	12/2024

A. **Project short title**: Project 9: Education on the Appeals and Grievance Process for Targeted Patient Populations

Continued or slightly modified from prior TQS? ☐Yes ☒No, this is a new project

If continued, insert unique project ID from OHA:

B. **Components addressed:**

i. Component 1: Grievance and appeal system
ii. Component 2 (if applicable): Choose an item.
iii. Component 3 (if applicable): Choose an item.

iv. Does this include aspects of health information technology? ☐ Yes ☒ No

v. If this project addresses social determinants of health & equity, which domain(s) does it address?

☐ Economic stability ☐ Education

☐ Neighborhood and build environment ☐ Social and community health

vi. If this project addresses CLAS standards, which standard does it primarily address? Choose an item

C. **Component prior year assessment:**

This new project was selected based off of the number of grievances and appeals that were submitted by members with Limited English Proficiency (LEP) compared to members who identify as speaking English, or who did not identify a language or that interpreter services were needed. AllCare CCO also looked at the race/ethnicity of the members who submitted a grievance or appeal. There were very few members submitting grievances and appeals who identified as any other race than white, unknown, not listed, or other. AllCare intends to identify reasons why these members are not submitting grievances and appeals.

D. **Project context:**

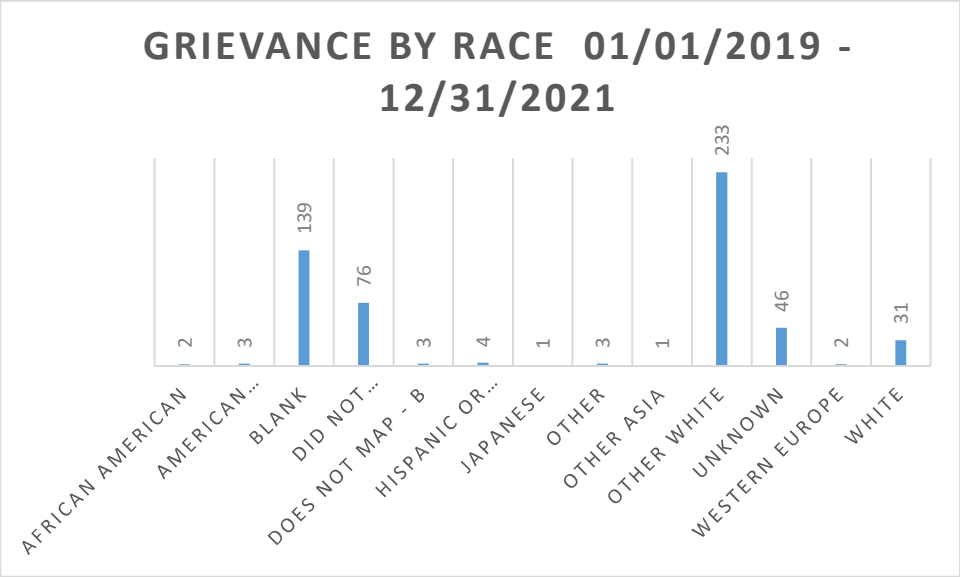
The vast majority of grievances or appeals submitted to AllCare CCO from January 2019 through December 2021 were submitted by English speaking members. Further investigation was conducted which showed grievances and appeals were primarily submitted by members who indicated their race as white, other white, did not answer/declined to answer or was left blank. Furthermore, there was only one grievance submitted where the member identified as needing interpreter services, but did not provide the language spoken; there were no appeals submitted to AllCare CCO for members who identified as needing interpreter services.

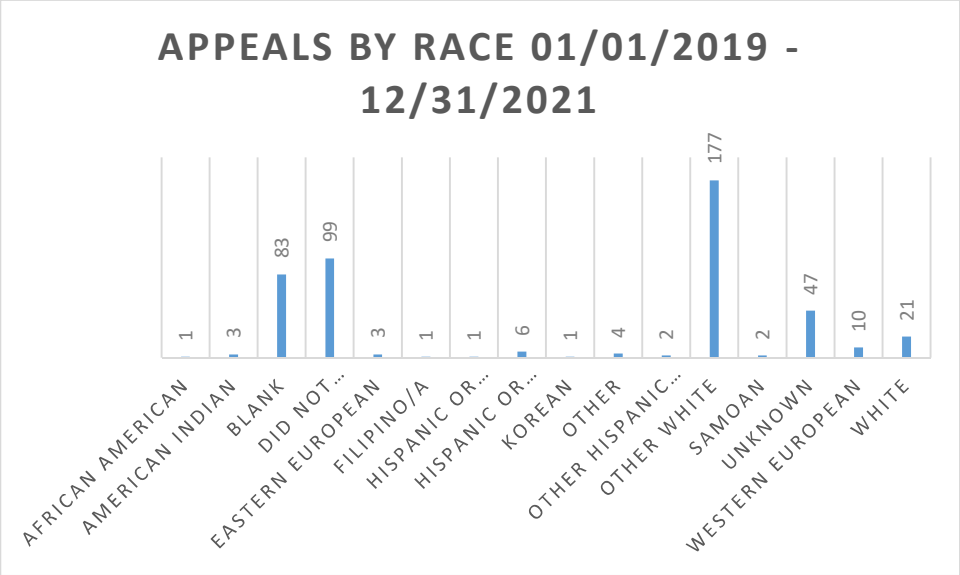
AllCare CCO is not certain there are any issues or concerns from LEP and/or non-white members regarding submitting appeals or grievances. However, based on initial findings, we feel it is important to explore the possibility and address any concerns that are brought forth through our efforts. In addition, we will conduct member education on the appeals and grievance submission and review process.

AllCare CCO will be working with various community based agencies to increase awareness regarding the member's right to file grievances and appeals. This will include hosting virtual trainings/Q&A's, creating written educational materials and/or outreach to our members directly.

Our members that speak other languages and have other cultures may not be submitting grievances or appeals due to not knowing the process, not feeling comfortable due to cultural customs, or other unknown reasons. AllCare will develop action plans to address identified barriers/issues for our members regarding this process. AllCare will also provide education for our members regarding their grievance and appeals rights and the importance of exercising those rights.

AllCare will monitor for quarterly submission of grievances or appeals from members who are LEP or a race/ethnicity other than white. In addition, the Quality Improvement Committee and the Community Advisory Council will provide the oversight and feedback on the project.





Below is a breakdown on the identified language of members who filed a grievance or an appeal in 2019-2021.

Language of those filing a Grievance			**Language of those who filed an appeal**	
Spoken Interpretation	1		Spoken Interpretation	0
No Spoken Interpretation needed	404		No Spoken Interpretation needed	378
Blank	139		Blank	83

E. **Brief narrative description**:

AllCare CCO will be working with our community partners to conduct Listening Sessions and other outreach activities with our members to uncover reasons why they do not submit grievances or appeals. Next, we will create targeted education on their rights as a CCO member to file a grievance or appeal. In addition, we will provide education to

members explaining the importance of filing grievance and appeals. We will also educate members on how to obtain covered services. AllCare will work to create strategies to address additional barriers/issues expressed in the Listening Sessions.

F. **Activities and monitoring for performance improvement**:

AllCare CCO has observed over the past three years the number of grievances and appeals submitted to AllCare has been primarily from white, English speaking members. AllCare intends to obtain member feedback regarding issues and barriers to submitting grievances or appeals to ascertain if there are any unknown reasons for their low submission rates.

Activity 1 description: Conduct listening sessions with members to determine reasons why AllCare is not receiving grievances or appeals from LEP or non-white members.

☒ Short term or ☐ Long term

Monitoring measure 1.1	Investigation and understanding			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently AllCare has preliminary data indicating potential barriers for our Limited English Proficiency and/or non-white members to submit grievances or appeals	Conduct at least 1 Listening session per county in the CCO service area to understand reasons for few grievance and appeals being submitted.	09/1/2022	Develop targeted member material and/or trainings based on feedback from members and develop additional strategies as issues are identified	6/1/2023
Monitoring measure 1.2				
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently not regularly discussing grievance and appeals in Community Advisory Councils (CACs)	Discuss grievances and appeals in Community Advisory Councils on a quarterly basis	6/1/2022	N/A	N/A

Activity 2 description: Monitor number of grievances or appeals from LEP or non-white members to indicate efforts to decrease barriers and increase awareness has been successful.

☐ Short term or ☒ Long term

Monitoring measure 2.1	Monitoring progress			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently there were zero grievances or appeals submitted by with members	After the Listening Sessions and member education, monitor to see if	10/1/2022	Quarterly monitoring of the types of grievances and appeals and the	12/31/2023

Limited English Proficiency and few from non-white members	there is an increase in grievances or appeals submitted by Limited English Proficiency and/or non-white members		preferred language and race/ethnicity of the member.	

A. **Project short title**: Project 10: Primary Care Access in Jackson County

Continued or slightly modified from prior TQS? ☐Yes ☒No, this is a new project

If continued, insert unique project ID from OHA:

B. **Components addressed**

i. Component 1: Access: Timely
ii. Component 2 (if applicable): Access: Quality and adequacy of services
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this project addresses social determinants of health & equity, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this project addresses CLAS standards, which standard does it primarily address? 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area

C. **Component prior year assessment:**

AllCare CCO provides and ensures that all services covered under the OHP plan are available and accessible to our members in a timely manner. Sixty-eight percent of Josephine County members had a Primary Care visit in 2021, while only fifty-eight percent of the Jackson County membership had a Primary Care visit in 2021.

D. **Project context:**

AllCare monitors the entire network based upon providers per 1,000 methodology and the time and distance within each zip code. AllCare utilizes the CMS Medicare Advantage time and distance standards within the service delivery network for each zip code and county. This allows the CCO to look at a more detailed level, and invest in network decisions to provide greater access to the membership. By looking at the zip code detail along with factors such as quality metrics, appointment wait times, appeals and grievances and stratifying this data by race, ethnicity, age, language, and disability, AllCare has the ability to focus recruitment and investment strategies on the most culturally appropriate provider in the zip code or region. The network may be sufficient for the whole county, yet there is geographic, social determinants of health, and transportation barriers for some members to get the services they need. When AllCare focuses on over saturated markets by zip code, we can be selective on investments to providers with services our members want, for example, interpreters, hours outside of 9-5, meet specific cultural needs of members. AllCare currently meets the OHA 30 mile/30 Minute standard for provider availability in all counties in its service area.

E. **Brief narrative description**:

For Jackson County 85% of the Jackson County membership network is within 10 Miles of a Primary Care Provider, while 95% of the Josephine County network is within 10 Miles of a Primary Care Provider. AllCare meets the current OHP standard of 30 miles for 95% of the population in all of Jackson County. AllCare has the opportunity to support the opening of a clinic to help expand access in a rural region of Jackson County. Due to the business dynamics of Jackson County, and a Non-Disclosure Agreement with the current owner of the clinic, AllCare is unable to disclose the specific

location. Currently the launch date for the clinic is August 1st, 2022, and there is not expected to be delays. The average travel time for residents to the next closest clinic is 19 minutes geographically. There are two providers open to new patients in that clinic, with a seven day wait time for a new appointment.

F. **Activities and monitoring for performance improvement**:

Activity 1 description: Provider Recruitment within Rural Regions of Jackson County

☐ Short term or ☒ Long term

Monitoring measure 1	Arc Gis Data Monitoring			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
85% of the Jackson County network is within 10 Miles of a Primary Care Provider	Increase the Primary Care Provider network in Jackson county to 90% of Members within 10 Miles of Jackson County PCP	12/2022	Increase the Primary Care Provider network in Jackson county to 95% of Members within 10 Miles of Jackson County PCP	12/2023

Activity 2 description: Monitoring of Appointment Wait Times

☐ Short term or ☒ Long term

Monitoring measure 2	Reduce average wait times for new appointments in Jackson County			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
For members within Jackson County, there is an average 7 day wait time for new appointments.	3 day average wait for new appointments for members within Jackson County	12/2022	Establish a monitoring report for this region to measure wait times.	12/2022-12/2024

Activity 3 description: Increase Primary Care engagement rates in Jackson County

☐ Short term or ☒ Long term

Monitoring measure 3	Increase PCP visits for members in Jackson County			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
58% of members in Jackson County had a PCP visit in 2021	61% of members in Jackson County have a PCP visit	12/2022	68% of members in Jackson County have a PCP visit	12/2024

Section 2: Discontinued Project(s) Closeout

A. **Project short title:** Timely Access
B. Project unique ID (as provided by OHA): #11
C. Criteria for project discontinuation: Fully matured project that has met its intended outcomes
D. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): AllCare CCO engaged in dialogue with the Jackson County Chiropractors to gain a better understanding of what drove longer wait times in the county. The Providers within the county were educated on our expectation of timely access. We have seen access improve since last year and continue monitoring wait times to ensure it will continue. The current average wait time for a Chiropractic appointment in Jackson County is zero days.

A. **Project short title:** Special Healthcare needs; Transitions of Care
B. Project unique ID (as provided by OHA): #49
C. Criteria for project discontinuation: Project fails to meet TQS guidance in requirements for the chosen component(s) based on OHA feedback and/or written assessment
D. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): OHA recommended discontinuing project following their review. AllCare Health determined that retiring this project, and folding elements of this transformation and quality program into #48 was more appropriate and effective to meet the goals and outcomes of our proposed projects.

A. **Project short title:** Provider and Staff Health Literacy Education
B. Project unique ID (as provided by OHA): #51
C. Criteria for project discontinuation: Fully matured project that has met its intended outcomes
D. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): AllCare was able to decrease the number of complaints received from members regarding the member's inability to understand the information provided to the member by either the provider or the health from 21 to 0. Since this area has improved and continues to improve with current process, AllCare would like to focus on other areas to improve the Grievances and Appeals process for members who have cultural or linguistic barriers in accessing the healthcare system.

A. **Project short title:** Warm Handoff from Acute Psychiatric Hospitalization
B. Project unique ID (as provided by OHA): #52
C. Criteria for project discontinuation: CCO's and/or organizations' resources must be reprioritized and shifted to other bodies of work
D. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): AllCare initially chose this project for 2020 as this was a priority project relayed to CCOs during a TQS TA webinar given by OHA's Health Systems Division (HSD) in January 2020. Additionally, the HSD staff highlighted how the Warm Handoff project would meet both the Behavioral Health Integration and SPMI components in TQS. However, OHA's TQS review completed in March 2021 determined that the project only met the SPMI component. OHA re-reviewed and accepted the project as satisfactory for both components in 2021 but informed us that their decision would not extend into 2022.
AllCare continued our efforts to work with our local acute psychiatric hospitals regarding warm handoffs in 2021 but with minimal effect. The Covid-19 pandemic made it more challenging to meet regularly with our hospitals due to their substantial increase of patients, including psychiatric patients in 2021. Psychiatric

unit leadership maintained that they did not see a major benefit to adding this procedure due to the administrative time it would take to implement. AllCare nor the hospitals cited harm to members if warm handoff is not tracked at the CCO level since the hospitals are already doing this process as needed and AllCare CCO provides consistent coordination of 7/30 day follow-up after hospitalization for mental illness via our Intensive Care Coordination (ICC) and/or our subcontracted MH providers. Based on the feedback from OHA along with our internal review of the feasibility of the project, AllCare Health decided not to continue this project in 2022.

Section 3: Required Transformation and Quality Program Attachments

A. REQUIRED: Attach your CCO's Quality Improvement Committee documentation (for example, strategic plan, policies and procedures as outlined in TQS guidance).

B. OPTIONAL: Attach other documents relevant to the TQS components or your TQS projects, such as policies and procedures, driver diagrams, root-cause analysis diagrams, data to support problem statement, or organizational charts.

C. OPTIONAL: Describe any additional CCO characteristics (for example, geographic area, membership numbers, and overall CCO strategy) that are relevant to explaining the context of your TQS: Add text here.

Document Title: Quality Assessment Performance Improvement (QAPI) Program	
Department: Quality	
Document Type: Program Description	**Reference No.** CCO-QUAL-001
Version No. 2	**Creation Date:** 02/15/2021
Revised Date: 02/25/2022	**Next Review Date:** 01/01/2023
Line(s) of Business: AllCare CCO, Inc.	
Affected Department(s): Behavioral Health, Benefit Management & Pharmacy Services, Brand & Creative Services, Building, Claims, Compliance, Customer Engagement, Enrollment, Finance, Human Resources, IT, Marketing, Medical Director, Population Health, Practice Operations, Provider Network, Provider Services, Quality	
Approved By: Cynthia Ackerman, RN, CHC (Chief Compliance Officer) **Date Approved:** 02/25/2022 **Oversight By:** Quality Improvement Committee	

PROGRAM OBJECTIVES

AllCare CCO is committed to excellence in the quality of care and services provided to members and to the competence of its providers, practitioners and ancillary networks. AllCare CCO's Quality Improvement (QI) Program ensures the implementation, monitoring, and on-going refinement of processes of an effective clinical quality improvement Program.

The QI Program promotes objective and systematic monitoring and evaluation of clinically related activities, and continuously acts on opportunities for improvement. In embracing the Triple Aim and Health Care Transformation, the Plan's quality Program is focused on ensuring the achievement of the following objectives:

1. Improve quality of care and health outcomes for Members;
2. Decrease cost of quality care;
3. Increase Member satisfaction with their experience of care;
4. Increase workforce availability, satisfaction, and wellbeing;
5. Increase health equity, including the availability of culturally and linguistically appropriate care;
6. Increase integration and communication across clinical and social care service networks;
7. Improve community health through engagement of Members and community stakeholders;
8. Implement effective prevention and treatment of chronic disease; and
9. Strengthen infrastructure and data systems.

PROGRAM ELEMENTS

Element 1 - Design and Scope: AllCare CCO's QI Program is ongoing and comprehensive, dealing with the full range of services offered by the organization, including all operational departments. The Program addresses all systems of care and management practices, and includes: access to care, interaction with provider and plan, quality of service, quality of care, consumer rights, and other Member concerns. The Program has a special focus on Member safety and maintains excellence with all clinical interventions while emphasizing autonomy and choice of Members. It utilizes the best available evidence to define and measure goals. AllCare CCO has in place a written QAPI plan adhering to these principles.

1. AllCare CCO has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. QAPI is a method regularly used in approaching decision making and problem solving rather than considered as a separate Program.

2. AllCare CCO has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. All service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful.

3. AllCare CCO has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments. This plan is revised on an ongoing basis and submitted as required in rule and contract to both internal and external authorities.

Element 2 - Governance and Leadership: AllCare CCO's Board of Governors ensures a culture that involves leadership seeking input from Members, providers, and staff. The governing body ensures that adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and company-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body fosters a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Governance responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

1. Our Board of Governors, Quality Improvement Committee (appointed by the Board of Governors), and Executive Leaders are engaged in and supportive of the performance

improvement work being done in our organization as evidenced in meeting minutes. They are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Internal leadership, QIC members, and/or members of the Board of Governors participate on improvement projects or teams, and provide resources to support QAPI.

2. QAPI is considered a priority in our organization. There is a process for engaging department teams and providing them with time to focus on improvement efforts.

3. QAPI is an integral component of new hire orientations and on-going training for all staff. Through these trainings, new staff understand and can describe their role in identifying opportunities for improvement. Training is available to all staff on performance improvement strategies and tools.

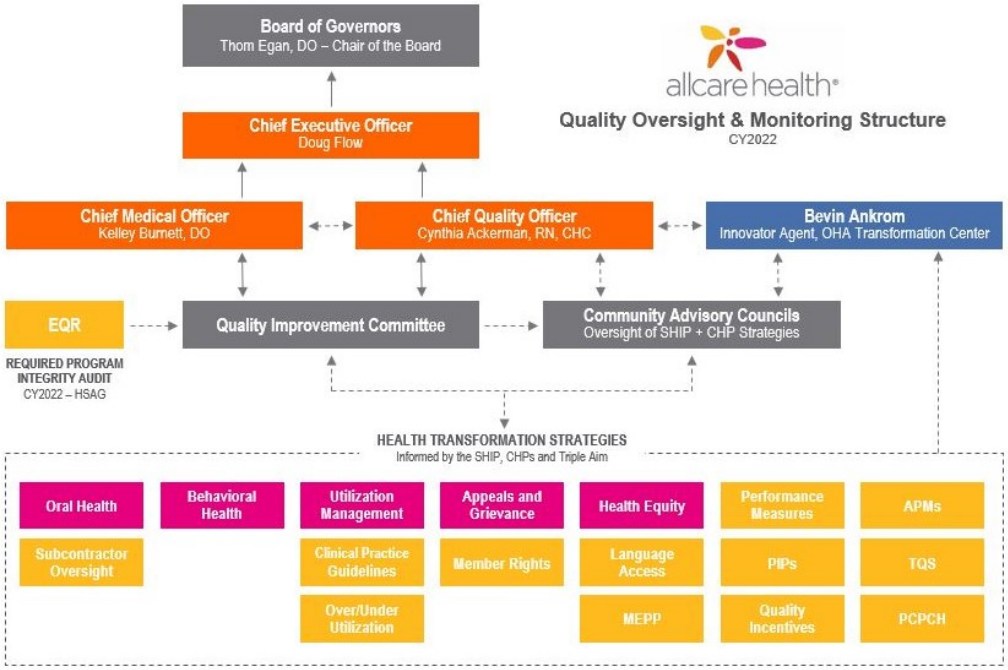
4. Our organization has established a culture in which staff are held accountable for their performance, but not punished for errors and do not fear retaliation for reporting quality concerns. We have a process in place to distinguish between unintentional errors and intentional reckless behavior and only the latter is addressed through disciplinary actions.

5. AllCare CCO Leadership can clearly describe, to someone unfamiliar with the organization, our approach to QAPI and give accurate and up-to-date examples of how the organization is using QAPI to improve quality and safety of Members. The Quality Program Policy describes the current performance improvement initiatives, or projects, and how the work is guided by staff involved in the topic, as well as input from our Members and Community Advisory Councils.

AllCare CCO's Chief Quality Officer is charged with authority and accountability for all quality improvement activities and processes. The CQO and the AllCare CCO Board appointed subcommittees serve as a point of network and interdepartmental integration for quality improvement activities and may include representation from both internal and external Subject Matter Experts.

The CQO and the board-appointed Subcommittees are responsible for monitoring and evaluating the results of quality initiatives and initiating performance improvement activities when the goals are not met or when areas for improvement are identified. Additionally, the subcommittees support activities related to the pharmacy management, disease management, patient safety, clinical operations management activities and health/wellness/prevention activities.

Privacy and Security issues are managed by the Chief Compliance Officer, HIPAA Privacy and Security Officer, Chief Information Officer, Compliance Director and the Compliance and Program Integrity Committee.



The Quality Program consists of the following standing Board Appointed Committees and are included in the Board bylaws:

1. **Quality Improvement Committee:** The Quality Improvement Committee is comprised of 6 board appointed actively practicing providers currently with representation from the following disciplines: 3 Family Practice physicians, 1 OB-GYN physician, 1 Urgent Care physician and 1 pediatric NP (Board Liaison and Chair). Non-voting members of the QIC may include: The VP UM and Pharmacy Services, Quality Director, Behavioral Health Director, Chief Medical Officer, Sr. Director of Provider Network and Health Equity, TQS and Quality Incentive Measures Director, Oral Health Medical Director, Oral Health Integration Director, Chief Quality Officer, and Chief Operations Officer. The overarching role of the QIC is to recommend an ongoing Quality Management Program in each of these specialty areas, make specific recommendations as required by individual cases or situations and facilitate quality improvement efforts when opportunities are identified in addition to monitoring, oversight and approval of TQS projects, PIPs, APM/VBPs, Performance Measures and Incentive Measures.

2. **Credentialing Committee:** The Credentialing Committee is comprised of board appointed actively practicing providers currently with representation from the following disciplines: (Board Liaison and Chair). Non-voting members of the Credentialing Committee may include: CMO, Provider Services Director, Quality Director, and Credentialing Analysts (2). The Credentialing Committee is responsible for primary source verification and initial credentialing and re-credentialing for all providers in our service area. The Credentialing Committee provides the

quality improvement foundational structure in the development of a viable quality-focus provider network. The Credentialing Committee meets monthly and the CMO provides monthly reports to the QIC and Board of Directors. The Provider Services Director is responsible for generating reports monthly that reflect OIG and SAM queries to identify providers that have been sanctioned or excluded from Medicare. Providers that are identified as excluded from Medicare, are included on OIG or other exclusion lists, or have received board sanctions are forwarded to the Chief Compliance Officer. The Chief Compliance Officer forwards the report on to the MFCU, Office of Program Integrity or OIG. Additional monthly reporting includes the status of initial credentialing and re-credentialing applications (approved, denied, closed, withdrawn and accepted/not accepted), information on board sanctions on all providers, and a review of the preceding three years of complaints for recredentialed providers.

3. **Community Advisory Councils:** OHA required Council that represents consumers (51%), stakeholders and health plan representatives. AllCare has 3 Councils: Josephine/Douglas, Jackson and Curry Counties. A chair is elected by the voting members of the Councils (AllCare staff do not vote). The Councils are charged with being involved in the development of the collaborative Community Health Assessments that are utilized in selecting the priority areas of work for the collaborative Community Health Improvement Plan. The Councils provide direct oversight to the CHPs and fund Community Benefit Initiatives that are in alignment with the CHP, SHP and Triple Aim. AllCare's OHA Innovator Agent attends each Council meeting. The Chair of each of the Councils automatically are members of the Governing Board and provide detailed funding and Council report at each CCO Board meeting.

4. **Pharmacy and Therapeutics Committee:** This Committee reviews the AllCare CCO closed formulary annually and throughout the contract year to ensure that the formulary follows OHA, CFR and OAR guidance. It specifically looks at under or over utilization of pharmacy services and aligns Programmatic criteria with the SHP, CHP and Triple Aim. The formulary is based on national standards and clinical practice guidelines. The Committee meets Quarterly to review formulary placement for new FDA approved drug products. In addition, the Committee is responsible to review any therapeutic class recommendations for formulary additions or subtractions, or to propose coverage change to current medications within the class for the AllCare CCO formulary. The committee also acts as the Drug Utilization Review (DUR) to inform and review DUR Programs conducted by AllCare CCO throughout the year. The Committee is comprised of external 2 PharmDs, 1 RPh, 3 FNPs, 1 Pediatrician, 1 MD. Internal staff include: CMO, VP Pharmacy and UM Services (PharmD), Quality Director, UM Rx Supervisor and 1 RPh.

5. **Compliance and Program Integrity Committee:** This Committee is comprised of Executive Leadership responsible for the oversight and monitoring of the Compliance, Ethics, HIPAA Privacy and Security and FWA Program. Annually, this Committee reviews the Compliance Program and conducts an assessment of whether or not the Program meets CMS, OIG and OHA

standards. Voting members include all Executive Leadership staff excluding the Chief Compliance Officer, CEO, Compliance Director and the Corporate Legal Counsel.

The QI Program receives feedback and guidance from the following additional Work Groups: Health Equity and Inclusion – Language Access; Compliance Task Force; Utilization Management Over/Under Utilization Committee; Executive Leadership Team; Leadership Team; and, Operations Team.

Element 3 - Feedback, Data Systems and Monitoring: AllCare CCO puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or improvement targets established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

1. AllCare CCO has identified sources of data and information relevant to our organization to use for QAPI. This includes data that reflects measures of clinical care; input from Members, Community Advisory Councils, and stakeholders, and other data that reflects the services provided by our organization. We have listed all available measures, indicators or sources of data and carefully selected those that are relevant to our organization that we will use for decision making. Likewise, we have excluded measures that are not currently relevant and that we are not actively using in our decision making process.

2. For the relevant sources of data we identify, AllCare CCO sets targets or goals for desired performance, as well as thresholds for minimum performance.

3. AllCare CCO has a system to effectively collect, analyze, and display our data to identify opportunities for our organization to make improvements. This includes comparing the results of the data to benchmarks or to our internal performance targets or goals. Performance improvement projects or initiatives are selected based on organizational performance as compared to state and national benchmarks, identified best practice, or applicable clinical guidelines.

4. AllCare CCO has, and supports the development of, employees who have skill in analyzing and interpreting data to assess our performance and support our improvement initiatives. Our organization provides opportunities for training and education on data collection and measurement methodology to staff involved in QAPI.

The Quality Program goals established in the current policy will ensure the following objectives are met:

1. Establish best practice standards of clinical care and service that are reflective of current medical literature, state and national benchmarks, design and implement strategies to improve performance, develop objective criteria and processes to evaluate and continually monitor for improvement;

2. Establish standards of access and availability related to medical, behavioral and oral health care. In addition, develop objective criteria and processes to monitor, evaluate and improve access where indicated;

3. Review and affirm evidence-based clinical practice guidelines and post them on the CCO's provider web-site to enhance the diagnosis and management of medical and behavioral health conditions;

4. Establish monitoring and oversight systems to enable investigation of trends or patterns in clinical, behavioral and oral health care and service delivery and evaluate the impact of trends on patient outcomes;

5. Promote preventative health measures, health awareness Programs, health engagement and education Programs;

6. Advance the awareness of the QI Program within the organizational structure and processes;

7. Foster a supportive environment to assist medical, behavioral and oral health practitioners and providers to improve safety within their practices;

8. Assess continuity and coordination of care between practitioners and providers, and implement interventions for improvement where indicated;

9. Establish monitoring and oversight for assessment of potential over and/or under-utilization and implement actions for improvement where indicated;

10. Educate and empower employees, contracted practitioners, and other health care professionals to take appropriate actions to meet the health and service needs of our CCO members;

11. Include in the quality strategy, APMS (Alternate Payment Methodologies), with dedicated staff to monitor and oversee successful implementation of APM Programs to physicians, nurse practitioners, facilities (hospitals, SNFs), mental health and Substance Use Disorder (SUD) vendors, NEMT, and oral health providers. These activities reflect the transition from volume-based care to value based care;

12. Develop a wide range of quality strategies that reflect intentional work surrounding state-developed quality incentive and state metrics;

13. Utilize the Community Advisory Councils (CACs) to support the Quality Program and Board goals by overseeing and funding Community Based Initiatives (CBIs) that reflect prioritized initiatives based on collaborative Community Health Assessments (CHA), the State-wide Health Improvement Plan (SHIP) and the Community Health Improvement Plan (CHP); and

14. Oversight, monitoring and approval of the TQS, PIPs, APMs, VBPs, Quality Incentive Measures, Performance Measures, PCPCH and other strategic projects designed to improve quality for the AllCare service area.

Element 4 – Performance Improvement Projects (PIPs): A Performance Improvement Project is a concentrated effort on a particular problem in one area; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. In order to examine and improve care or services in areas that have been identified with gaps in care or processes, PIPs are generated. Areas that need attention may include poor outcomes for diabetes, asthma, pneumonia or other chronic conditions. Other areas may include access to preventative services such as mammography, well child exams and colonoscopies. Behavioral health and substance use disorder conditions are areas of opportunity to improve access and processes. AllCare always looks at the gaps in care through a health equity lens to ensure that regardless of race or ethnicity, quality care and preventative care is accessible.

1. When conducting performance improvement projects, AllCare CCO works to makes changes and measure the effect of those changes before implementing more broadly. This can involve pilot testing and measuring with one staff member or team for a limited duration, and then expanding the pilot based on the results.

2. When addressing performance improvement opportunities, AllCare CCO focuses on making changes to systems and processes rather than focusing on addressing individual behaviors. We avoid assuming that education or training of an individual is the problem, instead, we focus on what was going on at the time that allowed a problem to occur and look for opportunities to change the process in order to minimize the chance of the problem recurring.

3. When a performance improvement opportunity is identified as a priority, AllCare CCO has a process in place to charter a project. This charter describes the scope and objectives of the project so the team working on it has a clear understanding of what they are being asked to accomplish.

4. For our Performance Improvement Projects, AllCare CCO utilizes the 'Plan, Do, Study, Act' quality process for documenting what we have done, including highlights, progress, and lessons learned. If target goals or benchmarks are not met, a root cause analysis is performed to identify barriers and implement actions that will mitigate those barriers. For example, we have project

documentation templates that are consistently used and filed electronically in a standardized fashion for future reference.

5. For every Performance Improvement Project, AllCare CCO uses data to determine if changes to systems and process have been effective. We utilize both process measures and outcome measures to assess impact on resident care and quality of life. If making a change, we measure whether the change has actually occurred and also whether it has had the desired impact on the residents.

The following operational areas are actively engaged in AllCare CCO's QAPI Program:

1. Alternative Payment Methodologies (AMPs) / Value Based Payments (VBPs)
2. Behavioral Health
3. Claims Management
4. Compliance
5. Grievances and Appeals
6. Health Equity
7. Health Information Technology (HIT)
8. Language Access
9. Long Term Support Services (LTSS)
10. Medicaid Efficiency and Performance Program (MEPP)
11. Member and Community Engagement
12. Member Rights and Responsibilities
13. Member Satisfaction
14. Member Information Confidentiality, Privacy and Security
15. Non-Emergent Medical Transportation
16. Oral Health
17. Patient Centered Primary Care Homes (PCPCH)
18. Patient Safety
19. Performance Improvement Projects (PIPs)
20. Pharmacy Services
21. Population Health
22. Practice Guidelines for Preventative, Acute, and Chronic Medical Care
23. Prevention and Member Wellness
24. Provider Network
25. Provider Services
26. Quality
27. Quality Health Outcomes Committee (QHOC) / Learning Collaboratives
28. Quality Incentive Measures
29. Risk Assessment and Work Plans
30. Social Determinants of Health and Equity (SDOH-E)

31. Subcontractor Oversight and Monitoring
32. Transformation Quality Standards (TQS)
33. Utilization Management (UM)
34. Workforce Education and Retention

Element 5 - Systematic Analysis and Systemic Action: AllCare uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. In addition, AllCare uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

1. From our identified opportunities for improvement, AllCare CCO has a systematic and objective way to prioritize the opportunities in order to determine what we will work on. This process takes into consideration input from our multiple teams, Members, and Community Advisory Councils. The process identifies problems that pose a high risk to Members, is frequent in nature, or otherwise impact the safety and quality of life of Members and the community.

2. AllCare CCO uses a structured process for identifying underlying causes of problems, such as Root Cause Analysis. When using Root Cause Analysis to investigate an event or problem, our organization identifies system and process breakdowns and avoids focus on individual performance. If an error occurs, we focus on the process and look for what allowed the error to occur in order to prevent the same situation from happening with another Member.

3. When systems and process breakdowns have been identified, we consistently link corrective actions with the system and process breakdown, rather than having our default action focus on training education, or asking caregivers to be more careful, or remember a step. We look for ways to assure that change can be sustained.

4. When corrective actions have been identified, our organization puts both process and outcome measures in place in order to determine if the change is happening as expected and that the change has resulted in the desired impact to resident care.

5. When an intervention has been put in place and determined to be successful, our organization measures whether the change has been sustained. For example, if a change is made to the process of medication administration, there is a plan to measure both whether the change is in place, and having the desired impact (this is commonly done at 6 or 12 months).

The ultimate responsibility for the Quality Program resides with the Board of Governors. Authority and responsibility are delegated to the QI Committee and Board Subcommittees to direct and oversee the

Quality Programs for AllCare CCO. The Board of Governors or Board designee annually reviews the Quality Assurance Program Improvement Assessment (QAPI) and the Quality Improvement Program Strategic Plan, and makes recommendations for changes as appropriate. The Board Liaison also reviews the activities of the Quality Program by reviewing and formally accepting a monthly report submitted by the Chief Medical Officer (CMO).

The Chief Medical Officer and Chief Quality Officer have overall responsibility for the success of the quality management Program and is ultimately accountable to ensure that corrective actions and follow-up occurs in pursuit of improvement in the care and service provided to members.

The scope of AllCare's Quality Program is reflective of the health care delivery system and provides for a systematic approach to continuous improvement, encompassing the quality of clinical care, quality of services provided to members and access to needed clinical, behavioral health, oral health, NEMT and flexible services in an equitable and appropriate way.

The data sources utilized for clinical quality improvement measurement may include, but are not limited to the following: medical record review findings, utilization review data, encounter data, claims data, provider/member complaints and appeals data, provider and member survey findings, and/or demographic statistics. Activities reflect the membership population in terms of age, REAL-D data, other demographic, geographic, disease categories, and special needs status.

All member, practitioner and other health care professional initiatives are designed to comply with state and federal regulations, statutes and contract requirements and reflect the CHP, SHP, TQS, PIPs, VBP/APMs and Quality Incentive measures.

Measures selected for monitoring will pertain to regulatory State and Federal requirements and health plan initiatives. Selection of other subjects for monitoring is made by identifying areas that are high in volume, high risk, high cost, reflect health care disparities or poor outcomes. Selections are made on the probability that such focused review and monitoring will have a positive impact on the health and well-being of the members and communities served.

AllCare recognizes that a focus on reduction of medical errors is critical to the delivery of safe and effective health care. The goal is to promote and encourage patient safety and reduce medical errors. Physicians, hospitals, and other health professional partners will be required to use evidence based guidelines, outcomes based medicine, and processes and systems aimed at reducing errors. AllCare believes that our collective success in improving patient safety is dependent upon looking at the definition of 'health' through a health equity lens, attention to clinical outcomes-based practices, patient needs and informed patients.

The Quality Improvement Committee (QIC) carries out the following key processes:

1. Provides oversight and direction to the quality Program, sub-committees and quality related activities;

2. Review and provides oversight/monitoring of Performance Improvement Projects, Quality Incentive Measures, TQS measures, MEPP and APMs/VBPs for comprehensive, appropriate, and evidence of improvement in the clinical care and service, and make recommendations for further action;

3. Review and approve the annual Quality Improvement Strategy Plan, the Quality Assurance Performance Improvement (QAPI) review, work plans and annual reports;

4. Delegated the CMO to report monthly and quarterly data to the Board of Governors;

5. Oversees that required reports are submitted within specified timeframes; and,

6. Recommends Corrective Action Plans when appropriate to: providers, vendors, skilled nursing facilities, laboratories, hospitals.

Document Title: Quality Improvement Committee Charter	
Department: Quality	
Document Type: Committee Charter	**Reference No.** CCO-QUAL-003
Version No. 2	**Creation Date:** 07/13/2019
Revised Date: 02/25/2022	**Next Review Date:** 01/01/2023
Line(s) of Business: AllCare CCO, Inc.	
Affected Department(s): Behavioral Health, Benefit Management & Pharmacy Services, Brand & Creative Services, Building, Claims, Compliance, Customer Engagement, Enrollment, Finance, Human Resources, IT, Marketing, Medical Director, Population Health, Practice Operations, Provider Network, Provider Services, Quality	
Approved By: Cynthia Ackerman, RN, CHC (Chief Compliance Officer) **Date Approved:** 02/25/2022 **Oversight By:** Quality Improvement Committee	

POLICY STATEMENT: In alignment with 42 CRF § 438.330 and OAR 410-141-3525, AllCare Health has established a comprehensive Quality Assessment and Performance Improvement (QAPI) Program with strategies, activities, monitoring and reporting requirements to improve the level of performance of key processes in health services and health care.

PURPOSE: The purpose of this charter is to outline the scope of work, strategic objectives, and required participants for the AllCare CCO Quality Improvement Committee (QIC).

VISION: To ensure that the physical, oral health and behavioral health needs of AllCare members, are evaluated and provided in accordance with evidence-based, best practice standards, and are in compliance with state and federal laws and requirements.

MISSION: To establish and maintain a Quality Improvement Committee that includes representation from family practice, pediatric and specialty providers, Behavioral Health, Oral Health and Physical Health Services staff as well as other crucial stakeholders, in order to ensure that national and state standards are being met with regards to the quality of care, access to care, and quality of services provided to members in our service area that includes: Curry, Josephine, Southern Douglas and Jackson Counties.

I. SCOPE OF WORK

1. Bring together a cross-section of providers and stakeholders to provide oversight and input regarding Quality Improvement activities;

2. Provide a venue for the confidential peer review of identified significant clinical quality concerns regarding patient care of our members, or other quality issues involving our providers or subcontractors;

3. Review results from all internal and external quality audits, evaluate any significant concerns and provide recommendations for corrective action;

4. Review all applicable metrics as required by CMS, the Oregon Health Authority or other entities;

5. Review quarterly and annual reports regarding grievances, appeals and hearings;

6. Annually, review and approve clinical practice guidelines, review over and under-utilization reports and make recommendations as appropriate;

7. Review and make recommendations regarding Subcontractor quality issues;

8. Annually review and approve Quality Improvement Strategy Plan and review the Quality Assurance Performance Improvement Assessment (QAPI) and make recommendations as appropriate;

9. Monitor findings regarding compliance with member rights and responsibilities and make corrective action plan recommendations; and

10. Review credentialing, contracting, compliance or stipulated licensing board issues with specific providers and make recommendations as appropriate.

II. MEMBERSHIP/PARTICIPATION:

Representation (voting) includes physicians and providers from the following disciplines: Family Practice, Pediatrics, OB-GYN, Urgent Care and FQHC Family Practice. The goal will be to include participants from all counties comprising our service area. Committee membership will be limited to three year terms, with potential for renewal subject to approval by the AllCare Board of Governors.

AllCare staff participants will include the Chief Compliance and Quality Officer, CMO, Director of Compliance and Quality, VP Pharmacy and Utilization Services, Vice President of Population

Health, VP Behavioral Health, Director Behavioral Health, Director Intensive Care Coordination, Oral Health Medical Director, Director Oral Health, and the Appeals and Grievance Manager; with other staff participating as appropriate.

III. EXPECTATIONS/RESPONSIBILITIES: QI Committee voting Members will be expected to:

1. Attend at least 75% of scheduled meetings;

2. Sign and abide by an annual confidentiality agreement;

3. Sign and abide by an annual conflict of interest (COI) statement. Committee members will be expected to disclose any potential or real conflicts of interest, and to recuse themselves from any QI committee votes that are impacted by this. In some cases, the committee member may be asked to excuse themselves from the meeting during any discussions involving these issues; and

4. Utilize their expertise in their respective specialty to identify and promote quality improvement "best practices" for AllCare members, shareholders/stakeholders and other relevant subcontractors or delegated entities.

IV. MEETINGS: At minimum, meetings will be held monthly, but no less than quarterly.

V. WORK GROUPS: work groups will be established in individual topic focus areas as needed to address particular areas of concern. These focus areas will be based on validated data and alignment with quality of care objectives.

VI. LEADERSHIP ROLES: The QI Committee will appoint a committee member to Chair the meetings, who will coordinate with AllCare staff regarding meeting schedules and agendas.

VII. DECISION-MAKING: Decisions will be made by majority vote of the QI Committee members (voting) present, provided that a quorum has been reached regarding meeting attendance. AllCare staff will be considered non-voting members.

VIII. DEPARTMENT BUDGETARY COSTS: The Quality Department will have a budget that reflects required auditing functions, quality projects, a portion of value based payments and sufficient personnel to carry out the quality work. The QI Committee members (non-staff) will be paid the standard meeting rate for attendance at meetings. AllCare staff members will be paid their usual salary or hourly rate for meeting attendance or other QI Committee-related activities. Any additional activities will need to be cleared through the Chief Quality Officer.

Quality Improvement Committee	January 27, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☒ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☐ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Steve Buck, Director of Care Coordination
☐	☐	☐
Guests:		
☐	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Ms. Matola**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The December 2nd, 2020 minutes were reviewed by the Committee. Lisa Callahan, CPNP made the motion to approve the minutes. Dr. McArdle seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**CCIP**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett informed the Committee that the Chronic Condition Improvement Project (CCIP) is a CMS requirement that is directly related to Star Ratings, and will focus on statin and hypertension medication adherence for diabetes. Ms. Matola added that there was a dip in AllCare's Star Ratings, and AllCare is focusing on this area in effort to bring us back up to a 4 star plan. • Ms. Burns stated that the statin use will target patients who don't have hyperlipidemia. Unfortunately it has been very difficult to get providers on board with this measure, and has been an ongoing challenge for the last 3 years. Ms. Burns stated that we are waiting for final numbers for medication adherence for CY2020. However it is common for data to show a drop in medication compliance towards the end of the year. Intervention by Care Coordination and encouragement of 90 day medication fills has helped improve compliance.				

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	• **Action: The Committee will be kept up to date on the status of the CCIP.**				
3.	**3Q2020 Appeals and Grievances**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage, AllCare CCO**
Discussion:	• Ms. Matola displayed the 3Q2020 appeal and grievance information for both Medicare Advantage and CCO lines of business: ○ AllCare Advantage: For 3Q2020 a total of 14 complaints were received and processed in house. Of which, 6 were categorized as Quality of Care, 5 were Customer Service, and 3 were Other. The year-to-date totals for CY2020 showed AllCare Advantage as the outlier with a total of 14 complaints. Lab Corporation of America was another outlier with a total of 8 internal quality of care concerns. For 3Q2020 only 2 Part-C standard appeals and 1 Part-C expedited appeal was received. ○ AllCare CCO: For 3Q2020 a total of 83 grievances were received. The number of grievances based on rate per thousand members showed a slight increase from 2Q2020, raising from 1.37 to 1.66. The highest areas of concerns were Interaction with Provider/Plan for a total of 48, Access to Care and Quality of Care both with a total of 12, followed by Consumer Rights with a total of 7. The year-to-date totals for CY2020 show AllCare CCO as the outlier with a total of 15 complaints. was another outlier with a total of 8 internal quality of care concerns. For 3Q2020 a total of 64 appeals were received and processed in house, with an average overturned rate of 34%. • **Action: Appeals and Grievance reporting will continue to be brought to the Committee on a quarterly basis for review and oversight.**				
4.	**Timeliness Monitoring Project**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett informed the Committee that the Timeliness Monitoring Project (TMP) is an audit conducted by CMS. All Medicare Advantage plans complete this audit annually, which looks at timely processing of organization determinations, reconsiderations and claims processing. Ms. Matola added that this year CMS is only looking at Part C appeals, which includes standard pre-service, expedited pre-service and post service claims appeals. CMS selects 10 from each category, a total of 30 charts, to review. AllCare submitted a total of 7 standard pre-service appeals, 0 expedited pre-service appeals, and 3 post-service claims appeals. Therefore CMS will be reviewing 100% of our charts from 1Q2020. The TMP audit is scheduled to take place this Friday, January 29th, from 12pm-2pm. • **Action: The Committee will be kept up to date on the results of the TMP audit.**				
5.	**Dual Member**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage, AllCare CCO**
Discussion:	• Dr. Burnett discussed the details of this case with the Committee. Member expressed concerns to AllCare regarding her access to care with her PCP, which resulted in her				

	being seen in the Urgent Care. Dr. Burnett informed the Committee that a letter was sent to this PCP. Upon receiving the letter he outreached to Dr. Burnett and discussed the details of the letter. A formal response letter was received and a copy was provided to the Committee for review. The Committee unanimously agreed that all areas of concern were addressed. • **Action: No further action required at this time.**				
6.	**HEDIS**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare has already started medical chart reviews for the Healthcare Effectiveness Data and Information Set (HEDIS). This is the first time that AllCare has been able to have an early start to the review. HEDIS nurses are currently working on pulling medical charts from provider offices who are available on AllCare's electronic health records (EHR) system, Greenway. In addition, Ms. Matola stated that AllCare has chosen to, again, contract with Cotivity. Cotivity will be reaching out on AllCare's behalf to provider offices whose medical records are not available through EHR and will request records. • **Action: HEDIS due to CMS on May 7th, 2021. The Committee will continue to be kept up to date on any new updates related to HEDIS.**				
7.	**TQS**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola reminded the Committee that the Transformation Quality Strategy (TQS) is due to OHA on March 15th, 2021. Ms. Matola stated that Mr. Burgess has done a great job in organizing work groups and staying on track for completion of TQS. • **Action: TQS due to OHA by March 15, 2021. The Committee will continue to be kept up to date on the status of TQS.**				
8.	**Prometheus**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**

Discussion:	• Ms. Matola reminded the Committee that the OHA due date for Prometheus is also March 15th, 2021. Internal groups have been meeting and doing well staying organized. Ms. Matola stated that the focus areas for Prometheus align with a few of the Performance Improvement Projects (PIPs) which are:
	  ○ Continuous glucose monitors for diabetic members
	  ○ Pediatric asthma control
	• Dr. Burnett advised that Prometheus was sold to OHA and has since been renamed Medicaid Efficiency Performance Project (MEPP). In addition, Dr. Burnett stated for the focus area surrounding pediatric asthma control, AllCare will be starting with Siskiyou Pediatric Clinic as they hold the largest amount of our pediatric members. Dr. Burnett advised she would be having a discussion offline with Lisa Callahan, CPNP to prepare for this project for her office at a later date.
	• **Action: The Committee will continue to be kept up to date on the status of Prometheus.**				

Quality Improvement Committee	January 27, 2021 Time 0700 – 0800am AllCare Health Community Room A

	Member	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett discussed the details of this case with the Committee. This issue was brought to AllCare's attention via an AllCare employee by submission of an internal quality of care concern. This concern related to the inappropriate discharge of one of our members from the Emergency Room. Dr. Burnett informed the Committee that a letter was sent to the Chief Quality and Patient Safety Officer at this hospital. A response letter was received and a copy was provided to the Committee for review. The Committee agreed that the hospital was aware of this case and was taking appropriate steps to address the concern. The hospital is still looking into this case and is working with appropriate partners as necessary. • **Action: No further action required at this time.**				
10.	**Member**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett discussed the details of this case with the Committee. This issue was brought to AllCare's attention by submission of an internal quality of care concern submitted by a QI committee member. This concern related to inappropriate/overuse of care provide to our member by a provider. Dr. Burnett informed the Committee that a letter was sent to the Chief Quality and Patient Safety Officer for the Urgent Care facility. A response letter was received and a copy was provide to the Committee for review. The Committee agreed that the hospital is aware of the concerns and is working to determine next steps. AllCare will continue to monitor this provider. • **Action: Internal monitoring of this provider will continue. No further action required by the Committee as this time.**				
11.	**PIP Approval**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare CCO**

Discussion:	• Dr. Burnett briefly reminded the Committee of the three PIPs that AllCare is working on:
	  ○ Continuous glucose monitors (CGM) for type 2 diabetic members: Will work towards improving access to CGMs for members with type 2 diabetes.
	  ○ Health Equity PCP visits: disparity in population of members who are African American receiving preventative exams. Will work towards increasing PCP utilization for this population.
	  ○ Pediatric asthma control: Will work towards working closer with provider offices to increase family education and overall medication compliance.
	• Ms. Matola also informed the Committee that PIP updates are due to OHA by the end of the week.
	• **Action: PIP updates due to OHA by end of week. The Committee will continue to be kept up to date on the status of the PIPs.**				

12.	**Provider**	**Follow Up**	**Ms. Matola**	**O**	**AllCare CCO**

Discussion:	• Ms. Matola informed the Committee that AllCare has found inconsistencies with not issuing denial letters when they decline rides for pre-service requests. It was found that they are not issuing letters after denying the ride with member on the phone. Ms. Matola advised that she and Ms. Burns are working to put together a list of scenarios to provide to ReadyRide that will include when it is appropriate for a denial letter to be issued. When members are denied a service it is important that appropriate documentation is provided as members have rights to an appeal. AllCare will work with ReadyRide to ensure there is better understanding of what is considered a denial, withdrawal and an inquiry. Ms. Burns stated she is confident that this issue will be cleared up quickly. • **Action: The reporting will continue to be brought to the Committee for review and oversight.**				
13.	**Oral Health Update**	**Follow Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that the Dental Care Organization (DCO) audit was completed on December 14th, 2020. This included review of 14 medical charts from Capitol Dental, Willamette Dental and Advantage Dental. Dr. Yitta stated that while she found some records were missing, overall records were well documented. • **Action: The Committee will continue to be kept up to date on matters related to oral health.**				
14.	**Behavioral Health Update**	**Follow Up**	**Ms. Goldberg**	**O**	**AllCare CCO**
Discussion:	• Ms. Goldberg informed the Committee that the Intensive In-Home Behavioral Health Treatment (IIBHT) program is a new program created by OHA. AllCare will need to work on building more of a capacity for IIBHT in Curry County. Jackson, Josephine and Douglas Counties however are equipped for the program. Options for Southern Oregon began working towards their certification for IIBHT last year, which has resulted in AllCare completing the process 60 days earlier than necessary. Ms. Goldberg expressed concerns with IIBHT being a fidelity program, there are certain standards that must be met, and COVID-19 being a barrier to the program which calls for in-home visits. • **Action: The Committee will continue to be kept up to date on matters related to behavioral health.**				
15.	**SNF**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman reminded the Committee of the internal concerns that were being brought forward regarding the skilled nursing facilities, specifically Highland House. Ms. Ackerman placed an outgoing call to the Director for the SNF, and received a voicemail from a representative who was subordinate to the Director. Ms. Ackerman stated she will outreach again and insist that she speak with someone of authority at Avalon in order to discuss the concerns and, if necessary, seek assistance from the state.				

	• Dr. Rondeau asked for a brief summary of the concerns against related SNF. Dr. Burnett stated that the issues surrounded oversight related to skilled nursing. Concerns found by an AllCare Utilization Management (UM) nurse that many of the member's skilled needs were not being provided, and there was no communication from the facility informing AllCare that the services had ceased. Dr. Rondeau expressed that he has experienced his own issues with this facility in relation to his patients from his practice. Dr. Burnett strongly encouraged all external members of the Committee to inform AllCare of any concerns about this facility if they are related to an AllCare member. • Ms. Ackerman stated that she feels this issue relates to Fraud, Waste and Abuse on a compliance level and will be placing a call to the state. **Action: The Committee will continue to be kept up to date on concerns related to Avalon.**				
16.	**NPI**	**Follow Up**	**Dr. Burnett**	**C**	**AllCare Health Plan, Inc.**
	• Dr. Burnett informed the Committee that this provider has been under a corrective action plan (CAP) with AllCare for past decision making regarding surgeries and high re-surgery rates. After review, the Medical Directors determined that there had been noticeable improvement with this provider and will be sending a formal closure letter for the CAP. However, Dr. Burnett stated that AllCare will continue to monitor this provider internally moving forward. • **Action: AllCare will send formal closure letter to this provider regarding his CAP. Internal monitoring will continue moving forward. No further action required by the Committee at this time.**				
17.	**NPI**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
	• Dr. Burnett reminded the Committee of the details of this provider who was forwarded by the Credentialing Committee for review. This provider was employed with several practices in the area, and has several Board sanctions. This provider left her recent facility and asked AllCare to credential her independently. AllCare found numerous inaccuracies with her application, and ultimately this provider withdrew her application. AllCare filed a report with the Oregon State Board of Nursing. • Ms. Ackerman added that there was a trend with this provider in improper billing practices. Ms. Ackerman stated that she spoke with the Medicare Fraud Unit and it was recommended that AllCare file a report for further investigation. Ms. Ackerman stated that AllCare needs to be more stringent in credentialing and re-credentialing reviews moving forward. • **Action: The Committee will be kept up to date on the status of this providers CAP.**				
18.	**Laboratory**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
	• Ms. Ackerman reminded the Committee of the ongoing issues AllCare has experienced in regards billing. Ms. Ackerman stated that the concerns were brought to AllCare's				

	attention via submission of internal quality of care concerns beginning 2 years ago. Concerns were being filed under both lines of business, Medicare Advantage and CCO, and the members affected were mostly dual eligible members. The billing issues began with billing members directly without first billing the health plan, and later escalated to balance billing members and sending them to Collections. • Ms. Matola added that AllCare initially placed on a CAP that lasted approximately 1.5 years, and consisted of calls every 2 weeks with the health plan while the billing issues were addressed. The CAP ended, and shortly into CY2020 AllCare began receiving more complaints and internal concerns related to balance billing members. Over 300 members have ultimately been affected by the billing issues. Ms. Ackerman stated that she has made a referral to the Office of Inspector General (OIG), and will work with Ms. Matola on additional outreach to address the concerns. • Ms. Ackerman strongly urged external Committee members to not utilize until the billing issues are fully resolved. Dr. Miller stated that the issues surrounding would need to be more impactful in order for her clinic to change to another vendor. It is built into the clinics EHR and would take weeks' worth of IT assistance to change vendors in their system. Dr. McArdle agreed with Dr. Miller's statement, and advised that Valley Immediate Care was in the process of switching to as their primary vendor as the overall costs for patients is significantly less than Asante. • **Action: The Committee will continue to be kept up to date on the ongoing billing issues.**

Future Meetings		Location
February 24, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	February 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☒ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☐	☐	☐
Guests:		
☐	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• The January 27, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Dr. Miller seconded the motion to approve the minutes. The motion passed unanimously. • Due to some Committee member's needing to leave the meeting early, the Committee unanimously agreed to flip the order of the agenda and discuss cases first.				
2.	**Confidentiality Agreement Forms**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• Dr. Burnett informed the Committee that all Committee members will need to sign the annual confidentiality agreement form included in their meeting packets. Forms must be signed and dated, and can be returned via mail, email, fax or, if needed, picked up in person. • **Action: Committee members will complete the confidentiality agreement form and return to AllCare Health.**				
3.	**Licensing Boards Not Updating**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**

Quality Improvement Committee	February 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burnett informed the Committee of an issue with State Licensing Boards that AllCare's Credentialing Committee became aware of. The Credentialing Committee has found that there are several State Licensing Boards who are not keeping up with their websites and ensuring that their sites reflect the most accurate and up to date information. Examples include the Oregon Board of Chiropractic Examiners, Board of Physical Therapy and Board of Licensed Social Workers. The Oregon Board of Licensed Social Workers has had the most inaccuracies. Despite multiple attempts of correspondence with the Board, the site has not been updated since May 2020. Ms. Ackerman stated that one of AllCare's Credentialing Analysts has already drafted a summary of these case findings and the information was sent to the Oregon Health Authority (OHA) for further investigation. Ms. Ackerman stressed to the Committee the importance of having the most up to date information, specifically in regards to stipulated orders. Ms. Ackerman will continue to keep the Committee updated on this matter. • **Action: The Committee will be kept up to date on OHA's findings.**				
4.	**NPI**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that AllCare denied their first credentialing application. During the audit with Health Services Advisory Group (HSAG) it was determined that for credentialing purposes, AllCare should be able to show record of denied applications and not only withdrawn provider applications. This Nurse Practitioner applied for credentialing last year with AllCare and ultimately withdrew her request. There were many inaccuracies in her application, and her listed peer references did not endorse her. This Nurse Practitioner applied again this year, but AllCare found the same inaccuracies and her application consisted of the same list of references. Therefore AllCare could not endorse her and denied her application. • Ms. Ackerman stated that AllCare has been working with Mr. Mike Crew, AllCare's Legal Counsel, and he will be conducting a training with internal staff. When the provider's application has concerns surrounding quality of care, then it would be appropriate for AllCare to deny the application. Ms. Ackerman stated that she will begin reporting the number of denied credentialing applications on a quarterly basis. • Dr. Burnett added that providers whose applications have been denied do have appeal rights. Mr. Crew is working on updating documents to reflect up to date provider application appeal rights. • **Action: The Committee will be kept up to date on denied applications by the Credentialing Committee.**				
5.	**NPI**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett reminded the Committee that this provider was previously brought to the Committee for review. This Nurse Practitioner has several Board sanctions, and AllCare has filed a report with the Oregon State Board of Nursing for quality of care concerns,				

	which is pending review. This Nurse Practitioner requested to be credentialed independently through AllCare, however numerous inaccuracies were found with her application including inadequate peer references. Ultimately this provider withdrew her application but has recently reapplied. Dr. Burnett stated it is unlikely that the most recent application will be accepted and AllCare is anticipating that this will be our second denied application. • **Action: The Committee will continue to be kept up to date on the status of this providers credentialing application.**				
6.	**NPI**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health, Inc.**
Discussion:	• Dr. Burnett informed the Committee that she had a discussion with this Nurse Practitioner yesterday regarding recent office issues and documentation issues that were brought to AllCare's attention. AllCare will continue to monitor this Nurse Practitioner for similar issues. • Dr. Burnett also stated that when providers are reviewed for re-credentialing, the Appeals and Grievance Department checks for the total amount of complaints submitted against the provider within the last 3 years. Moving forward, any providers who appear to be outliers in this regard will be brought to the QI Committee first and then forwarded to the Credentialing Committee. For example, Dr. Burnett advised that NPI will be reviewed at the March credentialing meeting as she was found to have several complaints over the last 3 years, with the majority being received in CY2020. Ms. Ackerman stated that the Committee should also be taking into consideration a provider's rate per thousand. If a provider sees a high number of patients, then a low number of complaints would be appropriate compared to a provider who sees a lower number of patients. Dr. Burnett inquired if the Committee felt like NPI should be brought back to the QI Committee or forwarded to Credentialing. The Committee unanimously agreed that this provider should remain on the Committee's radar, but otherwise can be forwarded to the Credentialing Committee. • **Action: AllCare will continue monitoring this NPI for similar issues. In addition, providers requesting re-credentialing will be brought to the QI Committee for further review as necessary prior to Credentialing Committee. NPI will be forwarded to Credentialing Committee.**				
7.	**SNF**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health, Inc.**
Discussion:	• Dr. Burnett reminded the Committee of the ongoing concerns surrounding Avalon SNF. SNF oversees several of the skilled nursing facilities in the area including all SNF. • Ms. Ackerman informed the Committee that she was successful in her attempts to make contact with the Director of SNF. The majority of the concerns were in regards to SNF, however the entire list of concerns was forwarded to Mr. for further investigation and will be discussed with AllCare later next week. Ms. Ackerman stated that Mr.				

	Wallace took AllCare's concerns very seriously, and she is cautiously optimistic that appropriate actions will follow his investigation. • Dr. Rondeau inquired about some of the concerns that AllCare had noted. Dr. Burnett stated that there have been concerns surrounding member's not receiving their IV antibiotics, not receiving their therapy needs, nor was AllCare being made aware that services for some members were ceased. • **Action: The Committee will be kept up to date on the outcome of the meeting between the Director of Avalon and AllCare.**				
8.	**Laboratory**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman informed the Committee that herself, as well as Dr. Burnett, Ms. Matola, and Ms. Twila Farris, AllCare's Chief Financial Officer, had a call yesterday with Laboratory. On the call representing Laboratory was the Pacific Northwest Manager and 4 representatives from their corporate office in Charlotte, North Carolina. Ms. Ackerman stated that she was hoping Laboratory would take responsibility for their actions, but instead found that they were very deflective of any blame and asked AllCare to send them eligibility files. Ms. Ackerman assured the Committee that this request was not appropriate and AllCare will not be forwarding Laboratory eligibility files. Instead, Ms. Ackerman is working with AllCare's Chief Information Officer and Director of Claims to compile a list of claims from Laboratory for dual eligible members to check for trends in billing. In addition, Ms. Ackerman stated that AllCare will be conducting a Verification of Services audit for 100% of member's who have had claims from Laboratory. This will be done in effort to determine how many other members are knowingly or unknowingly being affected by Laboratory billing concerns. Ms. Ackerman also shared with the Committee that she has reported LabCorp to CMS as well as the Office of Inspector General (OIG). • Dr. Burnett added that AllCare will continue to have meetings with Laboratory moving forward. In addition, she informed the Committee that the claims we are seeing with these billing issues appear to primarily be from Siskiyou Community Health Center and other federally qualified health centers (FQHC). Dr. Miller stated that she feels these may be claims for members who are on a sliding pay scale. Dr. Burnett, Dr. Miller and Ms. Ackerman will have a separate discussion regarding provider education for draw sites. • **Action: The Committee will continue to be kept up to date on the ongoing billing issues with Laboratory. Dr. Burnett, Dr. Miller and Ms. Ackerman to have a separate discussion regarding provider education at draw sites.**				
	Providers Under Board Action	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that there were 3 contracted providers, NPI, NPI and NPI whose stipulated orders have been terminated. However, NPI is a contracted provider who has a new stipulated order. The order requires that there be a Board				

	Certified Surgeon present for all breast surgeries completed by this provider. Dr. Burnett advised that records do not show that this provider has conducted any of these surgeries over the past year. • **Action: The Committee will be kept up to date on any new and ongoing stipulated orders for contracted providers. No further action required by the Committee at this time.**				
10.	**HEDIS/CAHPS**	**Follow Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare is well underway with the Healthcare Effectiveness Data and Information Set (HEDIS) review, and is at 18% completion. HEDIS nurses have been able to complete 300 chart reviews so far from a local cardiology office. Ms. Matola stated that the HEDIS nurses have gone through most charts from Greenway, AllCare's electronic health record (EHR) system, and what the retrieval team can obtain. • **Action: HEDIS due to CMS on May 7th, 2021. The Committee will continue to be kept up to date on any new updates related to HEDIS.**				
11.	**TQS**	**New Item**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess reminded the Committee that TQS stands for Transformation and Quality Strategy. TQS is due to OHA on March 15, 2021, however project write-ups are due today for internal staff. Mr. Burgess explained there will be a group of internal staff who will review each of the projects and score them with the TQS scoring criteria. This will be taking place over the next week. Feedback will be provided to each of the teams and they will have a week to work with Mr. Burgess on finalizing any details and make changes to their projects as necessary prior to the final submission. Mr. Burgess stated that TQS was created by OHA to help transform healthcare through CCOs. The TQS consists of 15 components that AllCare is addressing through 11 different projects. • **Action: The Committee will continue to be kept up to date on the status of TQS submission.**				
12.	**Prometheus/MEPP**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that OHA has renamed Prometheus to Medicaid Efficiency Performance Project (MEPP), and will also be due to OHA on March 15, 2021. MEPP will take a deeper look at episodes of care for potentially avoidable complications (PACs) and look at situations that contribute to higher costs. Dr. Burnett stated that it is possible to see overlap with MEPP and current Performance Improvement Projects (PIP) as some of these focus areas align. MEPP focuses on areas similar to those in the continuous glucose monitor PIP for type 2 diabetic members, and the PIP regarding pediatric asthma control. PIP reports will soon be brought to the Committee for oversight.				

	• **Action: Action: MEPP due to OHA on March 15, 2021. The Committee will be kept up to date on the status of the MEPP submission.**				
13.	**4Q2020 PIP**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare CCO**

Discussion:	• Dr. Burnett briefly reminded the Committee of the three PIPs that AllCare is working on.
	  ○ Continuous glucose monitors (CGM) for type 2 diabetic members
	  ○ Pediatric asthma control
	  ○ Health equity PCP visits
	• Dr. Burnett stated that internal data has shown a disparity in the population of member's who are African American who see their PCPs for preventative services. The health equity PIP will focus on trying to get the rates for this population to align more with other populations.
	• Dr. Rondeau inquired about which specific brand of CGMs the PIP would focus on. Per Dr. Burnett, the specific brand has not yet been determined as the details of this PIP are not yet that granular.
	• Dr. Miller expressed that she feels there is a large knowledge gap in regards to PCP's and the use of CGMs. Dr. Burnett suggested that a provider collaborative may be an option to look at in the future.
	• **Action: PIP reports will be brought to the Committee for oversight.**				

14.	**Vendor**	**Follow Up**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola reminded the Committee of the inconsistencies that were found in Vendor not issuing denial letters when appropriate. Ms. Matola advised that herself, Ms. Burns, and Ms. Lori Hollibaugh, AllCare's Liaison, are working together to put together a list of scenarios for Vendor that will outline when it is appropriate to issue a denial letter to member. Members have rights to an appeal and it is important that members receive proper notice of their rights. Ms. Matola assured the Committee that AllCare is actively working towards correcting this issue. • **Action: Vendor reporting will continue to be brought to the Committee for review and oversight.**				
15.	**Oral Health Update**	**Follow Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee of a dental case she is working on involving a special needs member. This member was being seen for an extraction, it was determined to be in the best interest of member and staff that member be treated at the hospital under general anesthesia. Dr. Yitta stressed to the Committee that this situation has brought to light the importance of having further discussion surrounding care for special needs members and those who require overall higher level of care. • Dr. Burnett agreed with Dr. Yitta's statement. Many people are involved in this case and the top priority remains getting member the care he needs while keeping member and				

	staff as safe as possible. Dr. Burnett agreed that AllCare needs to work on developing a simpler process for future cases. • Ms. McKeane reminded the Committee that the Exceptional Needs Dental Program has never had a case like this before, and this really is an exceptional case. Ms. McKeane also agreed that there needs to be desktop procedures and external processes in place to better handle a case like this in the future. Ms. McKeane stated that COVID-19 has shined a light on disparities in that not all COVID precautions work for all members. **Action: The Committee will continue to be kept up to date on matters related to oral health.**				
16.	**Behavioral Health Update**	**Follow Up**	**Ms. Goldberg**	**O**	**AllCare CCO**
	• Ms. Goldberg informed the Committee that AllCare has been monitoring all hospital seclusion and restraint utilization. Upon receiving notice, cases are reviewed by Ms. Goldberg, Ms. Ackerman and Dr. Burnett. Ms. Goldberg stated that it was Ms. Ackerman who suggested that the QI Committee be made aware of the internal monitoring for seclusion and restraint utilization. Cases will be presented to the Committee as necessary. • **Action: The Committee will continue to be kept up to date on matters related to behavioral health.**				
17.	**AllCare PACE**	**Update**	**Dr. Burnett**	**O**	**AllCare PACE**
	• Dr. Burnett informed the Committee that participants will begin enrollment next Monday, March 1st, and will go live for services beginning April 1st. Dr. Burnett stated that most services will be offered off site, however both telemedicine and in person appointments will be made as necessary. • Ms. Matola added that AllCare PACE Appeals and Grievance training with the RTZ module will be taking place soon. The AllCare Health Appeals and Grievance Department will be processing All PACE appeals, AllCare PACE quality of care grievances and AllCare PACE grievances submitted against staff. • **Action: The Committee will continue to be kept up to date on AllCare PACE enrollment and status of appeals training.**				

Future Meetings		Location
March 24, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☒ Dr. Felicia Cohen, MD	☐ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☐	☐	☐
Guests:		
☐	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• The February 24, 2021 minutes were reviewed by the Committee. Dr. McArdle made the motion to approve the minutes. Dr. Mateja seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**HEDIS/CAHPS**	**Follow up**	**Laura Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare is well underway with the Healthcare Effectiveness Data and Information Set (HEDIS) review, and this is going very well. There are some issues with and being able to access the EPIC system for chart review. is almost completed. AllCare and Cotiviti, our third party retrieval vendor, are working with other offices to obtain medical records. Ms. Matola updated the Committee on the CAPHS surveys. This is the Consumer Assessment of Healthcare Providers and System survey that is sent to a subset of our Medicare Advantage members. The first round of mailing has been completed. • **Action: HEDIS due to CMS on May 7th, 2021. The Committee will continue to be kept up to date on any new updates related to HEDIS.**				
3.	**4Q2020 Appeals and Grievances**	**New Item**	**Ms. Matola**	**C**	**AllCare Advantage**

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Matola displayed the 3Q2020 appeal and grievance information for Medicare Advantage: • For 4Q2020 a total of 19 complaints were received and processed in house. 3 were categorized as Quality of Care, 5 were Customer Service, and 3 were on the determination process, 2 for marketing, 1 billing and 1 other. There were 4 on DME vendors and their customer service. Some of this had to do with these vendors and the shipping issues they were up against. There were 15 total complaints on Advantage this 4th quarter which is high. Ms. Ackerman suggested an internal meeting to review these complaints and looking for trends. Dr. Burnett did mention that we have been very liberal on approval for DME, noting that on items like Oxygen certain documentation criteria have been waived for approval due to the COVID-19 pandemic. For 4Q 2020 there were 10 Part-C standard appeals and 13 Part-C claims appeals and 14 Part -D appeals was received. • **Action: Appeals and Grievance reporting will continue to be brought to the Committee on a quarterly basis for review and oversight.**				
4.	**4Q2020 Appeals and Grievances**	**New Item**	**Ms. Matola**	**C**	**AllCare CCO**
	• Ms. Matola displayed the 3Q2020 appeal and grievance information for the CCO: For 4Q2020 a total of 51 grievances were received. The number of grievances based on rate per thousand members displayed for the Committee to review. There was a decrease from 3Q 2020 to 4Q2020, going from 1.66 to .98. The highest areas of concerns were Interaction with Provider/Plan for a total of 28, Access to Care with 9 and, followed by Consumer Rights with a total of 6. Both Quality of Care and Quality of Service were at 4. There was a significant increase in the CCO enrollment for 4Q going from 49,000 to 54,000. Ms. Matola reviewed the provider complaints with 9 of them being Primary Care Providers. Ms. Callahan noted that there were more mid-level provided with complaints and inquired if additional training for mid-level providers was appropriate. There were 3 complaints against, 3 complaints against and. The year-to-date totals for CY2020 show AllCare CCO as the outlier with a total of 17 complaints. Ms. Ackerman mentioned to the committee that in early 2020 we took on about 6000 more members and this may have been part of the reason for the numbers. • There was a total of 56 appeals received and processed in house for 4Q2020, with an average overturned rate of 38%. Pharmacy appeals is the number denied service appealed. Dr. Burnett provided insight that many of the medications that are originally reviewed did not have the needed documentation to support the request. Once AllCare received the documentation, the medication request was overturned. • **Action: Appeals and Grievance reporting will continue to be brought to the Committee on a quarterly basis for review and oversight.**				

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

5.	**TQS**	**Follow up**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess reminded the Committee that TQS stands for Transformation and Quality Strategy. The TQS was created by OHA to help transform healthcare through the CCOs. The TQS consists of 15 components that AllCare is addressing through 11 different projects. The TQS was submitted timely on 03/15/2021. The team working on this project was pleased with the final submitted product. AllCare is anticipating it will take about a month before we hear back from OHA on the scoring of this submission. There is a score scale of 1-3 for each category. • **Action: The Committee will continue to be kept up to date on the status of TQS submission.**				
6.	**MEPP**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that OHA has renamed Prometheus to Medicaid Efficiency Performance Project (MEPP). The write up was submitted to OHA on March 15, 2021. AllCare is anticipating it will take about a month before we hear back from OHA on the scoring of this submission. MEPP takes a deeper look at episodes of care for potentially avoidable complications (PACs) and look at situations that contribute to higher costs. Dr. Burnett stated that it is possible to see overlap with MEPP and current Performance Improvement Projects (PIP) as some of these focus areas align. MEPP focuses on continuous glucose monitor for type 2 diabetics and pediatric asthma control, which are both a PIP. • **Action: The Committee will be kept up to date on the status of the MEPP submission.**				
7.	**CCO Quality Measures**	**Follow Up**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess spoke on the 2021 measures for the OHA incentive program. He reviewed with the Committee the 12 measures that are being reported on, and the current status. AllCare CCO must meet 9 out of the 12 in order to receive the incentive money. The red color code on this chart signifies areas we are in jeopardy of failing. The green are areas signify the areas we are currently meeting the measure. The yellow color signifies areas we are close to meeting the measure targets. OHA is basing the 2020 data as "reported" and basing the 2021 as actual performance data. Mr. Burgess reported that 2020 was a tough year due to COVID-19 pandemic and the decrease in access to certain services. Mr. Burgess states that OHA is looking at special considerations due to the pandemic. Dr. Burnett mentioned that there is an internal group looking at this closely. Provider outreach is likely coming soon for several of these measures. • **Action: The Committee will continue to be kept up to date on the status of the Quality Measures**				
8.	**Oral Health Update**	**Follow Up**	**Dr. Yitta**	**O**	**AllCare CCO**

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Yitta informed the committee of a case where a 61 year old member who was seen by Dr and prescribed an antibiotic. The member informed the provider that she had questions regarding this medication. Dr. Reynolds referred the member to the pharmacist for additional instructions. Member then sought out care with a non-contracted dental provider to complete the dental work done as the member felt she was dismissed by Dr.. Dr. Yitta says her primary concern with the provider is not providing continuity of care. Dr. Yitta will reach out to the Dental Director for follow up on this provider. • **Action: Oral Health reporting will continue to be brought to the Committee for review and oversight.**				
9.	**NPI**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that this Nurse Practitioner applied for credentialing last year with AllCare and ultimately withdrew her request. This was due to the lack of appropriate Peer References. This provider has now submitted a new application for processing. AllCare has noted inconsistencies on her work history in her application, and her lack of peer references. Therefore AllCare Credentialing requested the provider to withdraw her application again. • **Action: The Committee will be kept up to date on denied applications by the Credentialing Committee.**				
10.	**NPI**	**Follow up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett updated the Committee on the status of this provider's application. This nurse practitioner previously applied for credentialing, and then withdrew her application upon AllCare request due to information on the application not being updated and accurate. Since the original submission and withdrawal, this provider has submitted a new application. The information in the application has been reviewed including the Nursing Board Investigation. This time, the Credentialing Committee has denied this provider request for credentialing. We are currently working with legal counsel to review the case and assist with writing the denial letter. • **Action: The Committee will continue to be kept up to date on the status of this providers credentialing application.**				
11.	**Confidentiality Agreement Forms**	**Follow Up**	**Ms. Matola**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• Ms. Matola reminded committee members about their confidentiality statements. We are still needing some returned. Most of these are from internal staff. Ms. Ackerman reminded everyone on the committee that they will not allowed to continue to attend meeting if this is not returned. Ms. Matola will send reminder email out to everyone that still needs to return the form.				

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

	• **Action: Committee members will complete the confidentiality agreement form and return to AllCare Health.**				
12.	**Committee Meeting Re Vamp**	**Follow up**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• Dr. Burnett has informed the committee that she, Ms. Ackerman and Ms. Matola will be going over the office term limits in an effort to mirror other committee's protocols. This has been in the works for some time now and will make the effort to work on this over the next few months. • **Action: The Committee will continue to be kept up to date on this matter.**				
13.	**Re-Credentialing Complaints**	**Follow-up**	**Ms. Matola**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that we are bringing the providers who are up for re-credentialing to the Quality Committee prior to taking them to the Credentialing Committee. There are just three provider who are being re-credentialed this month that have had complaints over the past three years. NPI # had two complaints around writing and documenting prescriptions for opioids and benzodiazepines; this provider will be followed closely for other concerns. NPI# had few grievances that were not deemed to represent true QI issues. The last provider (NPI# 1649310681 had a grievance related to a surgical procedure that was scheduled in error due to poor documentation by another provider.				
14.	**AllCare PACE**	**Update**	**Dr. Burnett**	**O**	**AllCare PACE**
	• Dr. Burnett informed the Committee that participants will begin enrollment March 1st, and will go live for services beginning April 1st. Dr. Burnett stated that these members must be eligible or qualify for nursing home level of care. This program is to help keep the participants in their homes. Participants who switch to PACE will have PACE provides as their primary care provider, not their current provider. There have been four or five participants to have signed up. This will now be a standing agenda item and we will be hearing from Ms. Pohling from PACE each meeting as this committee will be reviewing quality issues for PACE as well. • **Action: The Committee will continue to be kept up to date on AllCare PACE enrollment.**				

Future Meetings		Location
April 28, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC

Quality Improvement Committee	March 24, 2021 Time 0700 – 0800am AllCare Health Community Room A

Chief Quality Officer

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☒ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☐ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☐	☐
Guests:		
☐	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• The March 24, 2021 minutes were reviewed by the Committee. Lisa Callahan, CPNP made the motion to approve the minutes. Dr. Rondeau seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**HEDIS/CAHPS**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that the Healthcare Effectiveness Data and Information Set (HEDIS) review is almost complete. The final day for submission is May 6th. At this time AllCare has obtained all information that we are able to. Ms. Matola stated that AllCare's rates are down, however this was to be expected due to COVID-19. CMS will look at rates and compare CY2018 and CY2020, and whichever year has the better rates will be the rates that AllCare receives. • Ms. Matola also informed the Committee that the first and second set of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys have gone out to members. AllCare is working on outreach to members who have not yet responded to the survey. • **Action: Ms. Matola will keep the Committee informed on the results of the HEDIS submission and status of CAHPS surveys.**				

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

3.	**HPMS Data Validation Audit**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare is almost finished with the Health Plan Management System (HPMS) Validation Audit. Ms. Matola advised that AllCare hired an external auditor to review the data that was reported to HPMS. Data is due to the auditor on Friday, April 30th. Once the data is received, the auditor will begin the review process. Once complete, the auditor will contact AllCare to inform us how accurate the reporting was to HPMS. • **Action: Ms. Matola will keep the Committee informed on the results of the HPMS Validation Audit.**				
4.	**HSAG Audits**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola reminded the Committee that Health Services Advisory Group (HSAG) is AllCare's third party reviewer contracted by OHA for quality and compliance reviews. AllCare will be working with HSAG on the following audits: ○ Providers and Subcontractors Audit ○ Parity Audit ○ Encounter Validation Audit In addition to other contract deliverables, deliverables for each of the above audits will be due to HSAG on Tuesday, June 1st. • **Action: Deliverables are due to HSAG on June 1st. The Committee will continue to be kept up to date on the status of each audit.**				
5.	**Oral Health Update**	**Follow Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that there were no new updates related to oral health. • **Action: The Committee will continued to be informed of any updates related to oral health.**				
6.	**Behavioral Health Update**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that there have been many changes in Curry County recently. Curry Health Network will be terminating their contract with the county in June 2021. Dr. Burnett advised that outpatient providers will continue to operate under Freedom Health, and crisis management services will operate under Adapt Health. In addition, Curry Health Network has decided to give up all responsibilities in regards to public health. Dr. David Candelaria will be stepping in as acting Director of Public Health, and OHA will assist in handling responsibilities relating to public health. • **Action: The Committee will continue to be kept up to date on the ongoing changes in Curry County, as well as any new updates related to behavioral health.**				

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

7.	Clinical Practice Guidelines	New Item	Dr. Burns	O	AllCare Health, Inc.
Discussion:	• Dr. Burns informed the Committee that the clinical practice guidelines are part of the contract with CCO 2.0. It is a requirement that AllCare provide these clinical practice guidelines for providers to use to ensure both the provider and member are able to make the most appropriate decisions relating to the member's health. Dr. Burns advised that AllCare will have a group of internal staff cross check AllCare's internal guidelines with those outlined in the OHP Prioritized List of Health Services to ensure we are following proper guidelines. These guidelines will include links related to oral health, COPD, asthma, diabetes, heart disease and more. Dr. Burnett added that having this internal cross check process will assist in answering a portion of the HSAG audit, which inquires how AllCare determines our internal guidelines. • Dr. Rondeau and Dr. Miller expressed concerns in regards to how exactly AllCare intends to inform external providers of the updated guidelines, and knowing where to access this information. Dr. Burns stated that these guidelines are national guidelines, not AllCare's internal guidelines, and therefore external providers should have their own processes in place to keep themselves informed of any new updates. In regards to informing external providers and knowing where to access the guidelines, Dr. Burnett stated that AllCare's Provider Services team will be including this information in their work with providers. In addition, Dr. Burnett suggested that a provider collaborative may be of benefit to the provider network. The collaborative could discuss how to access this information on the Provider Portal, where to find links to pharmacy guidelines, therapeutic guidelines, and more. Dr. Burns stated that if the Committee has any other guideline topic suggestions, let her know as she is looking for any input. • **Action: No action required by the Committee at this time.**				

8.	Laboratory	Follow-Up	Ms. Matola	O	AllCare Health Plan, Inc.
Discussion:	• Ms. Matola reminded the Committee of the details relating to the ongoing billing issues with Laboratory. Ms. Matola advised that AllCare was able to determine that these issues are surrounding members who are dually eligible with AllCare. An internal report was ran and AllCare was able to identify which members have received services from Laboratory. AllCare sent 1,314 Verification of Services letters to the member's identified on this list, inquiring if they received services, did the member pay out of pocket for services, and if so were they reimbursed. Ms. Matola stated that we are receiving response letters and phone calls daily from members. So far 337 responses have been received, of which 23 members stated they did pay out of pocket, and 12 of these members were not reimbursed. AllCare is working to get members reimbursed. Ms. Matola informed the Committee that AllCare has been met with an underwhelming response from Laboratory and their desire to resolve these billing issues. Ms. Matola stated that Ms. Ackerman has reported these concerns with Laboratory to the proper agencies.				

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

	• **Action: The Committee will continue to be kept up to date on the ongoing billing issues with LabCorp.**				
	SNF	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Matola reminded the Committee of the ongoing issues with skilled nursing facilities. AllCare has made progress with regarding these concerns, and has been successful in outreach to upper management. Ms. Ackerman first spoke with a gentleman who has since retired, and is now working with a woman who was able to provide a list of contacts at each of these facilities. Ms. Matola stated that AllCare has been tracking these concerns in an issues log that has been submitted to Avalon for review. This log is updated weekly and sent to on a weekly basis as well. Dr. Burnett added that there is currently high turnover in management at Avalon, however AllCare is expecting improvement nonetheless. • **Action: The Committee will be kept up to date on any new updates regarding Avalon.**				
10.	**COVID-19 Update**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that Dr. Miller and Dr. David Candelaria will be holding a discussion Town Hall this evening, answering any questions relating to COVID-19 and vaccinations. In addition, Ms. Goldberg and Dr. Burnett have been meeting with various behavioral health providers in Jackson County to discuss prioritization of COVID vaccine delivery, as COVID-19 can be worse for individuals with certain behavioral health diagnoses. Dr. Burnett also advised that we are working on prioritized vaccines for housing insecure members. Jackson and Josephine Counties have signed contracts with American Medical Response (AMR) and Mercy Flights who have agreed to go to patients, in terms of vaccine delivery, who are homebound. Dr. Burnett stated that all CCOs in the state have been looking at how to conduct all kinds of outreach to the public in regards to COVID-19 vaccinations. The biggest issue in our area is that there is more vaccine available than people willing to receive it currently. • Dr. McArdle inquired if AllCare knew what percentage of AllCare's population of members have received the COVID-19 vaccination thus far. Dr. Burns stated that approximately 18-20% of CCO members over the age of 16 years old and approximately 65-66% of members over the age of 65 years old have received the vaccination. • Dr. Miller added that she is highly encouraging all her patients to get the vaccine, to which Dr. Mateja agreed that he, too, has been encouraging his patients to get the vaccine. Dr. Miller and Dr. Mateja also agreed that they have a large number of patients who are expressing a disinterest in the vaccine. Dr. Rondeau stated that he feels approximately half of his patients have been interested in the vaccine, and the other half have not. However, he continues to encourage his patients and stay on top of patient education. • **Action: The Committee will continue to be kept up to date on any updates related to COVID-19.**				

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

11.	**Licensing Boards Not Updating – LCSW**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett reminded the Committee of the issues AllCare has been experiencing with licensing boards not getting updated for LCSWs. Dr. Burnett advised that Ms. Ackerman has reported this issue to the state level. • **Action: Ms. Ackerman has reported these concerns to the State. No action required by the Committee at this time.**				
12.	**NPI**	**Follow-up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that AllCare sent a formal letter to this provider denying her credentialing application. Since receiving this letter, the provider has requesting a fair hearing. AllCare is waiting to receive additional information regarding next steps in the hearing process. • **Action: Action: The Committee will be kept up to date on the status of this provider's fair hearing.**				
13.	**Providers Under Board Action**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that there are currently three providers in the Medford area who were listed on the Oregon Medical Board's Disciplinary Action Report, however none of these providers are within AllCare's network of providers. Dr. Burnett assured the Committee that AllCare does check and cross check this report to confirm whether any of our network providers are on this list. • **Action: No action required by the Committee at this time.**				
14.	**AllCare PACE**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare PACE**
Discussion:	• Dr. Burnett informed the Committee that AllCare PACE is officially open and there are a few individuals who are currently in the application process. There are approximately 12 participants so far. • The National PACE Association Code of Federal Registry has changed a few rules which will go into effect on January 1, 2022. These rules appear to be aligning more with Medicare Advantage rules. • **Action: The Committee will continue to be kept up to date on any new updates related to AllCare PACE.**				

Future Meetings		Location
May 19th, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC

Quality Improvement Committee	April 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

Chief Quality Officer

Quality Improvement Committee	May 19, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☐ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☐ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☒ Steve Buck, RN, MSN, Director of Care Coordination	☒ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination
Guests:		
☒ Claudia Pohling, RN, PACE Quality Coordinator	☒ Mark Kantor, RPh	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• The April 28, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Dr. Mateja seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**HEDIS**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare has received part of the preliminary results for the CY2020 Healthcare Effectiveness Data and Information Set (HEDIS) audit. For this audit AllCare reviewed services that were provided in CY2020. HEDIS ratings from CY2019 do not count due to the start of COVID-19 pandemic. Instead CMS will be looking at rates from CY2018 and CY2020, and whichever year had the best rates will be the Star Rating that AllCare receives. Ms. Matola stated that there was a significant drop in rates for CY2020, however this was anticipated due to the pandemic. Ms. Matola displayed a PowerPoint for the Committee to review. The slideshow discussed the difference in AllCare's rates from CY2016 – CY2020 for the following measures: ○ Breast Cancer Screening (bcs)				

Quality Improvement Committee	May 19, 2021 Time 0700 – 0800am AllCare Health Community Room A

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Colorectal Cancer Screening (col)
Controlling High Blood Pressure (cbp)
Comprehensive Diabetes Care

Hemoglobin A1c Testing
Hemoglobin A1c Poor Control
Hemoglobin A1C Control
Medical Attention for Nephropathy
Blood Pressure Control
Eye Exam (Retinal) Performed

Transitions of Care

Notification of Inpatient Admission
Receipt of Discharge Information
Patient Engagement After Inpatient Discharge
Medical Reconciliation Post-Discharge

Ms. Matola advised that AllCare's goal is to meet the Star Measures, or get as close to them as we can. This includes making sure members are getting their services and offering education when needed. A lower Star Rating for AllCare will result in less reimbursement from CMS. Ms. Matola advised that Transition of Care measure listed in the PowerPoint is not yet a Star Measure with CMS, but AllCare has tracked this area for a few years in effort to see where rates are at.
Action: Ms. Matola will keep the Committee informed of the results of the HEDIS audit.

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<tr><td>3.</td><td>HPMS Data Validation Audit</td><td>Follow-Up</td><td>Ms. Matola</td><td>O</td><td>AllCare Advantage</td></tr>
<tr><td>Discussion:</td><td colspan="5">

Ms. Matola informed the Committee that AllCare has almost completed the Health Plan Management System (HPMS) Validation Audit. Ms. Matola advised that this included review of Part C and Part D information including complex medication issues, coverage determinations, organization determination, reconsideration appeals and redetermination appeals. AllCare passed the Part D portion of the review at 100%.
Action: Ms. Matola will keep the Committee informed on the results of the Part C HPMS Validation Audit.

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<tr><td>4.</td><td>1Q2021 Appeals and Grievances</td><td>New Item</td><td>Ms. Allen</td><td>O</td><td>AllCare CCO</td></tr>
<tr><td>Discussion:</td><td colspan="5">

Ms. Matola displayed the 1Q2021 CCO Appeals and Grievance report for the Committee to review. Ms. Allen discussed the details of the report with the Committee.

1Q2021 CCO Grievances: Average number of CCO enrollment for 1Q2021 was 53,490, which covers January, February and March. The highest areas of concern were interaction with provider or plan for a total of 37 grievances, 14 grievances relating to quality of care, and 12 grievances relating to access to care. All three of these categories increased since 4Q2020. A total of 72 grievances were received during 1Q2021, with a rate

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	per thousand of 1.3. Ms. Allen discussed the list of PCPs and Specialists who received the highest number of complaints for the quarter. It was noted that of these PCPs and Specialists, some have a higher rate per thousand as each provider holds a different percentage of AllCare's membership. ○ 1Q2021 CCO Appeals: There was a total of 55 appeals received during 1Q2021, all of which were regarding a total denial or limited authorization of a requested service, with a rate per thousand of 1.2. Approximately 40% of the appeals received were overturned after additional review by the Medical Directors. Ms. Allen noted that while the overturn rate is beginning to rise, there were no noticeable trends in the total number of appeals received compared to 4Q2020. Overall AllCare has seen a decrease in the number of appeals submitted since CY2020. This is due to the OHA rule change for CY2020 stating that providers no longer had an appeal right unless they received written consent by the member. Therefore requests for reconsiderations by providers are no longer being treated as appeals, but rather a reopen of the authorization at the Utilization Management level. Ms. Allen informed the Committee that appeals and grievance data is submitted to OHA on a quarterly basis as part of the Exhibit I log. • Dr. Burnett suggested that moving forward it would be beneficial for the Committee to know the number of AllCare members held by each provider or clinic in regards to grievances, as this would give the Committee a more accurate idea of the amount of complaints being submitted against these providers. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
5.	**Oral Health Update**	**Follow Up**	**Ms. McKeane**	**O**	**AllCare CCO**
Discussion:	• Ms. McKeane informed the Committee that AllCare received formal notice from Willamette Dental that they will be terminating their contract with AllCare. This will leave CCO members with a choice between two dental care organizations (DCO), Advantage Dental or Capitol Dental. This change will take effect on July 31st, and any CCO members who have not chosen a new DCO will be auto assigned after June 30th. AllCare will continue to work with CCO members needing reassignment as needed. In addition, Ms. McKeane stated that Dr. Yitta is coordinating a clinical advisory meeting and is anticipating that this will be conducted via Zoom due to COVID-19. More details to come regarding this meeting. • **Action: The Committee will continued to be informed of any updates related to oral health.**				
6.	**Behavioral Health Update**	**Follow Up**	**Ms. Goldberg**	**O**	**AllCare CCO**
Discussion:	• Ms. Goldberg informed the Committee that there are numerous changes taking place in Curry County. Curry Health Network gave formal notice that they will be terminating				

	their contract with the county. Ms. Goldberg advised that while the county is working to find another mental health provider for the community, unfortunately there are not enough providers available to provide services. Adapt Health has agreed to assist in Curry County and will be offering services in the interim. Currently AllCare and OHA meet with Curry County on a weekly basis to determine what areas are in need of assistance. Initially Curry Health Network planned to provide services through the end of June, but have now tentatively agreed to provide services until September 1st. Ms. Goldberg stated that AllCare's goal is to ensure there is no disruption in continuity of care. • **Action: The Committee will continue to be kept up to date on the ongoing changes in Curry County, as well as any new updates related to behavioral health.**				
7.	**Clinical Practice Guidelines**	**New Item**	**Dr. Burns**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burns informed the Committee that the update relating to Clinical Practice Guidelines will be given at the next Committee meeting in June. • **Action: Dr. Burns will provide an update at the June QI meeting.**				
8.	**Laboratory**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Matola reminded the Committee of the details relating to the ongoing billing issues with Laboratory. Ms. Matola advised that AllCare sent out over 1,300 verification of services letters to dually eligible members who received outpatient lab services by Laboratory. So far AllCare has received approximately 35% response rate from members in regards to these letters. Of those who have responded to the letters, 27 members have been identified as having paid for services. AllCare Quality Department will make follow-up outreach calls to remaining members who have not yet responded to the letters to determine whether they paid for these services and/or were sent to collections. • **Action: The Committee will continue to be kept up to date on the ongoing billing issues with Laboratory.**				
	SNF	**Follow-Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman briefly reminded the Committee of the ongoing issues with SNF. Ms. Ackerman stated that AllCare has met with SNF to discuss these issues with local facilities. AllCare received the correction action plan back from SNF last week. Staff will be meeting this week to discuss the corrective action plan for SNF. Ms. Ackerman stated that she is optimistic that these quality of care concerns will begin to drop as SNF appears to be very eager to correct these issues. AllCare currently receives weekly updates from our Utilization Management Nurse on any new SNF issues. • **Action: The Committee will be kept up to date on any new updates regarding Avalon.**				
10.	**COVID-19 Update**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**

Quality Improvement Committee	May 19, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burnett informed the Committee that the guidance's surrounding COVID-19 are rapidly evolving. This includes guidance on when, where and who should be masking. Recent guidance released states that masking is required in certain facilities, while the CDC has stated that it is okay to not mask if the person is fully vaccinated. In addition, it has been strongly advised that local businesses verify if customers have been fully vaccinated, in which case no mask would be required. Dr. Burnett stated that she is anticipating that verification of vaccination will create turmoil amongst the community. Vaccine efforts are still a high priority as Josephine County is only 40% vaccinated of the 65% needed to lift restrictions. • Dr. McArdle suggested incentivizing members in effort to help reach the 65% vaccination rate quicker. She anticipates that the state will hit the 70% vaccinated mark before Josephine County will hit the 65% mark. • **Action: The Committee will continue to be kept up to date on any updates related to COVID-19.**				
11.	**AllCare PACE**	**Follow Up**	**Ms. Pohling**	**O**	**AllCare PACE**
Discussion:	• Ms. Pohling informed the Committee that AllCare PACE currently has 13 participants enrolled. PACE is anticipating 2 more participants will be enrolled as of June 1st, with 5 more to be enrolled later in June. Ms. Pohling stated that PACE is working towards developing a quality report similar to the Appeals and Grievance report presented by Ms. Allen, and is hopeful she will be able to bring this report to the Committee at the July QI meeting. Typically care is provided to participants there at the center when being seen for medical care. Telehealth services will be utilized and physical and occupational therapy services will be provided in the participant's home. Overall this has been a smooth process adjusting to the guidelines required due to COVID-19. • Dr. Burnett stated that AllCare PACE is ahead of the anticipated enrollment number given the lengthy process that participants must go through with Adults and Persons with Disabilities (APD). • **Action: The Committee will continue to be kept up to date on any new updates related to AllCare PACE.**				

Future Meetings		Location
June 23rd, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	June 23, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☐ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☐ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☐ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☐ Steve Buck, RN, MSN, Director of Care Coordination	☐ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination
Guests:		
☒ Claudia Pohling, RN, PACE Quality Coordinator	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The May 19th, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Dr. McArdle seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**Marketing Complaint to CMS**	**New Item**	**Ms. Ackerman**	**O**	**AllCare Advantage**
Discussion:	• Ms. Ackerman informed the Committee of an issue regarding another Medicare Advantage Plan's inappropriate marketing practices. This issue involved the plan's representatives contacting AllCare Advantage members, giving the impression that they were CMS agents and encouraging our member's to switch plans. Ms. Ackerman stated that she has taken proper steps in notifying CMS and the Office of Inspector General (OIG). • **Action: Ms. Ackerman will keep the Committee informed of any new information regarding this concern.**				
3.	**Over and Underutilization**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**

Quality Improvement Committee	June 23, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burnett informed the Committee that clinical staff have been compiling prior authorization data regarding MRI requests submitted in CY2018 and CY2019 by PCPs and Specialists for both lines of business. Dr. Burnett advised that CY2020 data was not used as CY2020 was affected by State of Emergency due to COVID-19. A PowerPoint was displayed for the Committee to review. ○ AllCare Advantage: For CY2018, 220 total MRI requests were submitted. Of these, 218 requests were approved and 2 were denied. For CY2019, 298 total MRI requests were submitted and all were approved. Approximately 74% of the requests submitted during CY2018 – CY2019 were requested by a specialist, 25% requested by a PCP, and 1% requested by member. Beginning CY2022 the prior authorization requirement for MRI requests will be lifted. ○ AllCare CCO: For CY2018, 2292 total MRI requests were submitted. Of these, 1966 were approved and 326 were denied. For CY2019, 2740 total MRI requests were submitted. Of these, 2307 were approved and 433 were denied. Approximately 79% of the requests submitted during CY2018 – CY2019 were requested by a Specialist, 20% requested by a PCP, and 1% requested by member. • Dr. Burnett broke down the CCO MRI request data further by showing the different types of MRIs ordered by PCPs, how many were approved and denied, and the average approval rate for each type. This same information was also displayed for requests ordered by Specialists. Dr. Burnett also stated that the prior authorization requirement for PCP requests for orbital and abdomen MRIs will be removed. In addition, the prior authorization requirement for most brain MRIs will be removed. Authorization requirements will remain in place for PCP requests when the ICD 10 codes are related to headaches. There are also OHA guidelines surrounding approval of spinal MRI imaging requests, so these PA requirements will remain in place for PCPs. Dr. Burnett stated that a provider collaborative surrounding MRI requests would be of benefit to AllCare's provider network. • **Action: No further action required by the Committee at this time.**				
4.	**Second Opinions**	**New Item**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burns displayed a PowerPoint for the Committee to review regarding requests for second opinions. Dr. Burn advised that referrals for second opinions that are requested by PCPs are auto approved when the specialty provider is a contracted provider. There are some cases in which a member may require specialty are from a provider that is not available within AllCare's network of approved providers. For cases like this, referrals submitted by the PCP to a non-contracted or out of state provider do require chart notes and clinical review by the Medical Director. Dr. Burns advised that referral requests that are submitted via the Provider Portal are tracked by the "second opinion" question displayed on the portal.				

Quality Improvement Committee	June 23, 2021 Time 0700 – 0800am AllCare Health Community Room A

	○ CY2019: 523 second opinion referrals were submitted during CY2019. Of these, 15 requests were denied. This equates to approximately 3% denial rate. The top 5 specialty requests submitted were as follows: women's health, orthopedic surgery, cardiology, optometry/ophthalmology, and general surgery. ○ CY2020: 841 second opinion referrals were submitted during CY2020. Of these, 21 requests were denied. This too equates to approximately 3% denial rate. The top specialty requests submitted were as follows: orthopedic surgery, optometry/ophthalmology, neurology, and a tie between cardiology, dermatology and gastroenterology. All prior authorization requirements for women's health services were removed in CY2020 under both lines of business. • Dr. Burnett informed the Committee that the most common out of state referral requests that AllCare receives are to the University of Washington and Stanford Medical Center. • **Action: No further action required by the Committee at this time.**				
5.	**ReadyRide Services**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee of a recent case involving a Curry County member with complex chronic medical conditions and behavioral health issues. Throughout the course of a recent ride, a situation arose proving to be unsafe for both the member and the ReadyRide driver, prompting the ReadyRide service to end and be switched over to emergency medical services, where ultimately law enforcement became involved. Dr. Burnett stated that this case was reviewed at length, and it was determined by the Medical Directors that it would be in the member's best interest to require an attendant for future rides, and that HRS/flex funds could be utilized to help arrange for this. Dr. Burns added that this member has previously qualified for an attendant as he is special needs. Note that AllCare staff members are not allowed to act as attendants for these rides. • **Action: No further action required by the Committee at this time.**				
6.	**COVID Vaccination Measure**	**New Item**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess informed the Committee that we may be seeing a statewide COVID measure in the future, as many people at OHA have lobbied for this. AllCare is monitoring vaccination rates daily, which are increasing at approximately 1% each week. Approximately 46% of Josephine County is fully vaccinated, meaning individuals who have received both their first and second dose of the COVID vaccine. For CY2021 OHA is working to try to get incentive measures back on track. Due to the outbreak of COVID last year, improvement targets will be based on CY2019 measures. Mr. Burgess stated that AllCare struggled meeting 6 measures in CY2020, and was off by approximately 10 points. AllCare is considering an incentive program for members to see if this will help ensure measures are being met.				

Quality Improvement Committee	June 23, 2021 Time 0700 – 0800am AllCare Health Community Room A

	• Dr. Burnett added that it was important to remember COVID vaccinations cannot be forced. However AllCare is aiming to get 70% of members vaccinated to match the state metrics for reopening. • **Action: The Committee will continue to be kept up to date on quality measures.**				
7.	**Oral Health Update**	**Follow-Up**	**Dr. Yitta**	**O**	**AllCare CCO**
O Discussion:	• Dr. Yitta stated there were no oral health updates. • **Action: The Committee will be kept up to date on new information relating to oral health.**				
8.	**Behavioral Health Update**	**Follow-Up**	**Ms. Goldberg**	**O**	**AllCare CCO**
Discussion:	• Ms. Goldberg informed the Committee that Curry County is still a work in progress. There have been numerous changes in the county since OHA assumed public health responsibilities. Josephine County is helping out in any way possible, and Dr. Candelaria is continuing as interim Director of Health. In addition, ADAPT has agreed to help assist through the end of the year. Ms. Goldberg stated that while there has not been a loss of access to services, AllCare will continue to work to make the network more stable. • **Action: The Committee will continue to be kept up to date on changes to Curry County and any new information relating to behavioral health.**				
	Clinical Practice Guidelines	**New Item**	**Dr. Burns**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burns displayed a handout for the Committee to review regarding Clinical Practice Guidelines for Behavioral Health and Substance Use Disorders. Dr. Burns reminded the Committee that the Clinical Practice Guidelines were first discussed at the April QI meeting, and many changes have been made since then. Dr. Burns is requesting Committee approval in order to move forward with these guidelines. Dr. Rondeau made the motion to approve the guidelines. Dr. Mateja seconded the motion to approve. • Dr. Rondeau inquired if a paper copy of these guidelines could be provided. Dr. Burns stated that a hard copy could be provided, but the guidelines will also be available to access on the Provider Portal. • **Action: Clinical Practice Guidelines for Behavioral Health and Substance Use Disorders were approved by the Committee. No further action required at this time.**				
10.	**Recredentialing**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that there were three providers up for recredentialing this month who had grievances submitted against them. These grievances were reviewed last week and it was determined that none of the grievances were of significant concern and no issues were found. • **Action: No action required by the Committee at this time.**				
11.	**Avalon Health System**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**

Quality Improvement Committee	June 23, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Ackerman informed the Committee that AllCare has received and reviewed the corrective action plan for Royale Gardens, however the corrective action plan for Highland House is still pending review. Highland House is currently experiencing high COVID cases, which has complicated this process. Ms. Ackerman stated that the corrective action plans will be brought to the Committee for additional review. Avalon appears to be losing long term staff, however Ms. Ackerman stated that the current expectation is that Avalon will have these quality concern issues dialed in by next month otherwise a referral to the Office of Inspector General (OIG) will be made. • **Action: The Committee will continue to be kept up to date on any new updates related to Avalon.**				
12.	**AllCare PACE**	**Follow Up**	**Ms. Pohling**	**O**	**AllCare PACE**
Discussion:	• Ms. Pohling presented a PowerPoint for the Committee to review regarding PACE quality data reporting and monitoring. Ms. Pohling briefly touched on a few defining terms for the Committee before moving on to PACE reporting requirements and thresholds. Ms. Pohling explained that the thresholds are very specific in order to determine if reporting is required in a certain area. Similar to AllCare CCO Exhibit I reporting, AllCare PACE quality reporting is due to CMS on a quarterly basis. AllCare PACE does report on vaccinations, and reports weekly on COVID vaccines for staff and participants. Ms. Pohling stated that she is working towards presenting quarterly data similar to the way the Exhibit I data is presented to the Committee. In addition, PACE is anticipating the full center will be opened within the next few weeks or months depending on COVID guidelines.				

Future Meetings		Location
July 28th, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	July 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☐ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☐ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☐ Athena Goldberg, LCSW	☐ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☐ Steve Buck, RN, MSN, Director of Care Coordination	☒ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination
Guests:		
☒ Claudia Pohling, RN, PACE Quality Coordinator	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The June 23rd, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Dr. McArdle seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**HEDIS/CAHPS/HOS**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare has completed the Healthcare Effectiveness Data and Information Set (HEDIS) audit. In addition, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) has finished and AllCare is pending a final report. Ms. Matola advised that the Health Outcomes Surveys (HOS) will be going out to AllCare Advantage members at the beginning of August. These surveys will inquire about how AllCare Advantage members feel about their health outcomes over the last year. Ms. Matola informed the Committee that HEDIS, CAHPS and HOS all contribute to AllCare's Star Ratings, and next year CAHPS and HOS will represent a larger part of the Star Ratings. • **Action: The Committee will be kept up to date on HOA and CAHPS final report.**				

Quality Improvement Committee	July 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

3.	CY2022 Bid Submission Update	Follow-Up	Dr. Burnett	O	AllCare Advantage
Discussion:	• Dr. Burnett informed the Committee that the CY2022 bid has been submitted. There were no major changes in the bid compared to CY2021. Dr. Burnett advised there were some prior authorization changes in terms of authorization requirements being less restrictive. In addition, Capitol Dental will take Willamette Dental's place as the supplemental dental coverage for Medicare Advantage members. • Lisa Callahan, CPNP inquired if AllCare had received a response in regards to the marketing practice complaint that was discussed at last month's meeting. Ms. Ackerman stated no response had yet been received, but the formal response will be brought back to the Committee. • Dr. Burns also informed the Committee that the maximum supply for Part D medications will change from 90 days to 100 days, and AllCare will begin recommending that providers prescribe for the longer fill. Dr. Burns stated these longer fills will help ensure AllCare is meeting metrics and Star Ratings. • Lisa Callahan, CPNP inquired if this medication change would take place for both Medicare and Medicaid members. Dr. Burns advised that Medicaid is typically set for 30 day fills, however AllCare is looking at making a change for both lines of business. • **Action: The Committee will be kept up to date on any updates related to the CY2022 bid submission and the formal response to the marketing complaint.**				
4.	**1Q2021 and 2Q2021 Appeals and Grievances**	**New Item**	**Ms. Allen**	**O**	**AllCare Advantage**

Discussion:	• Ms. Allen displayed the 1Q2021 and 2Q2021 Medicare Advantage Appeals and Grievance report for the Committee to review. Details of the report were discussed with the Committee.
	  ○ Grievances: Average enrollment during 1Q2021 was 3,947 members, which covers January, February and March. The highest areas of concern were quality of care with a total of 7 grievances, 3 relating to quality of service, and 2 relating to customer service. There were a total of 13 grievances submitted during 1Q2021, with a rate per thousand of 3.3. Average enrollment during 2Q2021 was 4,148 members, which covers April, May and June. The highest areas of concern were quality of care with a total of 2 grievances, 2 relating to quality of service, and 2 categorized as "other." There were a total of 10 grievances submitted during 2Q2021, with a rate per thousand of 2.4. It was noted there was a significant decrease in the number of quality of care complaints submitted in 2Q compared to 1Q, and an overall decrease in the number of grievances submitted. Ms. Allen also informed the Committee that there were no primary care providers that had more than one complaint in 1Q and 2Q.
	  ○ Appeals: A total of 13 Part C pre-service appeals were received over the course of 1Q and 2Q. 4 were upheld and 9 were overturned. For Part D, a total of 30				

	pre-service appeals were received, of which 15 were upheld and 15 were overturned. The 4 Part C pre-service appeals that were upheld by AllCare were auto forwarded to the Part C Independent Review Entity (IRE), MAXIMUS Federal Services. 3 of the appeals were upheld, and 1 was overturned. AllCare received 1 request for a case file of an upheld appeal from the Part D IRE, C2C Innovative Solutions. This was reviewed and their decision was to uphold the denial. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
5.	**NEMT Report**	**New Item**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burns displayed the June 2021 ReadyRide Monthly Operations Summary for the Committee to review. This report is provided to AllCare monthly and provides a summary of the services provided to members. Approximately 10,000 rides were scheduled in June, of which 88.9% of these rides were completed. On average 411 rides are provided each day during the week and 46 rides are provided each day during the weekend. Dr. Burns reminded the Committee that attendants are able to ride with members who meet the criteria for an attendant. The report is further broken down by service modes, county and purpose of rides. It was noted that ReadyRide has seen an increase in wheelchair rides, and Curry County has gained two permanent ReadyRide drivers. ReadyRide Call Center received 4,101 calls throughout the month, with an average call wait time of 30 seconds. Dr. Burns also displayed a graphical report of how rides and membership have changed from July 2020 – June 2021. This report was further broken down to reflect trip purpose, which include rides for prescriptions, non-emergent transportation and flex rides. Dr. Burns also discussed the changes in membership utilization, and rides that were considered “no-shows” or cancelled. • **Action: ReadyRide reporting will continue to be brought to the Committee for oversight and monitoring.**				
6.	**Dental Report**	**Follow Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta reminded the Committee that Willamette Dental’s contract with AllCare CCO will term effective July 31st. AllCare has been working to ensure members who were currently on the Willamette Dental Plan have chosen a new dental care organization (DCO). Members were given a choice between Advantage Dental and Capitol Dental. • Ms. McKeane further clarified that Willamette Dental’s contract is terming with AllCare CCO on July 31st, however their contract with AllCare Advantage will not term until the end of CY2021. Ms. McKeane advised that access to dental providers in Curry County continues to be a struggle for members. AllCare is beginning to talk with as they have expressed interest in providing services in Curry County. Currently is the only DCO available in Curry County. Ms. McKeane stated that is looking at expanding some of their current office space to allow more room for dental providers and hygienists.				

	• Dr. Burnett inquired if Curry County had looked into utilizing COVID-19 relief funds in order to fund dental needs throughout the county. Ms. McKeane stated she would look into this. • **Action: The Committee will continue to be kept up to date on any new information relating to oral health.**				
7.	**SNF**	**Follow-Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman informed the Committee that she had made contact with the new Regional Director. Despite experiencing a severe COVID-19 outbreak in June, Highland House was still held to the expectation of providing AllCare with an internal monitoring report that discussed issues relating to transportation and quality of care within the facility. Ms. Ackerman advised that Highland House has failed to provide AllCare with this report, and she will be discussing this with the Regional Director later this morning. In addition, weekly updates from SNF will be requested. • **Action: The Committee will be kept up to date on any new updates regarding Avalon.**				
8.	**Skilled Nursing Facility Access Issues**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that staffing has been an issue amongst all skilled nursing facilities. Due to the shortage in staff, facilities have only been able to operate at approximately 70% capacity. Dr. Burnett advised that some skilled nursing facilities have developed internal CNA training programs that would allow CNA's to provide more help throughout the facility. Attempts to bring in staff from out of the area has also been a struggle due to the lack of available housing. Dr. Burnett stated that this shortage in staffing has also created an issue with hospitals for patients who are in need of skilled care in place of discharging home. Many skilled nursing facilities have become very specific about which patients are accepted into the facility. Individuals with significant behavioral health needs, substance use disorders and severe dementia are among the population of individuals who are struggling to find skilled nursing placement. Dr. Burnett advised that the state has sent some employees to assist at Hearthstone Nursing and Rehabilitation Center. • In addition, Dr. Burnett informed the Committee that hospitals are now experiencing issues due to lack of capacity. Difficulties in relocating patients, staffing issues, and COVID-19 have all contributed to this. COVID-19 cases in the area have drastically increased over the last week, with Josephine County experiencing the highest number of cases seen since the start of the pandemic. Many patients are being transported to hospitals within the state, and out of state, in effort to ensure patients are receiving care and prevent overcrowding. Dr. Burns added that AllCare has started seeing issues with relocating members to out of area hospitals due to over capacity as well. • **Action: The Committee will be kept up to date on issues related to skilled nursing facility access.**				

Quality Improvement Committee	July 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

9.	**Providers Under Board Action**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee there was nothing new to report. • **Action: No action required by the Committee at this time.**				
10.	**Recredentialing**	**Follow Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Matola informed the Committee that there was a primary care provider who was pulled for recredentialing who had 3 complaints submitted over the last 3 years. This provider holds on average 400 AllCare members under both lines of business. Ms. Matola briefly discussed the details of each complaint with the Committee, and advised that a quality issue was not identified by the Medical Directors in any of the complaints. Ms. Matola is requesting that the Committee vote on whether this provider can continue with the recredentialing process. Dr. Miller made the motion to approve. Lisa Callahan, CPNP seconded this motion. This motion passed unanimously. • **Action: The Committee agreed that this PCP will move forward with the recredentialing process. Providers will continue to be brought to the Committee for review on an as needed basis.**				
11.	**AllCare PACE**	**Follow Up**	**Ms. Pohling**	**O**	**AllCare PACE**
Discussion:	• Ms. Pohling informed the Committee that she was not able to complete the quarterly reporting to present to the Committee. • Ms. Ackerman inquired how many participants were enrolled in AllCare PACE. Ms. Pohling advised that there were currently 19 participants enrolled, with a potential of 3-5 more enrolling on August 1st. • Ms. Matola inquired if there had been any disenrollments from AllCare PACE. Ms. Pohling advised that there had been one participant who enrolled into a Medicare Advantage Plan, thus disenrolling herself from AllCare PACE. PACE tried working with this participant, but ultimately this participant felt that her needs would be better met on the Medicare Advantage Plan. Ms. Matola stated that this individual was wanting more freedom and ability to see providers anytime, and agreed that this individuals needs would be better met by her Medicare Advantage Plan. • Ms. Pohling added that in addition to Dr. Burnett's discussion regarding skilled nursing facility access issues, AllCare PACE has struggled with providing in-home care to participants due to Home Health Agencies having staffing issues as well. Ms. Pohling advised that AllCare PACE will be open for onsite use of care and recreational use beginning next Monday, August 1st. PACE is anticipating that these issues surrounding in-home care will decrease as a result of the facility opening next week. • **Action: The Committee will continue to be kept up to date on any new updates related to AllCare PACE.**				
12.	**Miscellaneous**	**Follow Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**

Quality Improvement Committee	July 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Ackerman took this time to inform the Committee that both she and Ms. Matola were beginning the process of transitioning to strictly compliance roles within the company. • **Action: The Committee will be kept up to date on Ms. Ackerman and Ms. Matola's transition of roles within AllCare.**

Future Meetings		Location
August 25th, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	August 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☐ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☒ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination	☒ Susan Fischer-Maki, Director of Community Benefit Initiatives
Guests:		
☒ Claudia Pohling, RN, PACE Quality Coordinator	☐	

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The July 28th, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Lisa Callahan, CPNP seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**Providers Under Board Action**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that AllCare was notified of one provider who is currently under investigation by the Nursing Board, due to the provider endorsing an unauthorized treatment for COVID-19 on social media. • **Action: No action required at this time. The Committee will continue to be kept up to date on providers that are under board action.**				
3.	**Recredentialing**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that there are three providers up for recredentialing who have had concerns and/or complaints submitted against them during the review period. Two of the providers were noted as having a single concern				

	submitted against them, and the other provider had three concerns against them. Dr. Burnett advised that the providers who had a single concern submitted were determined to be no quality issues. The provider with three concerns was trended for tracking purposes, however this has not been identified as an issue over the past three years. Ms. Matola informed the Committee that two of the concerns were regarding provider communication, while the other concern was not supported given the provider's documentation. Ms. Matola briefly discussed the details of these concerns with the Committee, and is requesting that the Committee vote on whether these providers can continue with the recredentialing process. Dr. Rondeau made the motion to approve. Dr. Miller seconded the motion. The motion passed unanimously. • **Action: The Committee agreed that this PCP will move forward with the recredentialing process. Providers will continue to be brought to the Committee for review on an as needed basis.**				
4.	**COVID-19 Update**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that high COVID case counts and hospital capacity continues to be a challenge for Southern Oregon and the rest of the state. • AllCare has made changes to HR policies, specifically that COVID-19 vaccination will now be a requirement of employment. Dr. Burnett advised that all staff were informed of this new policy in early August, and those who have not been vaccinated have until September 30th to do so. Governor Brown has changed the guidelines surrounding the mandatory vaccinations for healthcare workers, and now only those who have a medical or religious exemption are allowed to opt for weekly COVID-19 testing. Approximately 50% of AllCare staff were already vaccinated prior to announcing this new policy. The majority of the unvaccinated staff are complying with this policy, but AllCare anticipates having a few staff vacancies. AllCare is working to ensure that overall operations are not affected by this loss of staff. Dr. Burnett stated that there is a review process in place for the medical and religious exemption requests by staff. • In addition, AllCare has taken further steps to ensure safety of staff and members by closing the doors to the building, and allowing members to be seen by appointment only. This includes masking and physical distancing for everyone in the building, regardless of vaccination status. Dr. Burnett informed the Committee that there have been some recent COVID-19 cases involving AllCare staff at various locations; due to there being more than two cases, this has met the state health department criteria to be classified as an outbreak. • Lisa Callahan, CPNP inquired if Dr. Burnett knew specifically how many employees AllCare would be losing due to this vaccine policy. Dr. Burnett advised that this information would need to come from the HR Department. • Ms. Ackerman advised that roughly 20% of staff categorized as unknown or unvaccinated status prior to this policy being implemented. Ms. Ackerman stated that AllCare may lose between 10 – 20 employees due to this. Dr. Burnett added that having				

	key staff members on board and encouraging this policy could be impactful to staff response. • Dr. Burnett also informed the Committee that the Board of Directors is aware of the vaccine policy and approved its implementation. In addition, the Board of Directors will follow a similar policy. • Dr. Miller inquired about whether providers throughout the network would also be required to follow this policy. Dr. Burnett stated that in terms of the provider network, this would require a thorough discussion with Mr. Mike Crew, AllCare's legal counsel. Dr. Miller added that due to the State's mandatory requirement for healthcare workers, providers would be legally enforced by default. • Dr. Rondeau inquired how AllCare will navigate staff or providers who have just recovered from COVID and who have not yet received the vaccine. Dr. Burnett stated that these individuals will not be immediately required to vaccinate. Also, Dr. Burnett informed the Committee that Dr. Candelaria has stated that individuals who have had COVID-19 are able to get the vaccine after 10 days, or after waiting out the self-isolation period. • In addition, Dr. Burnett informed the Committee that AllCare has been participating in daily meetings with the state and hospital discharge planners in effort to discuss expeditious discharges. Dr. Burnett advised that some members are placement issues and have been in the hospital setting for weeks. AllCare's goal is to have minimal barriers for those in need of discharge. • **Action: No action required at this time. The Committee will continue to be kept informed of any information relating to COVID-19.**				
5.	**PACE Update Report**	**Follow-Up**	**Ms. Pohling**	**O**	**AllCare PACE**
Discussion:	• Ms. Pohling informed the Committee that AllCare PACE's current enrollment stands at 26 participants. In addition, 5 referrals have been received in the last week, 4 others are scheduled to be enrolled as of September 1st, and 17 potential enrollees are in the evaluation process. Ms. Pohling advised that these numbers can change on a day-to-day basis. The AllCare PACE building has been closed due to the COVID surge. Clinic visits are allowed for participants, however the building is closed for day center use. Ms. Pohling advised that the decision to close the PACE building comes from Dr. Candelaria and leadership, and is discussed weekly. • **Action: The Committee will continue to be kept up to date on any new updates related to AllCare PACE.**				
6.	**2021 State Wide PIP**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that the state has chosen the 2021 Performance Improvement Plan (PIP), and the state is currently in the final phase of the design phase. This PIP will measure mental health access for members 2 years and older, and will focus on service area. Washington State is gathering similar information, and this				

	PIP will mirror their data. Ms. Matola advised that she will continue to bring information regarding this PIP to the Committee as she is still gathering information. • Ms. Goldberg added that the data being collected by the State of Washington does not go as far back as age 2. Ms. Goldberg advised that this is uncharted territory and will be a learning opportunity for everyone. • **Action: Ms. Matola will keep the Committee up to date on new information regarding the 2021 PIP.**				
7.	**CCO Quality Metrics**	**New Item**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess displayed the Quality Metrics report for the Committee to review. Mr. Burgess informed the Committee that the Oregon Health Authority's (OHA) perspective was for rates to move forward as normal for CY2021, however this may not be a realistic expectation. OHA may drop some standards as some CCO's have shown a continuing decline in rates since CY2020, especially in regards to vaccinations. AllCare has struggled to increase numbers for the measure on 2 year old immunizations, however these numbers have not been as difficult to meet compared to the measure on adolescent immunizations. Mr. Burgess stated that since the adolescent measure was a smaller percentage to reach, AllCare chose to implement an incentive program in effort to ensure the measure was met. AllCare's goal was to meet this measure in order to qualify for the Challenge Pool measure, however this incentive program was implemented around the same time the Delta variant hit the community. Mr. Burgess explained that with the Challenge Pool measure, any remaining money left on the table is up for grabs for CCO's. If the CCO meets the measure, the CCO will get a portion of the funds remaining. • Mr. Burgess explained that AllCare is in the red on a number of measures, however there are some measures that AllCare is anticipating on meeting, which are reflected in yellow on the report. The measures listed in green reflect the measures where AllCare is performing at a decent level. • **Action: The Committee will be kept up to date on the status of the Quality Measures.**				
8.	**APM/VBP**	**New Item**	**Mr. Burgess**	**O**	**AllCare CCO**
Discussion:	• Mr. Burgess informed the Committee that APM (alternative payment model) discussions for 2022 have started. Mr. Burgess stated that he met with an internal Committee last month to discuss consolidating measures, with a focus on OHA measures. OHA is requiring APMs regarding oral health, hospital, behavioral health and pediatric. Mr. Burgess stated that AllCare's COO, Dean Andretta, was in the process of negotiations with , however since Mr. Andretta is no longer with AllCare it is likely Stick Crosby will take the lead on negotiations. Mr. Burgess informed the Committee that his goal is to have a better APM approach for CY2022. • **Action: The Committee will be kept up to date on issues related to skilled nursing facility access.**				

Quality Improvement Committee	August 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

9.	**Dental Report**	**Follow-Up**	**Dr. Yitta**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Yitta informed the Committee there was nothing new to report. • **Action: No action required by the Committee at this time.**				
10.	**2Q2021 Appeals and Grievance**	**New Item**	**Ms. Allen**	**O**	**AllCare CCO**
Discussion:	• Ms. Allen displayed the 2Q2021 CCO Appeals and Grievance report for the Committee to review and began discussing the details of the report. • 2Q2021 CCO Grievances: Average number of CCO enrollment for 2Q2021 was 55,490, which covers April, May and June. The highest areas of concern were interaction with provider or plan for a total of 26 grievances, 12 grievances relating to access to care, and 9 grievances relating to quality of care. Complaints relating to interactions with provider and quality of care have dropped since 1Q. A total of 58 grievances were received during 2Q2021, with a rate per thousand of 1.05. Ms. Allen discussed the list of PCPs and Specialists who received the highest number of complaints for the quarter. It was noted that of these PCPs and Specialists, some have a higher rate per thousand as each provider holds a different percentage of AllCare's membership. • 2Q2021 CCO Appeals: There were a total of 58 appeals received during 2Q2021, all of which were regarding a total denial or limited authorization of a requested service, with a rate per thousand of 1.05. Approximately 38% of the appeals received were overturned after additional review by the Medical Directors. Ms. Allen noted that there were no noticeable trends in the total number of appeals received and overturned compared to 1Q2021. Overall this is a slight increase in the amount of appeals received compared to 1Q. Ms. Allen reminded the Committee that this is likely due to the OHA rule change for CY2020 which stated that providers no longer have an appeal right unless they receive written consent by the member. Therefore requests for reconsiderations by providers are no longer being treated as appeals, but rather a reopen of the authorization at the Utilization Management level. Ms. Allen informed the Committee that appeals and grievance data is submitted to OHA on a quarterly basis as part of the Exhibit I log. • Ms. Allen displayed information relating to Hepatitis C (HEP C) requests and applied behavior analysis (ABA) denials. For 2Q2021, there were 7 HEP C requests denied and 16 HEP C requests that were approved. Dr. Burnett added that most HEP C requests are approved by AllCare. Generally the requests that are denied are due to the provider not submitting the documentation that is needed. Dr. Burns also added that once a HEP C request is received, AllCare has 24 hours to review and make a decision. If needed, AllCare will pend the request for an additional 48 hours in effort to obtain documentation needed to approve the request. Dr. Burns advised that every quarter AllCare will come across at least one member with a HEP C request who is Medicare primary.				

	• Dr. Burnett informed the Committee that there are processes in place for each county to allow for the evaluation of children with autism. Dr. Burnett stated that while there is a shortage of qualified staff available to provide ABA services, AllCare is generous with other services for this population. Ms. Goldberg added that applied behavioral analysis is a very unique service and requires intensive in-home treatment for the children for several hours per week. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
11.	**Behavioral Health**	**Follow Up**	**Ms. Goldberg**	**O**	**AllCare CCO**
Discussion:	• Ms. Goldberg reminded the Committee that IIBHT stands for Intensive In-Home Behavioral Health Treatment program. IIBHT is a new program for children that was rolled out by OHA last year. COVID-19 has created a delay as the program calls for delegated staff to work one-on-one with children during in-home visits. Ms. Goldberg stated that this program has some similarities to ABA. Unfortunately, due to COVID-19 there has also been a low adoption rate for this program. AllCare is still offering the program, but there is not a lot of opportunity to provide the service. • **Action: The Committee will continue to be kept up to date on matters related to behavioral health.**				
12.	**Curry County**	**Follow Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett reminded the Committee that Josephine Public Health is still assisting OHA to provide services in Curry County. Women, Infants and Children (WIC) office has been set up in that area, and Josephine County is also assisting with environmental services. • Dr. Burnett stated that Freedom Health is providing outpatient behavioral health services, and there is also the on-going transition of other behavioral health services from Curry Community Health to Adapt Health. • Access to COVID-19 testing and vaccines remain an issue for Curry County. • **Action: The Committee will continue to be kept up to date on the ongoing changes in Curry County.**				
13.	**NPI**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee, and advised that the provider in question is now working in another practice. Dr. Burnett stated that she has been corresponding with the Chief Operating Officer of the pain clinic where the provider was previously working, and has had discussions regarding opioid prescribing and safety edits. A letter was sent to the owner of the pain clinic and a formal response letter was received. The Committee unanimously agreed that the pain clinic is moving in the right direction. • **Action: No action required by the Committee at this time.**				

Quality Improvement Committee	August 28, 2021 Time 0700 – 0800am AllCare Health Community Room A

14.	**Financial Audit**	**New Item**	**Ms. Ackerman**	**O**	**AllCare Advantage**
Discussion:	• Ms. Ackerman informed the Committee that the Financial Audit has been closed and there were no findings against AllCare. • **Action: No action required by the Committee at this time.**				
15.	**Fraud, Waste and Abuse training**	**New Item**	**Ms. Ackerman**	**O**	**AllCare Advantage**
Discussion:	• Ms. Ackerman informed the Committee that the annual Fraud, Waste and Abuse (FWA) training was completed during the week of August 9th – August 12th. This training was recorded and conducted via Zoom, and 79% of employees participated. Ms. Ackerman stated that this training is mandatory and make up sessions will be scheduled later in the year for employees who were not able to attend the first round of training. Ms. Ackerman added that this training is also a requirement for the Board of Directors and will also require 100% participation. This training will be scheduled for October. • **Action: No action required by the Committee at this time.**				
16.	**Parity Audit**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that AllCare did very well on the mental health parity audit. This audit was conducted by Health Services Advisory Group (HSAG), AllCare's third party reviewer for quality and compliance reviews. Dr. Burnett added that HSAG stated AllCare was one of the most prepared CCOs in the state for this audit. • Ms. Matola also added that HSAG stated AllCare was showing best practice in the state in regards to prior authorization processes. • **Action: No action required by the Committee at this time.**				

Future Meetings		Location
September 22, 2021		AllCare Comm. Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	October 27, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☒ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Athena Goldberg, LCSW	☒ Alan Burgess, APM Manager
☒ Terri Allen, Appeals and Grievance Manager	☒ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination	☒ Susan Fischer-Maki, Director of Community Benefit Initiatives
☒ Hazel Clements, Director of Care Coordination	☒ Terrisa Langston, PACE Quality Coordinator	☒ Claudia Pohling, RN, PACE Quality Coordinator
Guests:		
☐	☐	☐

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The August 25th, 2021 minutes were reviewed by the Committee. Dr. Mateja made the motion to approve the minutes. Dr. McArdle seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett took this time to introduce Hazel Clements to the Committee. Dr. Burnett advised that Ms. Clements joined AllCare on October 11th and is the new Director of Care Coordination. • Dr. Burnett then introduced Terrisa Langston as the newest Quality Coordinator for AllCare PACE. Dr. Burnett advised that Ms. Langston has transitioned to this roll from AllCare's eHealth Services, and is being trained by Ms. Pohling.				
2.	**Dual Member**	**New Item**	**Dr. Burnett**	**C**	**AllCare Advantage**
Discussion:	• Dr. Burnett discussed the details of this case with the Committee. Internal staff brought forward a concern regarding this member's Primary Care Provider (PCP) and staff's lack of chart documentation and patient verification, resulting in an insulin prescription				

	being filled and dispensed for member who is not diabetic. Dr. Burnett informed the Committee that a letter was sent to this PCP. Upon receiving the letter, this PCP contacted Dr. Burnett directly and was very concerned about the matter. This PCP advised that this office would be amending office processes to ensure that this error does not occur again. The Committee unanimously agreed that all areas of concern were addressed by this PCP. • **Action: No further action required at this time.**				
3.	**Timeliness Monitoring Project (Part C Appeals)**	**New Item**	**Ms. Matola**	**C**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare was selected to participate in the Timeliness Monitoring Project (TMP). This audit is conducted by an auditor contracted with CMS whose job is to review all Part C appeals processed during a specific timeframe, and ensure that AllCare processed each of them timely. Upon receiving notice of the audit, AllCare had 10 business days to submit the requested universes to CMS. These universes consisted of standard pre-service appeals, expedited pre-service appeals and post-service claims appeals. The auditor reviewed the universes for proper formatting and to ensure that the predefined fields were submitted appropriately. This audit was conducted on Monday, October 25th, and there were no issues found with AllCare's timely processing of appeals. The audit has been closed out. • Dr. Burnett added that during this review the auditors looked at all documentation and cross referenced documents to ensure times and dates were documented accurately. • Ms. Matola also added that AllCare has to provide several mail policies to ensure there is a clear understanding of how mail is processed from the time it enters the building, to the time it is placed in the hands of the Unites States Postal Service. • **Action: No further action required at this time.**				
4.	**Appeals and Grievance**	**New Item**	**Ms. Allen**	**O**	**AllCare Advantage**
Discussion:	• Ms. Allen displayed the 3Q2021 Medicare Advantage Appeals and Grievance report for the Committee to review. Details of the report were discussed with the Committee. ○ Grievances: The amount of grievances have dropped almost by half since 1Q2021, with only a total of 7 grievances received during 3Q. The highest areas of concern were quality of service and access, each with a total of 2 grievances. In addition, there was 1 each of quality of care, customer service and Part D related grievances. Overall there has been a significant drop in the amount of quality of care related grievances received. Ms. Allen informed the Committee that only one PCP office was an outlier, with a total of 2 grievances submitted during the quarter. In addition, there were no specialists who received more than a single grievance. ○ Appeals: A total of 11 Part C pre-service appeals were received during 3Q, and Ms. Allen noted that this was almost the same amount of Part C pre-service				

	appeals received during 1Q and 2Q combined. Of these, 3 were upheld and 8 were overturned. For Part D, a total of 9 pre-service appeals were received, of which 6 were upheld and 3 were overturned. Ms. Allen stated that the 3 Part C pre-service appeals upheld by AllCare were auto forwarded to the Part C Independent Review Entity (IRE), MAXIMUS Federal Services, and are currently under review. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
5.	**Dental Report**	**Follow-Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that Curry County is still experiencing some dental access issues. There are currently no dentists in Gold Beach, 2 providers in Brookings, and only 1 provider in Port Orford. Dr. Yitta advised that there is potential however for Capitol Dental to expand to Curry County. • Ms. McKeane advised that a facility manager for Capitol Dental is assisting with the process of moving and expanding to Curry County. • **Action: The Committee will continue to be kept up to date on any new updates related to oral health.**				
6.	**Dual Member**	**New Item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee. Two internal concerns were submitted regarding this member's Primary Care Provider. One concern related to the quality of care received, and the other relating to provider's staff. A letter was sent to this PCP by Dr. Burnett on behalf of the Committee. A response letter was received and displayed for the Committee to review. Dr. Burnett stated that this provider felt strongly in their choices regarding the care provided to this member. In addition, Dr. Burnett stated that the circumstances that took place with provider's staff can be confusing for a member to understand and therefore make it difficult for the member to navigate their own care. This member was working with a Care Coordinator throughout the process. The Care Coordinator was actively involved in this case and maintained communication with the provider office in effort to resolve these issues and prevent similar situations in the future. The Committee unanimously agreed that all areas of concern were addressed by this PCP. • **Action: No further action required at this time.**				
7.	**OHA Parity Audit**	**New Item**	**Ms. Matola**	**C**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that AllCare received results back for the Parity Audit. Ms. Matola reminded the Committee that the Parity Audit is conducted by Health Services Advisory Group (HSAG), which is a third-party reviewer contracted with OHA. The review is to ensure that AllCare's behavioral health and substance use disorder benefits aren't more stringent than physical health benefits. Ms. Matola stated that the				

	audit was conducted back in June, and included a review of benefits and denial letters for physical health and behavioral health. Ms. Matola was pleased to report that HSAG had no findings or recommendations for AllCare. All standards for denial letters were met, and HSAG closed out the corrective plans for CY2020. • **Action: No action required by the Committee at this time.**				
8.	**Quality Data Reporting**	**New Item**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston informed the Committee that the PACE 2Q reporting period call with CMS recently took place. This allowed PACE the opportunity to discuss reporting requirements with CMS and answer questions, as well as discuss any needed streamlining. • **Action: The Committee will be kept up to date on AllCare PACE reporting.**				
9.	**PACE Update**	**Follow – Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston also informed the Committee that there are currently 31 participants enrolled in AllCare PACE. Ms. Langston stated that the Interdisciplinary Team (IDT), which consists of PACE staff, meets a few times each week to review service requests. After reviewing requests, the IDT votes on whether to approve or deny the requests. Recent denials have include DME items, portable oxygen and an AllCare backpack. • **Action: The Committee will be kept up to date on new information related to AllCare PACE.**				
10.	**SNF**	**Follow – Up**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman informed the Committee that many upper management level staff have left SNF in the past months, and unfortunately none of their management involved in the initial corrective action plan are still with SNF. Ms. Ackerman expressed that this is a frustrating circumstance as it feels that AllCare has to begin this process over with SNF's new management. Both she and Dr. Burnett are aware of the COVID outbreak issues in their facilities, and stated that AllCare should be receiving information today for the new contact person at SNF. • Ms. Ackerman asked the Committee if they had any patients in or , and if they were aware of any feedback from these patients. ○ Dr. Rondeau stated that he has not seen any of his patients being sent to either facility from the hospitals, however he is aware of one patient that is currently residing at . ○ Dr. Mateja stated that he had one patient transferred to one of these facilities from out of area, and this patient expressed a desire to leave the same day he arrived at the facility. ○ Ms. Resetar informed the Committee that AllCare has some Transition of Care (TOC) staff available to see high risk members as needed. Overall the TOC staff are keeping close tabs on members in these facilities.				

	• Dr. Burnett stated that it is unknown at this time which facilities are under limitations for accepting new patients. There still remains a fair amount of unvaccinated staff, as exemptions vary from facility to facility. Dr. Burnett also stated that there has been difficulties in hiring new staff to fill positions. Dr. Miller added that she is aware of some facilities that involve their corporate attorneys in the exemption review process. • Ms. Ackerman stated that she will bring more information back to the Committee once available. In addition, she asked that Committee members bring any complaints regarding SNF facilities directly to AllCare's attention so they can be addressed. • Dr. Burnett added that the State is aware of the issues going on at these facilities, and has been actively involved in reviewing concerns. Dr. Burnett informed the Committee that AllCare internally works with Utilization Management Department and Care Coordination to help identify any concerns. Lately AllCare has seen fewer concerns submitted. • Ms. Matola agreed with Dr. Burnett, and added that AllCare is specifically seeing compliance issues related to untimely delivery of member's Notice of Medicare Non-Coverage (NOMNC). Ms. Matola stated that the facilities are required to provide members with this notice 2 days prior to discharge. The NOMNC also informs members of their right to appeal if they disagree with the decision to discharge. • **Action: The Committee will be kept up to date on any new information related to SNF nursing facilities.**				
11.	**COVID 19**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnet reminded the Committee that AllCare made COVID vaccinations a condition of employment, and that staff had until September 30th to obtain the vaccine. Overall AllCare lost approximately 19% of staff, though not all left due to the vaccine mandate. Dr. Burnett stated that AllCare's HR Department has done a great job in hiring and onboarding new staff. Approximately 30 new staff members have started over the last 4-6 weeks, with 12-20 more staff beginning in November. Overall, Dr. Burnett stated that this loss of staff has not impacted day to day operations. This change has allowed AllCare the opportunity to re-examine processes and make changes as needed. • Ms. Resetar agreed with Dr. Burnett, and stated that there have been no issues related to transitions or Care Coordination. Ms. Resetar stated that Intensive Care Coordination staff and Care Coordination staff have been working together to help cover one another. There is daily monitoring to ensure that cases and member's needs are being addressed timely as needed. • Dr. Burnett informed the Committee that AllCare is in the process of reorganizing credentialing processes, and will be outsourcing a portion of credentialing to a new platform. Dr. Burnett stated that Mr. Crosby, AllCare's Director of Provider Network, has done well in implementing this new process and hiring new staff. This new process will allow AllCare to automate and implement processes more efficiently. Dr. Burnett				

encouraged the Committee to ensure that point of contacts are up to date in offices as emails will soon be sent out notifying of this change.

- Dr. Burnett informed the Committee that there have been some concerns within the provider network regarding COVID 19, and providers promoting medical practices that are not recommended for treatment and prevention of COVID 19. Dr. Burnett stated that AllCare is following these providers and taking necessary steps as needed as this directly affects patient care.
- Ms. Ackerman asked the Committee how COVID 19 vaccinations have directly impacted their offices:
  - Dr. Rondeau stated that he had an employee who spoke at an anti-vaccination rally, which was recorded and later posted on YouTube. The employee was spoke to and was apologetic for the incident, and the video has since been taken down. In addition, Dr. Rondeau stated he has had a significant amount of employees asking for religious exemptions and is doing his best to negotiate.
  - Dr. Cohen stated that any employee in her office who touches a patient has been vaccinated. There is only one employee who has not been vaccinated.
  - Dr. Miller stated that August and September were difficult months as the office was already short staffed, and the mandate generated more turnover. They are onboarding new staff and following guidelines, however at one point approximately 80% of interviews were no-shows. Some exemption requests for staff have been approved.
  - Dr. McArdle stated that 4 religious exemption requests from employees were approved in her office. However, these staff are now required to remain in full personal protective equipment (PPE) while in the office and must take a daily COVID antigen test on site.
  - Dr. Mateja stated that his office too has approved a few employee exemption requests.
  - Dr. Miller added that their office has seen a significant delay in imaging due to staff shortages, and anticipates an increase in ER utilization for CT scans. Dr. McArdle agreed and stated that their office is sending patients to other locations for imaging. Dr. Cohen stated that the imaging resources in her office could also be utilized if needed.
- **Action: The Committee will continue to be kept up to date on any new information related to COVID 19.**

12.	Providers Under Board Action	Follow Up	Dr. Burnett	O	AllCare Health Plan, Inc.

Discussion:

- Dr. Burnett briefly discussed the details of local providers that are under Board Action.
  - NPI : Under Board Action due to practices not approved for treatment of COVID 19.
  - NPI : Under Board Action due to issues relating to continuing education.

	○ NPI 1801096334: Under Board Action due to provider making inappropriate comments. Dr. Burnett stated that training was conducted and this action has been closed. • **Action: The Committee will continue to be kept up to date on providers under Board Action.**				
13.	**Recredentialing**	**New Item**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Matola briefly discussed the details of a provider who is up for re-credentialing. Ms. Matola advised that this provider was identified as having three complaints submitted against her within a three year period. All three complaints were trended and have similar themes. Ms. Matola informed the Committee that a deeper investigation into these complaints will be conducted. Once this has been completed findings will be brought back to the Committee. In addition, an internal concern was recently submitted against this provider. Ms. Matola stated that the response letter will be brought to the next QI meeting for review. • **Action: The Committee will continue to be kept up to date on providers with concerns that are due for recredentialing.**				
14.	**Medimpact Annual Audit**	**New Item**	**Dr. Burns**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burns informed the Committee that AllCare has wrapped the virtual program audit for MedImpact. Dr. Burns stated there were a number of follow-up items that AllCare will continue to work on with MedImpact. One area of concern was in regards to the turnover rate of the account team over the last 12 months. • Dr. Burns also informed the Committee that OHA will begin enforcing new compliance guidelines for pharmacies as part of an OHA requirement. AllCare is receiving preliminary updates now, and more information will be brought to the Committee as it is received. • **Action: No action required by the Committee at this time. The Committee will be kept up to date on new pharmacy compliance guidelines.**				
16.	**Miscellaneous**	**New Item**	**Ms. Ackerman**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Ackerman reminded the Committee that new hires who are new to the QI Committee will need to sign the confidentiality agreement form due to the sensitive information discussed during meetings. Ms. Ackerman stated that she will have Ms. Matola send out the forms to the individuals new to the Committee. • **Action: Confidentiality agreements to be signed by new Committee members and returned to Ms. Matola.**				

Future Meetings		Location
December 15, 2021		AllCare Comm. Room A

Quality Improvement Committee	October 27, 2021 Time 0700 – 0800am AllCare Health Community Room A

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	December 15, 2021 Time 0700 – 0800am AllCare Health Community Room A

Meeting Purpose:		
Monthly review and oversight of quality improvement activities, issues and quality management projects.		
Members Present:		
☐ Dr. Felicia Cohen, MD	☒ Dr. Mark Rondeau, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☒ Dr. Mona McArdle, MD
Staff:		
☒ Dr. Kelley Burnett, DO	☒ Dr. Ray Gambrill, MD	☒ Cynthia Ackerman, RN, CHC
☒ Laura Matola, CHC	☒ Amy Burns, Phar.D., BCPS	☒ Laura McKeane, EFDA
☒ Gita Yitta, DMD	☒ Erin Porter, Director of Behavioral Health	☒ Ryan Bair, Vice President of Behavioral Health
☐ Alan Burgess, APM Manager	☒ Terri Allen, Appeals and Grievance Manager	☒ Megan Resetar, DNP, CCM, RN, Director of Intensive Care Coordination
☒ Hazel Clements, Director of Care Coordination	☐ Susan Fischer-Maki, Director of Community Benefit Initiatives	☒ Terrisa Langston, PACE Quality Coordinator
☐ Claudia Pohling, RN, PACE Quality Coordinator		
Guests:		
☐	☐	☐

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO**
Discussion:	• The October 27th, 2021 minutes were reviewed by the Committee. Dr. Rondeau made the motion to approve the minutes. Dr. Mateja seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett took this time to introduce Erin Porter to the Committee. Dr. Burnett advised that Ms. Porter has joined AllCare as the new Director of Behavioral Health. • Dr. Burnett then introduced Ryan Bair to the Committee. Mr. Bair joins AllCare as the new Vice President of Behavioral Health.				
2.	**CCIP**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare has been working on the Chronic Condition Improvement Plan (CCIP) for the Medical Advantage line of business. This				

	plan focuses on adherence for diabetic medications and statins. Ms. Matola advised that AllCare was doing well with adherence, and is at approximately 89% - 90% for statins. However these numbers have dropped since October. Ms. Matola advised that a gap list was provided to Care Coordination by Dr. Burns so that outreach calls to members can be made. AllCare is actively looking into this to determine the cause(s) for this drop. • Ms. Ackerman inquired if this drop in adherence and statins could have been related to the COVID-19 vaccine mandate that was implemented this fall. Ms. Matola stated that this was a possibility. In addition, Ms. Matola reminded the Committee that BiMart closed their pharmacies and therefore left some members with no choice but to change to an alternative pharmacy. Ms. Matola stated that it is possible environmental factors contributed to this drop. • Dr. Burns agreed that these could be contributing factors, but stated that it is also common for AllCare to see a drop in adherence and statins during the last quarter of the year. • Dr. Burnett informed the Committee that AllCare has been working with providers to promote multi-month fills for member prescriptions. Dr. Burns stated that beginning CY2022, the day supply allowable for Medical Advantage has increased to allow members to fill prescriptions 100 days at a time. Dr. Burns stated that she is anticipating this increase will also help with medication adherence. • **Action: Ms. Matola will continue to investigate the drop in medication adherence and statins that occurred in October.**				
3.	**Member**	**New Item**	**Dr. Burnett**	**C**	**AllCare Advantage**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee regarding a delay in member authorization for a fall risk assessment. Dr. Burnett stated that it took months for AllCare to obtain the needed signature from the PCP in order to approve this service for member. A letter was sent to the PCP on behalf of the Committee, and a response letter was received. In review of the letter Dr. Burnett informed the Committee that this delay was caused due to multiple contributing factors, including staff turnover, lack of understanding by new staff, and backlog of phone calls not being returned. Dr. Burnett also stated that while AllCare has previously experienced difficulties in obtaining information from this office, AllCare has not seen a trend with this service. • Ms. Matola added that AllCare has experiences issues with other provider offices regarding inability to obtain needed information, but AllCare makes all attempts to work with the providers early on before it turns into a larger problem. • The Committee unanimously agreed that no further action was required from the PCP. • **Action: No further action required at this time.**				
4.	**Opioid Prescribing**	**New Item**	**Dr. Burns**	**O**	**AllCare Advantage**

Quality Improvement Committee	December 15, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burns informed the Committee that CMS released their Outlier Prescriber Report, which consisted of 6 opioid prescribers from Oregon, 3 of which are local providers. Dr. Burns stated that all 3 providers are Nurse Practitioners working in Pain Management clinics. AllCare conducted a spot review of these providers from 1Q, 2Q and 3Q of this year and will be conducting a deeper chart review for these providers. Dr. Burns stated that this information will first be brought to the Medical Directors, and then to the Committee for review. Dr. Burns also stated that in CY2022 AllCare will be looking to contract with multiple specialty offices that will work with pain patients as an alternative to pain medications. Dr. Burns is hopeful to have more options for this in Jackson and Josephine County. • **Action: The Committee will be kept up to date on the findings of the chart reviews.**				
5.	**Member**	**New Item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee regarding a member's lack of access to care through her PCP. This was brought to AllCare's attention by Dr. McArdle, and involved a member who requires frequent wound care. Dr. Burnett stated that a letter was sent to this PCP on behalf of the Committee and a response letter was received. The Committee unanimously agreed that all areas of concern were addressed and no further action is required at this time. • **Action: No further action required by the Committee at this time.**				
6.	**Part D Delegation**	**New Item**	**Dr. Burns**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burns informed the Committee that AllCare is moving to an internal software to process Part D prior authorizations for Medicare Advantage members. This software is marketed by MedImpact and AllCare will begin using this process in January 2022. AllCare's goal is to use this software for processing prior authorizations for CCO members as well, however it will take most of CY2022 to complete this. Dr. Burns stated that this transition shouldn't have much of an impact on providers and they can still utilize CoverMyMeds. • Ms. Matola also informed the Committee that Part D pre-service letter notifications will also now be sent to member and provider by MedImpact. • **Action: The Committee will be kept up to date on the implementation of this software and feedback relating to internal processing.**				
7.	**Appeals and Grievance Review 3Q2021**	**Follow – Up**	**Ms. Allen**	**C**	**AllCare CCO**
Discussion:	• Ms. Allen displayed the 3Q2021 CCO Appeals and Grievance report for the Committee to review and began discussing the details of the report. • 3Q2021 CCO Grievances: The average number of CCO enrollment for 3Q2021 was 55,957, which covers July, August and September. The highest areas of concern were interaction with provider or plan for a total of 14 grievances, 10 grievances relating to				

	access to care, and 8 grievances relating to quality of service. Complaints relating to interactions with provider and access to care have dropped since 2Q, however there was a slight increase in the amount of quality of service complaints. A total of 41 grievances were received during 3Q2021, with a rate per thousand of 0.73. This is the least amount of complaints received during a quarter thus far for CY2021. Ms. Allen discussed the list of PCPs and Specialists who received the highest number of complaints for the quarter. There were no PCPs that stood out, however AllCare and ReadyRide were outliers each receiving a total of 4 complaints. • Ms. Allen displayed information relating to Hepatitis C (HEP C) requests and applied behavior analysis (ABA) denials. For 3Q2021, there were 5 HEP C requests denied and 17 HEP C requests that were approved. In addition, there were no ABA denials issued during 3Q2021. • 3Q2021 CCO Appeals: There were a total of 56 appeals received during 3Q2021, all of which were regarding a total denial or limited authorization of a requested service, with a rate per thousand of 1.01. Approximately 32% of the appeals received were overturned after additional review by the Medical Directors. Ms. Allen noted that there were no noticeable trends in the total number of appeals received and overturned compared to 1st and 2nd quarter, and that the total has remained relatively consistent throughout the year. Ms. Allen reminded the Committee that appeals and grievance data is submitted to OHA on a quarterly basis as part of the Exhibit I log. • **Action: Appeals and grievance data will continue to be brought to the Committee on a quarterly basis for oversight and monitoring.**				
8.	**NEMT Report**	**Follow – Up**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burns displayed the October 2021 ReadyRide Monthly Operations Summary for the Committee to review. Dr. Burns advised that this report is provided to AllCare monthly and shows a brief summary of services that were provided to members during the month. 9,743 rides were scheduled in October, of which 89.3% were documented as completed rides. On average 401 rides were provided each day during the week and 459 rides were provided each day during the weekend. Dr. Burns stated that the report is further broken down by service mode, county and purpose of rides. ReadyRide Call Center received 3,987 calls in October, with an average call wait time of 31 seconds. Dr. Burns also displayed a graphical report of how rides and membership have changed from November 2020 – October 2021. This report was further broken down to reflect trip purpose, which include rides for prescriptions, non-emergent transportation and flex rides. Dr. Burns also discussed the changes in membership utilization, and rides that were considered “no-shows” or were cancelled. • **Action: NEMT reporting will continue to be brought to the Committee for oversight and monitoring.**				
9.	**External Quality Review Draft Report**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**

Quality Improvement Committee	December 15, 2021 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Matola informed the Committee that AllCare received the draft report back for the Health Services Advisory Group (HSAG) virtual audit that took place back in September 2021. Ms. Matola stated that this audit was provider centric, and focused on provider services, credentialing and re-credentialing. While there were findings, it was noted that other CCO's has similar findings to AllCare's. Ms. Matola stated that AllCare has submitted a rebuttal to the draft report and is currently waiting to hear back from HSAG. Once the final report is received it will be brought back to the Committee for review. • **Action: Final report will be brought back to the Committee for review.**				
10.	**Dental Report**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that the Curry County dental office hired a new dental hygienist. In addition, the dental office in Gold Beach has a temporary dentist. AllCare's goal is that this Dentist will become permanent. • Ms. McKeane added that there is a dentist from Brookings who is driving to Gold Beach one day a week to help in the office. • **Action: The Committee will be kept up to date on any new oral health updates.**				
11.	**MEPP/PIP**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that there are a number of Performance Improvement Projects (PIPs) that AllCare is working on for the CCO line of business. There are a few PIPs that align with the Medicaid Efficiency Performance Project (MEPP), specifically the continuous glucose monitoring for type 2 diabetics and pediatric asthma control. Dr. Burnett stated that AllCare will be starting a statewide behavioral health PIP, and will also be retiring a PIP. In addition, AllCare is working to increase numbers for the PIP regarding PCP utilization by our African American population. AllCare is working closely with IT in effort to get real-time data and information so we can focus intervention to members who need it most. Dr. Burnett reminded the Committee that PIPs have quarterly reporting while MEPP is annual reporting. • **Action: The Committee will be kept up to date on MEPP and PIP updates.**				
12.	**PACE Update**	**Follow Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston informed the Committee that AllCare PACE is preparing for their first CMS audit, and awaiting the notice letter which should arrive in the beginning of January. In addition, PACE is preparing for service determination request changes that will go into effect beginning CY2022. PACE is also preparing for 4th quarter 2021 reporting, which will be due February 15, 2022. • **Action: The Committee will be kept up to date on any new information relating to AllCare PACE.**				

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13.	**Providers Under Board Action**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett gave an update regarding the following providers under Board Action: ○ NPI : This provider is contracted with AllCare for Physical Therapy, but not for Chiropractic Services. Due to our claims department receiving multiple claims for chiropractic services, a claims audit was performed for this provider. AllCare found numerous billing inconsistencies and this provider is currently under a corrective action plan. ○ NPI : The Board issued a Complaint and Notice of Proposed Disciplinary Action for this provider. Dr. Burnett noted that this is a preliminary action by the Board, and a final Board action has not yet been taken. ○ NPI : A Stipulated Final Order notice was issued for this provider on 09/30/2021. Provider must pay a $500 penalty and agreed to waive their right to a hearing in this matter. ○ NPI Provider entered into a Stipulated Order relating to a concern with a patient, in which case the Board took necessary disciplinary action. This provider complied and satisfied the conditions of the Order and the Board closed this issue on 09/10/2021. ○ NPI : Provider reported to AllCare that the California Board of Behavioral Sciences revoked his license. This matter is currently being addressed by AllCare. • **Action: The Committee will continue to be kept up to date on providers that are under Board Action.**				
14.	**COVID – 19**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Dr. Burnett informed the Committee that the Omicron COVID variant has officially arrived in Oregon, with three cases reported as of Monday, December 13th. Dr. Burnett advised that case rates are rising slightly per the Public Health Director. RSV season is rampant this year in addition to the flu, both of which require different types of care. At this time AllCare is still monitoring the ongoing issue regarding hospital patient discharge to skilled nursing facilities. • **Action: The Committee will be kept up to date on any new information relating to COVID – 19.**				
16.	**Credentialing and Re-credentialing**	**New Item**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc.**
Discussion:	• Ms. Matola informed the Committee that AllCare conducted a 3 year review on the number of complaints submitted against NPI . While this provider's complaint volume wasn't high, all of the complaints filed against her had the same theme surrounding lack of communication with patient healthcare needs. In addition, Ms. Matola informed the Committee that all complaints were trended by the Medical Directors after review of the initial complaint.				

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	• Dr. Burnett and the Committee discussed potential steps to take with this provider, including the option of meeting with the provider in person or having the provider attend a QI meeting to allow them the opportunity to defend their actions. • Dr. Miller stated that there should be a focus on patient care and access, and if there continues to be an issue with patient access for this provider, the Committee could consider freezing enrollment rather than pulling credentialing status. • Dr. Burnett advised that this provider sees a low number of AllCare members. Rather than re-credentialing, Dr. Burnett stated that a corrective action plan or provisional plan would be preferred in order to let the provider know they are being reviewed. • **Action: The Committee will be kept up to date on next steps regarding provider re-credentialing status.**

Future Meetings		Location
January 26, 2022		Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Document Title: Quality Assessment and Performance Improvement (QAPI) Program Evaluation	
Department: Quality	
Document Type: Program Evaluation	**Reference No.** CCO-QUAL-003
Version No. 1	**Creation Date:** 01/01/2022
Revised Date: 02/25/2022	**Next Review Date:** 01/01/2023
Line(s) of Business: AllCare CCO, Inc.	
Affected Department(s): Behavioral Health, Benefit Management & Pharmacy Services, Brand & Creative Services, Building, Claims, Compliance, Customer Engagement, Enrollment, Finance, Human Resources, IT, Marketing, Medical Director, Population Health, Practice Operations, Provider Network, Provider Services, Quality	
Approved By: Cynthia Ackerman, RN, CHC (Chief Compliance Officer) **Date Approved:** 03/08/2022 **Oversight By:** Quality Improvement Committee	

Per 42 CRF § 438.330, OAR 410-141-3525, and Ex. B, Part 10 of Contract No. 161755-9 with the Oregon Health Authority, AllCare CCO (ACCCO) is committed to excellence in the quality of care and services provided to Members and to the competence of its Providers, Practitioners and ancillary Networks. ACCCO's Quality Improvement (QI) program ensures the implementation, monitoring, and on-going refinement of processes of an effective clinical QI program.

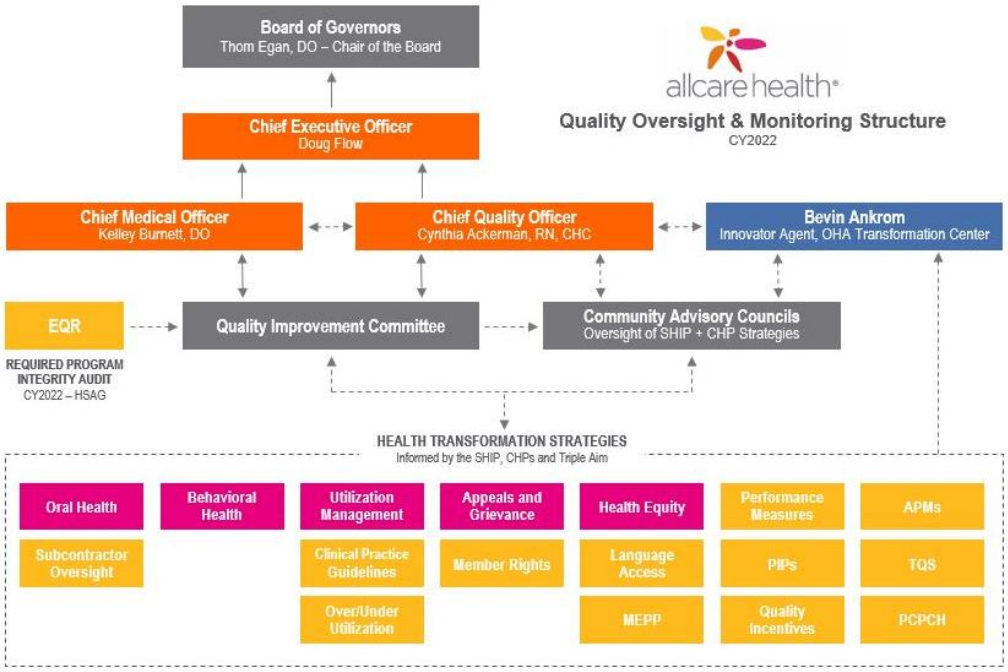
ACCCO annually builds its Quality Assurance Performance Improvement (QAPI) Plans around CMS's Five Elements: 1) Design and scope; 2) Governance and leadership; 3) Feedback, data systems and monitoring; 4) Performance improvement projects; and, 5) Systematic analysis and systemic action. This plan supports the QI program as it promotes objective and systematic monitoring and evaluation of clinically related activities, and continuously acts on opportunities for improvement.

In embracing the Triple Aim and Health Care Transformation, the Plan's QI program is focused on ensuring the achievement of the following objectives:

1. Improve quality of care and health outcomes for Members;
2. Decrease cost of quality care;
3. Increase Member satisfaction with their experience of care;
4. Increase workforce availability, satisfaction, and wellbeing;
5. Increase health equity, including the availability of culturally and linguistically appropriate care;

6. Increase integration and communication across clinical and social care service networks;
7. Improve community health through engagement of Members and community stakeholders;
8. Implement effective prevention and treatment of chronic disease; and
9. Strengthen infrastructure and data systems.

The development and execution of the QI program is built on the best practices of Continuous Quality Improvement (CQI), an on-going process that relies on input from committees, consumer advisory councils, focused work groups as well as dedicated organizational staff. The quantitative and qualitative work is directed at appropriate initiatives, activities, deliverables and policies and procedures that support the mission and direction established by the Board of Governors and overseen by the Quality Improvement Committee (QIC).



CY21 QAPI KEY ACCOMPLISHMENTS

- **Continuity of Services:** In CY21, COVID-19 and natural disasters (primarily wildfires) continued to significantly impact ACCCO's service area. The implications of these impacts on Members and the community at-large was closely monitored through data review and regular communication with Members, providers, and community networks. The qualitative and quantitative information discovered informed efforts to maintain and improve quality even during constant shifts in variables affecting health.

AllCare CCO	# of Deaths	# of ED Visits	# of Inpatient Stays	Members Diagnosed	# of Vaccinated	Booster Shot
2020	32	27	21	577	0	0
2021	134	121	579	4,278	19,941	4,207

These impacts also affected the staff of ACCCO's clinical and auxiliary network, as well as its internal department teams. In August, at the height of the Delta variant, every indicator being utilized to measure impact of COVID on ACCCO's service area indicated that it was the direst of point in the pandemic so far. This included the daily county cases, positivity rates, and number of deaths—reaching one death every six hours in Josephine County. Asante Three Rivers Medical Center was operating for a time with one ventilator for every two patients with COVID patients being places in halls, closets, and on the OB floor. Many Motor Vehicle Accident and cardiac patients were transferred to tertiary care centers.

In support of our local hospital systems and to improve the health of our communities, ACCCO implemented a vaccination mandate as a condition for continued employment. The mandate was put in place effective September 30, in alignment with ACCCO's mission, vision and values, and to protect staff and the broader community through the utilization of emerging clinical best practices.

As a result of the mandate, ACCCO saw a 20% turnover in staff. Several departments and operational areas were disproportionately affected and leadership worked diligently to fill vacancies with quality new hires. Department staff contributed tirelessly to maintaining quality operations during this challenging time. As of the end of CY21, most departments have been made whole through the acquisition and training of new talent.

In CY21, ACCCO Executive Leaders supported a shift to Work from Home (WFH) to protect its employees against COVID-19 and to ensure business continuity. Moving into CY22, this option for WFH will be continued for those positions where work has been efficiently and effectively maintained.

- **Regional Language Access Capacity:** The refinement and expansion of ACCCO's Language Access program continued to be a major focus in CY21. With new qualitative and quantitative insights into the diversity of ACCCO's membership, including data on REALD and SOGI, clear needs for improvements were highlighted. ACCCO's recommitted to bringing greater diversity to its provider network in alignment with OHA, CMS and NCQA standards.

- **Focus on what Impacts Quality Most Post-COVID:** Throughout the COVID-19 pandemic, ACCCO has worked to address the most pressing needs of the communities it serves. As COVID began to shift from a pandemic to an endemic, ACCCO has been able to refocus Continuous Quality Improvement efforts on: adequate network of Primary Care Providers; innovations in the method of delivery of care (including telehealth and tele-dentistry); ensuring access to preventative care; implementation of ACCCO's Health Equity Plan; collaborations to make progress towards the goals of the collaborative Community Health Improvement Plans (CHPs); improvements on outcomes included in the Traditional Health Worker Integration and Utilization Plan; and, work on priority areas included in the Comprehensive Behavioral Health Plan. ACCCO utilizes the Plan, Do, Study, Act (PDSA) cycle to ensure Continuous Quality Improvement (CQI).

- **Social Determinants of Health & Equity Post-COVID:** Despite the many health outcome setbacks experienced during COVID-19, ACCCO was able to support progress in addressing aspects of the Social Determinants of Health and Equity, including Social Care. Specific successes were achieved in the areas of: housing inventory and policy advocacy; integration with community justice and intimate partner violence organizations; support of schools and early childhood programs; and, access to nutritious and culturally appropriate food.

- **Responding to Long-Term Impacts of COVID-19 and Natural Disasters:** ACCCO contributed significant staff time, financial supports, and policy advocacy on behalf of its service area's recovery from COVID-19 and natural disasters in CY21. Key efforts included participation in the Long-Term Recovery Group in Jackson County and the Local Community Health Advisory Committee in Josephine County.

The Quality Assurance Performance Improvement (QAPI) Program Evaluation for CY21 provides a detailed assessment of Goals from across its departments and operational areas. For each goal details are included about progress made, barriers encountered, supporting data, reporting that took place, and impact stories as available. This report will serve as the foundation for ACCCO teams as they set their CY22 QI Program Goals, tactical plans, evaluation processes, and reporting schedules.

ALTERNATIVE PAYMENT METHODOLOGIES (APMs) / VALUE BASED PAYMENTS (VBPs)

1. **Goal:** ACCCO will review and revise CY21 VBP/APMs, present and receive approval on proposed CY21 VBP/APMs from the Board of Governors, report quarterly to the Quality Improvement Committee on progress, and report to OHA on VBP/APMs as required in contract and rule.
    a. **Objectives**: 1, 2, 3, 5, 6, 8, and 9
    b. **Progress and Barriers:** ACCCO's Provider Network Director presented to the QIC on the CY21 Quality Incentive Measures. Additional refinements were made per OHA feedback. Because of the pandemic, the VBP/APM presentations for oversight committees and boards were modified to virtual presentations.
    c. **Supporting Data:** For CY21, ACCCO continued four APM programs: Primary Care, Dental, Behavioral Health and Specialty Care. A separate set of quality incentives was established for ReadyRide, ACCCO's NEMT provider. Data on APM performance was pulled quarterly from claims, EHR reviews, attestations, and surveys (NEMT provider only). Reports were distributed to the 282 providers/provider groups quarterly.
    d. **Reporting:** Reports on ACCCO's VBP/APM program were provided quarterly to the Quality Improvement Committee and Board of Governors.

BEHAVIORAL HEALTH

1. **Goal:** Annually, ACCCO will create a Comprehensive Behavioral Health Plan (CBHP) that includes: Quality Improvement goals, indicators of progress, and identification of barriers.
    a. **Objectives**: 1, 2, 3, 5, 6, 7, and 9
    b. **Progress and Barriers:** ACCCO's Comprehensive Behavioral Health Plan was submitted to OHA in July of 2021. As of the close of CY21, feedback on and acceptance of the CBHP by OHA had not been received. ACCCO's Behavioral Health team monitored progress on the plan on a quarterly basis. Despite the lack of response from OHA on its CBHP, AllCare CCO plans to move forward with the plan as written in CY22.
    c. **Reporting:** Updates were not provided to the QIC due to the lack of feedback from OHA. Updates on progress in CY22 will be provided to both the QIC and Board of Governors annually. Many community partners, including members of the Board of Governors and their staff, were engaged in the Community Assessment and plan development process.

2. **Goal**: ACCCO will monitor and review all instances of the use of chemical and physical restraints at local behavioral health units for alignment with clinical practice guidelines and report all instances to the VP of Behavioral Health Services, Chief Medical Officer and Chief Compliance Officer in real time, with cumulative reports provided to the QIC quarterly.
    a. **Objectives**: 1 and 3

b. **Progress and Barriers:** ACCCO was only able to access information via EHR chart review of hospital records that Behavioral Health staff had been given access to. Bay Area Hospital, Asante and Roseburg VA Medical Center reported the aggregate physical seclusions and restraints of their patients quarterly to the Regional Acute Care Council. Psychiatric hospitals did not have to report member level data to CCOs. Hospitals were interested in CCOs helping safely divert/transfer/discharge members requiring seclusion/restraint, but were not open to discussing clinical practice issues.
c. **Supporting Data:** In CY21, 20 notifications were sent via email from the Behavioral Health team alerting the VP of Behavioral Health Services, Chief Medical Officer and Chief Compliance Officer about instances of the use of chemical and physical restraints and reviewed each instance for appropriateness and supporting documentation.
d. **Reporting:** Updates were not provided to the QIC in CY21.

CLAIMS MANAGEMENT

1. **Goal:** ACCCO will participate in the OHA workgroup to develop a new Notice of Denial of Payment letter and ensure that claims configuration was appropriate.
    a. **Objective:** 9
    b. **Progress and Barriers:** In CY21, ACCCO participated in the OHA workgroup that developed the new Notice of Denial of Payment contents. As a result of this work, internal systems were looked at to ensure that claims were not being denied based on line placement of the diagnosis code or CPT code and diagnosis code pairing.
    c. **Reporting:** Progress on this goal was reported to OHA through clarifying phone calls when submitting materials for the Grievance System review.

COMPLIANCE

1. **Goal:** ACCCO will complete migration of policies, procedures and other enterprise guiding documents into NAVEX PolicyTech platform by May 31, 2021.
    a. **Objectives**: 3, 4, and 9
    b. **Progress and Barriers:** Teams across ACCCO were engaged in learning sessions about the functionality of PolicyTech and discussions about the current state of Program Descriptions, Policies, Procedures and other key documents for their operational areas. CY21 presented teams with conflicting priorities for projects and progress was stalled due to the need to focus on supporting Members and providers during COVID-19, and after staff turnover in September due to vaccine mandates. In CY22, departments will be re-engaged in this work with a target completion date of June 30, 2022.
    c. **Supporting Data:** As of the end of CY21, 100% of ACCCO departments and operational teams had been socialized in system. Reports were regularly provided at the bi-weekly

internal Ops Team meetings. An estimated 70% of department documents have been ported into the system.

d. **Reporting:** The Quality Improvement Committee received notification of the project in CY21 and will be kept up-to-date on successes and challenges biannually in CY22.

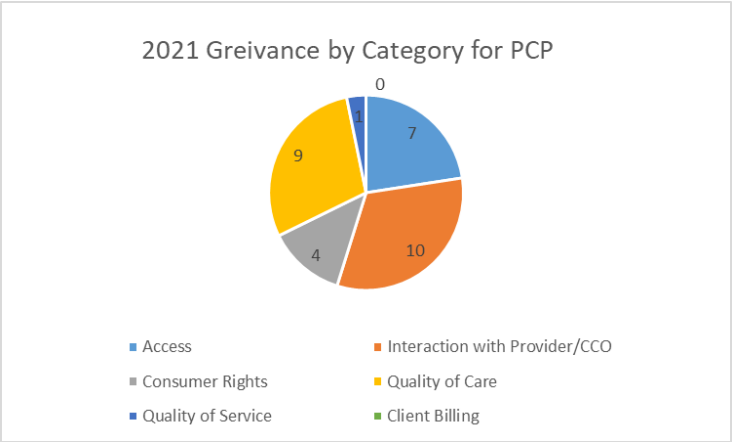
2. **Goal:** ACCCO will: 1) Develop an automated reporting process to ensure all operational areas are compliant with OHA deliverables; 2) Provide project management structures to all operational areas to ensure timely and quality submission of OHA deliverables; and, 3) Provide project management process assistance to organize quality deliverable submissions to reduce instances of resubmission.
    a. **Objectives**: 1, 4, and 9
    b. **Progress and Barriers:** In CY21, ACCCO's Compliance team provided support to a pilot set of departments and operational areas to ensure quality deliverable submissions of deliverables due to OHA per contract and rule. Supports included facilitation of cross-department collaboration, organization of information in Smartsheet to decrease administrative burden, and coaching on composition of clear, concise, and effective responses to prompts. This work will be continued in CY22 and will expand to all major deliverables indicated in the ACCCO's Medicaid contract with OHA.
    c. **Supporting Data:** Key pilot deliverables that were successfully completed in CY21 included: 1) HIT Roadmap Update; 2) HRS Policies and Procedures; 3) THW Integration and Utilization Plan Progress Report; 4) FWA Program Integrity report. This work will continue in CY22 with a focus on major deliverables including reports on the following operational areas: 1) Delivery Service Network; 2) QAPI; and, 3) LTSS MOU Updates.
    d. **Reporting**: The Quality Improvement Committee received notification of the project in CY21 and will be kept up-to-date on successes and challenges quarterly in CY22. This goal has been included in ACCCO's Balanced Score Card (enterprise-wide strategic plan) and will also be monitored via the ClearPoint system (online platform purchased for tracking progress on the strategic plan).

GRIEVANCES AND APPEALS

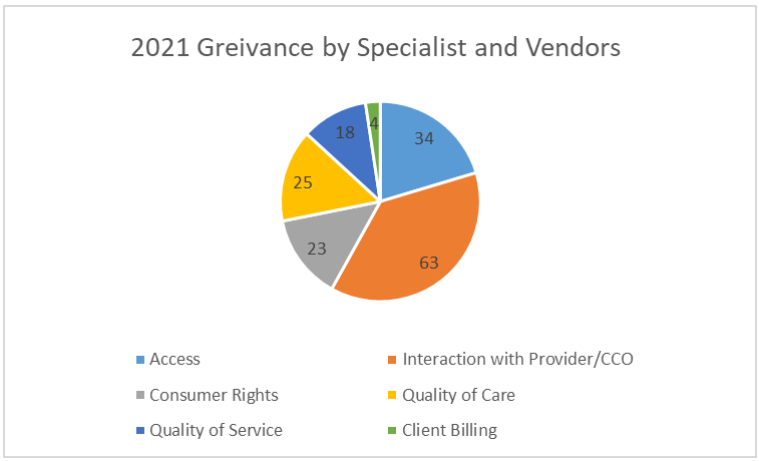
1. **Goal:** ACCCO will: 1) Monitor and report on Grievance and Appeals summaries to the Quality Improvement Committee. 2) Submit Appeals and Grievances reports quarterly to OHA as required.
    a. **Objectives:** 1, 3, and 9
    b. Progress and Barriers: Annual benchmarks for monitoring and reporting on Grievances and Appeals was completed on time. It was noted that no Grievances or Appeals were submitted by individuals identifying as LEP Members. This has prompted the development of a TQS for CY22 for the Grievance and Appeals team to complete a Root Cause Analysis and subsequent education campaign.

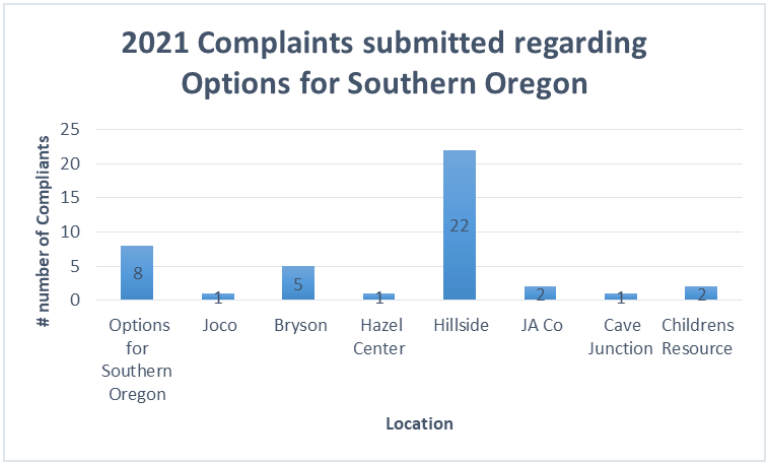
c. **Supporting Data:** There were 24 PCP how had complaint submitted against them in 2021. With the top category being Interaction with Provider (7); next was access (6). There were two PCP who had three complaint submitted against them (which is highest number of complaints submitted against a PCP) each were pediatrics with it being a parent for their three children (different families). There was no trend in the individual PCP for complaints. There was one hospital based PCP practice that had a total of 4 complaint across 4 different providers.

	Q1(2021)	Q2(2021)	Q3(2021)	Q4(2021)
Average Enrollment	53,490	55,490	55,957	57,741
Access to Care	12	12	10	3
Interaction with Provider/Plan	37	26	14	9
Consumer Rights	4	3	2	18
Quality of Care	14	9	7	8
Quality of Service	3	6	8	4
Client Billing	2	2	0	0
Total Grievances	72	58	41	42
Rate per 1000 members	1.3	1.05	0.73	0.73

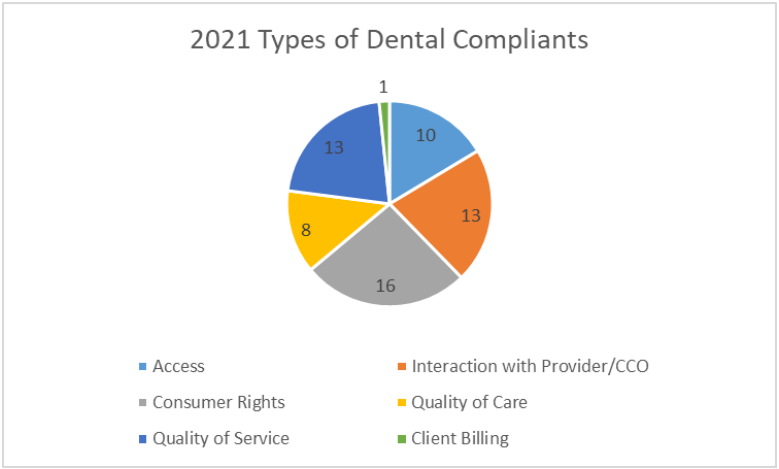


AllCare was able to identify that Options for Southern Oregon has the highest number of complaints, 49 for the year. The Hillside location had 45% of all of the complaints. There was not one particular staff person or provider that was an outlier at the Hillside location.





At the end of July AllCare CCO no longer delegated dental service to Willamette Dental. There were 61 complaints submitted regarding Dental Care. This is the next highest area of complaints. The two providers that stood out with the highest complaints were Michael Reynolds, DDS (7) and Jim Hales, DDS (5).



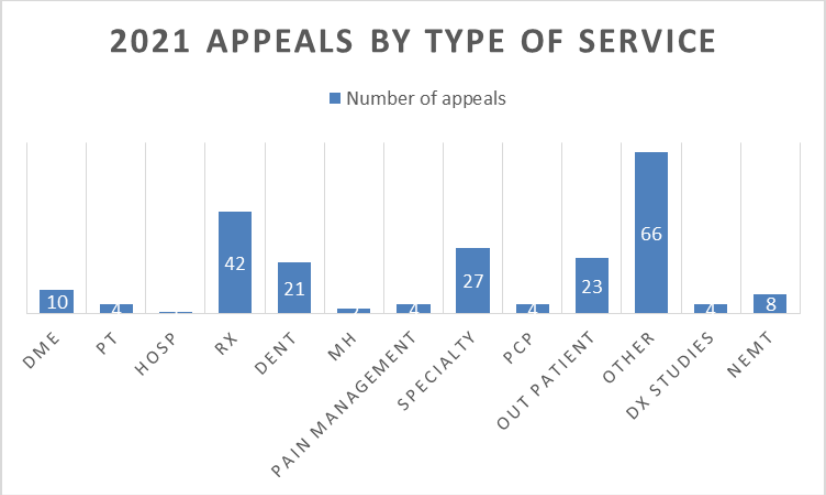
Each quarter, AllCare CCO monitors the NOABD letters, Grievance letters for readability and the timeliness from our Subcontractors. The quarterly grievance review of the

timely processing of grievances showed there were no issues in resolving complaints and providing notification within 30 days of receipt of the complaint. The NOABD review showed the Mental Health Organizations and the Dental Health Organizations processed the review of preservice request timely. There were no extensions to the 14 day timeframe for review. However, the NEMT vendor was not timely in Q1 for member notification. The readability standard of 6th grading reading level and clear, easily understood language was reviewed for the subcontractors. It was noted that the reading levels varied between 6th grade and a 9th grade level. AllCare will continue to work with the individual subcontractors to increase readability of materials.

Below is breakdown of the Appeals for ACCCO. All appeals received are for pre-service denials. AllCare does delegate pre-service determination to the Mental Health Organizations, the Dental Health Organization, and NEMT. Appeals are not delegated to our subcontractors. AllCare had one hearing in 2021 and the denial was affirmed by the ALJ.

	Q1(2021)	Q2(2021)	Q3(2021	Q4(2021)
a) Total Denial or limited authorization of a requested service	55	58	56	48
b) Total single PHP service area, denial to obtain services outside the PHP panel	0	0	0	0
c) Termination, suspension or reduction of previously authorized covered services	0	0	0	0
d) Failure to act within the timeframes provided in CFR 438.408	0	0	0	0
e) Failure to provide services in a timely manner as defined by the state	0	0	0	0
f) Denial of Payment, at the time of any action affecting the claim	0	0	0	0
g.) Denial of a member's request to dispute a financial liability	0	0	0	0
TOTAL APPEALS RECEIVED IN THE QUARTER	55	58	56	48
RATE PER 1,000 MEMBERS	1.2	1.05	1.01%	0.83%

% DENIALS OVERTURNED ON APPEAL	40.0%	38.0%	32.1%	48.1%



HEALTH EQUITY

1. **Goal:** ACCCO, under the umbrella of AllCare Health, Inc., will begin the process of applying to become an NCQA certified Health Equity Plan. ACCCO will submit quality and timely reporting to OHA per contract and rule.
    a. **Objectives:** 1, 3, 4, 5, and 7
    b. **Progress and Barriers:** In CY21, ACCCO worked to learn about the newly released NCQA certification as a Health Equity Plan. Certification by NCQA is a new process for AllCare Health, Inc.
    c. **Reporting:** Due to the need to prioritize urgent work in response to COVID-19 this work was paused for CY21. Work will resume in CY22 and reports will be provided biannually to the QIC.

2. **Goal:** ACCCO will maintain the Tribal Liaison Program as required in contract and rule.
    a. **Objectives:** 1, 3, 5, and 7
    b. **Progress and Barriers:** ACCCO has worked diligently to established meaningful lines of communication with all federally and state recognized Tribes its service area. This required work continues to encounter barriers with regards to the consistency of communication from the Tribes. COVID-19 and the need for Tribes to care for their members needed to take center stage in CY21. Efforts will be renewed in CY22.
    c. **Reporting:** Reports were provided to the Community Advisory Councils and the Compliance Committee. Due to the need to prioritize urgent agenda items, no

presentations were provided to the QIC; however, these will take place in CY22 biannually.

3. **Goal:** ACCCO will standardize eligibility reporting based on REALD and add REALD data to the Credentialing system to enable analysis of the Delivery Service Network to ensure culturally and linguistically responsive care for Members.
    a. **Objectives:** 1, 3, 5, 6, and 7
    b. **Progress and Barriers:** ACCCO successfully implemented the standardization of eligibility reporting based on REALD. This project was discussed bi-weekly at internal Operation meetings. While the IT department has this data available, there is additional engagement of business owners to follow established the policies and procedures for stratification of reports with this new data included. In CY22, ACCCO will pursue adding this information to the credentialing application for all provider types, which would ensure full population of this data by the end of CY24. The Sr. Director of Provider Network and Health Equity regularly advocated for this progress and will continue to lead ACCCO to move this work forward in CY22.
    c. **Supporting Data:** ACCCO utilized REALD data to develop outreach, education and engagement plans for People of Color in partnership with culturally and linguistically responsive organizations throughout its service area. The tables below show progress that was made on increasing vaccination rates for these Members.

11/29/2021 4:36:40 PM RACE All %

Vaccination Date (group)	RACE (group)	African American	American Indian/Alaska Native	Asian	Hispanic or Latino	Native Hawaiian and Pacific Islander	Null/Decline	White	Grand Total
Null		61.99%	70.61%	49.42%	59.73%	60.68%	65.75%	59.95%	**62.63%**
Vaccinated		38.01%	29.39%	50.58%	40.27%	39.32%	34.25%	40.05%	**37.37%**

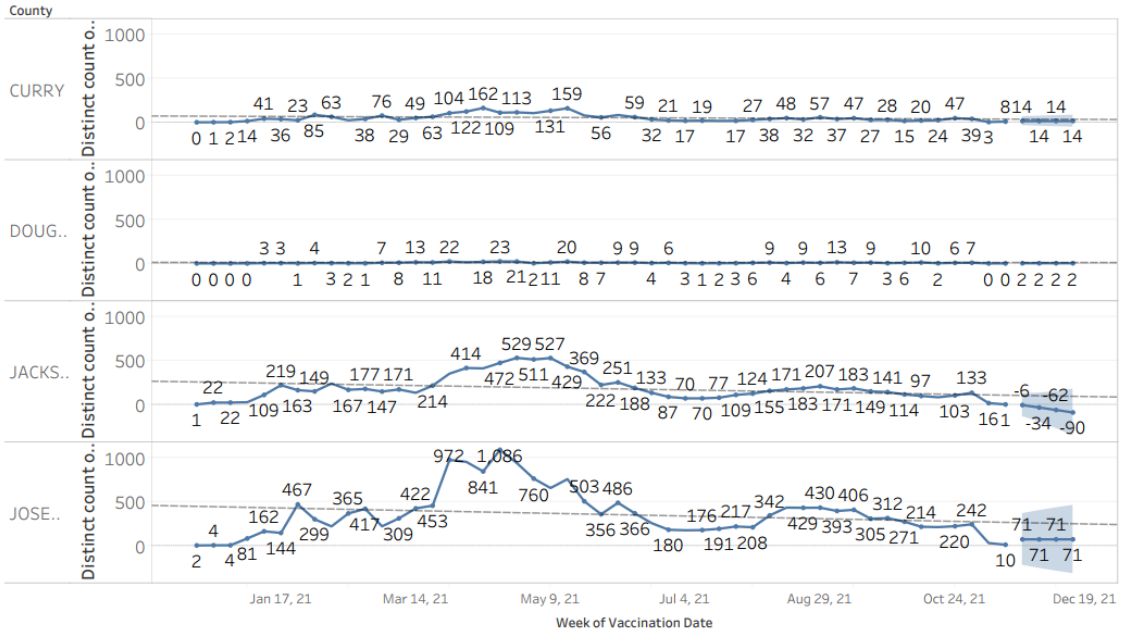
% of Total Distinct count of Membid broken down by RACE (group) vs. Vaccination Date (group). The data is filtered on Ages and County. The Ages filter keeps 16-20, 21-35, 36-64 and 65+. The County filter keeps Null, CURRY, DOUGLAS, JACKSON and JOSEPHINE. Percents are based on each column of the table.

11/29/2021 4:36:40 PM RACE All

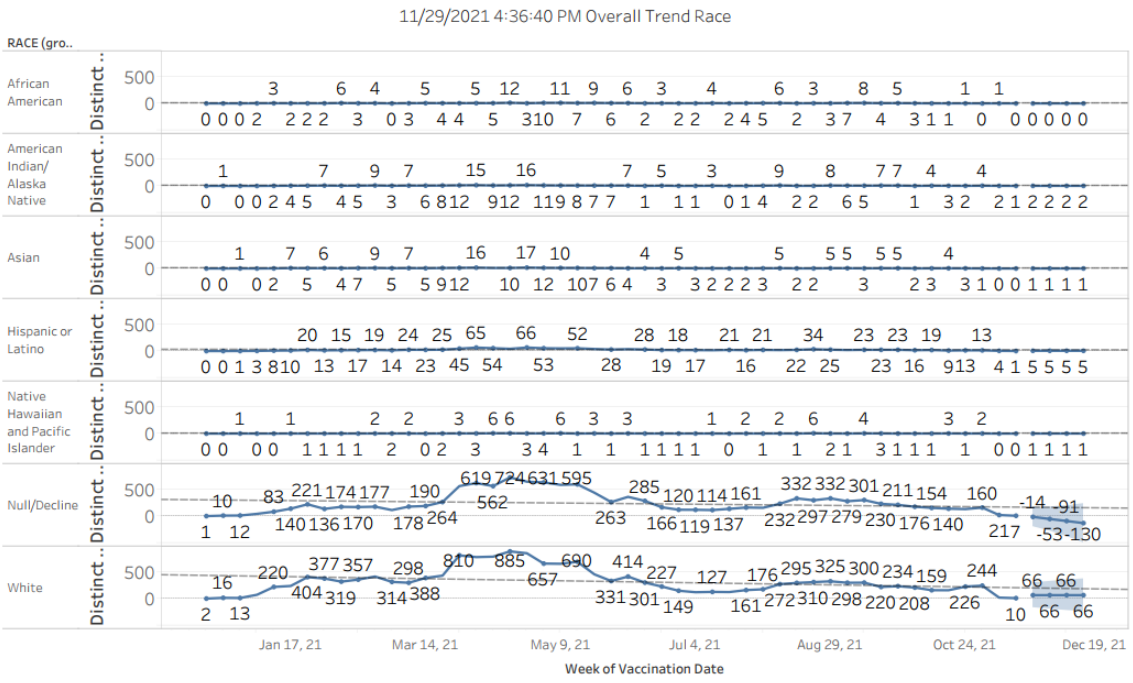
Vaccination Date (group)	RACE (group)	African American	American Indian/Alaska Native	Asian	Hispanic or Latino	Native Hawaiian and Pacific Islander	Null/Decline	White	Grand Total
Null		168	322	127	890	71	12,585	12,358	**26,521**
Vaccinated		103	134	130	600	46	6,556	8,255	**15,824**

Distinct count of Membid broken down by RACE (group) vs. Vaccination Date (group). The data is filtered on Ages and County. The Ages filter keeps 16-20, 21-35, 36-64 and 65+. The County filter keeps Null, CURRY, DOUGLAS, JACKSON and JOSEPHINE.

11/29/2021 4:36:40 PM Overall Trend by County



The trend of distinct count of Membid (actual & forecast) for Vaccination Date Week broken down by County. Details are shown for Forecast indicator. The data is filtered on Vaccination Date (group), Ages and RACE (group). The Vaccination Date (group) filter keeps Vaccinated. The Ages filter keeps 16-20, 21-35, 36-64 and 65+. The RACE (group) filter keeps 7 of 7 members. The view is filtered on County, which keeps CURRY, DOUGLAS, JACKSON and JOSEPHINE.



The trend of distinct count of Membid (actual & forecast) for Vaccination Date Week broken down by RACE (group). Details are shown for Forecast indicator. The data is filtered on Vaccination Date (group), Ages and County. The Vaccination Date (group) filter keeps Vaccinated. The Ages filter keeps 16-20, 21-35, 36-64 and 65+. The County filter keeps Null, CURRY, DOUGLAS, JACKSON and JOSEPHINE.

d. **Reporting:** Reporting on REALD data and stratifications was presented to the Board of Governors and education about REALD was shared with the Community Advisory Councils. Due time constraints on the QI Committee agenda, this item was not reported on in CY21, but will be covered bi-annually in CY22.

HEALTH INFORMATION TECHNOLOGY

1. **Goal:** ACCCO IT will: 1) Assist all operational areas to ensure systems are in place to monitor care and services; and, 2) Provide and validate data from multiple sources including data on key performance indicators set by business owners.
    a. **Objectives:** 1 and 9
    b. **Progress and Barriers:** ACCCO's IT team, under the leadership of the Chief Information Officer, worked to connect with all departments and operational areas to ensure adequate systems for monitoring of care and services. When presented with opportunities for improvement, the IT team utilized Agile systems of improvement. The IT team will continue to work with business owners in CY22 to ensure effective and secure data validation delivery.

2. **Goal:** ACCCO IT will supply data, reports, and visual aids (e.g., graphs, charts, dashboards) to all operational areas to enable in-depth analysis and fully understand problems, their root causes, and implications of proposed changes.
    a. **Objectives:** 1 and 9
    b. **Progress and Barriers:** This goal was not met in its entirety due to staff turnover and the need to prioritize urgent work to support Member care.

3. **Goal:** ACCCO will: 1) Engage internal Population Health team in utilization of Community Information Exchange (CIE); 2) Engage Community based Organizations in utilization of CIE; 3) Engage Providers in utilization of CIE; and, 4) Begin evaluation of project progress and barriers utilizing data from the CIE as available through Insights.
    a. **Objectives:** 1, 3, 6, and 7
    b. **Progress and Barriers:** ACCCO made progress in these areas: 1) Population Health team was trained and offered follow-up office hours for learn how to use the system. They were also incentivized with small prizes or recognition for beginning the referral processes for their members. 2) Community organizations were trained and offered follow-up office hours to learn the system. A review of Community Network Advisory Board (CNAB) engagement led to a new co-chair model to ensure peer to peer sharing. The Connect Oregon network in Southern Oregon is on track with trends with many new partners added to the network. 3) Providers were trained and offered follow-up office hours for learn how to use the system. 4) Data from utilization of the CIE was reviewed using Insights and evaluated for further process or engagement improvements.
    c. **Supporting Data**

    d. **Reporting:** Progress on this goal was reported to Board of Governors. Information provided included timelines and milestones for platform launch, engagement plans, and expansion of the CY22 Scope of Work to rollout the CIE in Curry and Douglas Counties. In CY22, the QIC will receive bi-annual updates on this project. This goal has been included in ACCCO's Balanced Score Card and will also be monitored via the ClearPoint system.

LANGUAGE ACCESS

1. **Goal:** ACCCO will continue to build on existing language access resources available to AllCare CCO Members.
    a. **Objectives:** 3, 5, and 7
    b. **Progress and Barriers:** In CY21, AllCare CCO added bilingual employees and provided a wage differential. Documents containing information about Member rights, responsibilities, plan benefits, and resources were translated into additional languages. A third party language access line was contracted to provide support to staff as they served Limited English Proficiency (LEP) Members.
    c. **Supporting Data:** A video was recorded in English with subtitles (for ASL and hard of hearing) Spanish and Russian. These will be presented in a public event in 2022. AllCare published an article about Language Access Rights in Spanish in the Caminos Magazine (Article link: https://indd.adobe.com/view/7b947e19-2f61-49d0-8973-66cc48e0b82a). Language Access and Branding developed a Brochure in English (ASL / Hard of hearing) and Spanish detailing language access and Interpreter rights for our members. These are in process to be mailed out in 2022. AllCare also partnered with Public Health to hold an all-Spanish COVID vaccine clinic. Issues were discovered with the third party language access line. Reports indicated extended wait times and other issues that need to be resolved in CY22.
    d. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee. Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

2. **Goal:** ACCCO will: 1) Monitor data on the number of interpreters and the languages available (including ASL); 2) Monitor the number of LEP Members with any encountered visit; 3) Analyze the PMPM costs and risk scores associated with LEP Members; and, 4) Plan for targeted increases in interpreters in alignment with data.
    a. **Objectives:** 1, 3, 4, 5, 7, and 8
    b. **Progress and Barriers:** While ACCCO continued to hear from Providers that reporting is a barrier, given that the activity is treated as an administrative role and not a clinical activity, improvements were seen in the number of service instances that were billed for through the claims system.
    c. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee. Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

3. **Goal:** ACCCO will schedule trainings with subcontractors, provider offices, and internal staff to increase awareness of and demand for qualified and certified Medical Interpreters to improve Language Access.
    a. **Objectives:** 1, 3, 4, 5, and 7
    b. **Progress and Barriers:** Due to COVID, many of the local Interpreters had to relocate out of the area. This especially affected the ASL interpreters. AllCare saw the need to increase interpreters in the community and increased the number of Interpreter Training Classes to 3 in 2021. AllCare focused on training bilingual staff already working within the local clinics and provide training in order to increase Language Access resources. The following table shows the languages spoken by AllCare Members.

LANGUAGES SPOKEN BY ALLCARE MEMBERS	Total
English	63,177
Spanish	982
Other, Undetermined	624
Member Did Not Respond (blank)	190
Cantonese, Mandarin, Other Chinese/Asian, TaoChiew	30
Punjabi	16
Hearing Loss, Sign Languages	14
Korean	12
Russian	8
Vietnamese	7
Gujarati	4
Thai	4
Japanese	3
Arabic	2
Armenian	2
Tagalog	2
Total reflects unique Members on plan at any point in CY21.	

In CY21, AllCare worked with Siskiyou Community Health Center, Grants Pass Clinic, Women's Health Center, Columbia Care and others with regular meetings, policy and workflow reviews, training of bilingual staff and any other Language Access related resources needed. Due to this, more of our local clinics and provider offices have State Qualified Interpreters in their staff and have changed their workflows to better accommodate their LEP patients. This has increased Language Access not only for our members but also for the LEP community.

AllCare will continue to work on getting more ASL interpreters in CY22. In addition to building on increasing language access, AllCare focused on providing information to the LEP community about their Language Access rights. A video was recorded in English with subtitles (for ASL and hard of hearing) Spanish and Russian. These will be presented in a

public event in CY22. Language Access and Branding developed a Brochure in English (ASL / Hard of hearing) and Spanish detailing language access and Interpreter rights for our members. These are in process to be mailed out in CY22. AllCare also partnered with Public Health to hold an all-Spanish COVID vaccine clinic.

c. **Supporting Data:** The following data represents the clinics, dates and number of individuals that received outreach and/or training on Language Access in CY21.
    i. Women's Health Center: 7/21/21 - 45 people
    ii. Columbia Care: 4/22/2021, 8/13/2021, 09/17/2021 - 2 people
    iii. Rogue Community Health: 4/14/2021, 11/12/2021 - 2 people
    iv. Medical Eye Center: 05/21/21, 02/10/21 - 1 person
    v. Bear Valley Medical Center: 9/10/2021 - 4 people
    vi. Grants Pass Clinic: 11/15/21 - 3 people
    vii. AllCare Internal Staff – 67 Total
        1. New Hires: 02/07/2021, 07/12/2021, 8/24/2021, 9/21/2021, 10/05/2021, 10/29/2021, 11/02/2021, 11/30/2021
        2. Population Health: 2/9/2021
        3. Customer Care: 09/23/2021
        4. Behavioral Health: 10/29/2021

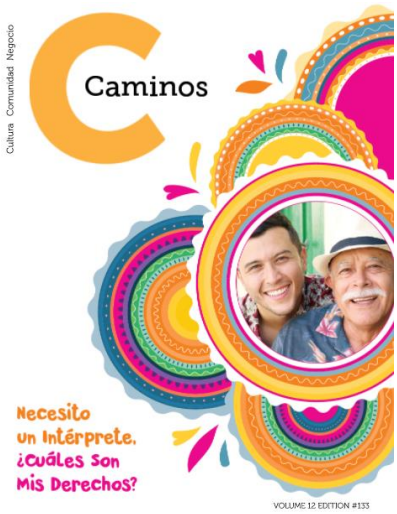
d. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee. Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

e. **Impact Stories**

After having staff trained and regular trainings/meetings with Siskiyou Community Health Center, they noticed that no Spanish speaking patients were coming to their COVID vaccine clinics. SCH took it upon themselves to call their Spanish speaking patients and hold an all-Spanish vaccine clinic in which they utilized their own bilingual staff and trained interpreters. This showed the impact of educating the providers and clinics about the importance of language access. They noticed a need on their own and had the appropriate resources to fulfill it.

Kristina Espinoza
ACCCO Language Access Manager

AllCare published an article about Language Access Rights in Spanish in the Caminos Magazine. Article link: *https://indd.adobe.com/view/7b947e19-2f61-49d0-8973-66cc48e0b82a*



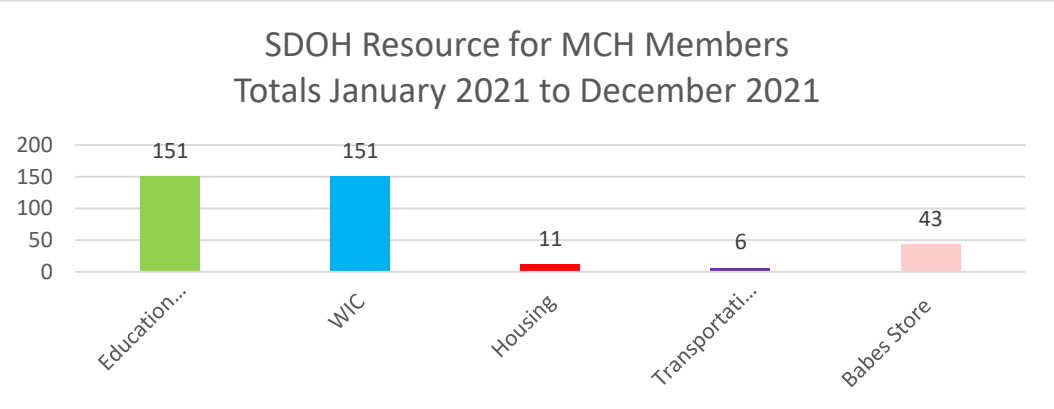
LONG TERM SUPPORT SERVICES (LTSS)

1. **Goal:** ACCCO will collaboratively develop LTSS MOUs with DHS APD (Districts 6, 7, and 8) and the Rogue Valley Council of Governments (RVCOG) to outline responsibilities for care coordination, communication and data reporting. ACCCO will submit these MOUs for OHA review and approval, as well as quarterly progress reports on LTSS to OHA per contract and rule.
    a. **Objectives**: 1, 2, 3, 5, 7, and 8
    a. **Progress and Barriers:** In CY21, the ACCCO Care Coordination team renewed its relationship with DHS APD (Districts 6, 7, and 8) and the Rogue Valley Council of Governments (RVCOG). A plan for the flow of information, meeting cadence, and meeting agendas were formulated. By April of 2021, Zoom meeting invites were sent and established at a bi-monthly cadence. Agendas were sent 1-2 days prior to the meeting to facilitate information exchange. Refinement of the communication strategy was ongoing. LTSS referral workflow within EHR, was created with the support of our Data team to track and affirm our communication with APD. Quarterly reports were submitted to OHA per contract and rule. Feedback was received from OHA that the established MOUs need revision and those will be completed and submitted by the deadline of 04/03/2022. This work was done in collaboration with DHS APD (Districts 6, 7, and 8) and the Rogue Valley Council of Governments (RVCOG) to ensure it contributed to the highest quality outcomes on behalf of the community.
    b. **Reporting:** No reports provided to QIC in CY21. Reports provided quarterly to OHA per contract and rule. Reports will be provided bi-annually to the QIC in CY22.

MATERNAL AND INFANT HEALTH

1. **Goal:** ACCCO will establish MCH team and Women's Health Center collaboration to identify High Risk Pregnant members, and engage members in Care Coordination as quickly as possible, Provide SDOH support (Housing, WIC, Transportation, Babe store, Education/Resource) to ensure members have all needs met prior to birth of baby, during birth and after, including referrals to Siskiyou Community Health "Healthy Families" programming.
    a. **Objectives:** 1, 2, 3, 5, 6, 7, and 8
    b. **Progress and Barriers:** Completed draft for TQS 2022, ongoing collaboration with WHC, Ongoing data analysis and engaging CC in member appointments at WHC for member engagement. We have 157 total members is Risk 3 category, and 63 were UTR, our goal is to reduce the UTR to 30% (from 40%). We also would like to increase babe store engagement to 40%, from 28%. We met our goal of reducing cost of care for children born in high risk pregnancies and reduce by 5% (actual was 10%). This work was done in collaboration with Women's Health Center to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** Of the 157 Risk 3 members, 151 were provided educational and supportive resources that are in a manner and format that is tailored to the backgrounds and special needs of the member; including Babe store brochures, dental information for mom and baby, benefits to breastfeeding, how to get a breast pump, Safe sleep for babies, child birth classes including the Free Birth Boot Camp flyer, Live Better magazine, Nurse help line, and information to the Pregnancy Pathways Center. All of our documents can be translated into any language at the request of the team, if not already done so. 151 members were also provided detailed information on Women Infants and Children (WIC) services including, how it can support a mom during pregnancy and baby, after birth as well as information to enroll in the program.
    Risk 3 members were tracked and data was collected to identify social determinants of health resources offered. Our data tracked housing, Babe store use, WIC education, Resource and Education, and transportation. Babe store vouchers are earned through participating in PCP visits, as well as for completing vaccinations and attending educational classes. Babe store vouchers provide needed resources for new families, and encourage members to engage with educational supports, attend regular wellness visits, and directly increase member and baby's engagement and connection within the community. Analyzing the data that was received also allowed us to see a trend that we determined we would also refocus efforts for engagement and access. The Care Coordination team identified a total number of 157 Risk 3 category members for 2021. Of the 157 Risk 3, 63 were categorized as unable to reach (UTR), which is 40% of the total Risk 3 identified population. The goal was to reduce that percentage to less than 30% (noted in Activity 2), through the use of reports, data tools, and our relationship with the Women's Health Center. Analysis of the 2021 data collected for monitoring activity 2 also showed us that the Tier 3 health care expenditure for children of

members engaged in MCH care coordination services, was comparatively lower in contrast to the health care expenditure for children who were identified as tier 3 and were NOT engaged in AllCare Health MCH care coordination services.



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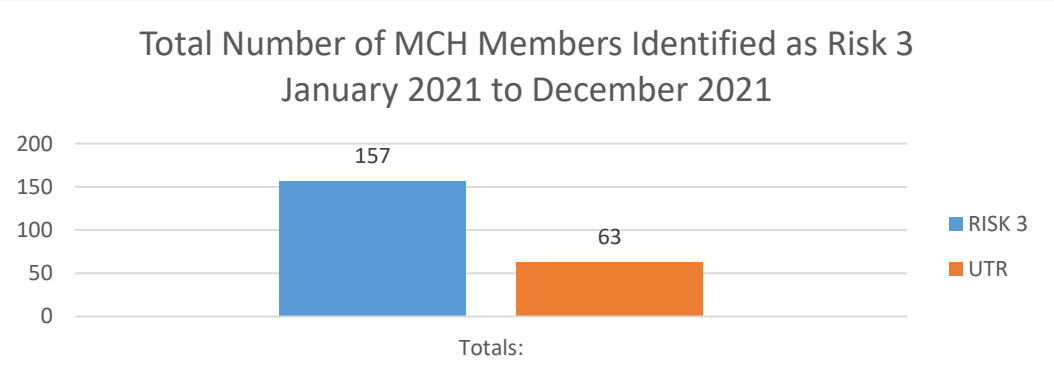


MEDICAID EFFICIENCY AND PERFORMANCE PROGRAM (MEPP)

1. **Goal:** ACCCO will identify three episodes of care from the OHA dashboard to develop projects to decrease avoidable episodes of care.
    a. **Objectives:** 1, 2, 3, and 8
    b. **Progress and Barriers:** In CY21, ACCCO selected the following episodes as focus areas: SUD, Pediatric Asthma, and CGMs for Type II Diabetics. COVID surges impacted progress as Primary Care Providers needed to focus on issues arising from surges. The length of time required to execute contracts also affected progress. Positive impacts were made

through having dedicated Respiratory Therapists on staff at ACCCO to ensure outreach to Members under the Pediatric Asthma project. For the SUD project, having strong partnerships established with the HIV Alliance the regional FQHCs expedited progress. Note: The Pediatric Asthma and CGMs for Type II Diabetics are also included in the ACCCO PIPs.

c. **Reporting:** Reports were provided biannually to the QIC in CY21. These will continue in CY22.

MEMBER AND COMMUNITY ENGAGEMENT

1. **Goal:** ACCCO will create a comprehensive Community Advisory Council Member Handbook that details the role, responsibilities, and other pertinent information for all current or perspective Council Members.
    a. **Objective**: 7
    d. **Progress and Barriers:** ACCCO created a Community Advisory Council (CAC) Member Handbook by using AllCare's CAC policies, current desk procedures, and staff organizational chart by the Community Engagement Manager and CAC Coordinator. The draft was then submitted to Branding. Anticipated publishing date is 02/28/2022. This work was done in collaboration with AllCare CCO Community Advisory Councils to ensure it contributed to the highest quality outcomes on behalf of the community.
    b. **Supporting Data:** The published CAC Handbook can be found at https://www.allcarehealth.com/media/4907/2022accco-cac-handbook-web.pdf
    c. **Reporting**: Information on the Community Advisory Council Handbook was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.
    d. **Impact Story**

> *CAC members had been asking for a member handbook to better understand roles, and expectations as a member of the council. This handbook is a vital resource for new members to orient themselves to the council process. The handbook contains important compliance documents for members to easily access such as behavior and confidentiality agreements and conflict of interest forms. Applications flyers are in both English and Spanish for CAC members to share for recruitment, adding to the long-term sustainability of the council.*
>
> *David Hansen*
> *ACCCO CAC Coordinator*

2. **Goal**: ACCCO will hold monthly Study Sessions for the three Community Advisory Councils.
    a. **Objective**: 7

b. **Progress and Barriers:** ACCCO convened monthly meetings of the Community Advisory Council to provide an opportunity for Councils and community partners to learn more about specific topics with the aim of helping them in their roles and improve community health needs. Internal staff presented a variety of topics including Health-Related Services, Health Equity, and Grievances & Appeals and allowed time for attendees to ask questions.
c. **Supporting Data:** Monthly recorded sessions can be found at https://www.allcarehealth.com/medicaid/resources/cco-community-advisory-council?locale=en
d. **Reporting:** Information on these Study Sessions was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.
e. **Impact Story**

> *Monthly study sessions provided an accessible way for the council and community partners to grow their further enrichment in addition to the monthly convened council meetings. The extended time allowed a deeper level of understanding to more nuanced topics pertaining to community health. Each session was recorded and posted on the AllCare CCO website so that members and partners can view and participate at their convenience, which increased accessibility.*
>
> *David Hansen*
> *ACCCO CAC Coordinator*

MEMBER RIGHTS AND RESPONSIBILITIES

1. **Goal:** ACCCO will enable the Customer Care team to provide internal trainings to AllCare CCO staff on Member Rights and Responsibilities.
    a. **Objectives:** 1, 3, and 6
    b. **Progress and Barriers:** In CY21, all teams within ACCCO focused on supporting our community, Members and provider network in continued response to COVID-19. As a result, this goal will be revisited in CY22.
    a. **Reporting:** Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

2. **Goal:** ACCCO will: 1) Ensure that all member materials and website information are at appropriate literacy levels (6th grade or below), meet brand standards for quality, and are translated in Spanish. 2) Provide materials in alternative formats (e.g., large print, braille, audio, other languages) as requested by Members. 3) Submit all CCO Member materials to OHA and/or CMS for review and feedback prior to distribution as required in rule and contract.
    a. **Objectives:** 1 and 3

b. **Progress and Barriers:** The Brand & Creative Services Department supports all of the other departments we have in producing CCO Member materials in print, digital, and multi-media formats. We ensure the information is accessible, easy to understand, engaging, and in compliance with required governmental standards and meets our internal branding benchmarks. We also provide outreach to our surrounding community to get information out about projects AllCare Health is involved in, often times using the same criteria we use when communicating with our CCO Members. Many examples of the type of work we do can be found on every page of our website: AllCareHealth.com. ACCCO created the Member Handbook available in English, Spanish, Large Print, and audio format (English and Spanish). The Handbook literacy level was determined to be 6th grade or below. ACCCO submitted the Handbook to OHA for review and feedback prior to distribution.

c. **Supporting Data**
   i. Member Handbook – English: https://www.allcarehealth.com/media/4786/2022accco-memberhandbook-final-web.pdf
   ii. Member Handbook – Spanish: https://www.allcarehealth.com/media/4303/2021accco-bok-mmbrhand-spn-web.pdf
   iii. Member Handbook – Large Print Edition: https://www.allcarehealth.com/media/4928/2022accco-memberhandbook-final-lrgprnt-web.pdf
   iv. Member Handbook – Audio Format – English: https://www.allcarehealth.com/media/4342/2021accco-bok-audio-member-handbook-eng-16k-24bit.mp3
   v. Member Handbook – Audio Format – Spanish: https://www.allcarehealth.com/media/4341/2021accco-bok-audio-member-handbook-spn-16k-24bit-24kbps-cbr.mp3
   vi. How to use the Find-A-Doctor-Tool on the ACCCO website: https://www.youtube.com/watch?v=YocvCyx8O-g&t=56s
   vii. Explainer video describing what an Advance Directive is: https://www.youtube.com/watch?v=NWbBnnV7tqQ&t=73s
   viii. How to help slow the spread of COVID-19 in our community: https://www.youtube.com/channel/UC0k60G-Q0cDtYn-dStiN2Ng
   ix. The impact the opening of a Tiny Home Homeless Shelter AllCare helped facilitate has had on residents of the program: https://www.youtube.com/watch?v=ltPXr0_HW8I&t=15s

d. **Reporting**: Information on the Member Handbook was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.

3. **Goal:** ACCCO will work to launch a Member Portal in early CY22 to increase Member engagement in their own health care. The Portal will also enable greater Member access to information about their Rights, Responsibilities, and the resources available to support their care journey.
    a. **Objectives:** 1, 2, 3, 5, 6, 8, and 9
    b. **Progress and Barriers:** ACCCO engaged several vendors that provide Member Portals, evaluated them for functionality, and then executed a contract with its chosen vendor. At the close of CY21, 75% of the Member Portal was fully structured and launch is anticipated for spring CY22. This delay will allow for the greatest possible positive impact on ACCCO Members.
    b. **Reporting:** Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

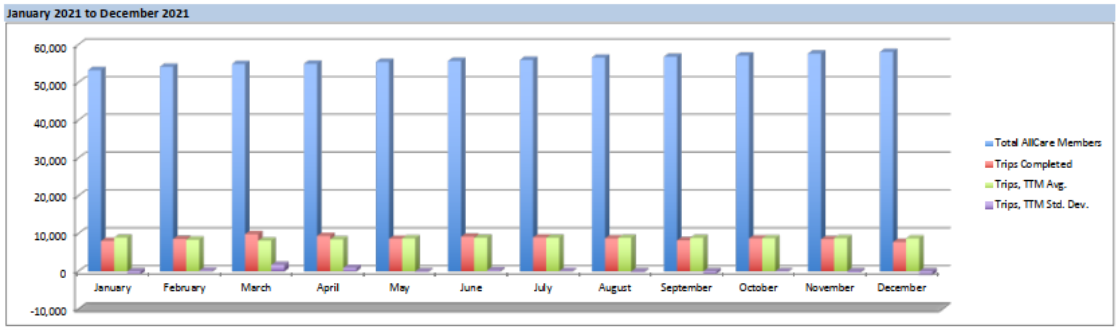
MEMBER INFORMATION CONFIDENTIALITY, PRIVACY AND SECURITY

1. **Goal:** ACCCO will review privacy and security best practices and evaluate internal processes for opportunity for improvement following federal requirements.
    a. **Objective:** 9
    b. **Progress and Barriers:** In late December, 2021, ACCCO began the process of a privacy and security best practice review and initiated an evaluation of internal processes. In CY22, ACCCO will continue this work.

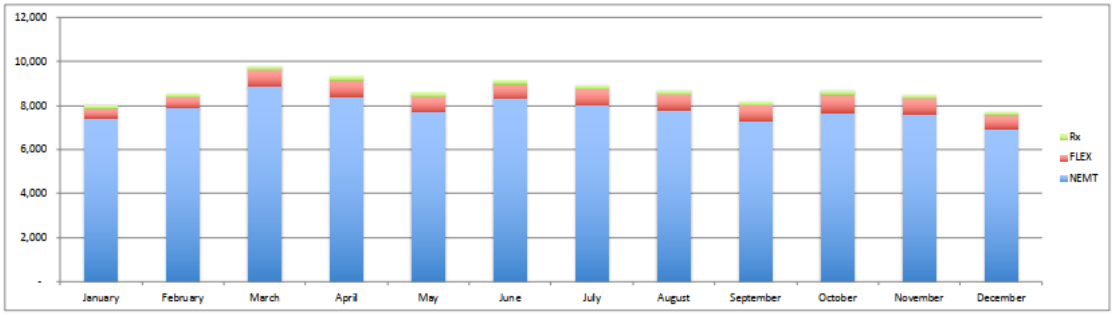
NON-EMERGENT MEDICAL TRANSPORTATION (NEMT)

1. **Goal:** ACCCO will meet every other week with ReadyRide staff, (Appeals and Grievances Coordinator, NEMT Liaison, Chief Medical Officer, Chief Compliance Officer, and Sr. VP of Marketing Strategies) to review grievances, new requirements, monitoring and oversight of compiled data (e.g., flex rides, reimbursed rides, training).
    a. **Objectives:** 1, 2, 3, 5, and 6
    b. **Progress and Barriers:** In CY21, the NEMT workgroup met virtually at least monthly. Discussion topics included individual Member case coordination, policy and procedure revisions, new guidance from OHA (including changes to OARs), quality reviews (including NOABDs), and service delivery modifications for HRS-Flexible Services during the COVID-19 pandemic. Barrier analysis was completed to overcome issues regarding coordination of benefits between Medicaid and Medicare for Dual enrollees. Service expansion in Curry County was a prioritize improvement effort. This work was done in collaboration with ReadyRide to ensure it contributed to the highest quality outcomes on behalf of the community.

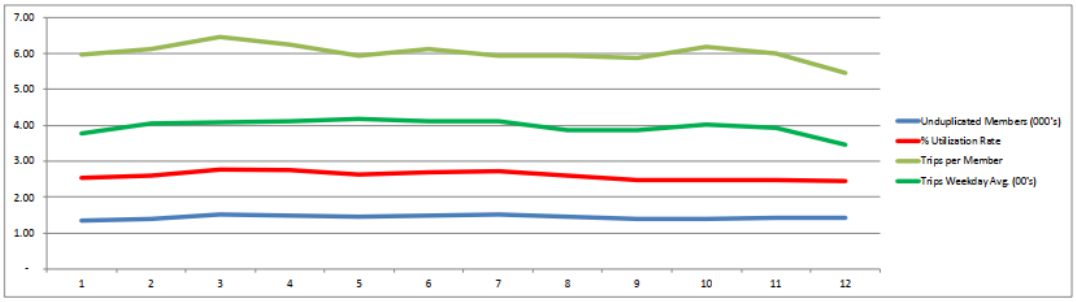
c. **Supporting Data:** Agendas and meeting minutes were composed for each workgroup session. Below are samples of Operational Graphs and Summaries pulled monthly to inform this work.



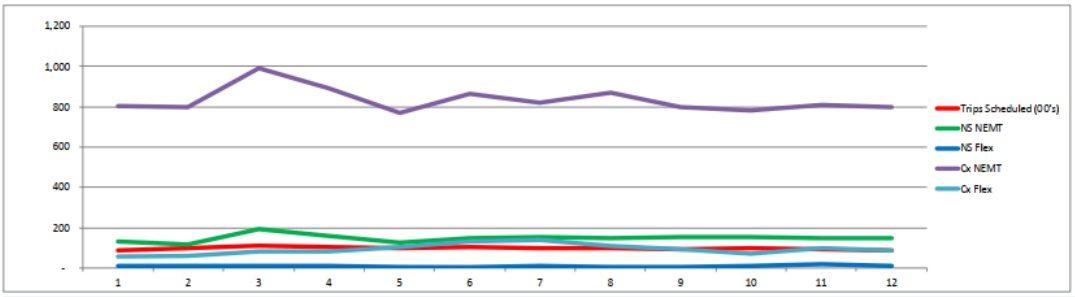
MEMBERSHIP and TRIPS	January	February	March	April	May	June	July	August	September	October	November	December
Total AllCare Members	53,237	54,132	54,857	54,909	55,419	55,683	55,942	56,541	56,764	57,086	57,632	58,062
Trips Completed	8,054	8,553	9,819	9,360	8,615	9,177	8,959	8,706	8,211	8,702	8,510	7,751
Trips, TTM Avg.	8,889	8,368	8,130	8,456	8,717	8,877	8,871	8,842	8,820	8,735	8,759	8,701
Trips, TTM Std. Dev.	(835)	185	1,689	904	(102)	300	88	(136)	(609)	(33)	(249)	(950)



TRIP PURPOSE	January	February	March	April	May	June	July	August	September	October	November	December
NEMT	7,451	7,914	8,886	8,402	7,724	8,318	8,003	7,817	7,313	7,691	7,617	6,954
FLEX	415	472	719	744	671	646	740	683	691	788	705	603
Rx	168	171	220	209	219	212	205	201	204	228	194	200



UTILIZATION	January	February	March	April	May	June	July	August	September	October	November	December
Unduplicated Members (000's)	1.35	1.40	1.52	1.50	1.45	1.50	1.51	1.47	1.40	1.41	1.42	1.42
% Utilization Rate	2.54	2.60	2.77	2.75	2.62	2.70	2.71	2.61	2.48	2.47	2.48	2.45
Trips per Member	6.0	6.1	6.5	6.2	5.9	6.1	5.9	5.9	5.9	6.2	6.0	5.5
Trips Weekday Avg. (00's)	3.79	4.05	4.07	4.12	4.18	4.11	4.13	3.88	3.86	4.01	3.93	3.46



No-Show/Cancels	January	February	March	April	May	June	July	August	September	October	November	December
Trips Scheduled (00's)	90	96	111	105	96	103	100	96	92	97	95	87
NS NEMT	131	117	193	161	125	146	155	149	156	152	147	148
NS Flex	8	11	8	8	7	4	10	7	6	9	19	11
Cx NEMT	802	798	992	891	770	863	818	870	796	784	812	796
Cx Flex	57	58	82	83	102	130	139	107	92	71	96	90

OPERATIONS SUMMARY

Transportation Services and Call Center OPs

ReadyRide — Moving People & Touching Hearts

DECEMBER 1-31, 2021

AllCare Membership December 2021	58,062
AllCare NEMT Customers	1,424
Unduplicated Members Served for Period	2.45%

TRIP SUMMARY	Trips Scheduled	Trips Completed	WeekDay Avg.	Weekend Day Avg.	Attendants / Guests
	8,796	7,751	346	47	743 / 0
		88.1%			

NSr - Total	CXr
138	907
1.6%	10.3%
% of Total Sched Trips	*% of Total Sched Trips*

SERVICE MODES	Ambulatory	Wheel Chair	Stretcher	Secure
	6,059	1,665	25	2
	78.2%	21.5%	0.3%	

NSr - Transports
138
2.39%
% of Total Transports

SERVICE AREA	Curry Co	Douglas Co	Josephine Co	Jackson Co	Other
	326	96	4,364	2,807	158
	4.2%	1.2%	56.3%	36.2%	2.0%

	TRIP PURPOSE			SERVICES			
TRIP PURPOSE & SERVICES	NEMT/other	FLEX	Rx	Transports	RR Vehicle	Reimbursements	Public /Common
	6,954	603	200	5,768	3,948	1,336	647
	89.7%	7.8%	2.6%	74.4%	68.4%	17.2%	8.3%
				% of Total Trips	*of Total Transports*	*% of Total Trips*	*% of Total Trips*

CALL CENTER	# of Calls	Daily Avg.	Avg Wait Time (sec.)	Abandoned Rate
	4,006	204	37	2.75%

NOTES:

1. "SERVICES" Definitions
   a. Transports - trips that are assigned a paratransit vehicle operated by ReadyRide or a subcontractor
   b. RR Vehicle - trips that are completed by a ReadyRide vehicle /driver.
   c. Reimbursements - trips that are completed by private vehicle for which mileage reimbursement is paid.
   d. Public /Common - trips that are assigned to public transit services (bus) such as JCT or RVTD and common carriers.

d. **Reporting:** Reports were provided in CY21 to the QIC on customer service survey results, and volume of rides for Medicaid Members including Flexible Services and no-call/no-shows. In addition, a percentage of each customer service team member calls were completed and provided to the QIC. Information on NEMT was also provided to

OHA per contract and rule. Presentations were delivered to the Community Advisory Councils.

ORAL HEALTH

1. **Goal:** ACCCO will expand Practice Dental Hygienist at Options for Southern Oregon and Grants Pass Clinic.
    a. **Objectives**: 1, 6, 7, and 8
    b. **Progress and Barriers:** AllCare CCO's Director of Oral Health Services collaborated with Capitol Dental Care in placing an Expanded Practice Dental Hygienist at Options for Southern Oregon in both the Grants Pass and Medford locations. Due to COVID restrictions in 2021 and the start of the Delta Virus running rampant through the community, our plans were drastically diminished for a time, but slowly we picked back up and started seeing patients again. We met the patients where they were at, in an environment where they were comfortable and the Hygienist is truly a part of the Options Team. The same work takes place at Grants Pass clinic, except she sees more of the pediatric population, but still is making a tremendous impact on seeing these patients. She sees all patients regardless of insurance status. This work was done in collaboration with Options for Southern Oregon and Capitol Dental Care to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** Referral spreadsheets from Hygienist and regular email communications from hygienist and the GP Clinic staff and Options staff.
    d. **Reporting:** This information was updated quarterly to the AllCare Board of Governors and met with continued enthusiasm.
    e. **Impact Story**

> *The Expanded Practice Dental Hygienist that is working at Options has made a definite impact on the patients she sees. She is an integral part of that team and they all know and so appreciate her work. There was one member that came to see her and was exhibiting signs of extreme depression and told her he was thinking of taking his own life. She was able to do a warm hand off to a provider there at Options right away and get him some support. When he came back to see the Options provider, he went to see her and thanked her for helping to secure him some assistance.*
>
> *Laura McKeane*
> *ACCCO Director of Oral Health Services*

2. **Goal:** ACCCO will: 1) Hold quarterly meeting with all Dental Care Organizations to discuss questions, concerns and resources. 2) Develop plans with DCOs to address barriers to quality care, especially as surfaced through analysis of Appeals and Grievances.
    a. **Objectives:** 1, 3, and 6
    b. **Progress and Barriers:** AllCare CCO's Director of Oral Health Services maintained regular, sometimes daily contact with all DCOs to monitor and assist with interventions to ensure quality of services. The COVID-19 pandemic drastically altered the ability of DCOs to participate in regularly scheduled meetings as their primary focus was on maintaining: 1) safety of staff; 2) facing workforce shortages due to illness; and, 3) high volume of appointments to address backlog of delayed care in CY20. Even with these challenges AllCare CCO was able to maintain meaningful, regular communication that addressed Member needs for services. This work was done in collaboration with Dental Care Organizations to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** The Director of Oral Health Services engaged in daily and weekly email communication with DCOs, as well as phone calls when needed. Starting in CY22, regular monthly meetings with each DCO will resume.
    d. **Reporting:** The Quality Committee and the AllCare Board of Governors were updated as to the status of the challenges the dental partners were experiencing, and AllCare diligently attempted to maintain communication with the DCOs.
    e. **Impact Story**

> *The Dental Care Organizations implemented tele-dentistry during the COVID Pandemic and were able to see patients virtually, assess and ensure they were treated at a dental home. We did receive good feedback from the DCO's that this worked well and they will continue to utilize this in our more rural areas.*
>
> *Laura McKeane*
> *ACCCO Director of Oral Health Services*

PATIENT CENTERED PRIMARY CARE HOMES (PCPCH)

1. **Goal:** ACCCO will: 1) Monitor Member assignment among both PCPCH and non-PCPCH provider practices; and, 2) Work to increase member assignment with providers who are practicing with a recognized PCPCH practice.
    a. **Objectives**: 1, 3, and 4
    b. **Progress and Barriers:** AllCare did not meet the CY21 target goal to increase members assigned to PCPCH practices by 3% from the CY20 baseline. This is mainly due to an increase in members assigned to providers who are practicing at clinics that are not yet

eligible to apply for recognition and to those practices that are unresponsive to the Provider Network Team's efforts encourage them to start the process of becoming recognized. The COVID-19 pandemic and vaccine mandate had significant impacts on staffing in practices which impacted their capacity to dedicate the necessary resources toward the attestation process.

c. **Supporting Data:**

2020 Baseline: 87.5%
Target Goal: 3% increase from 2020 baseline
Current state as of 12/31/2021: 85.6%

d. **Reporting:** Information on the PCPCH program was shared with the Board of Governors in CY21. Reports were provided to OHA annually, or as request, in alignment with contract and rule. Updates on the program will be provided to the QIC at least once in CY22.

e. **Impact Story**

> *The Provider Programs Coordinator worked closely with one newly established practice to provide guidance and technical assistance with quality measure reporting. This practice successfully submitted its application for 5 STAR recognition in December 2021. The practice's status awaits a site review that has not been scheduled as of yet.*
>
> *Andi Franchi*
> *ACCCO Provider Network Manager*

2. **Goal:** ACCCO will support current PCPCH-recognized practices in tier advancement efforts.
   a. **Objectives**: 1, 3, and 4
   b. **Progress and Barriers:** AllCare did not meet the 2021 target goal for maintaining the 2020 weighted percentage of 71.9%. We can attribute this dip to clinics that were unable to advance in tier level due to prioritizing direct patient care over projects not related to direct patient care during the pandemic. In addition, one 5 STAR clinic that re-applied for 5 STAR recognition status in December 2021 is currently recognized as tier 4 awaiting 5 STAR site survey. If this clinic is recognized as 5 STAR upon survey, their status will retro to the date of application which will improve overall percentage for CY21. Program revisions in the PCPCH certification requirements has made it difficult for providers to maintain higher STAR rankings.
   c. **Supporting Data:**

2020 Baseline: 71.9%
Target Goal: maintain baseline of 71.9%
Current state as of 12/31/2021: 70.1%

   d. **Reporting:** Information on the PCPCH program was shared with the Board of Governors in CY21. Reports were provided to OHA annually, or as request, in alignment with

contract and rule. Updates on the program will be provided to the QIC at least once in CY22.

e. **Impact Story**

> *The Provider Programs Coordinator provided support and reporting assistance to one practice that applied for 5 STAR status renewal at the end of 2021. They currently await their site review to verify 5 STAR eligibility.*
>
> *Andi Franchi*
> *ACCCO Provider Network Manager*

PATIENT SAFETY

2. **Goal:** ACCCO will establish a partnership with Rebuilding Together Rogue Valley (RTRV) to ensure members have access to DME and ramp, specifically to help them stay in their homes and improve safety, reduce ED visits, increase independence, reduce costs incurred through SNF utilization.
    a. **Objectives:** 1, 2, 3, 5, 6, 7, and 8
    b. **Progress and Barriers:** In 2020, AllCare Health developed a partnership with Rebuilding Together Rogue Valley (RTRV) to administer a Fall Prevention program which continued through 2021. This program is intended to enable members to remain safely in their homes, for as long as possible by making small modifications to the home. As members are working with Care Coordination and are identified as at risk for falls, an intervention takes place, and the member receives a fall risk assessment. Identified members are referred to RTRV with a copy of the Fall Risk Assessment. Through this collaboration, members receive an in-home safety assessment performed by RTRV, to identify necessary safety modifications. Toilet risers, tub/shower grab bars, and other small changes can increase the ability for a member to avoid falls and remain independent in their own home. Through the 2021 year AllCare Health and RTRV were able to continue to support members and increase supports and services to our members, and our goal is to exceed that in 2022. RTRV is a non-profit organization which helps low-income, older adults, remain in their homes and communities safely. ACH collaborated with RTRV to develop an assessment process, based on CDC fall-risk criteria, designed to provide an evaluation of the home for fall risk(s) focusing on four critical areas: accessibility, trip hazards, bathroom safety, and home environment safety. The assessment are performed at no cost by National Association of Home Builders (NAHB) Certified Aging-in-Place Specialists or trained volunteers under their supervision. Once the assessment is complete, the member is offered, at no cost to them, the identified equipment to improve home safety. Additional supports included: In-home Risk assessment (25 Point

checklist), including ramp feasibility assessment if that is needed. For members who are deemed in need of in home supports, the assessment determines if and what types of supportive devices are feasible based on a variety of factors, including permits, letters of acceptance from landlords, and construction feasibility. This work was done in collaboration with Rebuilding Together Rogue Valley to ensure it contributed to the highest quality outcomes on behalf of the community.

c. **Supporting Data:** Claims data was analyzed through 2020-2021 and showed that members who were identified, then referred and engaged in the RTRV in home assessments had a decrease in ED utilization. Data analyzed and measured was based on a per 1000 member month enrollment, as it is a more objective measure that is weighted, based on the visits and member months both before and after the installation of supports. Using this basis of estimate allows us to easily track over time and can be compared to external benchmarks for ED utilization as well. Our data revealed that there was a 25% decrease in emergency department utilization after supports were installed.

ED Visits rates per 1,000 Mem/Mo prior to RTRV Home Safety Services	109
ED Visits rates per 1,000 Mem/Mo after RTRV Home Safety Services	82 (<25%)
ACCCO Average ED rates per 1,000 Mem/Mo after	36.5
Statewide Average 2019 (pre-COVID) rates per 1,000 Mem/Mo after	47.5

Of members who were withdrawn (14) from the program due to no longer having interest, they averaged 3 visits to the ED, while members who did receive services averaged only 2 visits. This data shows us that members who receive a fall risk assessment from their care coordinator, and engage in services and supports provided by RTRV are less likely to need Emergency services. Through 2020-2021 90 total members (Dual, Advantage and CCO) members were served by RTRV. 21 members withdrew/declined from service or were termed off their plans. Our goal is to increase the number of members served by 5%.

PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

1. **Goal:** ACCCO will review and update CY21 Performance Improvement Plans at least quarterly. Reports will be submitted quarterly to OHA per contract and rule, and presented at least biannually to the QIC.
    a. **Objectives:** 1 and 9
    b. **Progress and Barriers:** AllCare has creating interventions and conducting barrier analysis for the three CCO PIPs. PIP #1: During the timeframe 2021 – 2023, AllCare CCO, Josephine County, pediatric population (ages 6 to 18 years of age), the aim is to increase

adherence to asthma controller medications by 5% annually. PIP #2: In AllCare's service area (Josephine, Jackson, Curry and southern Douglas counties), all adults aged 18 and older, diagnosed with Type II diabetes will decrease their HgbA1C by 1 point annually or until it demonstrates good control, have fewer complications(ED and inpatient stays) and lower health care costs than prior to being provided a CGM. PIP #3: Health Equity: Increase the number of Primary Care Visits for African/American AllCare members. Some of the barriers identified were internal staffing issues. While still in the pandemic for COVID -19, the ability to maintain and retain staff was difficult at time. There was a turnover in our Care Coordination department with our respiratory therapist. This caused a delay in development for provider and member education material and outreach to the parents. In addition, the recreation of the data with IT has been a barrier. The original data pulled for developing the Diabetic and Asthma PIP was provided by the MEPP team at OHA. Creating similar data internally with additional data points for targeting interventions took some time. The IT staff working on the project was new to the company and to healthcare, and even though they were excited about the project, they lacked the understanding of the project, the aim and goals. Additional time was spent with the data analyst to ensure understand of the business need.

c. **Reporting:** PIPs were reviewed by the QI Committee throughout the year for approval and guidance. (01/27/2021; 02/24/2021; 08/25/2021 QI Minutes)

PHARMACY SERVICES

1. **Goal:** ACCCO will maintain a Drug Utilization Review (DUR) program with a DUR committee in compliance with the CCO contract. DUR policies and activities will be presented and reviewed by the committee on at least a quarterly basis.
    a. **Objectives:** 1, 2, 3, 7, and 8
    b. **Progress and Barriers:** AllCare CCO P&T DUR committee met quarterly in 2021. All meets were virtual. DUR topics discussed include plan changes and updates for the SUPPORT act; asthma controller utilization; ACE/ARB utilization in heart failure; data on emergency overrides at the point of sale; top ten utilized medications by volume and by cost; vaccine utilization.
    c. **Supporting Data:** Committee Meeting minutes available.
    d. **Reporting:** Data from the DUR program was reported to the P&T DUR Committee.

PRACTICE GUIDELINES FOR PREVENTATIVE, ACUTE, AND CHRONIC MEDICAL CARE

1. **Goal:** ACCCO Utilization Management, Clinical Practice Guidelines, and Utilization Review Committee (UMCPGURC) will meet monthly. This group UMCPGURC ensures Clinical Practice Guidelines are relevant and pertinent to our member and provider population, and that

decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with CCO adopted guidelines. UMCPGURC strives to ensure efficient use of resources and opportunities for cost containment.

a. **Objectives:** 6 and 9
b. **Progress and Barriers:** UMCPGURC met regularly in CY21 and completed reviews and updates of Clinical Practice Guidelines. These updates were presented to the Quality Improvement Committee. Links to the updated and approved Clinical Practice Guidelines were posted on the AllCare Provider Portal.
c. **Supporting Data:** Agendas and meeting minutes for all UMCPGURC meeting are available.
d. **Reporting:** Review and update for CPG were presented to the QIC on 4/28/21 and 6/23/21. This regular reporting will continue in CY22.

PREVENTION AND MEMBER WELLNESS

1. **Goal:** ACCCO will: 1) Maintain a quality Chronic Pain Management program. 2) Monitor data on impact of Chronic Pain Management program. 3) Expand access to Chronic Pain Management program according to documented Member need.
    a. **Objective:** 8
    b. **Progress and Barriers:** The pandemic continued to impact access to Members. Some activities were limited to virtual or telephonic meetings.
    c. **Supporting Data:** 25 ACCCO Members Enrolled in the Chronic Pain Program at GP YMCA, Josephine County. 16 Members completed the program and stated they found relief from their Chronic Pain utilizing tools learned from the program. 9 Members did not complete the program due to: Surgeries, COVID-19 exposure or infection, Behavioral health event or family/social barriers.
    d. **Reporting:** No reports provided in CY21. Will provide reports bi-annually in CY22.

2. **Goal:** ACCCO will: 1) Maintain access to gym and health coaching programs and resources in Jackson and Josephine Counties. 2) Monitor data on impact of gym and health coaching programs in available counties. 3) Expand access to gym and health coaching programs and resources in Curry, Jackson and Douglas Counties.
    a. **Objective:** 8
    b. **Progress and Barriers:** The pandemic continued to impact access to gym activities and wellness coaching. Some activities were limited to virtual or telephonic meetings.
    c. **Supporting Data:** 104 Members enrolled in a wellness program at the GP YMCA received 2-4 hours of Health Coaching. Zero hours of health coaching were offered to members the year before. This work was done in collaboration with Grants Pass YMCA to ensure it contributed to the highest quality outcomes on behalf of the community.
    d. **Reporting:** No reports provided in CY21. Will provide reports bi-annually in CY22.

3. **Goal:** ACCCO will: 1) Maintain access to weight loss programs and resources in Jackson and Josephine Counties. 2) Monitor data on impact of weight loss programs in available counties. 3) Expand access to weight loss programs and resources in Jackson, Curry and Douglas Counties.
    a. **Objective:** 8
    b. **Progress and Barriers:** One gym partner in Curry Co closed completely due to pandemic. One gym is still open, but they are in Gold Beach, no gym resource in Brookings due to closures. Jackson Co - Ashland YMCA continued turnover of staff have created a barrier to successful programing for members.
    c. **Supporting Data:** 19 ACCCO Members Enrolled in a weight-loss Program in 2021. 16 Members completed the 24 week "Lose-It Program". 2 Members completed the TOPS one year weight-loss Program. One member who enrolled in a weight-loss program dropped out due to Covid-19 complications. TOTAL POUNDS LOST: 946 lbs.! This work was done in collaboration with YMCAs in our service area to ensure it contributed to the highest quality outcomes on behalf of the community.
    d. **Reporting:** No reports provided in CY21. Will provide reports bi-annually in CY22.

4. **Goal:** ACCCO will continue to provide Tobacco Cessation and coaching.
    a. **Objectives:** 1 and 8
    b. **Progress and Barriers:** The pandemic continued to impact our ability gather in work groups and host community education. Group sessions were relegated again to virtual meetings and community events were canceled. Telephonic work continued with our individual members to help them start and maintain cessation from tobacco products.
    c. **Supporting Data:** Due to staff and supervisor changes, we do not have current data for member utilization for CY21.
    d. **Reporting:** No reports provided in CY21. Will provide reports bi-annually in CY22.

PROVIDER NETWORK

1. **Goal:** ACCCO will increase the number of qualified and certified Medical Interpreters.
    a. **Objectives:** 1, 5, 6, and 7
    b. **Progress and Barriers:** ACCCO held and completed 3 Interpreter Training Classes in 2021. AllCare provided a full scholarship for one of these three classes in CY21. A total of 28 were trained in these classes and submitted applications for each to OHA to become State Qualified Interpreters. The last class of CY21 included the very first Interpreter for Curry County.
    c. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee. Due to the need to prioritize urgent agenda items, no presentations were provided to the QIC; however, these will take place in CY22 biannually.

2. **Goal:** ACCCO will update and continue to expand its Traditional Health Worker Integration and Utilization Program per requirements in contract and rule.
    a. **Objectives:** 1, 2, 3, 4, 5, 6, 7, 8, and 9
    b. **Progress and Barriers:** In CY21, ACCCO hired a full time Traditional Health Worker Liaison. This staff then successfully led a cross-department team in contributing to a report on CY20 progress/barriers on ACCCO's Traditional Health Worker Utilization and Integration Plan, as well as set goals for the CY21 plan. The THW Liaison collaborated with other regional CCOs and OHA's Office of Equity and Inclusion to ensure systemic advancements within the region. The Liaison regularly facilitated meetings with community THWs, internal ACCCO THWs, and community partners to increase collaboration and communication on behalf of Members. A strong network of THWs was established across the ACCCO service area and barriers to accurate reporting on the overall number of THWs, as well as the specific service instances they provided were a primary focus of the Liaison's work.
    c. **Supporting Data:** ACCCO submitted its updated THW Utilization and Integration Plan to OHA's OEI per contract and rule. Included with this was the data template that evaluated the available number of THWs by subtype, REALD, and other relevant categories. A Payment Grid for all THW subtypes was also reported. Overall, data pointed to a significant lack of access to THWs across the AllCare service region, a need for increasing the number of THWs qualified to provide culturally and linguistically appropriate services, and an acute challenge in gathering accurate date from both clinical and community based sites employing THWs.
    d. **Reporting:** In CY21, reports on the THW Program were provided to the ACCCO Community Advisory Councils. In CY22, reports will be provided annually to the QIC and Board of Governors.
    e. **Impact Stories**

ACCCO supported Rogue Valley Doulas, a culturally and linguistically responsive community based organization serving Jackson and Josephine Counties, by providing an increased reimbursement rate to allow expanded care coordination services to their clients. *ACCCO also provided a grant to Brookings CORE Response, a community based organization operating in Curry County, to expand their service delivery. This organization's staff is fully made up of THWs and they have been critical in supporting the community in access COVID-19 testing and wraparound supports.* *ACCCO entered into a partnership with OASIS, a primary health clinic in Jackson County serving individuals with SUD through a multi-disciplinary service model, to*

move two staff members through the Community Health Worker training and certification process.

Shaunte Duron
ACCCO Traditional Health Worker Liaison

PROVIDER SERVICES

1. **Goal:** ACCCO will convene Learning Collaboratives for Primary Care Providers, Specialists and CCO staff to share best practices and address barriers to care.
    a. **Objectives:** 1, 3, 4, 5, 6, 8, and 9
    b. **Progress and Barriers:** ACCCO's intention of this goal was to offer in-person learning sessions for Primary Care Providers, Specialists and CCO staff to share best practices and address barriers to care. Because of the restrictions associated with the COVID-19 pandemic, in-person meetings were not possible. Additionally, significant staffing issues impacted the ability to coordinate and participate in an alternative meeting format. Looking ahead to 2022, the goal of AllCare CCO is a return to bi-annual in-person collaboratives. If barriers to in-person collaboratives persist, we will shift to a Zoom format. This work was done in collaboration with Primary Care Providers, Specialists and CCO staff to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Reporting:** Due to the shift in project timeline and format, reports were not provided to the QIC in CY21. Reports will be provided annually in CY22.

2. **Goal:** ACCCO will convene quarterly Office Managers meetings to share best practices and address barriers to care.
    a. **Objectives:** 1, 3, 4, 5, 6, and 9
    b. **Progress and Barriers:** ACCCO's intention of this goal was to offer in-person meetings for office managers and/or other designated staff to share best practices and address barriers to care. Because of the restrictions associated with the COVID-19 pandemic, in-person meetings were not possible. Additionally, significant staffing issues impacted the ability to coordinate and participate in an alternative meeting format. In November, the Provider Services team began distributing a monthly electronic newsletter that included CCO and department updates. Looking ahead to 2022, the goal of AllCare CCO is a return to quarterly in-person Managers meetings with electronic newsletters being distributed in months without meetings. If barriers to in-person meetings persist, we will shift to a Zoom format.
    c. **Reporting:** Due to the shift in project timeline and format, reports were not provided to the QIC in CY21. Reports will be provided annually in CY22.

3. **Goal:** ACCCO will: 1) Utilize the ALERT-IIS to monitor and provide up-to-date Gap Lists for Providers regarding children needing immunizations. 2) Monitor for improvement on immunization status quarterly.
    a. **Objectives:** 1 and 6
    b. **Progress and Barriers:** Although AllCare CCO was successful in achieving both components of the CY21 goal, we learned through discussions with providers that difficulty getting children in to be seen for preventive care during the COVID-19 pandemic negatively impacted vaccination rates. This goal will be continue in CY22.
    c. **Reporting:** Due to the shift in project timeline and format, reports were not provided to the QIC in CY21. Reports will be provided annually in CY22.

4. **Goal:** ACCCO will: 1) Pilot implementation of Medicaid Well Child incentive program in Curry county (focus on children ages 3-6) to increase engagement in preventative and early intervention services. 2) Monitor for improvement on well child rates.
    a. **Objectives:** 1 and 6
    b. **Progress and Barriers:** ACCCO say improvement from CY20 due to this incentive program. Letters were sent out to all families of Members (ages 3-6) in Curry County. ACCCO received 96 completed forms requesting the incentive gift cards. Anecdotally, the recovery from COVID-19 was also noted as a factor in the improvement in engagement in preventative and early intervention services as families once again felt safe in accessing health care.
    c. **Supporting Data:** Per OHA, 42% (100/239) of ACCCO Members (ages 3-6) received Well Child checks. The preliminary for CY21 from ACCCO's APM report in Business Objects shows that rate increasing to 56% (136/243). Final data on this program will be available in mid CY22.
    d. **Reporting:** Due to the shift in project timeline and format, reports were not provided to the QIC in CY21. Reports will be provided annually in CY22.

QUALITY

1. **Goal:** ACCCO will update the Quality Program description, CY20 QAPI Assessment, and develop a strategic plan for the CY21 QAPI by 02/28/2021.
    a. **Objectives:** 1 and 9
    b. **Progress and Barriers:** Work completed on this goal was overseen by the Chief Compliance Officer. Content received updates to bring it into alignment with OHA contract and rule requirements, as well as to fold in best practices from CMS. The new structure and its clarity provided internal departments and operational areas the framework to implement clear quality improvement actions, to monitor their progress and to make corrections to perform Root Cause analysis of barriers as needed.

c. **Supporting Data:** Work completed on this goal was overseen by the Chief Compliance Officer. Content received updates to bring it into alignment with OHA contract and rule requirements, as well as to fold in best practices from CMS. The new structure and its clarity provided internal departments and operational areas the framework to implement clear quality improvement actions, to monitor their progress and to make corrections to address Root Causes of barrier as needed. All documents submitted to OHA were approved.
d. **Reporting:** Due to the need to prioritize other urgent issues with the QIC, reports were not provided in CY21. Reports will be provided quarterly in CY22.

2. **Goal:** ACCCO will strive to convene the Quality Improvement Committee monthly, but no less than six (6) times per year, to provide contractually required reports from key operational areas.
    a. **Objectives:** 6 and 9
    b. **Progress and Barriers:** The AllCare CCO Quality Improvement Committee continued to meet regularly in CY21 via Zoom and received updates from key internal teams in alignment with rule and contract requirements, as well as in response to emergent situations encountered throughout the year.
    c. **Supporting Data:** Agendas and meeting minutes for all QIC meeting are available.

3. **Goal:** ACCCO will seek Quality Improvement Committee's approval of all Clinical Practice Guidelines annually.
    a. **Objectives:** 6 and 9
    b. **Progress and Barriers:** The ACCCO QIC approved the CPG guidelines.

4. **Goal:** ACCCO will provide annual training to the Quality Improvement Committee regarding their role and oversight requirements.
    a. **Objectives:** 6 and 9
    b. **Progress and Barriers:** This goal was not completed in CY21 due to the need to prioritize other QIC agenda items during the COVID-19 pandemic. This training will be completed in early CY22.

5. **Goal:** ACCCO will continue to pay for the critically needed clinical positions at Josephine County Public Health (Family Nurse Practitioner, Registered Dietician) and Curry County (Medical Director).
    a. **Objectives:** 1, 4, and 7
    b. **Progress and Barriers:** Due to ACCCO vaccination requirements for continued employment, the Registered Dietician vacated the position as of September 30, 2021. This position will be filled in CY22. The Registered Nurse finished her Family Practice Nurse Practitioner training and became board certified which will result in an expanded scope of practice at the Health Department in CY22. This work was done in collaboration

with Josephine County Public Health and Curry County to ensure it contributed to the highest quality outcomes on behalf of the community.

c. **Reporting:** Due to challenges with staffing and the immediate need to focus on support of the community during COVID-19, reports were not provided in CY21. Reports will be provided in CY22 bi-annually.

6. **Goal:** ACCCO will track and report ABA denials to OHA as required. Modify report to reflect denied ABA prior authorizations that are overturned upon appeal.
   a. **Objectives:** 1, 8, and 9
   b. **Progress and Barriers:** There have been no ABA denials in 2021 for AllCare CCO. (08/25/2021 and 12/15/2021 A and G Report)
   c. **Reporting:** On 08/25/2021, the CMO informed the Committee that there are processes in place for each county to allow for the evaluation of children with autism. The CMO stated that while there is a shortage of qualified staff available to provide ABA services, AllCare is generous with other services for this population.

7. **Goal:** ACCCO will track and report HEP C denials to OHA as required. Modify report to reflect denied HEP C prior authorizations that are overturned upon appeal.
   a. **Objectives:** 1, 8, and 9
   b. **Supporting Data**

HEPC	Total	Approved	Denied	Re-open	Appealed	Overturned	Comment
Q1	26	19	7	5	0	4	1-Member switched drugs 1-No appeal or re-Open 1-Denial upheld on re-open
Q2	23	16	7	5	1	4	2-upheld on re-open or appeal 1- No appeal or re-open
Q3	22	17	5	2	0	2	3- No appeal or re-open
Q4	20	14	6	3	0	3	3- No appeal or re-open

   c. **Reporting:** QI Minutes 08/25/2021 and 12/15/2021 A and G Report.

QUALITY HEALTH OUTCOMES COMMITTEE (QHOC) / LEARNING COLLABORATIVES

1. **Goal:** ACCCO will: 1) As required in contract, have representatives attend monthly Quality Health Outcomes Committee meetings sponsored by OHA (CMO, Quality Director, VP of Behavioral Health, and Director of Oral Health Services.) 2) As required in contract, have representatives participate in monthly Learning Collaborative Sessions.
    a. **Objectives:** 6 and 9
    b. **Progress and Barriers:** ACCCO's Chief Compliance Officer, Chief Medical Officer, Director of Compliance, Director Oral Health Services, Behavioral Health Director, and Appeals and Grievance (as appropriate) attended all convening of QHOC and Learning Collaborative. The Director of Compliance served as the Chair of the Afternoon Session. The Director of Oral Health Services served as the Oral Health Chair.
    c. **Reporting:** Updates were provided to QIC on 03/24/2021, 05/19/2021, 8/25/2021, and 12/15/2021.

QUALITY INCENTIVE MEASURES

1. **Goal:** ACCCO will develop and maintain data reporting models for Quality Incentive Measures, monitor and report progress to internal ACCO teams and providers, biannually update the QIC and integration their recommendations for actions if improvement targets or benchmarks are not being attained.
    a. **Objectives:** 4 and 9
    b. **Progress and Barriers:** ACCCO Provider Services team gained access to the core database and began the development of queries for each metric. Initial focus was on Initiation and Engagement of Treatment and Interpreter Services. Seeking more team members to help develop the queries.
    c. **Supporting Data:** AllCare's core database contains claims data necessary for the development of metric queries. Data on performance was also pulled from EHR reviews, attestations, and surveys.
    d. **Reporting:** Incentive Metric monitoring was reported to the Board of Governors each quarter in CY21. Quarterly reporting to the QIC will take place in CY22.

RISK ASSESSMENT AND WORK PLANS

1. **Goal:** ACCCO will create a Risk Assessment tool for CY22 that will address contract and rule requirements for all departments and operational areas using Smartsheet by December 31, 2021.
    a. **Objectives:** 2, 5, and 9
    b. **Progress and Barriers:** ACCCO completed an extensive operational Risk Assessment. Refinements in CY22 will include both a Quality and a Compliance Risk Assessment and

complete quarterly check-ins with all departments and operational teams to ensure progress.

c. **Reporting:** A report on the CY21 Risk Assessment was provided to OHA per contract and rule. In CY22, updates will be provided bi-annually to the Board of Governors and the QIC.

SOCIAL DETERMINANTS OF HEALTH AND EQUITY (SDOH-E)

1. **Goal:** ACCCO will: 1) Continue to engage in partnerships with established community organizations. 2) Engage new community partners to ensure equity and address community needs.
    a. **Objectives:** 5, 6, and 7
    b. **Progress and Barriers:** AllCare CCO staff actively encouraged partnerships throughout its service area to work on projects including Help Me Grow, Raising Resilience, Community Health Improvement Plan (CHP) Collaboratives, Community Health Improvement Plan Newsletters and websites, Community Information Exchange (CIE) engagement, a Domestic Violence awareness sticker project, and both Jackson and Josephine County Latino Interagency Councils (LINCs).
    c. **Reporting:** Information on these partnerships was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.
    d. **Impact Stories**

CHP Collaboratives: https://www.currycountychip.org/ and https://jeffersonregionalhealthalliance.org/chip/

Carrie Prechtel
ACCCO Community Engagement Manager

I reached out to Marco Vasquez at Rogue Community College. He seemed to fall in love with the stickers and asked that I bring him some for the Grants Pass and Medford Campuses. I brought him 10 of the 10"X10" Community Works placards, and 100 of the Community Works smaller stickers and 100 of the WCST stickers. He was introducing this to his team at the RCC to determine the most suitable places for the stickers.

Misty Morningstar, FNP
Josephine County Public Health
Creator of DV Sticker Project

2. **Goal:** ACCCO will monitor progress and barriers on the Collaborative Health Improvement Plans (CHPs).
    a. **Objectives:** 6 and 7
    b. **Progress and Barriers:** AllCare CCO staff led work on reporting to reflect community progress on the collaborative CHPs for its service area. This was accomplished through the through development, distribution, and compilation of form results. All work was done in partnership with peer CCOs for areas where an overlap in service area exists.
    c. **Supporting Data:** Reports are regularly gathered by the Compliance and Community Engagement Team on project progress. Technical Assistance is provided when needed to ensure outcomes are achieved.
    d. **Reporting:** Information on the CHP was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.
    e. **Impact Stories:** The following are quotes from community partners supported by the CHP collaboration and associated funding.

HIV Alliance has reached 350% of our goal for syringes distributed and 400% of our goal for syringes collected and destroyed. We are at 80% of our goal for syringe exchange client encounters and 35% of our goal for naloxone distributed. We are at 16% of HIV tests, 20% of HCV tests, and 33% of Syphilis tests. 100% of people who accesses syringe exchange services were offered referral to substance use disorder treatment at each encounter. Together, these services have prevented/reduced risks for new HIV, HCV, and other infections as well as death via opioid overdose among at-risk people in Curry County.

Brynn Grossman
HIV Alliance Grants and Communications Coordinator

This program was created by our Senior and Disability Services' behavioral health staff to address the increase in social isolation and loneliness due to the COVID-19 pandemic and the devastating wildfire. Our staff researched ways to deliver this program virtually [and technology was purchased] for clients that would have otherwise been unable to participate in the program. Our staff recently was awarded an Oregon Health Authority grant to develop a manual and training curriculum to help staff in other areas of the state to adapt this program to the resources available within their service area. The first training will be held in early 2022 in Coos and Curry counties.

Constance Wilkerson
RVCOG Senior and Disability Services Program Director

We started our group practice as a response to the shortage of available mental health practitioners in our valley after the fires (and COVID). We have spent the last year building our practice and recruiting available in-person and virtual clinicians for individual and group care. We will need to organize with outside organizations to reach those in need and for funding.

Alicia Schmidt, LCSW
Bridges to Well-Being

3. **Goal:** ACCCO will evaluate all Community Benefit Initiatives proposals for their support of: 1) Health Equity; 2) Community Health Improvement Plans; 3) State Health Improvement Plan; and 4) the Quadruple Aim.
    a. **Objectives:** 5, 6, and 7
    b. **Progress and Barriers:** ACCCO requires all CBIs to align with at least one regional collaborative CHP strategy, and are screened for optional alignment with any SHIP priorities. Our Councils are trained in Health Equity practices at Council meetings and are offered additional Equity training opportunities. A barrier was identified regarding lack of knowledge if CBOs are minority lead/owned. This was addressed through an addition to the CBI application in 2022 asking if an organization is minority-owned, women-owned, or an emerging small business/organization (MWESB).
    c. **Supporting Data:** Updated Policies and Procedures to reflect updated processes for evaluation of CBIs for CHP/SHIP/QA alignment and Health Equity. Trained Council and

staff members on desk procedures to evaluate CBIs. Council Health Equity trainings: Health Equity Plan on April 1, 2021. Study Session: DELTA Training on Sept. 23, 2021 https://youtu.be/070sCwM2WWc. OHA SDOH-E Learning Series on Nov. 30, 2021. Families USA on "Strategies and Skills to Promote Health Equity in Oregon, March 19 & 25, 2021. Sept. 15, 2021 request for input on AllCare-sponsored Vaccine Events.

d. **Reporting:** Information on Community Benefit Initiatives was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.

e. **Impact Story**

> *AllCare CCO's Community Advisory Council members are now regularly asking if CBI applications are inclusive, accommodating, and marketed to disadvantaged populations. Applications that do not align with these frameworks have been referred to Alternative Fund. Those that would supplant covered benefits or capital improvements were denied as they do not qualify for HRS-CBI funding per federal and state regulations.*
>
> *Carrie Prechtel*
> *ACCCO Community Engagement Manager*

4. **Goal:** ACCCO will support the opening of a tiny home village in Josephine County to improve housing outcomes and reduce healthcare costs among homeless individuals.
    a. **Objectives:** 2, 5, and 7
    b. **Progress and Barriers:** ACCCO was an active participant and financial supporter of Foundry Village as it opened its doors in November 2021. Prior to developing Foundry Village, several barriers had to be removed, including ACCCO staff working with city staff and city council to amend the municipal development code, which previously excluded homeless support services for adults in most urban zones and had not yet adopted a "transitional housing standard" to support this type of housing. The early meetings for Foundry Village began in 2018; the steering committee that has been diligently engaged in this process since 2019 continues to meet to support the development of shelters, warming centers in inclement weather events, and the development of an urban campground with case management supports. This work was done in collaboration with Josephine County, Rogue Retreat, and AllCare Foundation to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** Foundry Village is the first tiny house transitional community for those affected by homelessness in Josephine County, Oregon. The 17 tiny homes reside in a gated and staffed community and is a safe, supportive, and beautifully-designed environment where participants can find the stability necessary to further their journey from homelessness into long-term housing and self-sufficiency. Participants are required

to pay a monthly program fee (half of which goes into a personal savings account for each participant when they leave Foundry Village) and work with Rogue Retreat's supportive services staff and community partners to address their individual barriers. https://www.rogueretreat.org/housing-shelter/#foundry-village

d. **Reporting:** Information on Foundry Village was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.

e. **Impact Story**

Foundry Village opened a few days before Thanksgiving, 2021, and was the first time some residents had spent Thanksgiving or Christmas warm and dry in years. While the program has only been open a few months, several people have already been successfully transitioned into more permanent housing, enrolled in college, or gained employment. Additionally, through resident interviews, we are getting a more complete understanding of the needs and barriers of our unsheltered population.

See some of their stories in their own words, here: https://www.youtube.com/watch?v=ltPXr0_HW8I

Sam Engel
ACCCO Social Determinants of Health Director

5. **Goal:** ACCCO will participate in local, regional and state-level collaborative and collective impact meetings to support Social Determinants of Health and Equity, vital conditions for thriving people and places, and to address urgent care needs of the community and the workforce that supports them.
   a. **Objective:** 7
   b. **Progress and Barriers:** CY21 continued to present unprecedented opportunities for collaboration and innovation with clinical and community based partners in response to COVID-19. Many, if not all, convenings shifted to virtual meeting format which allowed staff to be engaged in many more tables than during times when travel was necessary to be present. Internal teams began the process of evaluating primary and support roles for meeting attendance and developed processes for updating broader sets of internal stakeholders via email. This work was done in collaboration with Collective Impact

Organizations to ensure it contributed to the highest quality outcomes on behalf of the community.

c. **Supporting Data:** ACCCO staff maintain records of meetings and events they participate in and provided summaries of those to teammates across affected departments and operational areas.
d. **Reporting:** No reports were provided to the QIC in CY21. Regular reports were provided to Leadership, Community Advisory Councils, and the Board of Governors. In CY22, quarterly reports on this program will be provided to the QIC
e. **Impact Stories**

AllCare CCO participated in the monthly Southwest Oregon Healthcare Preparedness Organization (SOHPO) meeting that specifically works on Hospital Preparedness for regions 3 & 5 (Lane, Douglas, Coos, Curry, Jackson, & Josephine counties). Despite multiple county participation, AllCare Health was the only CCO attendee collaborating and contributing to the necessary disaster preparedness plans for the multiple regions. AllCare contributed to steps to strengthen decent storage capacity in the rural communities of Curry County.

AllCare CCO staff participated in monthly meetings convened by both Josephine and Jackson Counties' Emergency Management teams. These relationship proved to be of great value as Southern Oregon continued to recover from multiple devastating wildfires in 2019. These collaborative efforts benefited community efforts to increase COVID-19 vaccination rates for Southern Oregon.

AllCare CCO regularly participated in the Local Public Safety Coordinated Council (LPSCC) for Josephine and Jackson Counties. This resulted in AllCare providing its Community Advisory Council Members with science-based education on Naloxone and the benefits of medication access upon incarceration discharges. Free supplies were provided to Josephine County jail with success and active inmate involvement for this opioid antagonist. The effort was negatively impacted by COVID; however, re-establishment of preventative overdose efforts will be resumed in CY22 as local jails reopen to full capacity.

ACCCO participated with the Domestic Violence (DV) Counsel. This Board has participants from the local District Attorney's Office, legal counsel various DV agencies, law enforcement, the Department of Human Services and AllCare Health. Various need assessments have been completed resulting in movement to embed DV specialists within the local police department. This effort will improve trauma informed care and outcomes along with appropriate resources supporting no wrong.

Further work, resources, specialized training, and community education to be expanded on human trafficking increases within the Southern Oregon.

Jennifer Gustafson
ACCCO Compliance Manager

6. **Goal:** ACCCO will utilize feedback from Members, Community Advisory Councils, and community partners to responsively adjust CBI priorities that arise as consequences of the COVID-19 pandemic and 2020 wildfires in Southern Oregon for children, families, and high-risk populations.
    a. **Objectives:** 6 and 7
    b. **Progress and Barriers:** The pandemic continued through the entire year of 2021 and ACCO CBI grants and engagement continued to focus and prioritize on strategies to manage ongoing issues and complexities. CBI grants were allocated for testing and vaccine provisions and help for organizations struggling with supporting their clients and staff due to isolation, illness or staffing shortages.
    c. **Supporting Data:** Housing and food insecurity rose to the top of all SDOH-E needs. Isolation due to the pandemic also dramatically increased BH needs. AllCare awarded 9 grants for food security ($116,684), 20 grants for housing ($555,722), and 20 for Trauma-Informed Services and Non-billable social services ($773,652).
    d. **Reporting:** Information on Community Benefit Initiatives was provided to the CCO Board of Governors. In CY22, reports on this goal will be provided to the QIC.
    e. **Impact Story**

With the help of the AllCare grant, we were able to directly grant thousands of dollars to 81 families immediately after the Almeda Fire. Through this granting process we worked closely with each family assisting them not only financially, but also with other individual barriers they were facing. Many families were either uninsured or underinsured at the time of the fire, resulting in little to no assistance to rebuild. We held four small gatherings where we delivered grants to recipients during those first couple of months following the Almeda fire. The tears and gasps people shared as their opened their envelopes told more of a story than any of their applications. You could feel the tension break in the room each time.

A year later, we followed up with all of those who received grants asking how the grant helped them. Many of them shared similar stories. The money they received gave them hope. It also gave them a sense of independence and it gave them a starting point. Some put it toward temporary housing, and some were able to use it as a down payment for permanent housing. Others used it to purchase clothing and

shoes for themselves and their children. Prescription medicines, pet supplies, bedding, food, hygiene, and phone chargers were some of the immediate purchases that this grant made possible. For most, the need was so significant that they often found themselves frozen, unable to determine their next move. However, little by little, over time, survivors have been moving forward and rebuilding. Every survey we received back stated, in some way, that it gave them the little bit of pride and security they needed in those first days to survive the tragedy.

Manager at the Teresa McCormick Center
Medford, Oregon

SUBCONTRACTOR OVERSIGHT AND MONITORING

1. **Goal:** ACCCO will: 1) Monitor quality concerns of subcontractors on a quarterly basis. 2) Provide feedback and training quarterly to subcontractors on components of quality (e.g., NOABDs, Grievance letters and other notifications for literacy levels and understandability.)
    a. **Objectives:** 1, 3, and 4
    b. **Progress and Barriers:** Each quarter, AllCare CCO monitors the NOABD letters, Grievance letters for readability and the timeliness from our Subcontractors.
    c. **Supporting Data:** The quarterly grievance review of the timely processing of grievances showed there were no issues in resolving complaints and providing notification within 30 days of receipt of the complaint. The NOABD review showed the Mental Health Organizations and the Dental Health Organizations processed the review of preservice request timely. There were no extensions to the 14 day timeframe for review. However, the NEMT vendor was not timely in 1Q for member notification. The readability standard of 6th grading reading level and clear, easily understood language was reviewed for the subcontractors. It was noted that the reading levels varied between 6th grade and a 9th grade level. AllCare continues to work with the individual subcontractors to reduce the level.
    d. **Reporting:** Due to agenda prioritization, this item was not presented to QIC in CY21. Biannual updates will be provided in CY22.

TRANSFORMATION QUALITY STANDARDS (TQS)

1. **Goal:** ACCCO will schedule meetings with the department leads, Chief Quality Officer, Director of Quality Improvement, CMO, COO and other executives to ensure that the TQS projects are in alignment with the CHP, SHP and Triple Aim and that deliverable dates and updated reports to OHA are submitted on time. Updated will be provided to the QIC biannually and

recommendations for adjustments if improvement targets or benchmarks are not being attained will be integration into operations by lead departments and operational areas.

a. **Objectives:** 1, 2, 3, and 9
b. **Progress and Barriers:** ACCCO TQS progress updates were presented to the QIC in CY21. TQS projects will be presented to the QIC for review and feedback at least annually or as needed in CY22. Group meetings were held via Zoom with TQS project leads and other key stakeholders to discuss progress on projects as well as timelines and requirements for project submissions to OHA. One on one meetings were also scheduled for those who needed additional assistance.
c. **Supporting Data:** Each individual TQS project has an assigned internal ACCCO lead. These leads are responsible for monitoring performance on their project(s) regularly. Data comes from a variety of sources including ACCCO's core database, claims data, EHR review, attestations, surveys, and process measures.
d. **Reporting:** The CY21 TQS plan was presented to the Community Advisory Councils and the Board of Governors. In CY22, the plan will also be reported to the QIC and updates will be presented biannually.

UTILIZATION MANAGEMENT (UM)

1. **Goal:** ACCCO will monitor and report annually Inter-Rater Reliability and Under/Over-Utilization data to the Quality Improvement Committee and Cost Containment Task Force for their review and feedback.
    a. **Objectives:** 1, 2, and 4
    b. **Progress and Barriers:** In CY21, the ACCCO VP of Benefit Management and Pharmacy Services presented during scheduled presentations to the Quality Improvement Committee. Over and Under-Utilization data was shared with the Cost Containment Task Force, which is a forum to analyze benchmark data that assists the AllCare management to identify areas where needed Care Coordination or other internal actions necessary. UMCPGURC presented to the QIC on the CPGs, and Under/Over-utilization data in the fall of 2021.The Under/Over-utilization data is regularly shared with the Cost Containment Task Force. In CY22, Weekly Med Management Production - 8013a_v6 report will be pulled weekly to review for production, and Weekly - Cancelled Auth Audit - 8066v2 Report.
    c. **Reporting:** Reports were provided to both the Quality Improvement Committee and the Cost Containment Task Force by the VP of Benefit Management and Pharmacy Services.

WORKFORCE EDUCATION AND RETENTION

1. **Goal:** ACCCO will implement Resiliency and Trauma Informed Practices in Early Learning Programs through the Child Care Resource Network.
    a. **Objectives:** 4, 5, and 7
    b. **Progress and Barriers:** ACCCO supported four projects for early educators to learn skills and strategies to support children's social-emotional health and resiliency and to support parents through trauma informed practices that make them feel welcomed as partners. All trainings were offered at no cost and were open to all early educators in Jackson and Josephine Counties, with priority given to those serving DHS families or those located in rural or hard to serve areas. They were also able to offer the Conscious Discipline online training opportunity statewide. This work was done in collaboration with the Child Care Resource Network and Oregon Department of Health and Human Services to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** The Conscious Discipline Start Strong training model had infant-toddler specialists facilitate the virtual training, making this a much richer and more meaningful experience for participants. We purchased materials to enhance the training and to add an additional workshop focused on infant-toddler development. This training took place over two 3 hour and one 2.5 hour trainings on August 17 and 31, and September 14. This additional workshop was presented to 33 child care providers in Jackson and Josephine counties. 137 child care providers completed the Conscious Discipline Start Strong online training between the dates of July 2020 – March 2021. Of those 51 were from Jackson County and 27 from Josephine County. We were able to offer training spots around the state and include the breakdown of other counties: Clackamas (15), Gilliam (4), Hood River (7), Marion (2), Multnomah (17), Umatilla (3), Union (3), Washington (7), and Yamhill (1).
    d. **Reporting:** This effort, although valuable, was not reported to QIC or BOG. Any further efforts for Trauma Stewardship will be reported to the QIC.
    e. **Impact Stories**

> *I am amazed by how much is known about infant-toddler development compared to the 1980s! The information was extremely useful and helpful not only at work but at home as well to my daughter.*
>
> *I absolutely loved this training! Thank you so much for including me! Even the format made me feel like I was in the audience.*
>
> *[The facilitator] is great with the training and looks like she enjoyed working with kids and teaching others her knowledge.*
>
> *I have already implemented many of the techniques and have shared with my teaching staff. We are seeing such a rise in difficult behaviors and this knowledge*

helps us tremendously in understanding and helping the children we serve while taking care of ourselves as well. Thank you!

This was the best training I have ever taken! I wish I knew about this years ago when I started in childcare and before I had children of my own. Highly recommend this program!

Attendee Post Session Survey Responses
Statewide Locations

2. **Goal:** ACCCO will sponsor and coordinate monthly learning collaboratives on Trauma Stewardship practices with Laura van Dernoot Lipsky to support the Behavioral Health and aligned sector workforce.
    a. **Objective:** 4
    b. **Progress and Barriers:** ACCCO worked with South Coast Early Learning Hub (SCREL) to plan the engagement. The initial launch of the webinars focused on 90-minute Stewardship Primers in 2020 with the last of the three session offered in January of 2021. The Trauma Stewardship Lunch and Learn series was a modification of the earlier series to enable continued learning in a worker-friendly format. Attendance started off strong with over 400 to dropping to a low of 50 toward the end of the 9 L&L sessions. Evaluation was performed by SCREL at each session with an anonymous survey to learn of increase in knowledge and plan to integrate practices. This work was done in collaboration with the Trauma Stewardship Institute and the South Coast Regional Early Learning Hub to ensure it contributed to the highest quality outcomes on behalf of the community.
    c. **Supporting Data:** Via surveys sent after each session, an average of 78% of participants reported an increase in knowledge and 89% reported being likely to use information they learned in their daily work and life. The following is a listing of program dates and the number of participants that attended each session.
        i. January = 455
        ii. March = 318
        iii. April = 188
        iv. May = 122
        v. June = 99
        vi. August = 84
        vii. September = 59
        viii. October = 77
        ix. November = 70
        x. December = 70
    d. **Reporting:** This effort was deeply impactful and members of the Board of Governors, QIC, and Community Advisory Councils were invited to attend. No formal report was

provided to the QIC or BOG on the project outcomes. OHA received information about the project via Ex. L6.21. Any further efforts in Trauma Stewardship will be reported to QIC.

e. **Impact Stories**

> *I learned that that there are all levels of how our culture is handling the various simultaneous trauma right now, from intensified addictions to being okay. I need to pay close attention, know the differences and attend to them accordingly, being careful not to project onto others where I'm at.*
>
> *The session helped me learn how to better manage meetings I convene to enable breaks, breathing, and nervous system settling practices.*
>
> *Attendee Post Session Survey Responses*
> *Statewide Locations*

Document Title: Quality Assessment and Performance Improvement (QAPI) Program Strategy and Work Plan	
Department: Quality	
Document Type: Strategic Plan	**Reference No.** CCO-QUAL-004
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Affected Department(s): Behavioral Health, Benefit Management & Pharmacy Services, Brand & Creative Services, Building, Claims, Compliance, Customer Engagement, Enrollment, Finance, Human Resources, IT, Marketing, Medical Director, Population Health, Practice Operations, Provider Network, Provider Services, Quality	
Approved By: Cynthia Ackerman, RN, CHC (Chief Compliance Officer) **Date Approved:** 03/08/2022 **Oversight By:** Quality Improvement Committee	

PROGRAM INTENT

Per 42 CRF § 438.330, OAR 410-141-3525, and Ex. B, Part 10 of Contract No. 161755-9 with the Oregon Health Authority, AllCare CCO (ACCCO) is committed to excellence in the quality of care and services provided to Members and to the competence of its Providers, Practitioners and ancillary Networks. ACCCO's Quality Improvement (QI) program ensures the implementation, monitoring, and on-going refinement of processes of an effective clinical QI program.

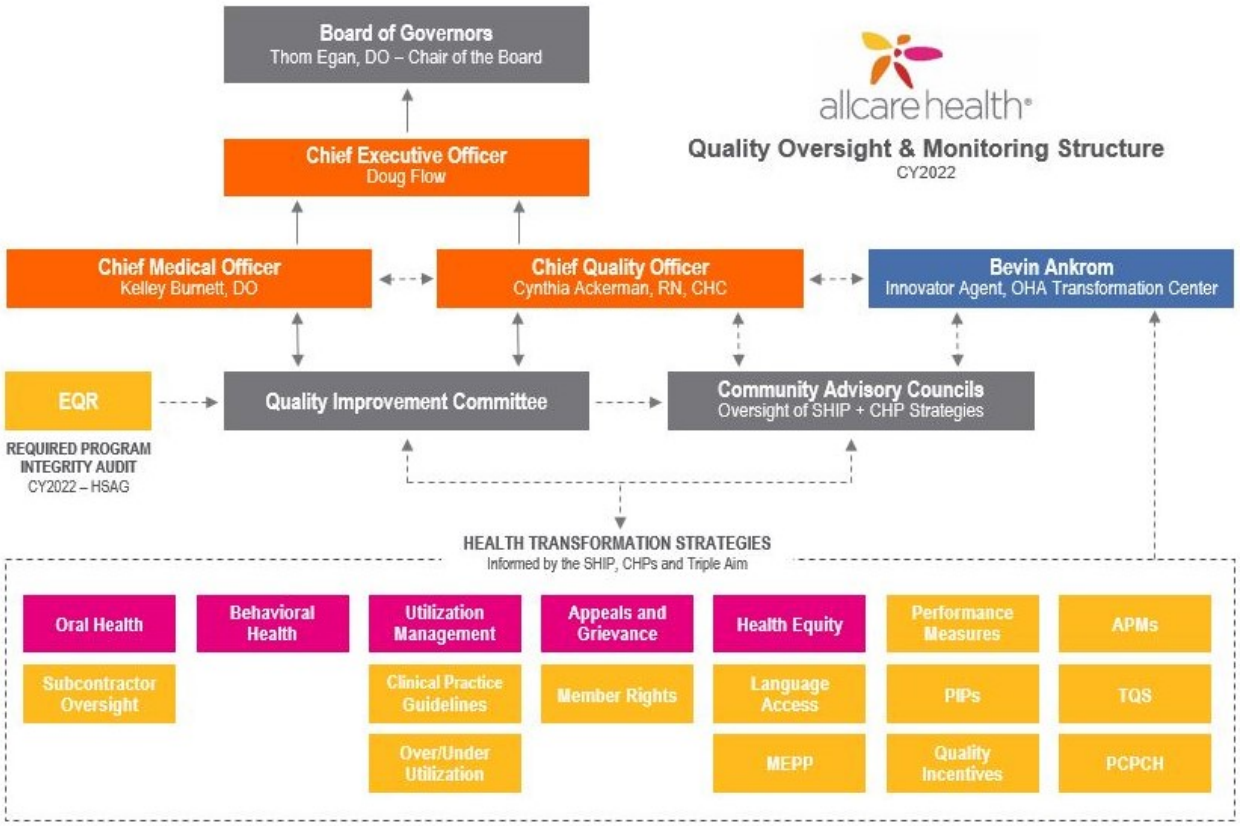
PROGRAM DESIGN

ACCCO annually builds its Quality Assurance Performance Improvement (QAPI) Plans around CMS's Five Elements: 1) Design and scope; 2) Governance and leadership; 3) Feedback, data systems and monitoring; 4) Performance improvement projects; and, 5) Systematic analysis and systemic action. This plan supports the QI program as it promotes objective and systematic monitoring and evaluation of clinically related activities, and continuously acts on opportunities for improvement.

In embracing the Triple Aim and Health Care Transformation, the Plan's QI program is focused on ensuring the achievement of the following objectives:

1. Improve quality of care and health outcomes for Members;
2. Decrease cost of quality care;
3. Increase Member satisfaction with their experience of care;
4. Increase workforce availability, satisfaction, and wellbeing;
5. Increase health equity, including the availability of culturally and linguistically appropriate care;
6. Increase integration and communication across clinical and social care service networks;
7. Improve community health through engagement of Members and community stakeholders;
8. Implement effective prevention and treatment of chronic disease; and
9. Strengthen infrastructure and data systems.

The development and execution of the QI program is built on the best practices of Continuous Quality Improvement (CQI), an on-going process that relies on input from committees, consumer advisory councils, focused work groups as well as dedicated organizational staff. The quantitative and qualitative work is directed at appropriate initiatives, activities, deliverables and policies and procedures that support the mission and direction established by the Board of Governors and overseen by the Quality Improvement Committee (QIC).



PROGRAM ELEMENTS

Element 1 - Design and Scope: AllCare CCO's QI Program is ongoing and comprehensive, dealing with the full range of services offered by the organization, including all operational departments. The Program addresses all systems of care and management practices, and includes: access to care, interaction with provider and plan, quality of service, quality of care, consumer rights, and other Member concerns. The Program has a special focus on Member safety and maintains excellence with all clinical interventions while emphasizing autonomy and choice of Members. It utilizes the best available evidence to define and measure goals. AllCare CCO has in place a written QAPI plan adhering to these principles.

Element 2 - Governance and Leadership: AllCare CCO's Board of Governors ensures a culture that involves leadership seeking input from Members, providers, and staff. The governing body ensures that adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and company-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body fosters a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Governance responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

Element 3 - Feedback, Data Systems and Monitoring: AllCare CCO puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or improvement targets established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Element 4 – Performance Improvement Projects (PIPs): A Performance Improvement Project is a concentrated effort on a particular problem in one area; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. In order to examine and improve care or services in areas that have been identified with gaps in care or processes, PIPs are generated. Areas that need attention may include poor outcomes for diabetes, asthma, pneumonia or other chronic conditions. Other areas may include access to preventative services such as mammography, well child exams and colonoscopies. Behavioral health and substance use disorder conditions are areas of opportunity to improve access and processes. AllCare always looks at the gaps in care through a health equity lens to ensure that regardless of race or ethnicity, quality care and preventative care is accessible.

Element 5 - Systematic Analysis and Systemic Action: AllCare uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. In addition, AllCare uses a thorough and highly organized/ structured approach to determine

whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

STRATEGY DESIGN

The CY22 Quality Assurance Performance Improvement (QAPI) Program Strategy and Work includes AIM Statements and Interventions for ACCCO's departments and operational areas. Each AIM Statement is aligned with a Quality Standard:

1. Credentialing and Recredentialing
2. Long-Term Services and Supports
3. Medicaid Benefits and Services
4. Member Connections
5. Members' Rights and Responsibilities
6. Multicultural Health Care
7. Network Management
8. Population Health Management
9. Quality Management and Improvement
10. Social Determinants of Health and Equity
11. Utilization Management
12. Wellness and Health Promotion

CONTINUOUS QUALITY IMPROVEMENT VIA PDSA

ACCCO's Quality Department will meet quarterly (April, July, October, January) with department and operational area leads to implement a Plan, Do, Study, Act model of Continuous Quality Improvement (CQI). Quarterly check-ins agendas will include, but are not limited to:

1. Review and revision of AIM Statements;
2. Updating of interventions, including setting of interventions for new CY22 AIM Statements;
3. Data analysis (qualitative and/or quantitative) on Key Performance Indicators in relation to baselines and target improvements;
4. Review of overall progress and documentation of Impact Stories;
5. Review of barriers and completion of Barrier Analysis as needed to inform Intervention modifications; and
6. Documentation of reporting completed to the Quality Improvement Committee, OHA, ACCCO's Board of Governors, or ACCCO's Community Advisory Councils.

CY22 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) WORK PLAN

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	Provider Engagement and Strategic Initiatives: ACCCO will work with participating Primary Care Providers to leverage Alternative Payment Models (APMs)/Value Based Payments (VBPs) to increase quality care and health outcomes.	1. Communicate in Q1 with all participating providers about the APM Set 1. 2. Provide technical assistance to providers to help them succeed. 3. Engage in Root Cause Analysis as needed to address barriers to progress. 4. Report on goal to QIC annually. 5. Submit reports on goal are to OHA per contract and rule.
Utilization Management	Utilization Management	ACCCO's Utilization Management team will complete a review and update of all Policies and Procedures, align their content with applicable rules and the CCO Contract, and begin incorporating NCQA standards into each document.	1. Complete a full inventory of current program policies, procedures, and other guiding documents. 2. Complete updating and/or creation of all documents. 3. Training affected staff to new documents. 4. Conduct Root Cause analysis of barriers to quality implementation of new P&Ps 5. Provide additional staff training as needed to ensure quality implementation. 6. Report annually to the QIC.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Quality	ACCCO will update the Quality Program description, CY21 QAPI Assessment, and develop a strategic plan for the CY22 QAPI Strategic Plan by 03/14/2022.	1. Complete CY21 Quality Risk Assessment. 2. Update ACCCO Quality Program. 3. Compile CY21 QAPI Report in collaboration with department and operational area leads. 4. Create CY22 QAPI Strategic Plan in collaboration with department and operational area leads. 5. Complete quarterly monitoring of CY22 Strategic Plan in collaboration with department and operational area leads. 6. Complete Root Cause analysis to address barrier to progress. 7. Report quarterly on progress to the QIC, Board of Governors, and Community Advisory Councils.
Quality Management and Improvement	Quality Incentive Measures	ACCCO will develop and maintain data reporting models for Quality Incentive Measures, monitor and report progress to internal ACCCO teams and providers, biannually update the QIC and integration their recommendations for actions if improvement targets or benchmarks are not being attained.	1. Develop annual plan for achieving Quality Incentive Measures. 2. Measure Leads will monitor progress monthly. 3. Engage in Root Cause Analysis as needed to address barriers to progress. 4. Report on projects to the QIC biannually. 5. Submit reports on projects per OHA contract requirements.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Transformation and Quality Strategy (TQS)	ACCCO will schedule meetings with the department leads, Chief Quality Officer, Director of Quality Improvement, CMO, COO and other executives to ensure that the TQS projects are in alignment with the CHP, SHP and Triple Aim and that deliverable dates and updated reports to OHA are submitted on time. Updates will be provided to the QIC biannually and recommendations for adjustments if improvement targets or benchmarks are not being attained will be integration into operations by lead departments and operational areas.	1. Develop annual TQS projects and submit to OHA per contract requirements. 2. TQS leads will meet monthly with project sponsors to monitor progress. 3. Engage in Root Cause Analysis as needed to address barriers to progress. 4. Report on projects to the QIC biannually. 5. Submit reports on projects per OHA contract requirements.
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	ACCCO will review and revise CY22 VBP/APMs, present and receive approval on proposed CY22 VBP/APMs from the Board of Governors, report quarterly to the Quality Improvement Committee on VBP/APM progress, and report to OHA on VBP/APMs as required in contract and rule.	1. Engage in Root Cause Analysis as needed to address barriers to progress. 2. Report on goal to QIC bi-annually. 3. Submit reports on goal are to OHA per contract and rule.
Quality Management and Improvement	Behavioral Health	Behavioral Health: ACCCO will engage the Local Mental Health Authorities (LMHAs) in updating the Comprehensive Behavioral Health Plan (CBHP), submit the finished document to OHA by July 2022 per contract and rule, and complete ongoing monitoring, reporting and CQI on its components.	1. Engage LMHAs in updating the CBHP including quality Improvement goals, indicators of progress, and identification of barriers. 2. Submit updates and revisions of CBHP to OHA per contract and rule. 3. Monitor progress and barriers on the three primary focus areas of the CBHP on a quarterly basis. 4. Report progress and barriers

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
			to the Quality Improvement Committee on a bi-annual basis.
Quality Management and Improvement	Behavioral Health	Behavioral Health - Serious and Persistent Mental Illness (SPMI): ACCCO's Behavioral Health and Quality Analytics teams will meet quarterly with our subcontracted MH providers to review MH access claims data, project progress and work to identify and implement strategies to improve MH services access for adult members with SPMI.	1. Finalize data set and measure specifications. 2. Generate and distribute quarterly reports to Project Team 30 days after end of each quarter. 3. Identify at least 1 subset/targeted population within the SPMI adult data that are experiencing disparate challenges accessing MH services. 4. Create or modify at least 1 MH access point for adult SPMI members based on the analysis of project data. 5. Present our subcontracted MH providers with all project information, performance metrics and AllCare claims data. 6. Meet quarterly with subcontractors to identify two strategies to modify an existing or add a new outreach/engagement process for this population based on the data. 7. Meet quarterly with subcontractors to implement two strategies identified to modify an existing or add a new outreach/engagement process for this population.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	IT	ACCCO's IT and IT Operations teams will investigate, evaluate and procure a Grievance and Appeals technology solution with implementation by 06/30/2022.	1. Gather best practice list of platform requirements. 2. Engage in vendor evaluation, review and selection. 3. Negotiate and execute contract with vendor. 4. Develop project leadership team and train to tool. 5. Evaluate project progress and provide technical assistance to affected teams as needed. 6. Report annual to the QIC and monthly to the ACCCO Ops Team.
Quality Management and Improvement	Oral Health	ACCCO's Director of Oral Health Services will convene monthly meetings with all contracted Dental Care Organizations (DCOs) to discuss questions, concerns and resources needed to address barriers to quality care, especially as surfaced through the Grievance and Appeals Systems.	1. Hold monthly check-ins with contracted DCOs to address barriers to quality care, especially as surfaced through the Grievance and Appeals Systems. 2. Conduct Root Causes analysis of any barriers to quality then implement and monitor progress on plans of action. 3. Report biannually to the QIC.
Quality Management and Improvement	Quality	Monitoring of SNFs	1. Identify number of Members at SNFs. 2. Monitor number of ED visits of Members at SNFs. 3. Engage in Root Cause Analysis as needed to address trends affecting quality. 4. Implement and evaluate progress on plans to address trends.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
			5. Report on goal to QIC annually.
Medicaid Benefits and Services	Benefit Management	ACCCO will complete analysis needed to determine potential In Lieu of Services (ILOS) to support prevention programs, services provided by Traditional Health Workers, community transition services, enhanced case management, post-hospitalization recuperative care, lactation consultations, in-home health hazard remediation programs, or other services as beneficial for its Members for CY23.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Medicaid Benefits and Services	Non-Emergent Medical Transportation	Non-Emergent Medical Transportation: ACCCO will meet monthly with key ReadyRide staff to review barriers to care, new requirements, monitoring and oversight of compiled data (e.g., flex rides, reimbursed rides, training).	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Member Connections	Community Engagement and Strategic Initiatives	ACCCO will hold monthly Study Sessions for AllCare CCO's three Community Advisory Councils and aligned partners from community based organizations that provide information on key topics pertinent to understanding and skilling up advocacy skills to achieve quality health outcomes.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Members' Rights and Responsibilities	Brand & Creative Services	Member Rights and Responsibilities: ACCCO will ensure that all member materials and website information are at appropriate literacy levels (6th grade or below), meet brand standards for quality, are translated in Spanish, and provided in alternative formats (e.g., large print, braille, audio, other languages) as requested by Members.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Members' Rights and Responsibilities	Compliance	Member Information Confidentiality, Privacy and Security	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Members' Rights and Responsibilities	Customer Care	Member Engagement and Strategic Initiatives: ACCCO will launch a Member Portal in early CY22 to increase Member engagement in their own health care, enable greater Member access to information about their Rights, Responsibilities, and provide other key the resources available to support the care journey.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Members' Rights and Responsibilities	Customer Care	ACCCO will enable the Customer Care team to provide internal trainings to AllCare CCO staff on Member Rights and Responsibilities.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Language Access	Language Access: ACCCO will continue to build on existing language access resources available to AllCare CCO Members.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Language Access	Language Access: ACCCO will schedule trainings with subcontractors, provider offices, and internal staff to increase awareness of and demand for qualified and certified Medical Interpreters to improve Language Access.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Multicultural Health Care	Language Access	ACCCO will monitor data on the number of interpreters and the languages available (including ASL) and the number of LEP Members with any encountered visit, analyze the PMPM costs and risk scores associated with LEP Members, and implement strategic plans for targeted increases in interpreters in alignment with data.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Provider Network	Stratification of Provider Data by REALD + SOGI	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Provider Network	Expand DSN according to REALD + SOGI	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Multicultural Health Care	Quality	NCQA Accreditation: Submit an application to NCQA for Health Equity Accreditation before 12/31/2022.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Tribal Liaison Program	ACCCO will maintain the Tribal Liaison Program as required in contract and rule.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Contracting	SME consultation before execution of any contract.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Network Management	Contracting	Timely execution of all contracts.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Credentialing and Recredentialing: ACCCO will engage in ongoing monitoring monthly of Office of Inspector General (OIG), Oregon Medical Board (OMB), System for Award Management (SAM), all other licensing boards for disciplinary actions or sanctions that would exclude providers from network participation.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Credentialing and Recredentialing: ACCCCO will update written policies and procedures for collecting evidence of credentials, screening the credentials, reporting credential information, and recredentialing of Participating Providers including Acute, primary, dental, Behavioral Health, SUD Providers and facilities used to deliver Covered Services, consistent with applicable rules and contract requirements by 06/30/2022.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Network Management	Credentialing	Implement use of CAQH to streamline Credentialing and Recredentialing processes.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Refine Intake Systems Logs, ensure timely processing of Credentialing and Recredentialing applications per contract and rule.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Provider Engagement & Strategic Initiatives	ACCCO will convene Learning Collaboratives for Primary Care Providers, Specialists and CCO staff to share best practices and address barriers to care.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Network Management	Provider Engagement & Strategic Initiatives	Provider Satisfaction	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Provider Engagement & Strategic Initiatives	ACCCO will convene quarterly Office Managers meetings to share best practices and address barriers to care.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Network Management	Quality	ACCCO will monitor quality concerns of subcontractors on a quarterly basis, provide feedback and training quarterly to subcontractors on components of quality (e.g., NOABDs, Grievance letters and other notifications for literacy levels and understandability.)	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Population Health Management	Behavioral Health	Grants Pass Sobering Center	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: ACCCO will maintain a quality Chronic Pain Management program that monitors data on the impact of Chronic Pain Management programs offered to members and work to expand access to Chronic Pain Management program according to documented Member need.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: ACCCO will maintain access to gym and health coaching programs and resources in Jackson and Josephine Counties, monitor data of impact of gym and health coaching programs on Members, and expand access to gym and health coaching programs and resources in Curry and Douglas Counties.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: ACCCO will maintain Member access to weight loss programs and resources in Jackson and Josephine Counties, monitor data on impacts of weight loss programs for Members, and expand access to weight loss programs and resources for its Members.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Pharmacy Services	Monitoring of Opioid Use	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Pharmacy Services	ACCCO will maintain a Drug Utilization Review (DUR) program with a DUR committee in compliance with the CCO contract.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Population Health Management	Population Health	Transitions of Care	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Quality	ACCCO will identify three episodes of care from the OHA dashboard to develop projects to decrease avoidable episodes of care, implement interventions, and evaluate progress to ensure quality care under its Medicaid Efficiency and Performance Program (MEPP).	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Clinical Practice Guidelines (CPGs)	Practice Guidelines for Preventative, Acute, and Chronic Medical Care	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Community Engagement and Strategic Initiatives	Community Engagement and Strategic Initiatives: ACCCO will develop policies and procedures for monitoring of grants provided to the community under HRS-CBI and the SHARE Initiatives, hold quarterly monitoring check-ins with all recipients of grants over $25,000, and provide technical assistance as needed to ensure each investment yields a return on investment for the community.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Grievance & Appeals System	ACCCO will track and report ABA denials to OHA as required. Modify report to reflect denied ABA prior authorizations that are overturned upon appeal.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Grievance & Appeals System	ACCCO will track and report HEP C denials to OHA as required. Modify report to reflect denied HEP C prior authorizations that are overturned upon appeal.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Grievance & Appeals System	ACCCO will monitor and report on Appeals and Grievances summaries to the Quality Improvement Committee, and submit Grievance and Appeals reports quarterly to OHA as required.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Human Resources	Annual review process, quarterly check ins, supervisor training	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Human Resources	New hire orientation, cross-department orientation, bi-annual all staffs	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Human Resources	Workforce Recruitment, Education and Retention: Internal - Adequate FTE / Highly Qualified Staff / Retention and Satisfaction Rate	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	IT	IT Operations: ACCCO's IT team will meet regularly with departments and operational areas to assist in the identification of barriers, risk and opportunities to ensure systems are in place to monitor care and services, to provide and validate data from multiple sources including data on key performance indicators set by business owners; and to supply data, reports, and visual aids (e.g., graphs, charts, dashboards) to enable in-depth analysis and fully understand problems, their root causes, and implications of proposed changes.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Compliance	Patient Information Privacy and Security: ACCCO will review privacy and security best practices, evaluate internal processes for opportunity for improvement following federal requirements, update internal policies and ensure staff training and ongoing monitoring to ensure quality and compliance.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Compliance	Compliance: ACCCO will complete a Compliance Risk Assessment and needed Action Plans for risk mitigation for all departments and operational areas by June 30, 2022.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	ACCCO will continue implementation of its Medicaid Well Child incentive program in Curry county (focus on children 3-6 yo) to increase engagement in preventative and early intervention services, and monitor for improvement on well child rates.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	ACCCO will continue to utilize the ALERT-IIS to monitor and provide up-to-date Gap Lists for Providers regarding children needing immunizations, and monitor for improvement on immunization status quarterly.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Quality	ACCCO will convene a cross-departmental team to begin preparations for a CY23 application to become an NCQA Accredited Health Plan.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	ACCCO's Quality team will provide project management assistance to all departments and operational areas to support the refinement of processed to ensure on-time, quality submissions for OHA deliverables and External Quality Review audits.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	ACCCO will complete migration of policies, procedures and other enterprise guiding documents into NAVEX PolicyTech platform by May 31, 2021.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Quality	CAHPS	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	Clinical Advisory Panel	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	ACCCO will complete a Quality Risk Assessment and Risk Mitigation Plan for all departments and operational areas by June 30, 2022.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Quality Management and Improvement	Quality	ACCCO will review and update CY21 Performance Improvement Plans at least quarterly. Reports will be submitted quarterly to OHA per contract and rule, and presented at least biannually to the QIC.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	ACCCO will have representatives attend monthly Quality Health Outcomes Committee (QHOC) meetings sponsored by OHA (CMO, Quality Director, VP of Behavioral Health, and Director of Oral Health Services) and participate in monthly Learning Collaborative Sessions.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	ACCCO will monitor progress and barriers on the Collaborative Health Improvement Plans.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	ACCCO will participate in local, regional and state-level collaborative and collective impact meetings to support Social Determinants of Health and Equity, vital conditions for thriving people and places, and to address urgent care needs of the community and the workforce that supports them.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	All ACCCO Health Related Services Community Benefit Initiatives (HRS-CBI) will align with the: 1) ACCCO Health Equity Plan; 2) Collaborative Community Health Improvement Plans (CHPs); 3) State Health Improvement Plan (SHIP); and 4) Quadruple Aim.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	ACCCO's Community Engagement team will creation a comprehensive Social Determinants of Health and Equity (SDOH-E) Strategic Plan and aligned policies and procedures.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Homeless Supportive Services Collaborative with Grants Pass School District, Three Rivers School District, and UCAN	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Help Me Grow Southern Oregon	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Reach Out and Read (ROAR)	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	The Pathfinder Network	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Family Connects via Siskiyou Community Health Center	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Rogue Climate Youth Empowerment Program	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Community Partner Newsletter	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Reclaiming Lives/Recovery Cafe	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Public Health partnerships	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Food Quality and Security	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Emergency Management & Disaster Response	Community Planning	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Emergency Management & Disaster Response	Business Continuity and Staff Safety Planning	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Health Information Technology (HIT)	ACCCO will: 1) Engage internal Population Health team in utilization of CIE. 2) Engage Community based Organizations in utilization of CIE. 3) Engage Providers in utilization of CIE. 4) Begin evaluation of project progress and barriers utilizing data from the CIE as available through Insights.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Utilization Management	Utilization Management	ACCCO will convene the Utilization Management, Clinical Practice Guidelines, and Utilization Review Committee (UMCPGURC) monthly to ensure: 1) CPGs are relevant and pertinent to Member and Provider populations; 2) decisions regarding UM, Member education, coverage of services, and other areas to which the guidelines apply are consistent with CCO adopted guidelines; and, 3) efficient use of resources and opportunities for cost containment.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Wellness and Health Promotion	Member Wellness Benefits	ACCCO will continue to provide Tobacco Cessation and coaching.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Multicultural Health Care	Language Access	ACCCO will increase the number of qualified and certified Medical Interpreters.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Traditional Health Worker (THW) Program	ACCCO will update and continue to expand its Traditional Health Worker Integration and Utilization Program per requirements in contract and rule.	1. Interventions to be clearly established during 1Q22 QAPI Plan review and included by April 30, 2022. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY22, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Community Engagement and Strategic Initiatives: ACCCO will work with municipalities, social care organizations, and communities to increase capacity for safe, secure, and appropriate housing options.	1. Maintain connections with local and state policy leaders to advocate for meaningful changes to address barriers. 2. Maintain connections with local and state housing advocates to identify barriers to adequate housing. 3. Conduct Root Cause analysis to better understand the makeup of the population, the barriers the population is facing, and inform interventions. 4. Engage in key strategic initiatives including: Project Turnkey, Urban Campground, Glencrest Village, Warming and Cooling Centers. 5. Report annually to the Quality Improvement Committee, Board of Governors, and Community Advisory Councils. 6. Report, as required in contract and rule, to OHA on progress intersecting with the Community Health Improvement Plan and SHARE Initiative.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Population Health Management	Population Health	Maternal and Infant Health: ACCCO's Maternal Child Health (MCH) team will meet monthly with staff at the Women's Health Center, and Siskiyou Community Health Center to identify pregnant Members, stratify member needs based on risk level, engage them in Care Coordination, and provide SDOH screening and referrals to support (i.e., Housing, WIC, Transportation, Babe Store, Education and Resource) to ensure Members have all needs met during the perinatal period.	1. Meet monthly with staff of the Women's Health Center and Siskiyou Community Health Center's Outreach Programs. 2. Evaluate risk level of each patient and connect as indicated in clinical best practice with care coordination and/or supports for social care needs. 3. Support Women's Health Center and Siskiyou Community Health Center in executing a BAA to enable secure communication about patients. 4. Provide care coordination to identified Members and communicate with partners at Women's Health Center and Siskiyou Community Health Center. 5. Report to Quality Improvement Committee bi-annually and include information on project progress in annual TQS submission to OHA.
Network Management	Provider Engagement & Strategic Initiatives	Patient Centered Primary Care Homes: Recertification and Advancement of current PCPCHs	1. Monitor current PCPCH recognized practices for recertification dates. 2. Support all PCPCH recognized practices in tier advancement efforts by providing Technical Assistance. 3. Report annually to the QIC. 4. Submit reports to OHA per contract and rule.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Network Management	Provider Engagement & Strategic Initiatives	Patient Centered Primary Care Homes: Monitoring of Member assignment to PCPCHs + Increase PCPCHs	1. Monitor Member assignment monthly for both PCPCH and non-PCPCH providers. 2. Increase member assignment to providers who are PCPCH recognized practices. 3. Report annually to the QIC. 4. Submit reports to OHA per contract and rule.
Quality Management and Improvement	Oral Health	ACCCO will expand Practice Dental Hygienist to serve 6 hours per week at the AllCare Medical Clinic (Douglas County) and 12 hours per week at Curry Health Network (Curry County).	1. Present to the ACCCO Board of Governors and obtain approval for the expansion. 2. Complete meetings, trainings, and address logistical issues in order to be ready for implementation by April. 3. Hold monthly check-ins with Advantage Dental and the directors of the implementation sites to address quality issues. 4. Conduct Root Causes analysis of any barriers to quality then implement and monitor progress on plans of action. 5. Report biannually to the QIC. 6. Report annually to OHA via the TQS deliverable.
Quality Management and Improvement	IT	ACCCO's IT and IT Operations teams will complete the implementation of a Production Phone system that includes Interactive Voice Response (IVR, press 1), collaboration tools (secure messaging), barge on calls (quality monitoring), advanced skills routing, call analytics (high wait time	1. Project plan with project status percentage with parity with vendor. 2. Report out to the Quality Improvement Committee upon project completion.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
		reductions), and responsive functionality to support hybrid work locations.	
Quality Management and Improvement	Quality	ACCCO will convene the Quality Improvement Committee monthly, but no less than six (6) times per year, to provide contractually required reports from key operational areas.	1. Provide annual training to the Quality Improvement Committee regarding their role and oversight requirements. 2. Seek Quality Improvement Committee's approval of all Clinical Practice Guidelines annually.
Quality Management and Improvement	Utilization Management (UM)	ACCCO's Utilization Management team annually update their policies and procedures for Inter-Rater Reliability and Under/Over-Utilization, annually train UM to the P&Ps and validate staff skills of their implementation, and complete quarterly education sessions to ensure continuous quality improvement.	1. Review and update P&P on IRR and U/OU in alignment with NCQA standards. 2. Conduct an annual training staff and evaluation of skills. 3. Quarterly monitoring by team leads and check-ins with staff to address barriers to quality. 4. Report out annually to QIC.
Member Connections	Member Engagement & Strategic Initiatives	Member Engagement and Strategic Initiatives: Member Satisfaction - ACCCO will regularly surveys Members about their satisfaction with the Health Plan. Feedback is also captured through community listening sessions.	1. Survey of Members assigned to PCPCHs regarding their satisfaction. 2. Engage in Root Cause Analysis as needed to address barriers to progress. 3. Implement and evaluate plans to address barriers. 4. Report on goal to QIC annually. 5. Submit reports on goal are to OHA per contract and rule.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Medicaid Benefits and Services	Community Engagement and Strategic Initiatives	ACCCO will continue its partnership with Rogue Retreat to increase community capacity for safe and appropriate levels of supported housing and quality case management services for individuals navigating houselessness.	1. Understand total bed capacity in each facility, how many beds are reserved for ACCCO Members, and average monthly utilization. 2. Understand case management services, dose/duration of case management services for ACCCO Members, and impact to Members. 3. Understand average Wait List time and most common reasons for extended wait times. 4. Complete a Subcontractor Audit, to include both a Quality and Compliance Risk Assessment, of Rogue Retreat. 5. Engage in a Root Cause Analysis of any deficiencies and develop a Technical Assistance Plan for Rogue Retreat. 6. Monitor and support progress on any resulting TA Plans. 7. Update contract with Rogue Retreat based on results of ongoing subcontractor monitoring, QRA results, and RCA progress.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
Population Health Management	Population Health	Long Term Services and Supports (LTSS): Per the LTSS MOUs with DHS APD (Districts 6, 7, and 8) and the Rogue Valley Council of Governments (RVCOG), ACCCO will meet with partners bi-monthly for Interdisciplinary Care Team (ICT) meetings to process complex case reviews on Members to address: barriers to care, progression on Member goals, access of K-funds, and address conflicts with care giving needs, eligibility issues, and home safety risk mitigation.	1. Update LTSS MOUs with APD/AAA partners and submit to OHA by 04/30/2022 per contract requirements. 2. Train internal staff within Population Health on the updated components of the LTSS MOU and operationalize the work. 3. Meet bi-monthly with APD/AAA partners for (Interdisciplinary Care Team) ICT meetings to review Individual Care Plans (ICPs). 4. Follow through with next steps to make progress on the ICP, communicate with Members, and share outcomes with APD/AAA partners. 5. Report to Quality Improvement Committee bi-annually.
Population Health Management	Population Health	Special Health Care Needs: ACCCO will continue its partnership with Rebuilding Together Rogue Valley (RTRV) to ensure members have access to Durable Medical Equipment (DME) and ramps, specifically to help them stay in their homes and improve safety, reduce ED visits, increase independence, reduce costs incurred through Skilled Nursing Facility (SNF) utilization.	1. Work with Members to identify those with home safety risks and enter them into the Fall Prevention Program. 2. Complete a Fall Prevention Assessment in the Member's home. 3. If the assessment results in a confirmed concern, make a referral to RTRV. 4. Monitor reports from RTRV regarding progress, barriers, and outcomes of home safety modifications.

Quality Standard	Operational Area	CY22 AIM Statement	Interventions to Support CY22 AIM Statement
			5. Monitor claims reports and hospital event notifications for Members receiving services from RTRV to measure impact on safety. 6. Report to Quality Improvement Committee bi-annually.

Document Title: Transformation and Quality Strategy (TQS)	
Department: Provider Services	
Document Type: Policy & Procedures	**Reference No.** CCO-DS-003
Version No. 2	**Creation Date:** 08/04/2021
Revised Date: 03/11/2022	**Next Review Date:** 01/01/2023
Line(s) of Business: AllCare CCO, Inc.	
Affected Department(s): Behavioral Health, Benefit Management & Pharmacy Services, Claims, Compliance, Customer Engagement, Medical Director, Population Health, Provider Network, Provider Services, Quality	
Approved By: Cynthia Ackerman, RN, CHC (Chief Compliance Officer) **Date Approved:** 03/11/2022 **Oversight By:** Quality Improvement Committee	

POLICY STATEMENT

in accordance with, the State 1115 Waiver, OAR 410-141-3525, and 42 CFR § 438.330(a) and (b) relating to Quality Assessment and Performance Improvement, AllCare CCO has established clear and consistent guidance for its Transformation and Quality Strategy (TQS) to ensure meaningful and effective project development, oversight and reporting practices.

PURPOSE

The purpose of the policy and its associated procedures is to establish clear practices for the development, oversight and reporting practices regarding ACCCO's TQS.

DEFINITIONS

"Transformation and Quality Strategy" and **"TQS"** each means the deliverable related to Health System Transformation and Quality Assurance Performance Improvement which is required to be provided to OHA on March 15 of each Contract Year in accordance with Ex. B, Part 10 of Contract No. 161755-9 with OHA.

POLICY

An annual requirement of CCOs by the Oregon Health Authority (OHA) is the submission of our Transformation and Quality Strategy (TQS) report. As part of the CCO quality program, TQS is established to include transformation activities that are designed to drive toward the triple aim: better health, better care, and lower cost. There are 15 unique component-specific requirements (highlighted in Definitions section below) that need to be included within the various TQS projects adopted by the CCO. OHA scores the TQS projects submitted relative to their adequacy to address the component-specific requirements that are assigned to each project. Additional project scoring criteria beyond relevance include the detail and feasibility demonstrated in the project submission.

To maximize the drive toward the triple aim CCOs should incorporate input and collaboration from external partners in the adoption of projects and associated ongoing project work. Key partners to include when feasible are members, community based organizations (CBOs) and contracted network providers.

TQS is a critical program that touches on various departments throughout the organization. As such, establishing a clear and concise Policy & Procedure (P&P) document is designed to provide consistent guidance and support to program participants as well as other CCO staff members. This P&P document in conjunction with the Guidance Document for Transformation and Quality Strategy and TQS Scoring Criteria provide the framework and detail needed to optimize the CCO's performance on TQS. Through improving the CCO performance specific to TQS we should not only improve our rating as scored by OHA subject matter experts but also better advance the drive toward the triple aim for the communities we serve.

ACCCO has established a framework for TQS that ensures projects are not done in a siloed environment. Periodic (quarterly at minimum) meetings will be scheduled for TQS participants where sharing of ideas and best practices will help build a more informed approach to the project work. Project updates will be shared at the periodic meetings with the express purpose of making the project work an ongoing process throughout the year.

Project work is expected to be data driven with objective measurable goals that support the project's mission. Benchmarking (i.e. CCO, local, regional, state, national standards) for setting of targets should be done when possible.

When feasible, collaboration with external partners should be included as part of the project work. This includes member outreach (direct solicitation, Community Advisory Councils), involvement of community based organizations (CBOs), and participation involving the provider network.

Applicable Oregon Administrative Rules (OARs), Code of Federal Regulations (CFRs), and contract references (CCO 2.0) are listed in the Guidance Document for Transformation and Quality Strategy. The contractual/regulatory references need to be understood by the project leads to assure full understanding of the component definition(s) and the inherent expectations that need to be addressed in the project.

OHA feedback and guidance updates will be shared with TQS Project Leads by the TQS Lead. Debrief sessions on the OHA feedback will be an agenda item on a quarterly TQS meeting.

An internal review process is to be conducted on all projects prior to submission to OHA. The internal review will be led by the TQS Lead and will provide feedback to project leads that is specific to the

standard of meeting OHA expectations. It will also include an eye toward demonstrated improvement in the quality of the work from the prior year's submission.

PROCEDURES

1. TQS Lead
    a. Primary contact with OHA for TQS related items;
    b. Communicate with AllCare committee on TQS updates released by OHA;
    c. Advise AllCare committee on key aspects of OHA guidance and feedback;
    d. Attend QI Committee meetings and report TQS status and progress;
    e. Primary representative to Community Advisory Councils for TQS initiatives;
    f. Schedule and conduct periodic meetings with TQS committee as described below in the Annual TQS Cycle section;
    g. Ensure AllCare projects adequately address all 15 required components;
    h. Ensure AllCare projects include participation or input from external partners where applicable;
    i. Ensure projects include a data-driven focus; and
    j. Coordinate and conduct internal quality review of annual project summaries prior to submission to OHA.

2. TQS Project Leads
    a. Determine project definition and scope to address specific component(s) assigned to their functional area of expertise;
    b. Develop thorough understanding of OHA guidance and scoring criteria;
    c. Provide project management expertise to ensure project direction addresses:
        i. Component-specific requirements as outlined in OHA guidance,
        ii. A data-driven approach with established goals and benchmarks,
        iii. Includes participation or input from external partners where possible,
        iv. Identifies barriers and develops corrective action plans to overcome,
        v. Incorporates OHA feedback in future project direction;
    d. Determine life-cycle of assigned projects and determine when to retire one and develop a replacement project;
    e. Attend periodic TQS Committee meetings and present assigned project updates;
    f. Attend Community Advisory Council meetings on occasion to represent assigned projects; and
    g. Prepare annual project updates for OHA submission.

3. Other Committee Members
    a. Support Project Leads with assigned projects in their functional areas.
    b. Attend periodic TQS meetings in an advisory capacity.

4. Annual TQS Cycle
    a. March - TQS updates due to OHA in mid-March representing project progress for prior calendar year, i.e. March 2022 submission reflects progress throughout calendar year 2021.
    b. June - OHA feedback and scoring on annual submissions provided to CCOs around June.
    c. July - AllCare TQS committee meets after receiving OHA feedback for debrief session within one month of receipt of information.
    d. September – Periodic TQS committee check-in with project updates including how OHA feedback is incorporated into project going forward.
    e. December/January – Final check-in for current cycle to assure project work is on track for annual update.
    f. February – Project write-ups due to internal review committee. Feedback and additional updating occurs over the month leading up to submission to OHA.

This Policy and Procedures will be reviewed annually by the TQS Lead to ensure alignment with best practices and all applicable rules, regulations and contact requirements.

This Policy and Procedures will be reviewed and approved by the Quality Improvement Committee at least once annually.

REPORTING

1. Reports on project progress will be obtained by the TQS Lead from the TQS Project Leads quarterly;
2. Reports on project progress will be provided to the Quality Improvement Committee biannually; and
3. Reports will be provided to OHA on TQS progress and new project plans per Contract No. 161755-9.

Document Title: Overutilization Monitoring System and Sponsor-Identified Overutilization (OMS/SPI)	
Department: Benefit Management & Pharmacy Services	
Document Type: Policy & Procedures	**Reference No.** CCO-UM-101
Version No. 6	**Creation Date:** 12/29/2016
Revised Date: 10/04/20212	**Next Review Date:** 01/01/2023
Line(s) of Business: AllCare CCO, Inc.	
Affected Department(s): Benefit Management & Pharmacy Services	
Approved By: Amy Burns, PharmD (VP, Benefit Management & Pharmacy Services) **Date Approved:** 03/14/2022 **Oversight By:** Quality Improvement Committee	

PURPOSE

The purpose of the policy and its associated procedures is to establish clear guidelines for AllCare CCO's Overutilization Monitoring System and Sponsor-Identified Overutilization

DEFINITIONS

"At-risk beneficiaries" a beneficiary who meets the OMS criteria, is not exempted from DMPs, and is identified to be at-risk by their Part D plan sponsor under its DMP, or who was identified as an ARB by the sponsor of the beneficiary's immediately prior Part D plan under its DMP and such identification had not been terminated before disenrollment.

"Drug management programs" establish drug management programs (DMPs) for beneficiaries at-risk for misuse or abuse of frequently abused drugs The goal of all DMPs must be to address overutilization of FADs while maintaining access to such drugs as medically necessary. DMPs will review potential at-risk beneficiaries (PARBs) who meet the OMS criteria. Under such programs, Part D sponsors will engage in case management of such beneficiaries through contact with their prescribers to determine if a beneficiary is at-risk. After notification to the beneficiaries, sponsors may then limit at-risk beneficiaries' (ARBs) access to coverage of FADs for their safety to a selected network prescriber(s) (when applicable) and/or network pharmacy(ies) or through a beneficiary-specific point-of-sale claim edit for the safety of the ARB. In general, the beneficiary may select the prescriber and pharmacy.

"Frequently abused drugs" Opioids (except buprenorphine for medication-assisted treatment (MAT) and injectables) and benzodiazepines are FADs for purposes of Part D DMPs.

"Overutilization Monitoring System" refers to the *CMS* system that reports PARBs to sponsors and which sponsors use to provide updates on each case to CMS. CMS uses the term "OMS criteria" instead of the statutory term "clinical guidelines" for purposes of describing the standards used to identify individuals to be included in DMPs.

"Potential at-risk beneficiaries" a beneficiary who meets the OMS criteria or who was identified as a PARB by the sponsor of the beneficiary's immediately prior Part D plan under its DMP and such identification had not been terminated before disenrollment.

DESK PROCEDURE

1. Opioid claims are monitored by the plan on a quarterly basis for Advantage members. Members identified on as having a daily morphine milligram equivalent dose (MME) greater than 90 for any duration AND using more than three pharmacies AND more than three prescribers, OR from more than 5 prescribers regardless of the number of opioid dispensing pharmacies are flagged for review. Data is pulled on rolling 6 month look-back period.
2. Members with any use of opioids (regardless of MME) during the most recent 6 months with 7 or more opioid prescribers OR 7 or more opioid dispensing pharmacies are flagged for review. Data is pulled on rolling 6 month look-back period.
3. Data is pulled from pharmacy claims based upon specifics provided by the Pharmacy staff. Members identified as having met the above criteria for utilization are reviewed by a Pharmacist. Members with a terminal disease, in hospice, with an active cancer diagnosis, or members who see multiple providers within the same practice OR associated with the same tax identification number (TIN) are excluded. Pharmacies with multiple locations that share real-time data are counted as one pharmacy.
4. If the data available from claims and, if necessary, chart notes, shows the member has an overutilization issue, the Pharmacist will consult with an AllCare Health Medical Director. If the Medical Director believes there is an overutilization concern, AllCare Health will reach out to the prescriber(s) for a peer-to peer regarding his/her concerns.
5. Members identified by the Acumen report but not by AllCare Advantage, will be reviewed by the Pharmacist. Members found to have an overutilization issue after reviewing claims and, if necessary, chart notes, will be reported in the CMS Acumen Overutilization file with the appropriate codes. Members with terminal disease, active cancer diagnosis, or members who see multiple providers within the same practice should be coded as such.

OVERSIGHT AND MONITORING

Members determined to have overutilization concerns may be subject to beneficiary level restrictions. Members not identified on the Center for Medicare & Medicaid Services (CMS) Acumen Overutilization file but found by AllCare Advantage after the above described review process, will be reported on the quarterly Safety Analysis file.

Members who are identified on the Acumen report found to have an overutilization issue after reviewing claims and, if necessary, chart notes, will be reported in the CMS Acumen Overutilization file with the appropriate codes.

This policy and its associated procedures will be reviewed and updated at least annually by the VP of Benefit Management and Pharmacy Services.

This policy and its associated procedures will be reviewed and approved at least annually by the Quality Improvement Committee.

REPORTING

1. As described in policy MA UM MED 0009, AllCare Advantage may limit identified beneficiaries' access to coverage of opioids and/or benzodiazepines to a selected prescriber(s) and/or network pharmac(ies) (i.e., "lock-in").
2. Lock-in is only implemented after case management and subsequent notice to the beneficiary. In order to apply the lock-In restriction at the patient level, the plan will apply a member restriction in the Pharmacy Benefit Management software.
3. AllCare CCO may still implement beneficiary-specific claim edits for such drugs as deemed necessary for patient safety.
4. AllCare CCO may include other utilization management edits such as individual quantity limit (QL) or Prior Authorization (PA) restrictions for opioid drugs which exist in conjunction with the safety edits.
5. Members with a beneficiary level restriction implemented will be reported to Enrollment, Quality and Finance to be further reported to MARx.

REFERENCES

1. Part D Drug Management Programs. Revised December 23rd 2020. Available at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization

2. 2021 Medicare Advantage and Part D Rate Announcement Fact Sheet. April 06, 2020. Available at https://www.cms.gov/newsroom/fact-sheets/2021-medicare-advantage-and-part-d-rate-announcement-fact-sheet
3. Acumen Patient Safety Analysis. PDP/MA-PD Contracts. Overutilization Monitoring System User Guide, updated April 2019
4. Parts C&D Enrollee Grievances, Organization/Coverage Determinations, Appeals Guidance. Released February 2019. Available at https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf
5. Announcement of Calendar Year (CY) 2018 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter and Request for Information. www.cms.gov. 4/3/2017.
6. Attachment VIII 2018 Call Letter; section III: *Improving Drug Utilization Review Controls in Medicare Part D*. Accessed 12/11/2017 from https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf

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POLICY STATEMENT

In accordance with the Social Security Act, Sec. 1927. [42 U.S.C. 1396r–8] and 42 CFR §438.236(b)-(d), AllCare CCO has established a Utilization Management Clinical Practice Guideline and Utilization Review Committee (UMCPGURC) is an internal committee made up of AllCare clinical and operations staff and subcontractor partners.

This committee functions as an oversight committee to monitor utilization against clinical practice guidelines (CPG) and treatment protocols, policies and procedures. UMCPGURC ensures CPG are relevant and pertinent to our member and provider population and that decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with CCO adopted guidelines. UMCPGURC strives to ensure efficient use of resources and opportunities for cost containment.

DEFINITIONS

"Clinical Practice Guidelines (CPG)" peer-reviewed, evidence-based guidelines from national and/or international professional organizations. These guidelines are based on valid and reliable clinical evidence and/or a consensus of health care professional experts in a particular field. In general, CPG focusing in disease prevention, treatment and management are adopted by AllCare CCO.

"Internal Clinical Guidelines (ICG)" are created by AllCare CCO staff and are specific to a service, procedure or medication. ICG criteria is based upon clinical practice guidelines; good quality randomized control trials (RCTs), clinical and/or systematic reviews; and tertiary sources such as Clinical Pharmacology and Up to Date. Appropriate state and/or federal rules are included.

"Milliman Care Guidelines (MCG)" are clinical guidelines created from systematic reviews located in peer-reviewed literature and randomized controlled trials; observational studies and data from specialized society guidelines and textbooks; and if there is not substantial data available from these sources, MCG uses unpublished sources, including expert opinions and quality improvement projects. These guidelines are designed to support Health Plan's clinical decisions.

PROCEDURES

Procedures include detailed information to guide employees in carrying out their work and activities. These procedures may focus on Internal Personnel and/or External Personnel.

1. UMCPGURC reviews clinical practice guidelines (CPG) for plan adoption.
    a. Staff with expertise in the guideline subject matter should be present. For example the Oral Health Director is present for review of Dental CPG
2. UMCPGURC examines criteria used in utilization management and review for consistency with adopted CPG.
    a. Internal clinical policies for decision making should reference the adopted practice guideline when appropriate.
    b. Criteria can be included from state or federal guidance such as the prioritized list.
    c. Milliman Care Guidelines (MCG) and internal prior authorization criteria are reviewed to ensure CPG standards of care are represented.
3. Interrater reliability results for CCO decision making are reviewed and discussed with UMCPGURC.
4. UMCPGURC reviews utilization trends to ensure alignment with CPG and State and Federal benefits.
    a. Over- and underutilization drifts should be evaluated and addressed.
    b. Review of trends for provider and member collaboration in treatment plans and for requests for second opinions
5. UMCPGURC looks for opportunities for cost containment and efficient resource usage

OVERSIGHT & MONITORING

This Policy and Procedures will be reviewed at least annually by the VP of Benefit Management and Pharmacy Services to ensure alignment with best practices and all applicable rules, regulations and contact requirements.

REPORTING

1. Utilization reporting for medication including DUR work is reported to the P & T committee. If included in the DUR program, this reporting is sent annually to the State and CMS (See UM CCO DUR policy).
2. Under and Overutilization of services reporting will be reported to the State when required through quality programs such as TQS and/or QAPI. (See UM CCO Under/overutilization policy).
3. Adopted CPG as well as findings from the UMCPGURC are reported to the AllCare CCO Clinical Advisory Panel (CAP) and/or the AllCare CCO Pharmacy & Therapeutics (P & T). UMCPGURC work that intersects with the TQS or QAPI program such as under and overutilization monitoring are reported to the Quality Improvement Committee (QIC).