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AllCare Health

Transformation and Quality Strategy

March 2023

Certified B Corporation

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Section 1: Transformation and Quality Program Details

A. **Project short title**: Project 1: Increasing engagement of individuals newly diagnosed with a SPMI

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

If continued, insert unique project ID from OHA: 412

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 is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, which standard does it primarily address? Choose an item
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

AllCare Health works hard to ensure that all members have access to the Mental Health services 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.

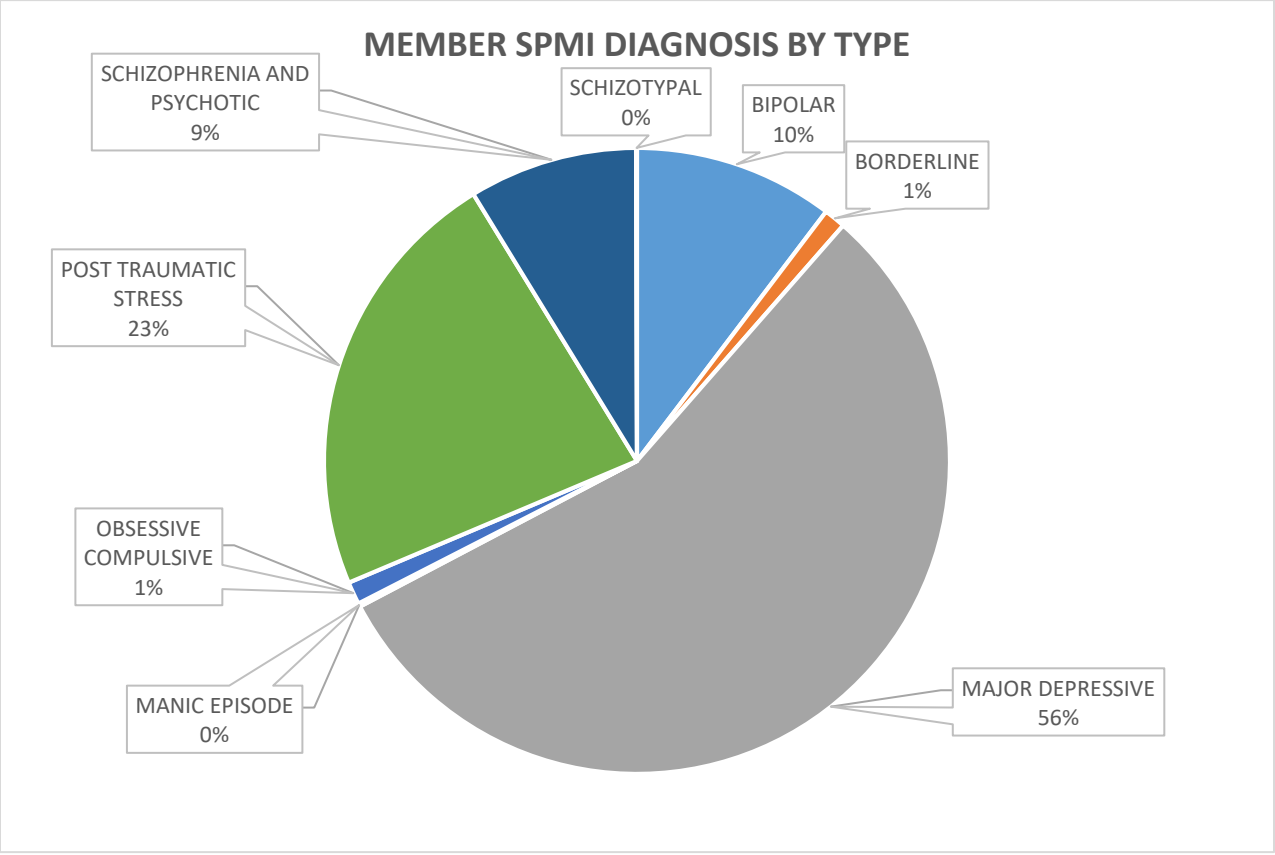
AllCare has conducted ongoing data and utilization monitoring for this population for many years but through this project has begun the process of developing a more detailed analysis to better understand community-based MH service access for adults newly diagnosed with SPMI. Our CCO membership in December 2022 was 62,211 members, with 6,167 of those being diagnosed SPMI, about 9.9% of the membership. Of those members diagnosed with SPMI, 78% were engaged in services during the 2022 calendar year. According to NAMI's (National Alliance on Mental Illness) 2020 Mental Health By the Numbers report, 5.6% of adults experienced serious mental illness (SMI) and 64.5% of these adults received treatment.

D. **Project context**

Over the past year, AllCare has worked in close collaboration with our mental health partners to increase engagement of individuals newly diagnosed with a SPMI. Our goal was an increase of 3%, we achieved a 12% increase in engagement, going from 66% engaged to 78% engaged. To achieve this result, we provided our mental health partners with a weekly report of members who were newly diagnosed with an SPMI diagnosis. Our partners utilized phone outreach to these individuals, providing education on local services, brief SDOH screenings, instruction on how to access the services, and when needed assisted these members in scheduling appointments, or removing barriers, to ensure they could continue their engagement in services.

Members	2021 Percent Engaged	2022 Percent Engaged
SPMI Members	66%	78%
Diagnosis Categories	**2021 Percent Engaged**	**2022 Percent Engaged**
BIPOLAR	74%	84%
BORDERLINE	91%	93%
MAJOR DEPRESSIVE	57%	70%
MANIC EPISODE	86%	82%
OBSESSIVE COMPULSIVE	59%	75%
POST TRAUMATIC STRESS	84%	89%
SCHIZOPHRENIA AND PSYCHOTIC	78%	86%
SCHIZOTYPAL	100%	100%
Grand Total	**66%**	**78%**

When we initially started this project, we excluded Major Depressive Disorder, as there was concern whether the current workforce would be able to manage outreach to all the individuals identified. As we moved forward and began doing outreach we found that we could add individuals with Major Depressive Disorder (MDD) to the project with the workforce available, and moved quickly to do so. As can be seen in the chart below, MDD accounts for 56% of the identified population.



As we moved forward with this project we did find areas where data collection provided results that were either not helpful, or not reliable. One example is individuals moving from one CCO to another. Our system would mark them as newly diagnosed as we do not have access to any records for individuals prior to them becoming an AllCare member. Though it was helpful to reach out to these individuals to provide education on accessing the mental health system, there was no way to identify the individuals and exclude them from the population, as they were not newly diagnosed individuals. It did help that the partners doing the outreach reviewed their records, and if the person was already engaged in services they noted that on the document shared between the CCO and themselves. This was effective for individuals moving between local CCO's, but not for individuals moving from CCO's outside of the area. Another area of learning is that when members were sent for labs to evaluate vitamin D levels, the laboratory would often add an MDD diagnosis for billing purposes, which was often not accurate. We began excluding any diagnosis from labs to correct for this.

As we further expanded, looking at race and language we found that our minority populations often had a higher than, or equal to, engagement rate to the majority populations. The data for the minority populations is easily skewed as the numbers for these categories are so small. This is also why we did not further break down our minority populations, but left the data rolled up in the parent categories. We are looking forward to incorporating SOGI data into this TQS, and are awaiting OHA's SOGI data reports.

Race Category	Members with SPMI Dx	Engaged in MH Services	Not Engaged in MH Services	Percent Engaged	Percent Not Engaged
White	4016	3110	906	77%	23%
African American	61	51	10	84%	16%
American Indian/Alaska Native	114	88	26	77%	23%
Asian	27	24	3	89%	11%
Hispanic or Latino	197	158	39	80%	20%
Native Hawaiian and Pacific Islander	16	11	5	69%	31%
Null/Decline	64	49	15	77%	23%
Grand Total	1672	1304	368	78%	22%

Interpreter Needed	Members with SPMI Dx	Engaged in MH Services	Not Engaged in MH Services	Percent Engaged	Percent Not Engaged
YES	13	10	3	77%	23%
NO	6154	4785	1369	78%	22%
Grand Total	**6167**	**4795**	**1372**	**78%**	**22%**

Where we did see a difference was in the disability category, with SPMI being the identified disability. MDD showed a 70% engagement rate, the lowest engagement rate of any of the SPMI categories. Although engagement of the MDD population increased 13% over the past year, it still lags behind. In the coming year we intend to increase outreach to the MDD population, specifically those diagnosed MDD Severe with Psychotic Features. Through discussion with our community partners, we chose to prioritize this group as they are likely most in need of mental health services. These individuals will receive additional outreach and support to assist in removing any barriers to participation in treatment. To demonstrate the effectiveness of treatment for this population the providers will engage the individuals in completing the Daily Living Activities: Adult Mental Health (DLA-20) form to monitor changes in daily living activities. The

DLA-20 results will be tracked. We will work together with the providers to analyze the DLA-20 results on a quarterly basis. The goal of analysis will be to evaluate if the engagement is showing an improvement in function. If no improvement is evident we will explore if we are using the best assessment tool, or if there really is no improvement, what changes could be made to service delivery to better meet the individuals' mental health and SDOH needs.

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 an additional 3% in year two. We will also have a special focus on those individuals diagnosed MDD Severe with Psychosis, and will be looking to increase this cohort by 7%. Measure specifications are outlined below.

We will continue collaborating with our subcontracted MH providers to work towards improved access and engagement for those diagnosed with SPMI. 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 utilizing REALD and SOGI data. Having provided outreach for a year, 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 individuals 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

Exclusions

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: Work with MH subcontractors 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 to improve and increase access and engagement.

☐ Short term or ☒ Long term

Monitoring measure 1.1	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)**
78% adult SPMI engaged in MH services	80%	01/2024	Maintain engagement at a minimum of 80%	01/2025

Activity 2 description: Work with MH subcontractors to identify, and remove, barriers to access for individuals diagnosed with MDD and improve health outcomes for individuals diagnosed with MDD Severe w/ Psychotic Features.

☐ Short term or ☒ Long term

Monitoring measure 2.1	Increase engagement in MH services for individuals diagnosed with MDD Severe w/ Psychotic Features			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
70% MDD engaged in MH services	75%	01/2024	Increase to 80%	1/2025
Monitoring measure 2.2	Improve health outcomes			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**

Utilizing DLA-20 to monitor changes in daily living activities of MDD Severe with Psychotic Features patients	Analyze DLA-20 results on a quarterly basis	06/2023	Review overall results of DLA-20 to determine effectiveness in measuring improvement	12/2023
Monitoring measure 2.3	Improve outreach and access			
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 those diagnosed with MDD likely exist as they have a lower engagement rate.	Target highest needs individuals within this group (MDD with psychosis) and identify at least one area in which access and/or outreach could be improved.	09/2024	Implement at least one modification to the current access and/or outreach protocol, including exploring how the CIE could support removal of barriers.	03/2025

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)**
Value Based Payment (VBP) based on increasing access for disparate SPMI members.	Continue 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 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

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

iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☐ Yes ☒ No
v. If this is a social determinants of health & equity project, which domain(s) does it address?
☒ Economic stability ☐ Education
☒ Neighborhood and build environment ☒ Social and community health
vi. If this is a CLAS standards project, which standard does it primarily address? Choose an item
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. Component prior year assessment

In 2022, AllCare Health (ACH) re-administered the 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 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 convenience and makes it easier for members to stay closer to family and friends. Additionally, there is potential cost savings by avoiding the need to move 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. 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.
6. 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. 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.

OHP members are at increased risk for housing instability, unmet social needs and food insecurity, which can have an impact on health outcomes. These needs have been increasingly impacted in our region due to COVID-19 as well as significant wildfire activity in our region with the loss of over 2500 homes in September of 2021. The loss of those homes during the 2021 Alameda fires compounded an already existing housing crisis in our region, particularly affordable housing. Talent and Phoenix, two cities significantly impacted in the wild fires, 75% of the homes lost were manufactured homes (affordable housing), which specifically impacted low-income seniors and families.

AllCare Health has recognized the improvement in our community's lives that Rebuilding Together Rogue Valley (RBTRV) brings to our region. RBTRV mission is to ensure Safe Homes and Communities for Everyone: Repairing Homes, Revitalizing Communities, Rebuilding Lives. Rebuilding Together Rogue Valley's focus has been developed to help low-income seniors and persons with disabilities safely "age-in-place" as long as possible in their current homes. Preventing falls and improving accessibility saves lives, save dollars (the cost of a major injury fall is in excess of $30,000) and also addresses the housing insecurity crisis in Southern Oregon by helping keep this vulnerable demographic from needing public housing or becoming homeless. In May of 2022 AllCare Health provided $20,000 in a Community Benefit Initiative Grant to RBTRV. RBTRV is committed to repairing homes, revitalizing communities, and rebuilding lives. RBTRV received several examples of funding sources were shared: The Federal Home Loan Bank has provided $450,000 to perform improvements and repairs (close to $18k per home). Another funding source from the USDA allows for work in rural communities (<10,000 people) for projects up to $15k. A grant through the national Rebuilding Together organization, allows for $5,500 in repairs and improvements per home in 12 rural communities.

In Southern Oregon many low-income seniors and individuals with disabilities are living independently but lack the financial resources to make needed safety improvements to remain in their homes. This work allows folks to remain independent, and ensures they stay connected to the community they know and live in.

AllCare Health examined the REALD and SOGI data for this population however the sample size was small and did not produce statistically significant data. We identified the following REALD Data on our sample size, see charts for reference regarding Race, Disability and Language. Just under half of our sample identified as disabled.

We will continue to analyze the data and identify potential gaps in support/care regardless of Race or ethnicity, language or disability (REALD); or their sexual orientation or gender identity (SOGI). Working to ensure all members and our community receive services to remain safely in their home is a priority. One feature of this work is that there is a strong focus on folks who may be disabled in some way and ensuring that they are able to stay at home safely. The work that is taking place ensures there is an overall improvement in their quality of living.

Race	Count
African American	1
Declined to Answer	4
Did Not Answer	1
Other Asian	2
Other Hispanic or Latino	1
Other White	40
Unknown	1
Western European	2
Null	6

	Count of Disability
N	29
Y	23
Null	7

	Count of Language
Spanish	1
English	57
Null	1

D. **Project context**

In 2022 we worked to increase the number of referrals and member engagement to our Fall Risk Prevention program partner and reduce ED utilization after services are installed for our members. Our data in 2021 showed us that members who receive a fall risk assessment from their care coordinator or PCP, and engage in services and supports provided by RBTRV are less likely to need Emergency services. The collaboration between Rebuilding Together Rogue Valley and AllCare helps to support our community through maintaining an individual's ability to stay safely in their home, reducing the housing crisis we face here in our valley. This work relieves this vulnerable demographic from needing public housing or becoming homeless in our community.

In July of 2022 and again in September, Rebuilding Together Rogue Valley experienced a transition in their Executive Director, which impacted general business operations significantly. In October 2022, a large reorganization occurred where a new Executive Director was identified and staffing was reduced. There was approximately 30 days of transition within their Board of Directors to support the new Executive Director and assist with onboarding. This transition, as well as COVID challenges, impacted contractor staffing and their ability to process referrals and bill for services. AllCare worked closely with RBRTV's Executive Director and Board of Directors to ensure proper support was available to assist with billing, contracting and referral connection and stabilization of this resource in our region. The value provided by this team, as shown in our results from 2021, showed that it was imperative that AllCare work closely to ensure their viability within our community. These difficulties directly impacted the number of members who were able to access services during the year; and while more members were served overall, there were a lower amount of DUAL special health care needs members who were served compared to 2021. However, our engagement with RBTRV ensured their business viability and we are looking forward to a successful 2023. Rebuilding Together Rogue Valley offers such a wide variety of resources and support that the loss of this resource would be a significant impact to our community as a whole as we have shown in our project reports.

AllCare Health increased our total overall referrals, but we did not meet our target of a 5% increase due to the operations impacts to RBTRV. We were unable to meet our goal of increasing referrals to our SHCN population, however as we look at our entire population served we did increase total referrals from 75 to 79. There was a reduction in overall supports provided, which is tied to the reduction of staff experienced by RBTRV, however we did see a jump in the number of ramps that were provided to our community over the previous year (3). There were over 121 supportive items provided to the community, including 8 ramps.

Claims data was analyzed through 2020-2021 and showed that members who were identified, then referred and engaged in the RBTRV 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. In 2021 our data revealed that there was a 25% decrease in emergency department utilization after supports were installed. In 2022, the overall ED visits per 1000 did increase from last year, but so did our average CCO ED rate. Despite the higher visit rate overall, this shows a 31% decrease in ED visits pre and post install for members who received services from RBTRV, meeting our goal. The average ED visits for members engaged in services was 1.5 and 2.3 for those who withdrew from the program.

ED Visits rates per 1000 Mem/Mo prior to services installed	173
ED Visits rates per 1000 Mem/Mo after services installed	120
CCO Average ED Rate Q3 2022	38.7
Statewide Average 2021	36.8

The same methods were used to track the fall rate of members before and after supports were installed. The average number of falls for members after receiving services from RBTRV was .25, the rate was .67 for those who withdrew from the program. The fall rate per 1000 before install was 128 and after install was 36. This was a decrease of 72%. We acknowledge that the number of members included in the data is small but this is promising results. The fall rate will continue to be tracked to assess if the program maintains a positive impact.

Fall rate per 1000 Mem/Mo Prior to services installed	128
Fall rate per 1000 Mem/Mo after services installed	36
CCO Average Fall rate 2022	6

During 2023, for our Dual SHCN population we have added a goal to increase our fall risk assessed member's engagement into AllCare's Medication Therapy Management (MTM) program. MTM services will help members get the most from their prescription drug benefits, lower the risk of harmful drug interactions and side effects, find lower-cost options for medications, receive answers to any medication questions; and connect the pharmacist with providers to help solve any medication-related problems as well as work to support member's medication compliance. The side effects of some medications, as well as taking more than 4 medicines at the same time can increase the risk of falling. Side effects and interactions between drugs (prescriptions and non-prescription), may increase the fall risk in many ways. Examples include blurred vision, dizziness or lightheadedness stemming from low blood pressure, drowsiness, delirium, and impaired alertness or judgment. MTM pharmacists will review a member's prescription and over-the-counter medications to ensure they are working well together. For those that qualify for the MTM program, our care coordination team will reach out and educate members on this program and support them in the enrollment and establishment in the program. Members who do not meet eligibility requirement for MTM programming will be referred and supported by our Care Coordination team to a local pharmacy that provides a nearly identical program, to assist with Medication Therapy Management. An inter-professional team approach to falls risk reduction may be beneficial to those in our community, as it addresses both physical and medication related risks of falling.

E. **Brief narrative description**

AllCare Health identifies eligible members for the Fall Prevention Program 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 and new for 2023 any member with a HEN is offered a fall risk assessment.
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.

AllCare Health contracted with a community-based organization (CBO) called Rebuilding Together Rogue Valley (RBTRV). RBTRV's mission is to help people age safely in place, whether the concern is COVID-19, household accidents, or improving the quality of the air within the home, AllCare Health has been proud to partner with RBTRV to help adults be safe in their homes, prolong lives, improve quality of life, and reduce emergency department utilization. RBTRV has trained contractors through the National Association of Home Builders program, and they work to serve low income seniors and those with disabilities. RBTRV is a non-profit organization which helps low-income, older adults, remain in their homes and communities safely. ACH collaborated with RBTRV 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 assessments are performed at no cost by National Association of Home Builders (NAHB) Certified Aging-in-Place Specialists or trained volunteers under their supervision. RBTRV is affiliated with the national Rebuilding Together organization (www.rebuildingtogether.org) whose complementary vision is: Safe Homes and Communities for Everyone and whose mission is: Repairing Homes, Revitalizing Communities, Rebuilding lives. 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.

RBTRV installs in single family structures, manufactured homes and even aging recreational vehicles:

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

To address safe housing and members with declining health, AllCare Health is continuing its partnership with Rebuilding Together Rogue Valley to continue and provide our Fall Prevention program. The program has shown promise in reducing emergency department visits, therefore reducing preventable ED utilization, engagement in Medication Therapy Monitoring Program (MTM) for members to ensure appropriate support regarding medications, and that members receive the best results from their medication while keeping out-of-pocket costs down, medications are on the right track as well as increasing member safety and independence levels, while ensuring members are also compliant with their medication regimen.

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

Activity 1.1 description: Fall Prevention program assessment

☐ Short term or ☒ Long term

Fall Risk Assessments are performed by Care Coordinators. 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 use a cane 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 member answers “yes” to 4 or more questions, members are referred to RBTRV for further in home assessment for identification of services/supports needed to help assist member to stay safely in their home. Members PCP is also notified of assessment results and engaged in our Care Coordination process. Our team works to support members who may be renting to secure approval from their land lord as well.

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.

Through 2020-2021 93 total members (Dual, Advantage and CCO) members were served by RBTRV. 21 members withdrew/declined from service or were termed off the plan. Our goal was to increase the number of members served by 5%. Unfortunately, we were unable to meet that goal, but in 2022, did increase engagement to a total of 59 total members (Dual, Advantage and CCO). 20 members withdrew/declined from service or were termed off their plans. We will continue to strive for a 5% increase in engagement for 2023.

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Plan	2020	2021	2022	All Totals
Dual SHCN	13	43	29	85
Advantage (Medicare)	10	16	7	33
CCO	3	8	23	34
Termed/withdrew	13	8	20	41
Yearly Totals	39	75	79	

Monitoring measure 1.1	In home supportive devices and ramps			
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.	Increase the number of members served by 5%.	12/2023	Increase the number of members served by an additional 5%.	12/2024

Activity 1.2 description: Fall Prevention program evaluation and monitoring

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.

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 RBTRV 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 2021 data revealed that there was a 25% decrease in emergency department utilization after supports were installed. This data shows us that members who receive a fall risk assessment from their care coordinator, and engage in services and supports provided by RBTRV are less likely to need Emergency services, and our goal for 2022 was a reduction of 15% by 2024. In 2022, the overall visits per 1000 did increase from last year, but so did our average CCO ED rate. Despite the higher visit rate overall, this shows a 31% decrease in ED visits pre and post install for members who received services from RBTRV, meeting our goal. The average ED visits for members engaged in services was 1.5 and 2.3 for those who were withdrawn from the program.

We also were able to note the number of supportive items provided, categorized by groups below. We noted a drop in Air filters and smoke detectors due to a program state wide that the OHA initiated in 2022, that provided air filtration

devices and filters to communities that were affected by wild fires, 2 of our counties were part of this program with our largest population and as a CCO were tasked with working to provide these to our membership through that programming.

Our number of assistive devices provided were lower than previous years due to the business challenges with Rebuilding Together Rogue Valley, we still were able to serve additional members, and we did provide more ramps than in previous years.

Supportive items installed	2020	2021	2022	Total
Grab bars/rails installed in-home	41	122	70	233
Supportive items in bathroom	22	67	51	140
Air filtration/lighting/smoke detectors/carbon monoxide detectors	4	12	2	18
Ramps	2	3	8	13
Totals	69	204	131	

Monitoring measure 1.2	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)**
31% reduction in ED utilization for pre and post-installation in 2022	36% reduction of member ED visits pre-and post-installation	12/2023	41% reduction of member ED visits pre-and post-installation	12/2024
Current CCO Fall Rate/1000 is 6	Decrease the CCO Fall Rate/1000 to 5.5	12/2023	Decrease the CCO Fall Rate/1000 to 5	12/2024

Activity 2.1 description: Fall Prevention program evaluation and monitoring

Our goal for 2023 is to identify those Dual SHCN members in our Fall Risk program who are eligible for MTM for Care Coordination to educate and support members in that engagement with Medication Therapy Management (MTM) program. For our 2022 Dual Special Health Care needs members, 21 of the 29 members are eligible for MTM services in 2023. That is to say that 72% of our 2022 members are eligible for MTM programming. Our goal for 2023 is to increase member referral / and engagement in these programs to 80%, in 2023 and 85% by 2024. Either MTM if they qualify or another community based pharmacy with similar programming.

☐ Short term or ☒ Long term

Monitoring measure 2.1	Medication Therapy Monitoring program			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
DUAL SHCN members are supported through Care Coordination if eligible for the MTM program, if not eligible they will be referred to Grants Pass Pharmacy for a Medication Therapy Management program of similar design. Currently 21 of the 29 DSHCN members will be referred to MTM, or 72%	Increase eligible Dual SHCN members to MTM programming, or similar community pharmacy programming to 80%	12/2023	Increase member engagement into the MTM programming or other similar community pharmacy programming to 85%	12/2024

A. **Project short title**: Project 3: Continuous Glucose Monitor expansion / increased diabetic oral health care

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: SHCN: Non-duals Medicaid
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 is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, which standard does it primarily address? Choose an item
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

For the last few years, AllCare has focused on improving care for our type 2 diabetic (T2D) population by increasing access to continuous glucose monitors (CGM) through changing utilization management policies and encouraging engagement in case management. 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. This focus population have higher rates of periodontal disease, and annual check-ups can help providers catch and treat disease early, resulting in better health outcomes. In addition, poor oral health can make a person's diabetes more difficult to manage. Measuring oral health care in adults with diabetes is important to our equity goals because we know that

people subjected to historical and contemporary injustices are more likely to be affected by diabetes. For example, non-Hispanic Black people are twice as likely as non-Hispanic white people to die from diabetes. To measure this, we look at CCO members who have diabetes and use dental claims or equivalent encounter data to see if they have had an oral health assessment during the measurement year.

Through engagement with the Care Coordination team, we can ensure that members receive appropriate education interventions to understand their disease, as well as sharing the importance of regular dental care as part of routine diabetes care and providing support to access that care. The Care coordination team can work to support providers through referrals and support members by removing barriers to care, and increasing engagement in this important intervention, ensuring our diabetic members have the knowledge and support in achieving better health outcomes.

Of the 184 AllCare CCO Special Health Care Needs members who are the focus of this work, 32 reported they were disabled, 12 reported not applicable, 140 denied reporting disability. A majority of our members identified as white, and speak English. We reviewed the rate of oral health assessments by the various REALD categories but due to small population sizes, the data is easily skewed. The biggest variance identified was 31% of the members in this group who identified with a disability had received an oral health assessment in 2022 and only 14% without a disability had received one. We intend to review the data using SOGI information as soon as it is available.

Race	Count of Race
American Indian	6
Declined to Answer	18
Did Not Answer	21
Hispanic or Latino Mexican	5
Korean	1
Other	2
Other Hispanic or Latino	6
Other White	85
Samoan	2
Unknown	16
Western European	10
Null	12
Grand Total	184

Disability	Count of Disability
N	140
Y	32
Null	12
Grand Total	184

Language	Count of Language
Spanish	2
English	170
Null	12
Grand Total	184

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 2021, 8% of the adult T2D population was using a CGM. In addition, we have identified 238 members as candidates for CGM in 2022. 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 Care Coordination team can support these members to work with their providers and obtain a CGM, we can improve patient health, lower A1C values and over time reduce costs to the plan. Members who show interest in these types of improvements will be more engaged in their own care and it is an opportunity for our Care Coordination team to provide education to the member regarding their diabetes care. High blood sugar can make it harder to keep your mouth healthy, and lead to bacteria that can cause tooth decay, cavities and gum disease. Targeting this specific population will allow us to understand if targeted engagement in care coordination with dental education interventions impact a member's engagement in dental care, increasing access and improved outcomes.

Good oral health habits can help prevent pain and infections, from tooth and gum disease. High blood sugar can weaken white blood cells impacting your body's main way to fight infections that can occur in the mouth. Educating members on the importance of brushing their teeth twice a day, flossing at least once a day and to communicate with their dentist if they are diabetic is key to ensuring our members understand the connection to their overall health outcomes. Dental Coordination Organizations are sent identified member lists of all diabetic patients quarterly and they outreach to these specific members to schedule diabetic oral health exams. Our care coordination teams will also outreach, engage in Care Coordination, and can support members with education, engagement in their dental care, transportation, and remove any additional barriers to care.

E. **Brief narrative description**

Care Coordination will outreach to the qualified diabetic population to engage in Care Coordination services working to ensure these members understand care coordination services, their disease pathway, have a treatment plan and are provided targeted diabetic education on the importance of diabetic oral health exams.

Once they have engaged the member, Care Coordinators will build supportive relationships with the member and their care team, remove barriers to care, support member's education in their own health goals and provide members with additional support needed to engage with their oral health team. Additional support can include transportation support, referral support, and appointment support to ensure the member is able to complete diabetic oral health exams and any other necessary dental care. We are providing a conservative target for completion of Oral Health exams due to the continued instability in workforce in the dental field.

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

Activity 1 description: Outreach to eligible members & enroll into Care Coordination

☒ Short term or ☐ Long term

Monitoring measure 1.1	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	15% of eligible members contacted by Care Coordination team	07/2023	50% of eligible members contacted by Care Coordination team	12/2023
Monitoring measure 1.2	Diabetic Education on importance of dental exam			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
0% of eligible members received targeted diabetic education	15% of eligible members provided targeted diabetic education on importance of oral health	07/2023	50% of eligible members provided targeted diabetic education on importance of oral health	12/2023

Activity 2 description: Eligible members engage in dental care

☐ Short term or ☒ Long term

Monitoring measure 2.1	Member has engaged in a diabetic oral health assessment			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**

16.8% of eligible members have had a qualifying diabetic oral health exam	25% of eligible members will have completed a qualifying diabetic oral health exam.	12/2023	35% of eligible members will have completed a qualifying diabetic oral health exam.	12/2024

A. **Project short title**: Project 4: 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): CLAS standards
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, 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
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

AllCare has a Data Workgroup as part of the Internal "Health Equity and Inclusivity Action Team". That data workgroup 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 2022 vs 2021. Data shows an increase of 2% from 54% in 2021 to 56% in 2022, this is an overall increase of 4% from 2020. This is an indicator that the strategies we have put in place continue to have 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). 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

OHA Transformation and Quality Strategy (TQS) CCO: AllCare Health

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
- Culturally Responsive Questionnaire/Resource Sheet for PCP upon credentialing and re-credentialing
    - Providing people of color more access to quality healthcare by increasing culturally responsive and timely interventions 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.
- 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.
- 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 Crafting Equity Lens 3-Day (in-person) Workshop trainings were completed in January and April 2022.

E. Brief narrative description

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 was another goal set forth in 2022 and is set to be rolled out in 2023.

In order to get a deeper understanding of our African American members, AllCare utilized REALD and other components to get additional information and to guide outreach strategies. Through looking at the primary care visit rates by place of residence county and zip code, more specific race, language, disability and gender assigned at birth for the African American membership, two distinct differences were identified. The primary care visits for African Americans in Jackson County are much lower than other counties in AllCare's service area. The other was the variance of African American males having an 8% lower visit rate than females. Sexual Orientation and Gender Identity will be added as components once the data is available. The Health Equity team will strategize on ways to customize outreach to these groups to encourage increased engagement in 2023.

Additional plans for engaging our African American members include:

(1) AllCare was able to contract with a Nurse Practitioner that identifies as African American in 2021. The provider was able to increase the percentage of people of color in her patient panel to 18% in 2022. This exceeded the set target of 15%. This office is located in Jackson County in an area with a high number of African American members. We will work with this office to continue growing their Black and BIPOC panel enrollment.

(2) AllCare has solicited the help from community organizations, such as Alliance of Black Nurses Association of Oregon, ABNAO; abnao.org/; Project Youth+ with a focus on black, indigenous, and people of color (BIPOC) students who are interested in the medical field. AllCare would consider tuition assist and internships, along with mentorships to individuals willing to return to Josephine and Jackson counties to establish medical practices to help address the lack of Black providers in the Rogue Valley.

(3) The Health Equity Team spoke with AllCare senior leadership and discussed policy on recruitment & hiring practices for providers of color. AllCare is bound by rules that prohibit offering loan forgiveness incentives to only providers of color. The Health Equity Team has also been in contact with Rogue Community College Nursing Administration to explore the development of a program to identify BIPOC students for mentorship, special incentives and consideration to entice individuals who are interested in pursuing a career in the medical field.

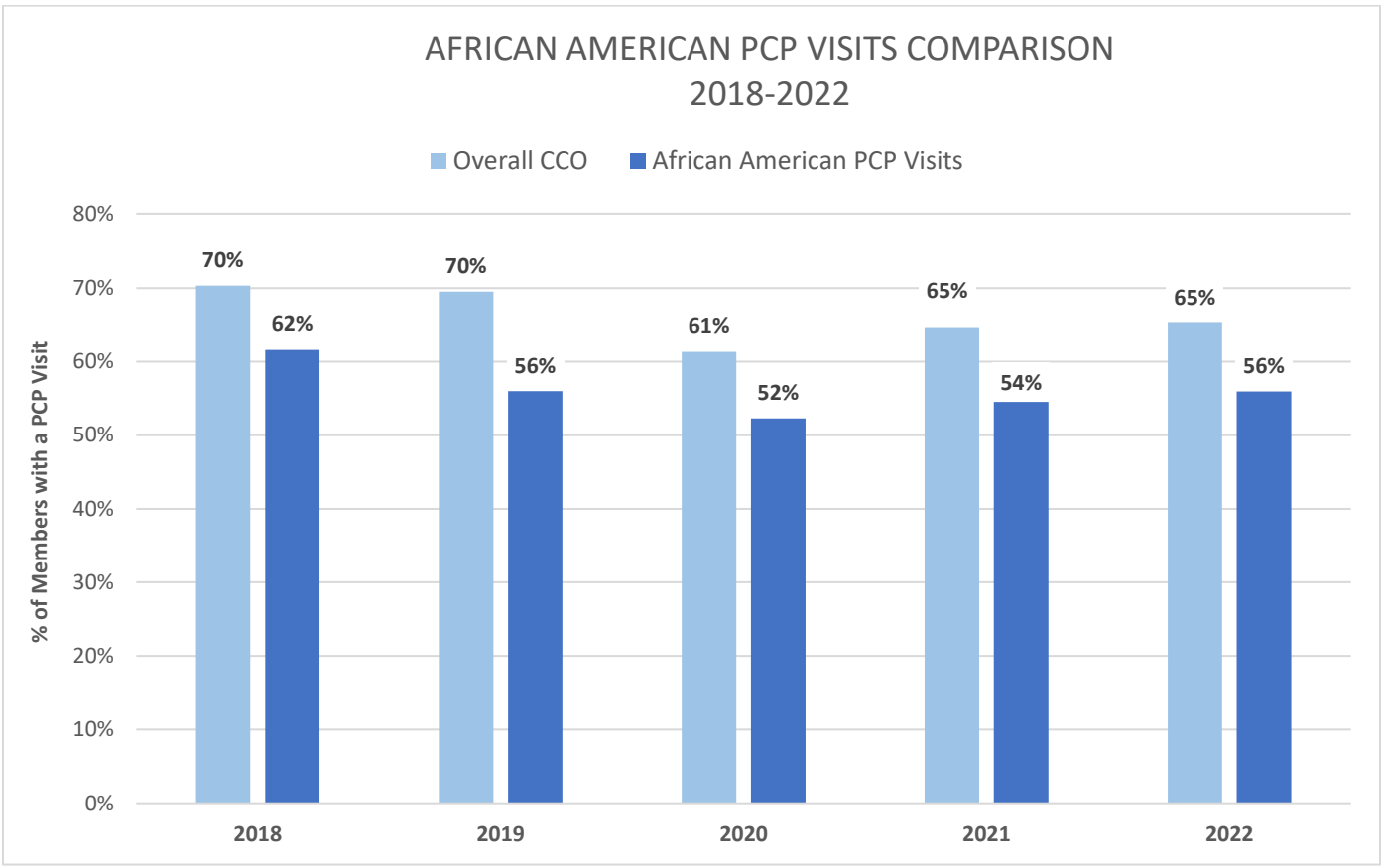
(4) The Health Equity Manager will continue to discuss the PIP project with the Health Equity Committee for insight and brainstorming on how to increase BIPOC member's PCP visits.

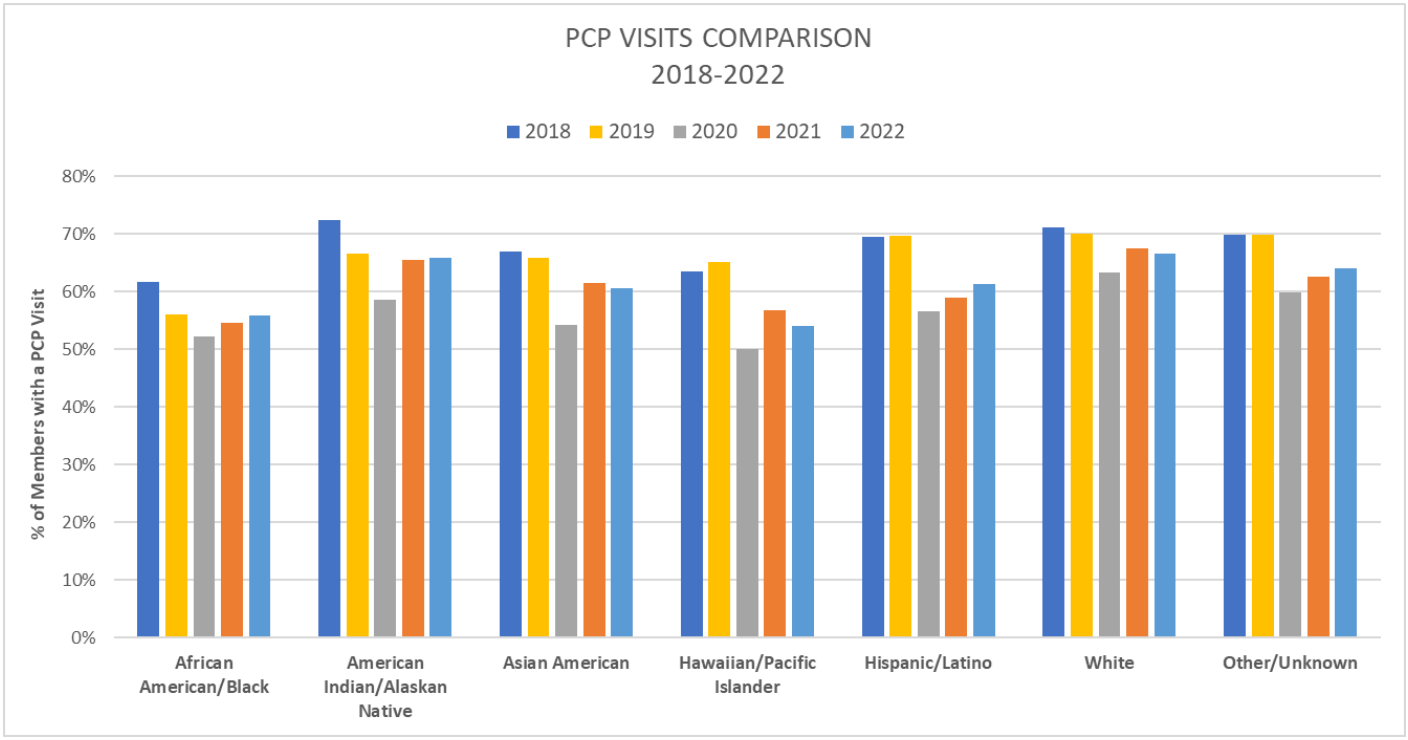
F. Activities and monitoring for performance improvement

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 18% POC	Target: (21%) POC= People of Color) assigned to this provider.	12/2023	(24%) POC= People of Color) assigned to this provider.	12/2024
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)**
56% 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	12/2023	61% of African American members seeing Primary Care provider on an annual basis	12/2024


AFRICAN AMERICAN PCP VISITS COMPARISON
2018-2022
Overall CCO
African American PCP Visits
% of Members with a PCP Visit
80%
70%
60%
50%
40%
30%
20%
10%
0%
70%
62%
70%
56%
61%
52%
65%
54%
65%
56%
2018
2019
2020
2021
2022


PCP VISITS COMPARISON
2018-2022
2018
2019
2020
2021
2022
% of Members with a PCP Visit
80%
70%
60%
50%
40%
30%
20%
10%
0%
African American/Black
American Indian/Alaskan Native
Asian American
Hawaiian/Pacific Islander
Hispanic/Latino
White
Other/Unknown

African American Membership Residence County and Zip Code
2022

	Had a PCP visit	Total Members	% with a PCP Visit
CURRY	**15**	**23**	**65%**
97415	13	18	
97444	2	5	
DOUGLAS	**4**	**7**	**57%**
97410	0	1	
97442	4	**6**	
JACKSON	**133**	**259**	**51%**
97501	37	77	
97502	13	20	
97503	1	2	
97504	28	58	
97520	17	43	
97524	11	14	
97525	1	4	
97530	3	4	
97535	2	4	
97537	16	22	
97539	1	1	
97540	3	8	
97541	0	2	
JOSEPHINE	**157**	**264**	**59%**
97497	1	2	
97523	13	28	
97526	70	119	
97527	60	85	
97528	0	2	
97531	2	3	
97532	1	5	
97533	0	1	
97534	3	5	
97538	3	7	
97544	4	7	
OUTSIDE AREA	**3**	**5**	**60%**
97080	0	1	
97208	1	1	
97401	0	1	
97402	1	1	
97914	1	1	
Grand Total	**312**	**558**	**56%**

Race	Had a PCP visit	Total Members	% with a PCP Visit
African	10	19	53%
African American	298	528	56%
Caribbean	5	11	45%

Language	Had a PCP visit	Total Members	% with a PCP Visit
Spanish	0	1	0%
English	311	555	56%
NULL	1	2	50%

Disability	Had a PCP visit	Total Members	% with a PCP Visit
N	241	449	54%
Y	59	82	72%
NULL	12	27	44%

Gender Assigned at Birth	Had a PCP visit	Total Members	% with a PCP Visit
Female	140	229	61%
Male	164	310	53%
NULL	8	19	42%

Activity 2 description: Develop and implement a Culturally Competent practice metric to be added to the credentialing process. The Health Equity Team is currently developing a Provider Cultural Competency Audit Tool that identifies specific actions and resources to be offered and implemented by provider offices. Provider offices able to meet this metric will be identified with a *"Culturally Competent*" logo/badge. We are confident we can implement this tool by target date of June 2023 as indicated.

☐ 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/Resource Sheet 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 5: 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: 413

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 is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, which standard does it primarily address? Choose an item
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

The investigation into the Limited English Speaking (LES) members submitting grievance and appeals will be an ongoing project for AllCare CCO. The project was originally selected based off of the low number of grievance and appeals that were submitted by Limited English Speaking (LES) members compared to members who identify as speaking English, or who did not identify a language, or if interpreter services are needed. AllCare CCO looks at the Race/Ethnicity and reported disabilities of the members who submitted a grievance or appeal and recognize that there are very few members submitting grievance and appeals who identified as any other race than white, unknown, not listed, or other. Once SOGI data is available, it will be incorporated into the reporting process. The data does not show that the member's with disability have an issue with submitting appeals or grievances to AllCare CCO. AllCare conducted interviews during 2022 to discover why the LES members are not submitting grievances or appeals.

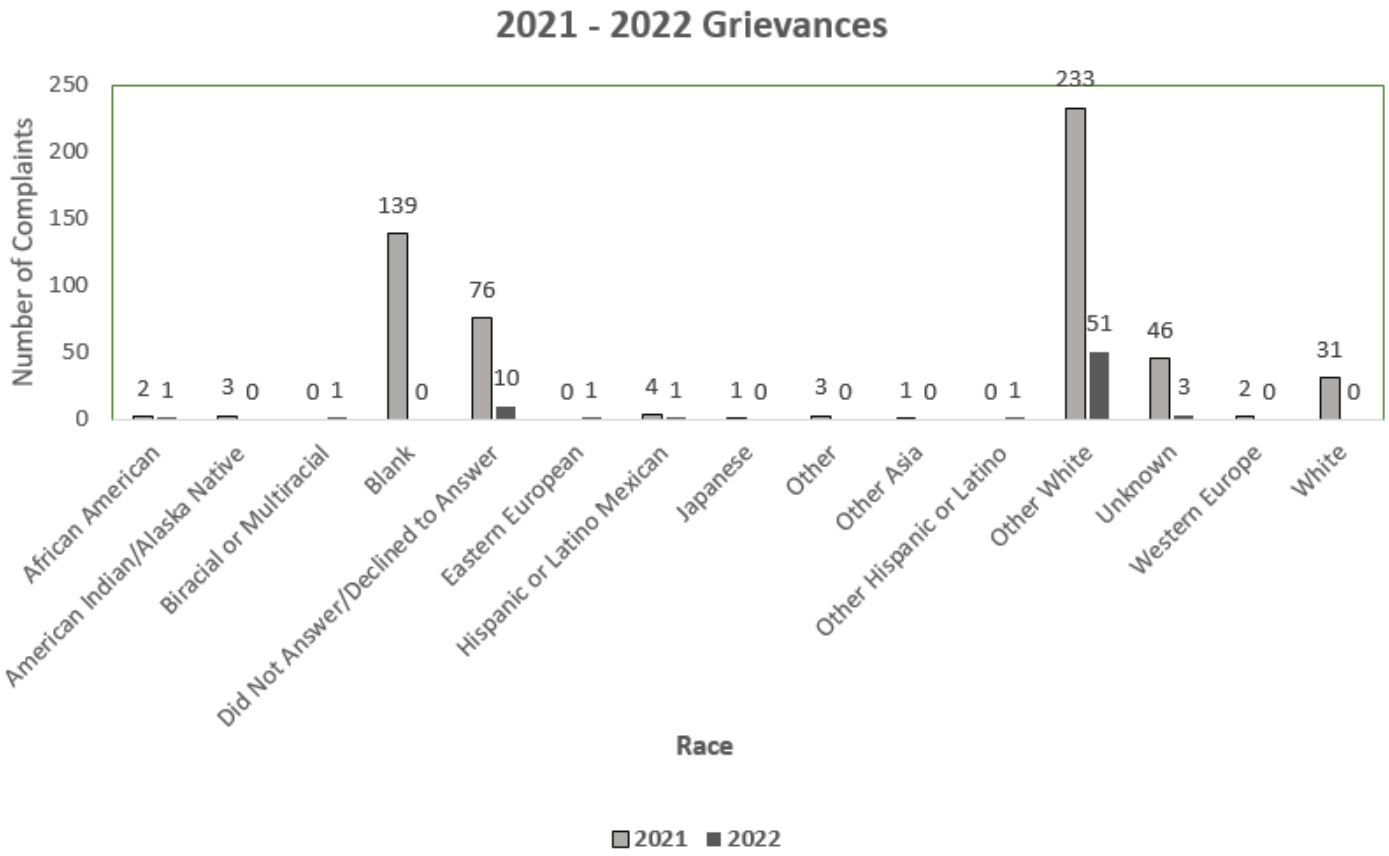
D. **Project context**

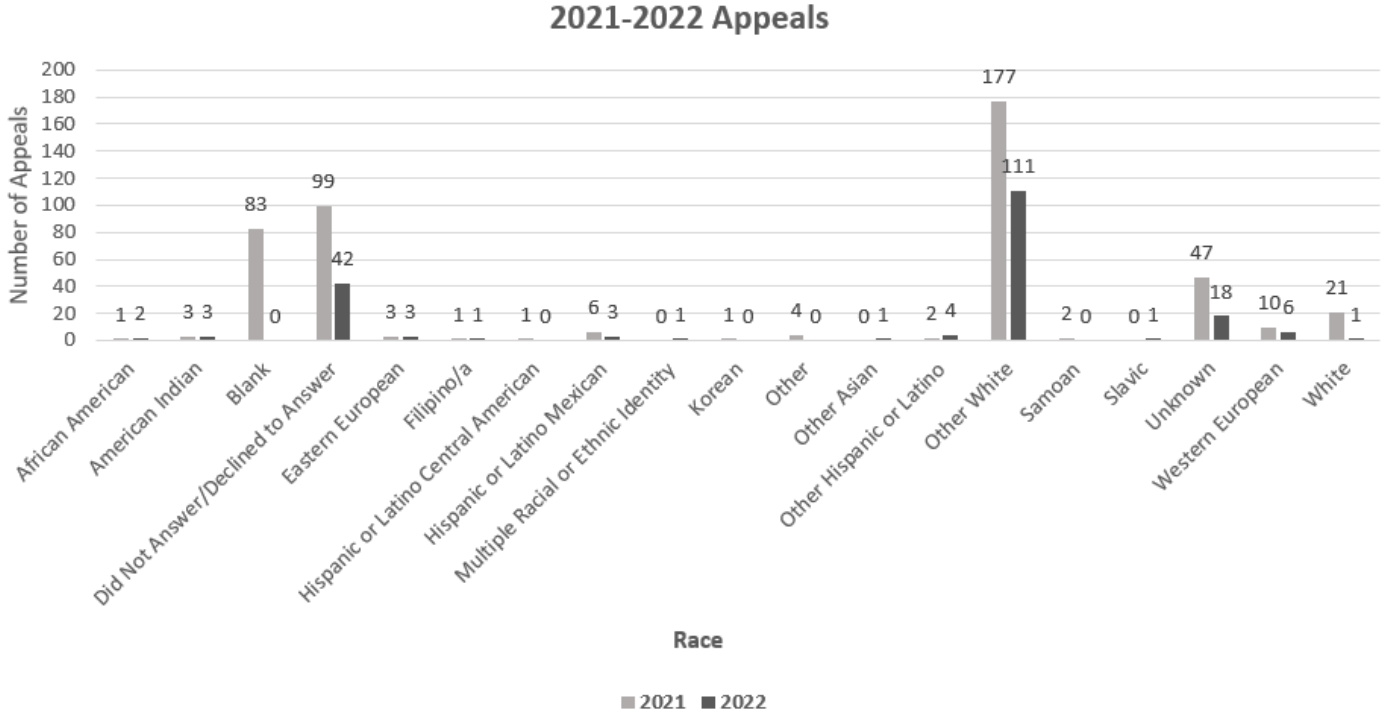
The vast majority of grievances or appeals submitted to AllCare CCO from January 2019 through December 2022 were submitted by English speaking members. Further investigation was conducted which showed grievances and appeals were primarily submitted by members who indicated their race as white, other white, did not answer/declined to answer, or unknown. Furthermore, there were no grievances or appeals submitted to AllCare CCO for members who identified as needing interpreter services in 2022.

AllCare CCO conducted interviews and held discussions with community partners that service the Latino/a and Hispanic populations to determine the root cause of why LES members are not submitting grievances and appeals. During the exploratory phase it was determined there were three main reasons for this particular population not submitting grievances or appeals. 1) The population does not have a full understanding of their benefits and what their rights are; 2) there is a cultural aspect for the Latino/a and Hispanic populations to not complain or appear to cause issues for others; 3) there is a fear of retaliation from either the government or from the provider.

AllCare CCO will be working with the internal Health Equity Committee and our community partners to develop culturally specific material for the Latino/a and Hispanic populations. A brochure is under development that focuses on the member's rights to file a grievance or an appeal. In addition, AllCare CCO has been invited to speak with the members of SOHealthE, Southern Oregon's regional equity coalition, on April 5, 2023 to provide education about the AllCare CCO Plan including member benefits and rights.

AllCare will monitor for quarterly submission of grievances or appeals from members who are LES 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.


2021 - 2022 Grievances
Number of Complaints
250
200
150
100
50
0
2 1
3 0
0 1
139 0
76 10
0 1
4 1
1 0
3 0
1 0
0 1
233 51
46 3
2 0
31 0
African American
American Indian/Alaska Native
Biracial or Multiracial
Blank
Did Not Answer/Declined to Answer
Eastern European
Hispanic or Latino Mexican
Japanese
Other
Other Asia
Other Hispanic or Latino
Other White
Unknown
Western Europe
White
Race
2021
2022


2021-2022 Appeals
Number of Appeals
200
180
160
140
120
100
80
60
40
20
0
1 2
3 3
83 0
99 42
3 3
1 1
1 0
6 3
0 1
1 0
4 0
0 1
2 4
177 111
2 0
0 1
47 18
10 6
21 1
African American
American Indian
Blank
Did Not Answer/Declined to Answer
Eastern European
Filipino/a
Hispanic or Latino Central American
Hispanic or Latino Mexican
Multiple Racial or Ethnic Identity
Korean
Other
Other Asian
Other Hispanic or Latino
Other White
Samoan
Slavic
Unknown
Western European
White
Race
2021
2022

E. **Brief narrative description**

AllCare CCO will continue to work with our community partners to outreach to our members on their rights to 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 also 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 four years the number of grievances and appeals submitted to AllCare has been primarily from English speaking members. AllCare will continue to obtain member feedback regarding issues and barriers to submitting grievances or appeals; and work towards addressing the identified barriers.

Activity 1 description:

☒ 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 there are a limited number of grievances or appeals submitted from non-English Speaking and/or non-white members	Continue to work with our community partners on developing culturally specific material for our CCO members.	12/2023	Develop targeted member material and/or trainings based on feedback from members Develop additional strategies as issues are identified	06/2024
Monitoring measure 1.2	Community Advisory Councils			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Community Advisory Councils (CACs) are not currently reviewing and discussing grievance and appeal information	Discuss grievances and appeals in Community Advisory Councils on a quarterly basis.	06/2023	NA	NA

Activity 2 description:

☐ Short term or ☒ Long term

Monitoring measure 2.1	Ongoing education and monitoring			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Currently there are no grievances or appeals submitted by non-English speaking	Quarterly monitoring of the types of grievances and appeals and the	06/2023	Conduct continuous member education, monitor to see if there is an increase	12/2024

members and few from non-white members	preferred language and Race/Ethnicity of the member.		in grievances or appeals submitted by non-English speaking and/or non-white members	

A. **Project short title**: Project 6: 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 is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, which standard does it primarily address? Choose an item
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

As reported by many of our network practices, 2022 was a year of reflection and recuperation from the impacts of the COVID-19 pandemic. Many practices that the QI Manager performed outreach efforts to asserted that they were in the process of reviving their workforce and re-establishing administrative and clinical operations that were disrupted during the pandemic. These practices were all at varying levels of capacity for quality improvement activities and several practices were not able to dedicate the time and resources to the PCPCH program. As a result, a number of practices required renewal extensions with many of the revised extension deadlines falling into 2023. Additionally, a few clinics had no other option but to re-attest to a lower tier level due to a lack of bandwidth needed for continuous improvement that many of the PCPCH measures require. That said, we anticipate a drop in our weighted percentage for Q1 in 2023; however, the QI Manager (who formerly filled the Provider Programs Coordinator role) will continue to work with clinics with the objective to encourage and support them in re-attesting to a higher tier level by the end of 2023.

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.

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.

E. Brief narrative description

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.

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. In 2023, AllCare will continue efforts to increase the percentage of our members assigned to PCPCH practices.

F. 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.

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 Quality Improvement Manager to provide consulting services in an ongoing, supportive role with practices during and after the PCPCH certification process. The QI Manager 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 QI Manager will continue to perform outreach to all unrecognized practices prioritizing practices that have higher rates of members who identify with minoritized groups and members who speak non-English languages. Strategies used to promote participation include:

- Initiating contact via email and by phone to orient practice staff to the PCPCH program model
- Providing education on the benefits of PCPCH program participation and the proven positive impacts becoming a PCPCH practice has on clinical outcomes
- Offering guidance 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 Guide 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

☒ Short term or ☐ Long term

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)**

91.2% of AllCare members assigned to PCPCH recognized clinics as of 12/31/2022	3% increase from baseline annually	12/2023	93%	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.

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 tier 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 efforts
    - Continuing to enhance understanding of organizational conditions and identify the best practices of high performing clinics
    - Providing on-site PCPCH support to practices in preparation for PCPCH verification survey
    - 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.
- **2023 Aim – Provider and Clinic Staff Engagement**: AllCare Medical Group (ACMG) is developing a quality management program that encompasses objectives and strategies to support AllCare network providers through sharing best practices and promoting effective improvement modalities to practices that are focused on enhancing the quality of care and patient experience, and reducing medical costs.

  - ACMG's Quality Improvement Manager will be coordinating a series of lunch and learns and collaboratives for AllCare providers that will focus on quality improvement and value-based payment programs including PCPCH.
- **2023 Aim – REALD and SOGI data:** ACMG sites are in the process of implementing Phreesia software to automate patient intake to improve preventive screenings by standardizing screening tools, patient questionnaires, and data collection/reporting. REALD and SOGI data will be included in the set of automated screeners.
  - ACMG plans to implement a process to screen, identify, and address unmet social needs for the organization's entire patient population. SDOH data will be stratified across race, ethnicity, language, disability, sexual orientation, and gender in order to determine prevalence of unmet needs among vulnerable populations.
  - The processes developed by the ACMG sites will be made available to other AllCare provider offices who are interested in implementing similar processes in their clinics.

☐ Short term or ☒ Long term

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: 73.1% Member assignment as of 12/31/21 Total Members as of 12/31/2022: 62130 Tier 1: 0 Tier 2: 0 Tier 3: 6963 Tier 4: 42350 Tier 5: 7349 Total Members assigned to PCPCH practices as of 12/31/2022: 56662	Achieved set target of 71.94% for 2022. Propose new target of 76.1%	12/2023	Annual improvement targets of +3% apply until AllCare attains current statewide CCO average.	12/2024 (+3% from baseline)
Monitoring measure 2.2	Tracking REALD and SOGI			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
No clinic level processes at ACMG for screening and tracking of REALD and SOGI data	ACMG will develop internal processes for screening and tracking REALD and SOGI data	12/2023	ACMG will present Lunch and Learn re: screening and tracking processes to other AllCare network offices	12/2024

OHA Transformation and Quality Strategy (TQS) **CCO:** AllCare Health

A. **Project short title**: Project 7: MEPP - Addressing Pediatric Asthma in AllCare members

Continued or slightly modified from prior TQS? ☐Yes ☒No, this is a new project for TQS (continuation project for MEPP)

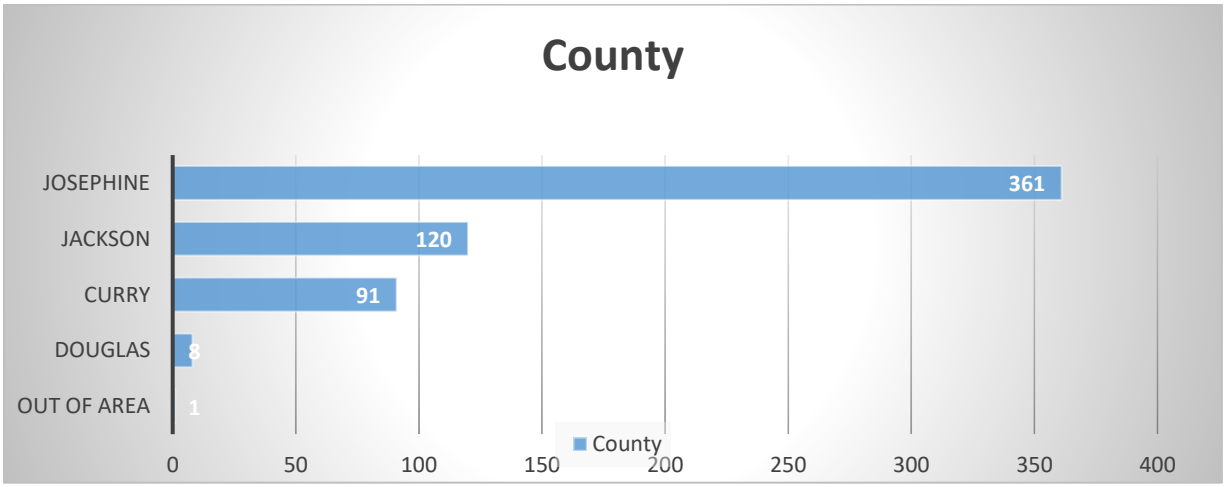
If continued, insert unique project ID from OHA: Add text here

B. **Components addressed**

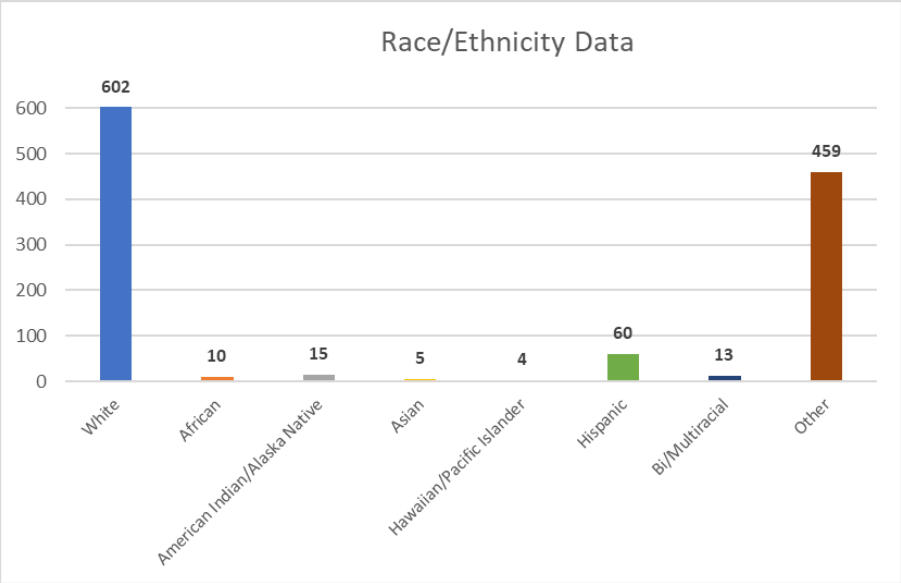
i. Component 1: Utilization review
ii. Component 2 (if applicable): Choose an item.
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this is a social determinants of health & equity project, which domain(s) does it address?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

C. **Component prior year assessment**

In 2021, our MEPP project was focused on pediatric practices in Josephine County only, as the majority of our pediatric members are located in this county. We contacted 251 families, with 54 enrolled in the program total. In 2022 we expanded this project to our entire service area and added Jackson and Curry Counties. Of 1,168 members identified in the 6-18 year old age group with possible asthma diagnoses, 581 enrolled in 2022. The program appears to be most welcome to families with children with moderate to severe asthma; many who opted out had mild asthma or isolated/seasonal episodes of wheezing that were well controlled (per feedback given to our respiratory therapy staff conducting the assessments). The provider offices were very excited about this intervention, as well as the additional educational resources and equipment (spacers, peak flow meters) provided.



Race and ethnicity data is below:



White	602
African	10
American Indian/Alaska Native	15
Asian	5
Hawaiian/Pacific Islander	4
Hispanic	60
Bi/Multiracial	13
Other	459

Of the 1,168 children eligible, 1,119 identified as English speaking, 16 Spanish, and 1 Punjabi; all additional responses were undetermined.

Additionally, 97 members were identified as disabled, with 7 who identified as blind, 4 that identified as deaf/hard of hearing, and 18 that were LTC/LTSS. Other categories identified were: other communication issues; needing assistance with errands, dressing or stairs; memory deficits; mood or behavioral issues; limited activity in any way; and learning issues.

D. **Project context**

For the OHA Medicaid Efficiency and Performance Program episode of care on Asthma, we chose to focus on the pediatric population (ages 6 – 18 years old due to the limitations of the available data from MEPP). In 2021, our focus was on Josephine County only; in 2022 we expanded this to include our entire service area and added Jackson, Curry and southern Douglas Counties (note that all Douglas County members are seen by offices in Josephine County and are included in that data, as no pediatric providers in the two zip codes in the Douglas County service area served).

Based upon MEPP data updated with 2021 services, across AllCare's entire service area, for Asthma episodes in the 6-18 age group, the avoidable adverse event (AAE) rate is 20% for 2021, down from 23% for this population for 2020. For our Josephine County pediatric population, AAE increased to 30% in 2021 from 21%. However, for Josephine County pediatric asthma episodes, 18% have nonzero AAE, down from 20%. As we expand our service area and the intervention matures, AllCare considers that the program will continue to reduce AAE. The full Pediatric Asthma MEPP episode experience for 2020-21 is reflected in the table below.

COUNTY	YEAR	AAE	TYPICAL	TOTAL	AAE DOLLAR PCTG	EPISODES	EPISODES WITH AAE	EPISODES WITH AAE PCTG	EPISODES OVER 50% AAE
ALL	2020	$73,203	$248,006	$321,209	23%	919	211	23%	107
ALL	2021	$107,730	$318,940	$426,669	25%	860	174	20%	91

COUNTY	YEAR	AAE	TYPICAL	TOTAL	AAE DOLLAR PCTG	EPISODES	EPISODES WITH AAE	EPISODES WITH AAE PCTG	EPISODES OVER 50% AAE
JOSEPHINE	2020	$40,114	$154,228	$194,342	21%	585	116	20%	57
JOSEPHINE	2021	$74,787	$170,980	$245,767	30%	545	97	18%	50
JACKSON	2020	$14,889	$52,914	$67,803	22%	236	64	27%	34
JACKSON	2021	$10,619	$54,638	$65,257	16%	171	36	21%	19
CURRY	2020	$15,379	$31,619	$46,998	33%	85	25	29%	14
CURRY	2021	$8,299	$53,004	$61,303	14%	79	9	11%	5

AllCare currently has an embedded care coordinator at our largest pediatric clinic. This care coordinator, along with our internal care coordination team and CCO plan respiratory therapists, initiated a program of provider and member education and reviewed each member's current asthma medication regimen leading to the creation of personalized asthma action plans. Once this review was completed, AllCare respiratory therapy staff reviewed the results and offered education and guidance in the event that a member's medication regimen was not optimal. Our primary goal is to improve medication adherence in this population by increasing patient/family education and the development of individualized asthma action plans. A secondary goal is decreased utilization of the emergency department and hospital admissions, which should lead to improved health and decreased costs.

Our respiratory therapist was able to outreach to 1,189 pediatric members over the last year. Several additional referrals came from our internal care coordination team, from data obtained from the Collective Medical platform for Emergency Department and/or hospital visits, from parents who asked for additional children to be enrolled, and directly from provider offices that were familiar with the program. When families engaged in the program, they were very enthusiastic about the educational resources offered (both print and video formats), and reported feeling more confident in managing their child's asthma symptoms, understanding peak flow readings, utilizing medications properly, and knowing when to call the doctor based on all of these parameters. When applicable, both parents and sometimes the pediatric members themselves were referred for tobacco cessation. Information was provided about the impact of infectious disease and other triggers on asthma, and information regarding influenza and COVID-19 vaccines was provided. There was significant interest in referrals for weight management programs for overweight youth however local resources are currently scarce for this age group.

Barriers included inaccurate contact information for families (both address and telephone). Another major barrier for this age group is inaccurate diagnostic coding; many of the parents contacted stated that their child did not have chronic asthma, but may have had an isolated wheezing episode that was captured in the MEPP data. Another barrier was lack of engagement by patients or families; this was lessened if the provider offices were engaged in and supportive of the program.

E. **Brief narrative description**

Pediatric asthma is the most common chronic disease affecting the pediatric age group, leading to significant morbidity. Despite this, compliance with controller medications is frequently low leading to increased utilization of the Emergency Room and potentially avoidable hospitalizations. Low-income, minority children are affected more commonly, with more severe exacerbations and greater rates of intensive care admission, mechanical ventilation, and death compared

to white, higher-income children and adults with asthma. Nationally, 50.3% of children diagnosed with asthma had uncontrolled asthma. The percentage with uncontrolled asthma was higher among children aged 0-4 years (59.1%) and blacks (62.9%). It also varies by state but does not seem to follow a specific geographic pattern (CDC Uncontrolled Asthma among Children 2012-2014). Children aged 5 – 17 years accounted for 13.6% of all Emergency Room visits in the US compared to 6.6% for children aged 0-4 years (QuickStats 2014-2015). Oregonians who are disproportionately affected by asthma are those without a college education, with lower incomes or who are enrolled in the Oregon Health Plan (OHP, Oregon Medicaid, and Children's Health Insurance Program). Families with lower incomes are more likely to live in substandard housing, smoke and have higher disease morbidity (Oregon Asthma Leadership Plan 2014-2019)

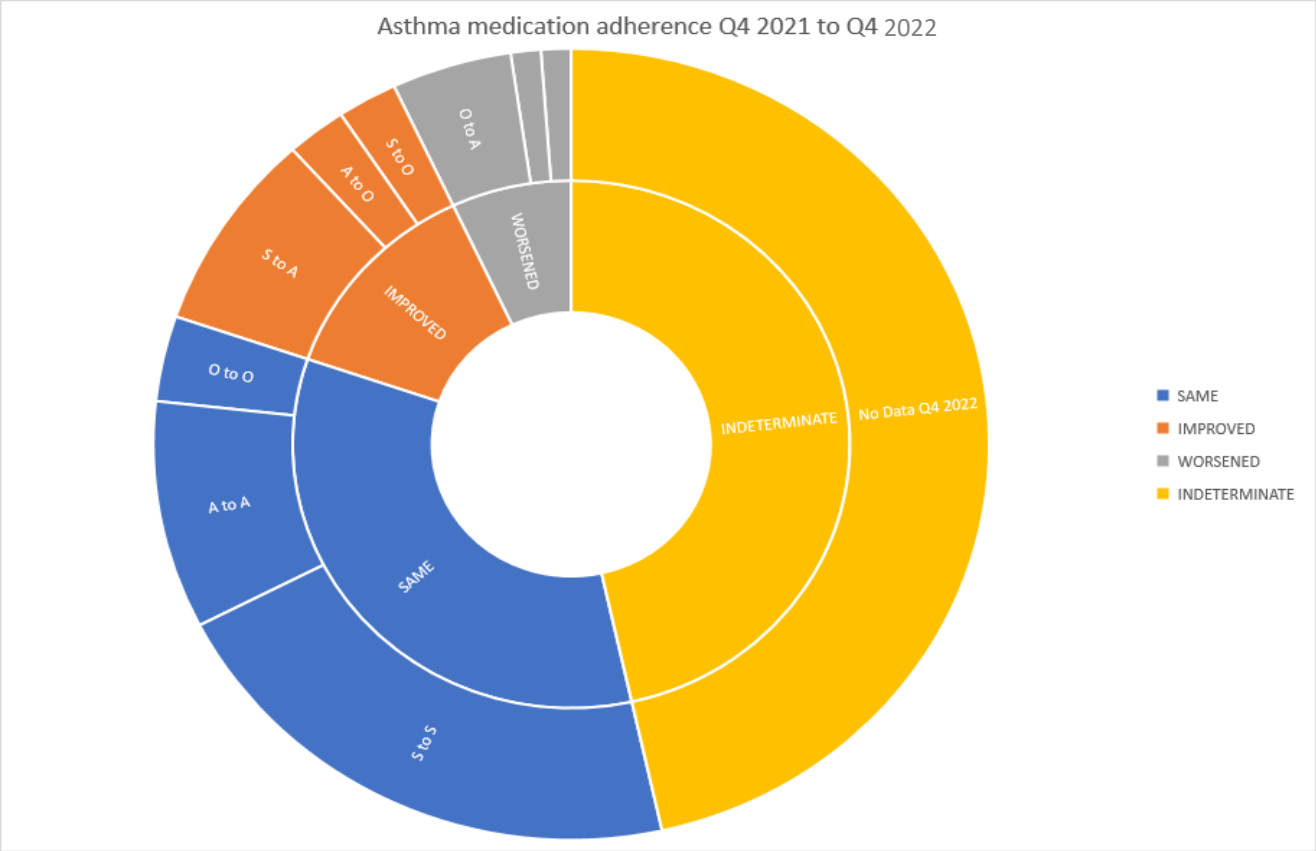
F. Activities and monitoring for performance improvement

Activity 1 description: Review medication profiles for the prescription of, and compliance with, asthma controller medications

☐ Short term or ☒ Long term

Monitoring activity 1 for improvement: AllCare CCO plan pharmacists will review medication profiles (Drug Utilization Evaluations) for this population and provide reports to the PCP offices. These medication profiles will be reviewed quarterly for medication adherence and feedback provided to the PCPs. In these measures, any patient with 2 or more fills of inhaled asthma medication is defined as having asthma, and patients with 4 or more fills in 12 months are considered to have persistent asthma. Patients with persistent asthma are categorized by the ratio of controller medications to total medications. Patients with no inhaled corticosteroids (ICS) or less than 33% of their fills as ICS are considered to have sub-optimal medication ratios. Patients with 33-50% of their fills as ICS are acceptable, and those with more than 50% of their fills as ICS are considered to have optimal medication ratios. Please note that oral agents such as Singulair and Accolate are not included in these calculations.

Monitoring measure 1.1	Compliance with asthma controller medications			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
2021 – 540 members (Josephine Co. only) 2022 – 1372 members (entire service area – 448 with PAC/AAE 33%)	Improve by 5%	12/31/2023	>50% adherence rate (National Standard is 50.3%)	12/31/2024



Same		Improved		Worsened		Indeterminate= no Q4 data available
S-S	18	S-->A	7	O-->A	4	40 (46.5% of identified members)
A-A	8	S-->O	2	O-->S	1	
O-O	3	A-->O	2	A-->S	1	
	33.70%		12.80%		7%	
86 total members with pharmacy date in 2022						
30.2% with Acceptable or Optimal adherence						
Key						
S= suboptimal adherence						
A=acceptable adherence						
O=optimal adherence						

As indicated above in the discussion of barriers, a large number of our population identified in the MEPP data did not meet the criteria for persistent asthma, based on prescription fill data available from our pharmacy benefit manager. However, of the population that met this criteria, 12.8% showed improvement in medication adherence during the last year, with 30.2% showing acceptable or optimal adherence to their controller medications.

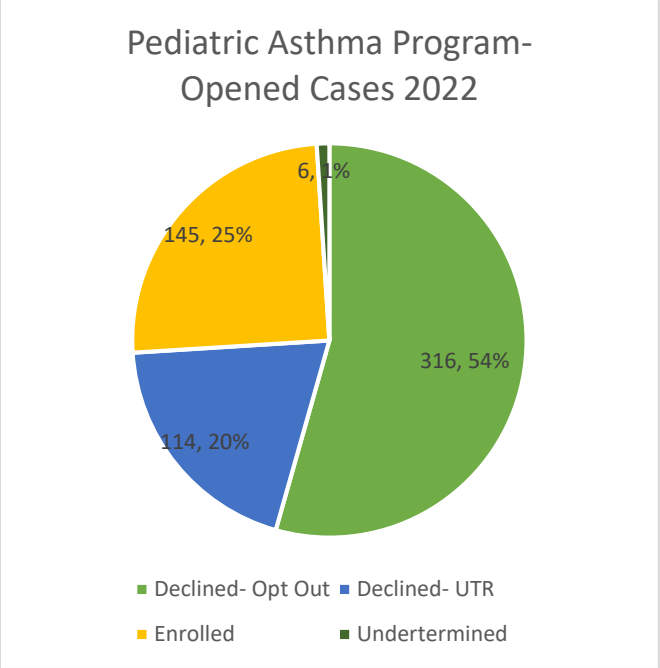
Activity 2 description: Development of asthma action plans for each pediatric member identified with a diagnosis of asthma

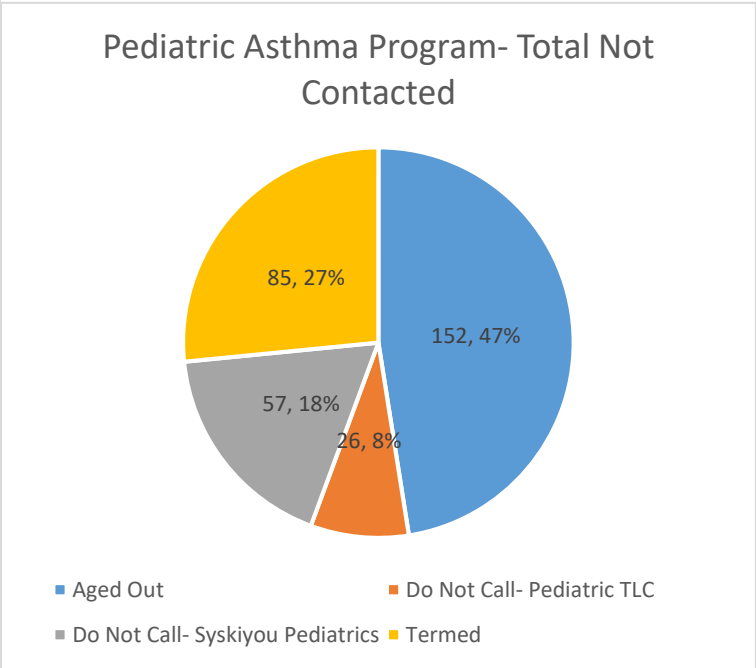
☐ Short term or ☒ Long term

Monitoring activity 2 for improvement: Plan respiratory therapist will work with care coordination staff and the pediatric practices to develop a personalized asthma action plan for each identified member. This will include a

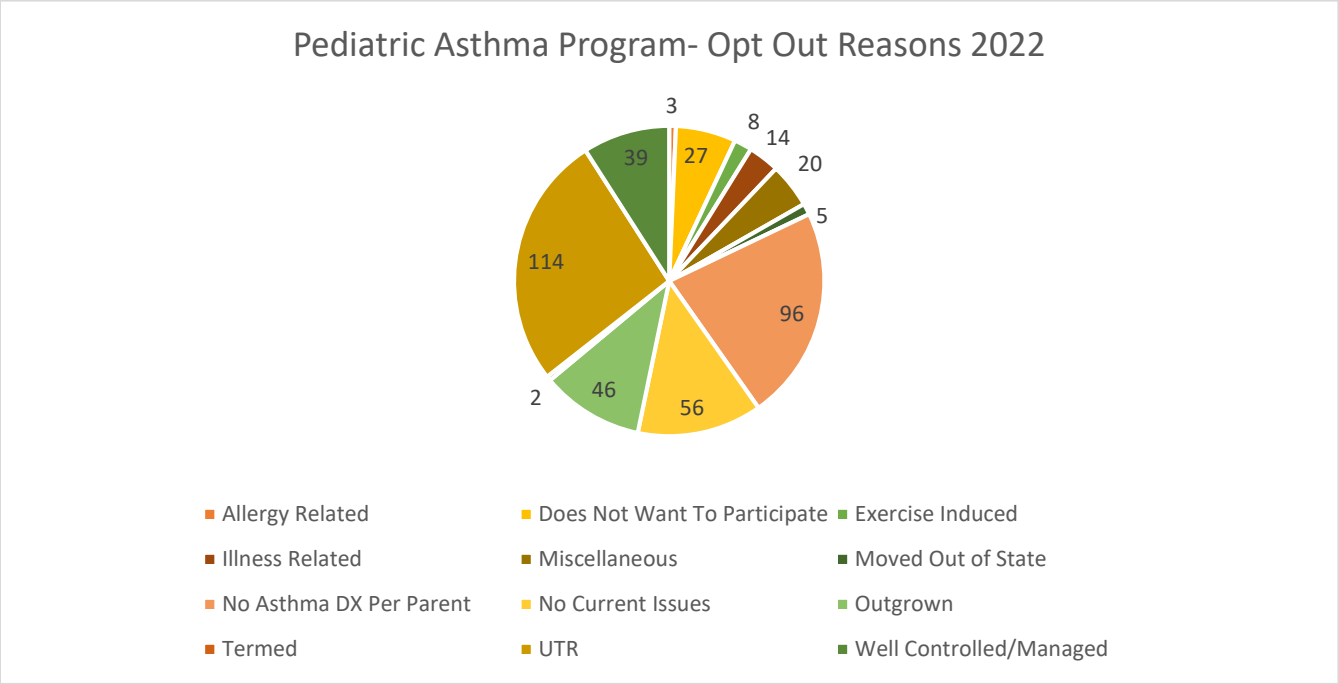
medication plan, as well as evaluation of potential triggers or risk factors leading to asthma symptoms. The plan RT and care coordination staff will work with the PCP offices to address any potential issues (exposure to second hand smoke, environmental factors, comorbid allergic rhinitis, etc.) and provide appropriate referrals and interventions as indicated.

Monitoring measure 2.1	Asthma action plans completed			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
2021 – 540 patients in Josephine County 2022 – 1372 patients in entire service area	Outreach to 50% of identified members with enrollment of 10% into care coordination and completion of asthma action plans	12/31/2023	50% of identified members having completed asthma action plans	12/31/2024





Our CCO plan respiratory therapist diligently reached out to the families identified with an asthma diagnosis per the MEPP data, with the exception of those that had aged out, terminated from the plan, or had been designated by provider offices as “do not call” (usually because the office felt that this child did not have asthma and disagreed with the MEPP data). Of the remaining 885 children, 53.7% declined to participate (see pie chart below), and an additional 18.4% were unable to be reached (UTR). 22.4% of the pediatric members enrolled in the program, with 2 enrolling for a second “season”!



Our plan Respiratory Therapist has been adding to the list of pediatric members that may be appropriate for this program as identified by either age, a new diagnosis of asthma, or have had an asthma-related ED visit and/or hospitalization with the past 6 months.

Activity 3 description: Monitor ED and hospital utilization

☐ Short term or ☒ Long term

Monitoring activity 3 for improvement: Plan Respiratory Therapist will monitor a weekly report (Collective Medical) that will track recent Urgent Care, ED and hospital utilization for the target population. 2018-2020 MEPP data shows that Emergency Department utilization had $66,815 in typical costs vs. $29,057 in AAE (30%).

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
2019 - $119, 736 spend for Josephine County ages 6-18 years old 2018-2020 data for entire service area is $29,057 for ED visits alone	Reduce by 5%	12/31/23	Decrease utilization by 20%	12/31/24

In 2022, the pediatric members in this population had 157 ER visits total, with a total spend of $131,652.75 (average of $849.37 per visit). 39 of these visits were for an asthma-related diagnosis. There were 25 ER visits for members enrolled in the program, with 6 being for an asthma-related diagnosis. The total ER spend for program members was $16,710.43 ($726.54 average per member). The total spend for asthma-related ER visits for members in the program was $5,921.94.

ENROLLED	UNIQUE MBRS	MM	ANNUAL AVG TOTAL COST	IN PROGRAM ER VISITS P1000	AVG ER VISIT	INPAT P1000	AVG INPAT STAY COST
Y	197	2,322	$2,287	23.7	$385	3.0	$10,916
N	1,341	15,557	$3,375	37.5	$472	4.9	$24,860

A. **Project short title**: Project 8: MEPP - CGM expansion to address under utilization

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
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☒ Yes ☐ No

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.

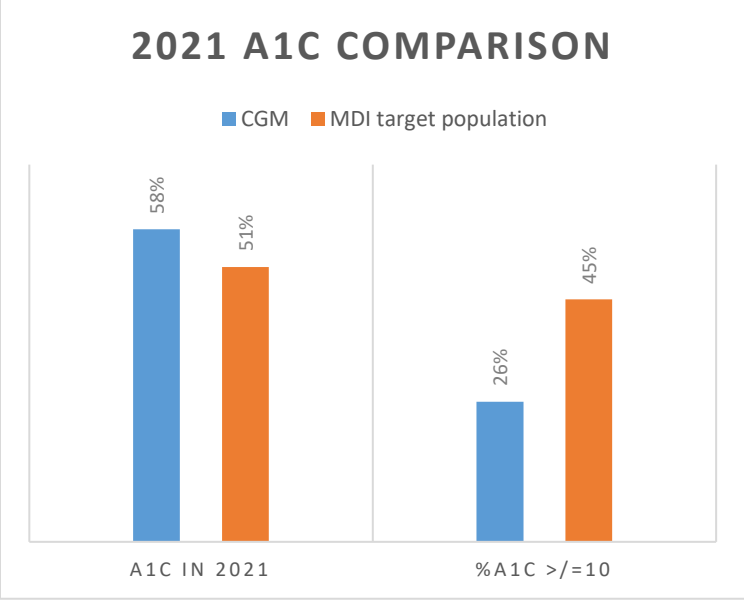
Through the UMCPGURC group AllCare has identified new opportunities to discover and address over and underutilization. Prior projects included in the TQS reports included addressing underutilization of PrEP and HCV medications, overutilization of ED services, and increasing access to second opinions. 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) through changing utilization management policies and encouraging engagement in case management.

Current CPG including the 2022 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. The Oregon Health Plan prioritized list does not include CGM coverage for members with T2D (Prioritized List February 1 2023; 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 attempt to improve patient outcomes and to better align with current clinical practice guideline recommendations.

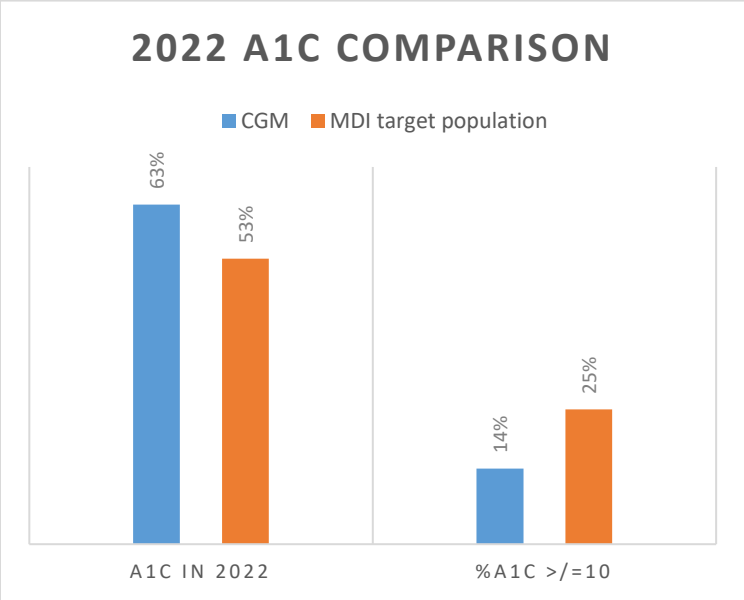
D. Project context

AllCare CCO has seen an increase in utilization for continuous glucose monitors (CGM) in our type 2 diabetic (T2D) adult population. In 2021, 8% of the adult T2D population was using a CGM. Prior to the start of 2022, we identified 238 members as candidates for CGM. This group was our target population for intervention. 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).

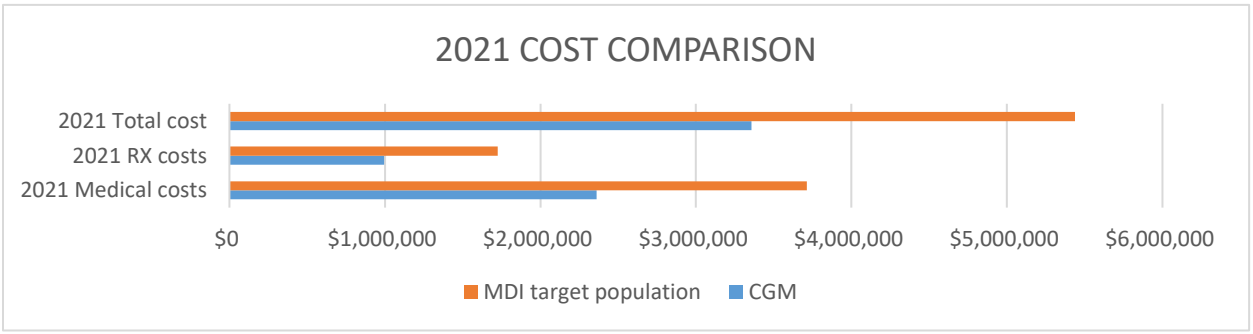
AllCare CCO has partnered with our durable medical equipment supplier, Byram, to provide PCPs and endocrinologists with lists of our targeted members. The providers may prescribe CGM for these members if they consider it medically appropriate. AllCare CCO believes expanding CGM coverage will improve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

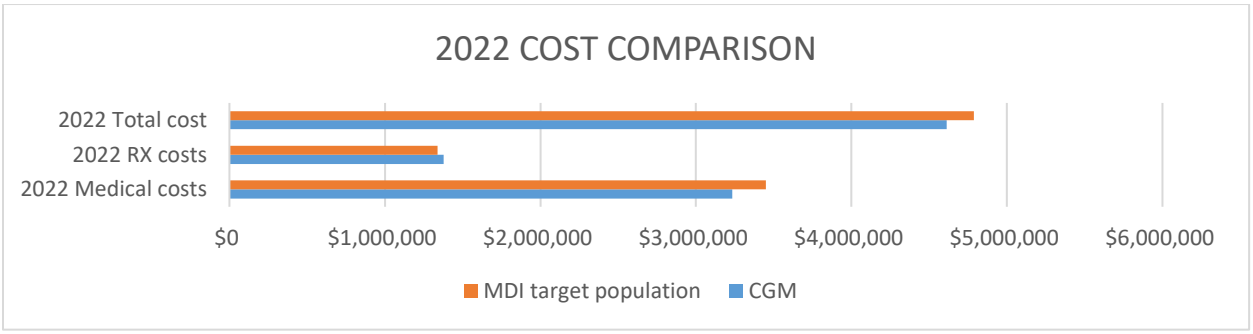


In comparing our populations in 2021, we found our current CGM population had a lower average A1c than our MDI target population (9.2 vs 10.0). The CGM population was also more likely to have had an A1c taken in 2021 than the target population (58% vs. 51%). The MDI target population had a much greater percentage of member 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.



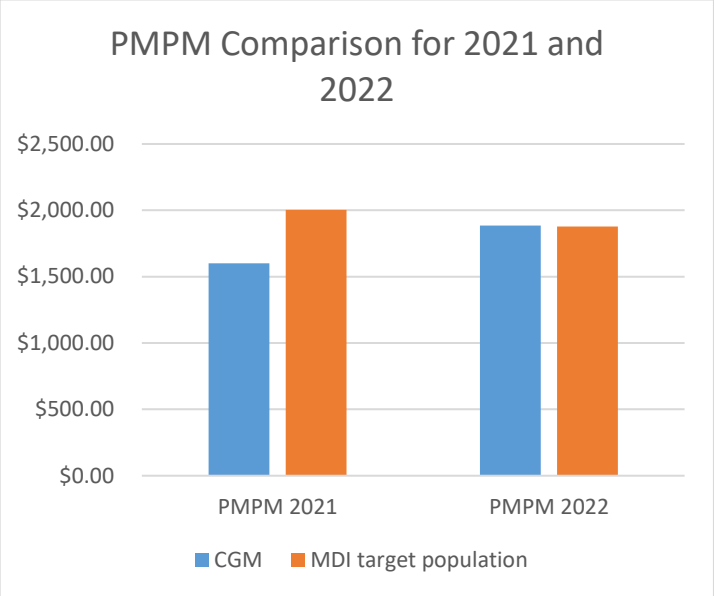
In 2022, the CGM population continued to have a lower average A1c than the MDI target population (9.0 vs 10.0). The average A1c decreased for the CGM population in 2022 compared with 2021 (9.0 vs 9.2), while the average A1c remained elevated at 10.0 for the MDI population in 2022. As in 2021, the CGM population was also more likely to have had an A1c taken in 2022 than the target population (63% vs. 53%). Again, this was an improvement year over year for the CGM population (63% vs 58%) while the MDI population also improved slightly (53% vs 51%). The MDI target population continued to have a higher percentage of members with an A1c greater than or equal to 10 than the CGM group in 2022 (25% vs 14%). Both groups saw a decrease in percentage of members with a severely elevated A1c in 2022 compared with 2021.





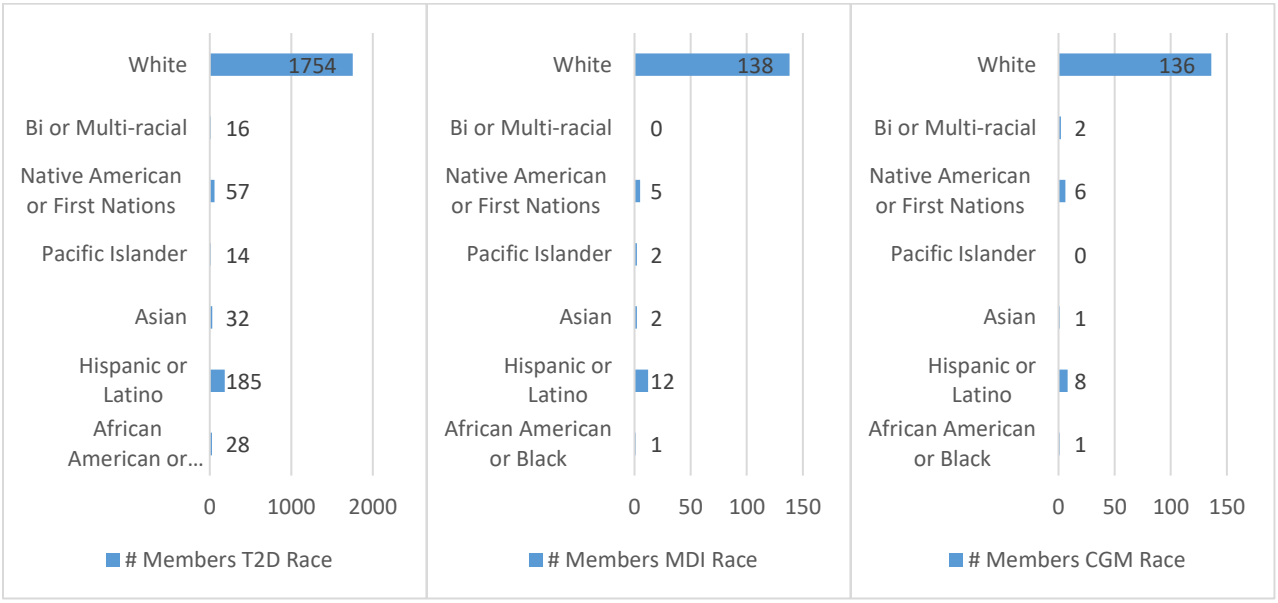
Costs continued to differ between our groups in 2021 and 2022. Total spend for the CGM population in 2021 was just under 3.4 million dollars and a per member per month (PMPM) of $1,600. In contrast, the total spend for our target population was just over 5.4 million dollars and a PMPM of $2,003.

In 2022, total expenses for our T2D adult CGM members increased to 4.6 million dollars. An increase of 1.2 million dollars compared with 2021. Total costs for CGM members were still lower than our MDI target population which was just under 4.8 million dollars for 2022. This was a decrease of $600,000 from the prior year's total spend. Costs increased for the CGM population towards the end of 2022 with an increasing number of members moving from the MDI to CGM population. When looking at the 2022 PMPM, we found the CGM and MDI members were close in PMPM costs in 2022: $1,886 vs. $1,877. The CGM group costs are increased in 2022 with the upfront cost associated with CGM devices included.



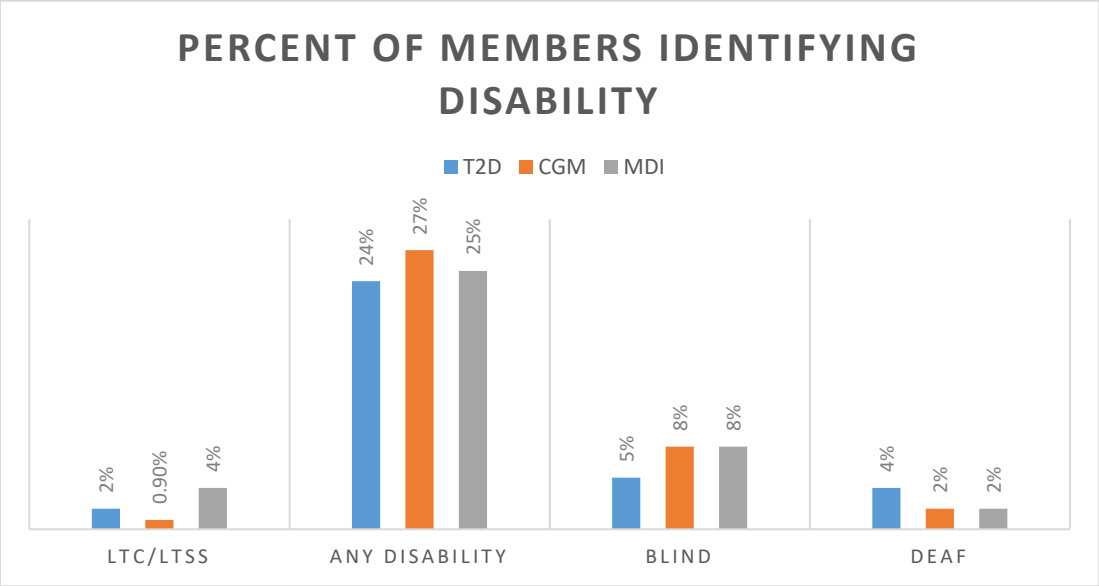
Cost totals reported in 2021 did not include outpatient pharmacy data and have been adjusted for this report to reflect the correct totals for both 2021 and 2022.

AllCare CCO feels that these cost comparisons are an important item to highlight. The cost of durable medical equipment for CGM can be significantly more expensive than SMBG supplies especially when initiating CGM. 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 in 2020.



In reviewing REALD data for our T2D, CGM and MDI populations, there are similarities between all three groups. In both the CGM and MDI populations, the majority of members identified as white: 136 (64%) for CGM members and 138 (60%) for MDI members. Twenty-eight percent of CGM and 31% of MDI members declined to answer their race. Hispanic or Latino members accounted for 4% of the CGM population and 5% of MDI group. The T2D adult AllCare CCO population fell along similar trends: 60% identify as white and 6% as Hispanic or Latino; 28% declined to answer. All other self-identified racial groups accounted for less than 5% of any cohort.

For language spoken, the majority of T2D members, CGM members and the target MDI member population identified as English speakers: 96%, 98%, and 98% respectively. Two members in our CGM and three members in our MDI cohort are listed as speaking Spanish or Castilian. One member in each cohort spoke a language other than English or Spanish. Of interest, 30 members in the T2D population indicated they required interpreter services while no members in either the CGM or MDI population indicated this was required. This is worth looking into further to see why this variance is occurring.



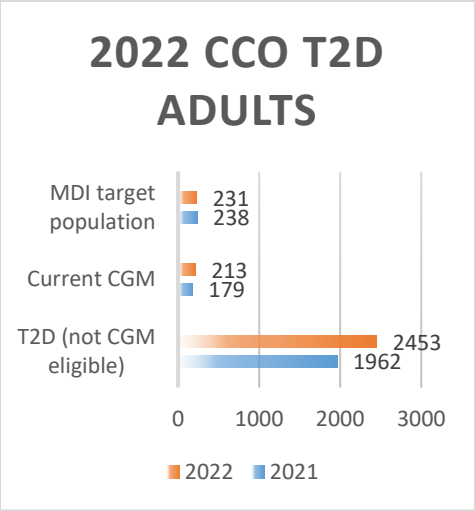
The percentage of members identifying a disability or requiring long term support services (LTSS) or long term care (LTC) were similar along the adult T2D, CGM, and MDI populations. There were slight variances; the MDI population was more likely be classified as needing LTSS/LIC services, and the CGM population was more likely to identify have at least one disability than the other populations.

E. **Brief narrative description**

The initial inspiration for our project for CGM expansion was 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 utilizations 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.

In addition, for the OHA Medicaid Efficiency and Performance Program (MEPP) episode of care on diabetes, AllCare CCO identified that currently enrolled adult members with T2D who are both in the top 20% of avoidable adverse event expenses (AAE) and over 50% of all AAE are responsible for 78% of all avoidable expenses. Between 2018 and 2021 this population incurred 2.6 million dollars in avoidable adverse events expenses compared with the typical expected expenses of just over $700,000 for this population.

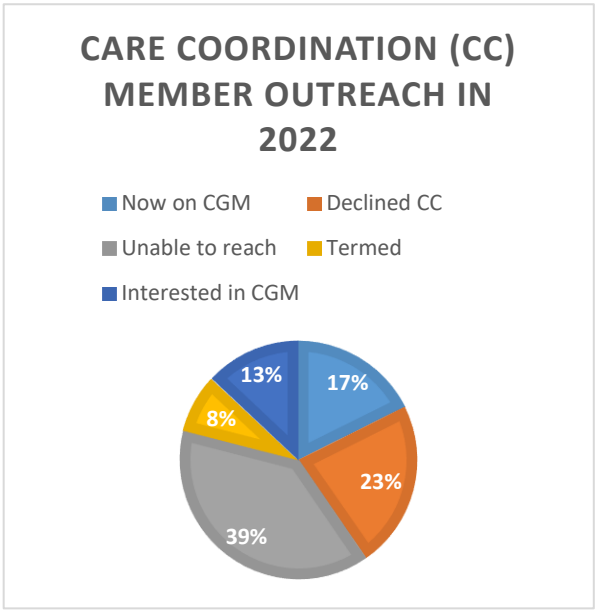
OHA Transformation and Quality Strategy (TQS) **CCO:** AllCare Health



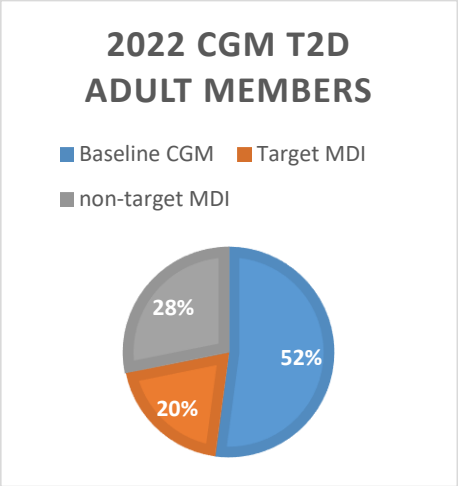
When we began this TQS project, our initial goals revolved around creating new policies for coverage and developing criteria for identifying our target population for CGM expansion. We have completed these goals. We found this to be a passive intervention; even with expanded coverage criteria our CGM population remains less than 10% of all adults with T2D. For 2022, AllCare CCO identified 238 adult T2D CCO members on multiple daily injections of insulin that could benefit from CGM. These members were contacted by our Care Coordination team to provide information about CGM and the changes in AllCare criteria. In addition, AllCare CCO partnered with Byram to outreach to our local endocrinologists and primary care providers with letters detailing the policy changes for CGM eligibility as well as patient lists from our identified target population.

Along with an increase in CCO membership for 2022, we saw an increase in adult members with a diagnosis of T2D. The total number of adults with T2D was 2379 at the end of 2021, and increased to 2897 by the end of 2022. We also saw an increase in members with approved CGM services over the end of 2022 compared with 2021 (213 vs 179), although our target MDI population remained essentially flat (231 vs 238) year over year.

After identifying the target population for 2022, the immediate work was to move the target population onto CGM when the provider agreed it to be appropriate. We divided our outreach into two arms. Our internal Care Coordination teams attempted outreach by phone and letter for each of the 238 members to inform them of the CGM benefit expansion and encourage them to contact their provider if interested in pursuing this service. Outreach was attempted three times. If the Care Coordinator was unable to reach the member by telephone, a letter was sent. In total, we were unable to reach 92 members, 39% of our target population. An additional 19 members (8%) termed from the plan prior to the end of the year. Fifty-four members (23%) were successfully contacted but declined Care Coordination intervention. We were successful with 30% of the target population, however. Forty-two members (17%) that engaged with Care Coordination were started on CGM during 2022, and an additional 31 members (13%) expressed positive interest in CGM services.



Our second outreach initiative was provider focused. During 2021, we were presented with an opportunity to partner with Byram, our preferred durable medical equipment (DME) provider and primary CGM vendor, to support the Byram Connect app for adult T2D CCO members. This aligned with our CGM expansion initiative. AllCare CCO partnered with Byram to contact the regional endocrinology clinics, local FQHCs, and targeted PCPs with large panels of CCO T2D members. Individual providers or provider groups received a letter explaining the coverage expansion for CGM for AllCare CCO members and promoting the Byram Connect app as free for AllCare members. Each clinic was provided a list of their patients that were identified by the CCO as possible candidates. In addition, the Southern Oregon Byram representative went out to each office or clinic in person in March and December to meet with the clinicians and staff to provide education around our initiative and the Byram app.



We started 2022 with 179 members in the CGM cohort; by the end of 2022, only 111 of those members remained on the CCO plan and receiving CGM supplies. Throughout 2022, we approved CGM services for an additional 102 adult T2D members on MDI. Forty-two members were part of our identified target MDI population and 60 were outside of the targeted population but were approved due to our expanded CGM criteria.

At the end of 2022, member profiles were reviewed to reevaluate our target population and 231 members were identified as possible CGM candidates going forward. Less than half of these (106 members) were on the target list from the year prior and 125 members were newly identified.

In reviewing the clinical literature, patients with T2D who move from self-monitored blood glucose 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 when comparing our CGM population with the MDI target population still using SMBG or no monitoring at all; for 2022, members on CGM had a difference of -1.0 in average A1c compared with the MDI population (9.0 vs 10.0).

In addition to improved A1c and decreased costs, over time we have observed our CGM population is more engaged in endocrinology than the MDI population in both 2021 and 2022 (70% vs 47% in 2021; 76% vs 32% in 2022). There was more engagement with CCO Care Coordination (10% in 2021; 15% in 2022) in the MDI population year over year and in comparison with the CGM group in 2022 (11% vs 15%). Although these are not goals for TQS, we continue to track these data points.

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	100% of diabetic member profiles	6/2023	N/A	N/A

for member identification and suitability determination	reviewed for eligibility/suitability for CGM			
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- not met (30% for 2021 and 2022)	Current A1c values for 50% of T2D population	12/2023
Collecting A1c for at least 60% of the CGM population	Collect A1c for at least 75% of the CGM population	12/2023		

AllCare CCO met the goal 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 were identified for CGM candidates at the end of the 2021. The T2D population was reviewed again at the end of the 2022 and an addition 119 members were identified for possible outreach. One hundred and twenty-one members identified in 2021 remained on the target list. Attrition was attributed to members converting to CGM, terming off the plan and stopping insulin use. At the end of 2022, an additional 125 members were identified as new for our MDI 2023 target population. Our goal is to have all CCO T2D member profiles reviewed to find those who are using multiple daily injections of insulin to target for CGM outreach.

AllCare CCO did not meet our goal for collecting A1c results for 2022. The goal was to collect at least one A1c lab for at least 50% of adult T2D CCO members. In 2021, we received A1c results for 30% of this population and 29% for 2022. The goal has been adjusted for 2023, as 80% appears unattainable for the entire population.

When looking at the CGM population the number was much higher. Sixty-three percent (63%) of CGM members had at least one A1c lab in the last year. This is an increase from 58% in 2021. The target MDI population was also more likely to have had an A1c compared with the T2D population as a whole. In both 2021 and 2022, half of the MDI members had a recent A1c.

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 (new target list)	25% of eligible members contacted	9/2023	50% of eligible members contacted and engaged on CGM	12/2023

AllCare CCO did not meet the 25% goal for the end of 2021. AllCare CCO exceeded the goal for 2022, however. We attempted to reach all 238 target members during 2022 and successfully contacted 53% members. Twenty-three percent of members declined Care Coordination, while 30% accepted the education intervention. Of those 30%, 17% were subsequently prescribed CGM.

Moving forward, we will continue to identify and outreach to potential members for CGM services. At the end of 2022, an additional 125 members were identified as new for our MDI target population.
Our goal for 2023 is contact and engage at least 50% of these members to educate about their access to the expanded CGM benefit.

Activity 3 description: Review outcomes from CGM expansion

☐ Short term or ☒ Long term

Monitoring measure 3	Improvement in A1c; changes in cost			
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 CGM population				
Current CGM average annual costs (2021) $18,749; PMPM $1,600	Decrease average 20%	12/2022	Decrease average 25%	12/2025

AllCare CCO members on CGM had a decrease in percent A1c between 2021 and 2022 of -0.2% (9.0 vs 9.2). The MDI target population that started CGM in 2022 had an average decrease of -0.3% (9.7 vs 10.0) at the end of 2022. The 60 members approved for CGM due to the expanded criteria had an even larger difference in A1c than the MDI population by the end of 2022. Their average percent A1c was 1.3 points lower: 8.7 vs 10.0.

The average total cost for the MDI population dropped 9%. This is short of the 2022 goal of 20%. In looking at PMPM data the PMPM for the MDI target population decreased 6% from $2,003 to $1,877 from 2021 to 2022. For 2023, we will continue to observe cost trends between groups. We saw a significant increase in costs for CGM members as we approved services for more than 100 members new to the service. Upfront costs for CGM are higher than maintenance costs, so increased costs were expected.

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

	2021 CGM population	2022 CGM population	2021 MDI population	2022 MDI population
Total # members	179	213	238	231
Total # with a recent A1c	104	134	121	123
Total % with a recent A1c	58%	63%	51%	53%
A1c range	6.2-16.6	6.2-16.9	6.2-17.6	6.6-16.9
A1c average	9.2	9.0	10.0	10.0
Total % A1c >/= 10.0	26%	14%	45%	25%
# endocrinology	125	163	111	73
% endocrinology	70%	76%	47%	32%
# in Care Coordination (CC)	22	24	24	34
% in CC	12%	11%	10%	15%
Total cost	$3,356,102	$4,611,594	$5,437,380	$4,787,239
PMPM	$1,600	$1,886	$2,003	$1,877
Mean cost per member	$18,749	$21,651	$22,846	$20,724

A. **Project short title**: Project 9: 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: CLAS standards
ii. Component 2 (if applicable): Health equity: Data
iii. Component 3 (if applicable): Choose an item.
iv. Does this include aspects of health information technology? ☒ Yes ☐ No
v. If this is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
☐ Neighborhood and build environment ☐ Social and community health
vi. If this is a CLAS standards project, 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
vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. **Component prior year assessment**

In 2022 AllCare worked with at least 24 different medical offices/organizations to increase their Language Access. This included but was not limited to: Providing resources and training regarding Language Access, regular meetings, policy and workflow reviews, language access trainings, 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 on their staff and have changed their workflows to better accommodate their Limited English Proficiency (LEP) patients. This has increased language access not only for AllCare members but also for the LEP community. AllCare has also continued to

work on providing more American Sign Language (ASL) interpreters in 2022. AllCare had an ASL interpreter trained in our Interpreter Training class and has contracted with an additional ASL interpreter.

Due to COVID, many of the local Interpreters had to relocate out of the area. AllCare has continued to work on increasing the number of State Qualified Medical Interpreters in the community. A total of 22 interpreters passed our Interpreter Training Class in 2022 and AllCare submitted applications to OHA for each to become State Qualified Interpreters. AllCare offered a full scholarship to all of the Interpreter Training Classes held in 2022 in order to increase the number of interpreters in our community and to help facilitate the class to those who otherwise may not be able to afford it. AllCare will continue these trainings in 2023.

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 reviewing REALD data, AllCare identified a discrepancy for LEP members needing Spanish interpreter services having much lower visit rates than those who spoke other languages. Lower visit rates were also recognized for members needing an interpreter who identified as Hispanic or Latino Mexican and Other Hispanic or Latino. This trend was identified in another TQS project regarding Appeals and Grievances. AllCare CCO conducted interviews and held discussions with community partners that service the Latino/a and Hispanic populations to determine the root cause of why LEP members are not submitting grievances and appeals. During the exploratory phase it was determined there were three main reasons for this particular population not submitting grievances or appeals. 1) The population does not have a full understanding of their benefits and what their rights are; 2) there is a cultural aspect for the Latino/a and Hispanic populations to not complain or appear to cause issues for others; 3) there is a fear of retaliation from either the government or from the provider.

In addition to building on increasing language access, AllCare has 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 were posted online and presented in a public event in 2022. 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 were distributed to LEP individuals at public events. In addition, AllCare CCO has been invited to speak with the members of SOHealthE, Southern Oregon's regional equity coalition, on April 5, 2023 to provide education about the AllCare CCO Plan including member benefits and rights. AllCare CCO will be working with the internal Health Equity Committee and our community partners to develop culturally specific material for the Latino/a and Hispanic populations.

Language	Member Count	%w/ Encounter
Bulgarian	1	0%
Spanish	355	30%
Korean	3	33%
Gujarati	3	33%
Russian	4	50%
English	113	53%
Mandarin Chir	11	55%
Thai	5	60%
Punjabi	3	100%
Portuguese	1	100%
Lao	1	100%
French	1	100%
Chuukese	1	100%
Cebuano	1	100%
Ukrainian	6	100%
Undetermined	15	100%

Race	Member Count	%w/ Encounter
Other	13	15%
Asian Indian	5	20%
Korean	4	25%
Hispanic or Latino Mexican	152	27%
Other Asian	3	33%
Indigenous Mexican, Central American or South Amer	5	40%
Other Hispanic or Latino	127	40%
Chinese	13	46%
African American	2	50%
Western European	6	50%
Filipino/a	3	67%
Unknown/Did not answer	168	70%
Other White	49	71%
Eastern European	1	100%
Hispanic or Latino Central American	7	100%
Hispanic or Latino South American	4	100%
Micronesian	2	100%
Multiple Racial or Ethnic Identity	3	100%
Slavic	2	100%

Members needing interpretive services with disabilities or who needed ASL interpreters did not have significantly lower visit rates.

	Member Count	% w/ Encounter
Sign Language	22	64%
Disabled	71	49%

E. Brief narrative description

AllCare completed trainings for offices and Interpreters throughout 2022 and the AllCare Language Access Manager has continued working directly with at least 24 organizations including Federally Qualified Health Centers to increase language access within their organization.

For 2022 AllCare has established:

- A report to monitor the number of interpreters and the languages available (including ASL) within the region.
- Monitors the number of Limited English Proficiency (LEP) Members with any encounter.
- Plan for targeted increases in interpreters in alignment with data.

By monitoring all services and encounters for LEP patients, AllCare is able to identify where there are gaps in connecting to a provider and offer targeted interventions with the Language Access Manager. Monitoring the availability of interpreters is also critical to assess the need for additional certified interpreters in the area.

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

F. Activities and monitoring for performance improvement

Activity 1 description: Yearly encounter rates for LEP individuals is measured against AllCare's population as a whole. Current data shows 48.5% of LEP individuals have had any encounter. Primary Care will be targeted, however AllCare would like to increase all encounters for LEP members by 5.5% with a target of 54%. The current encounter rate for LEP individuals who need a Spanish interpreter is 30%, we plan to provide additional outreach to this population and strive to increase their encounter rate by 5%.

☐ 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)**
Current data shows 48.5% of LEP individuals have had an encounter.	Increase any encounter rate for LEP members by 5.5% with a target of 54%	01/2024	Increase any encounter rate for LEP members to 57%	01/2025
Current data shows LEP individuals who need a Spanish interpreter have an encounter rate of 30%	Increase any encounter rate for this population by 5% with a target of 35%	01/2024	Increase any encounter for this population to 38%	01/2025

Activity 2 description:

AllCare currently provides an Interpreter Directory that lists State Qualified or Certified Interpreters to our local provider network as a resource for them to use for their LEP patients. AllCare covers the cost for the Interpreter Services provided for our AllCare members in order to help increase Language Access to our members. In 2022, AllCare paid for at least 306 interpreter services for medical encounters for our members. (Note: Incomplete Reporting and rolling reporting for 2022: this number reflects services provided from Q4 2021 through Q3 2022. Full year 2022 reporting will be completed in March 2022). AllCare's Interpreter Directory contains 25 Interpreters. AllCare also partnered with Linguava Language Services not only for AllCare's lines of business, but also for the Provider Network. We encourage our Provider Network to utilize both resources according to the member's need; always recommending in-person interpretation versus over the phone.

☐ Short term or ☒ Long term

Monitoring measure 2.1	Increase number of patients that receive interpreter services from OHA Certified or Qualified Interpreters.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Current % of contracted clinics reporting Interpreter data is 22%.	Increase the contracted clinics reporting Interpreter services to 53%	12/2023	Increase contracted clinics reporting interpreter services to 75%	12/2024

Description / Note: Reporting is down from 53% in 2021. This is due to several factors. This data was collected off of the sample population as recorded in 2022. According to our Data Science staff, they have noticed 'reporting fatigue' from our Provider Network. The 22% is also from Quarter 1 through Quarter 3 since reporting for Quarter 4 has not been completed yet; we expect the final percentage to be higher than 22%. AllCare's goal for 2023 is to get back to our previous reporting of 53% and to keep increasing from there.

A. Project short title: Project 10: MEPP - Addressing compliance with monitoring and medications in adults with hypertension

Continued or slightly modified from prior TQS? ☐Yes ☒No, this is a new project (continuation project for MEPP)

If continued, insert unique project ID from OHA: Add text here

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 is a social determinants of health & equity project, which domain(s) does it address?
☐ Economic stability ☐ Education
vi. ☐ Neighborhood and build environment ☐ Social and community health
vii. If this project addresses CLAS standards, which standard does it primarily address? Choose an item
viii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☒ Yes ☐ No

C. Component prior year assessment

When looking at MEPP data from 2018-2020 for the Hypertension Episode of Care for our CCO, we noted 900 members with a diagnosis of hypertension in the Blind or Disabled/Old Age Assistance (ABAD/OOA) categories of aid. Of this 900, 559 (62%) had at least one visit to the Emergency Department in this time period. A staggering total of $2.2 million dollars in AAEs (avoidable adverse events) is noted for this population, compared with $1.1 million dollars in "typical" medical costs (63% AAEs).

D. Project context

The Million Hearts 2022 national initiative emphasizes the implementation of evidence-based priorities and targets to improve cardiovascular health. Hypertension is often called the "silent killer" due to the significant morbidity it can cause before direct symptoms arise. This diagnosis also can disproportionately affect communities of color and those with other risk factors, who may have less access to care for a myriad of reasons. Preliminary review of internal AllCare data has found low utilization around home blood pressure monitoring, as well as with medication compliance and overall chronic disease management. Our goal is to increase prescription of automated blood pressure cuffs to the adult ABAD/OOA population and increase engagement with our Care Coordination Chronic Disease Management program with a goal to increase compliance with blood pressure home monitoring and medications. We believe that this will lead to better health outcomes, with decreased ED/hospital utilization, decreased morbidity and mortality, and overall lower health care costs for the associated adverse avoidable events such as hypertensive crisis, stroke, etc.

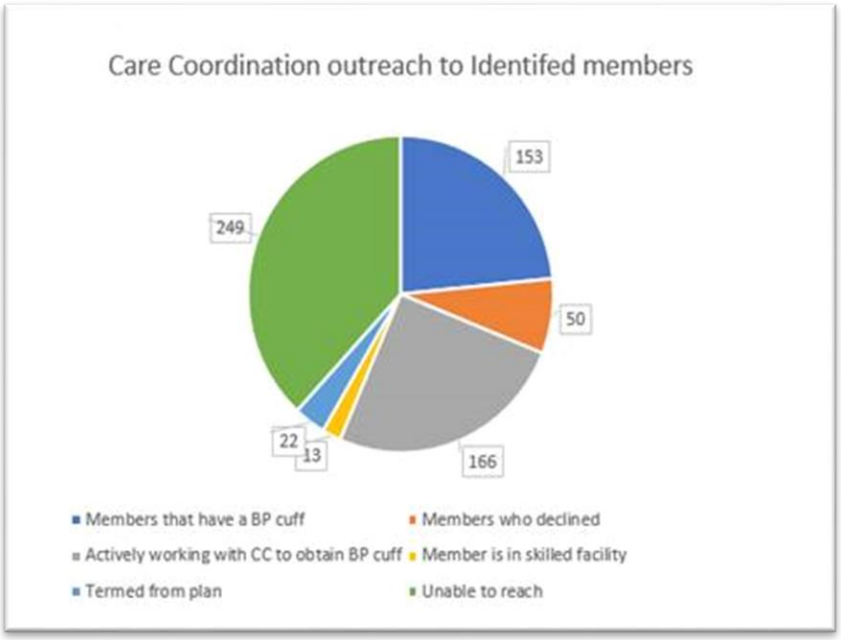
E. Brief narrative description

For 2022, AllCare CCO identified a target population for our outreach program. We looked at enrolled CCO eligible members in the ABAD/OOA categories of aid who are 18 years of age or older with a hypertension diagnosis and found 653 members that met this criteria. Our target goal to complete this review by March 2022 was met. We set additional goals for 2022 within the MEPP initiative to identify baseline medication adherence, emergency department and inpatient utilization and costs for the target population. The planned intervention was to outreach to the population and provide eligible CCO members with education on how and when to utilize their automated arm blood pressure cuffs, tracking this information in their blood pressure tracking log, medication compliance, and provide education and support member in engaging with their interdisciplinary care team. In addition, our Care Coordination Chronic Disease Management team would collect updated REALD demographic information, as well as information regarding key social determinants of health questions (transportation, food and housing insecurity, etc.) to update data surrounding potential health inequities for the population with this diagnosis. Our goal is that by having members increase

compliance with BP monitoring, this will increase their motivation to be compliant with medications and associated lifestyle modifications, such as increased exercise and healthier diet.

One of the additional 2022 goals was to identify medication compliance. The goal was set for completion by April 30th of 2022. This was delayed slightly to define what medications to include and how to measure compliance. Ultimately, we settled on using the same classes of medications the Centers for Medicare and Medicaid Services (CMS) uses to measure adherence for hypertension medications for Part D beneficiaries. These are medication classes acting on the renin angiotensin system: angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor antagonists (ARB). Unlike other medication classes used to treat hypertension, renin angiotensin antagonists have fewer additional indicated uses and are considered first line treatment for most HTN patients. Compliance was measured by the industry standard Proportion of Days Covered (PDC) calculation. The PDC is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. If the member has 80% or more days with an eligible prescription, they are considered compliant. With these parameters defined, baseline pharmacy data was collected and analyzed in the first half of 2022.

By of the end of second quarter 2022, the AllCare Care Coordination team finalized and implemented workflows for outreach to our target members regarding the program. Outreach began in July and continued through the end of the year. A total of 653 members were identified as meeting the target criteria of ABAD & OAA adult members with a diagnosis of HTN. Our Care Coordination Chronic Disease Management team attempted outreach to all 653. Outreach was completed before the end of 2022 to 363 (56%) of the target members: 166 (25%) agreed to Care Coordination. Another 153 (23%) members engaged with Care Coordination but reported they already had a cuff, and an additional 50 (8%) members declined the program. AllCare CCO was unsuccessful in outreach to 290 (44%) of our target population. Of the 290 members, we were unable to reach 249 (38%) by phone. Additionally, another 22 (4%) members had termed from the plan before Care Coordination could reach out to them, and 13 (2%) members were in a skilled facility at the time of outreach.



At the end of 2022, emergency room and inpatient utilization and costs were reviewed for the target population. In the first two quarters of 2022, 247 members (38%) had visited the ER for a total of 660 visits in the six month period. Five of the 247 members' visits had a diagnosis of hypertension listed as the primary reason for the ER visit. In the second half of 2022, ER claims had decreased; 194 unique members (30%) visited the ER for a total of 442 trips. Only one member's claim was attributed to a hypertension diagnosis. Costs decreased from $457,000 to $288,000 comparing the first half with the second half of 2022.

Inpatient stays for the target population followed a similar trajectory. There were 192 hospitalizations for 105 unique members (16%) from our target population in the first six months of 2022. In the second half of 2022, there were 131 hospitalizations for 79 members (12%). No hospitalizations in 2022 were attributed to hypertension. Total costs for inpatient stays for the population was $2.4 million in the first half of 2022, and $1.9 million in the second half.

Members with a 2022 claim for a BP cuff were just as likely to visit the ER or have a hospitalization as the target population. Thirty-four percent of the ABAD/OOA target adults visited the ER in the last six months of 2022, while 11% had a hospitalization. None of the visits listed hypertension as the primary diagnosis.

At baseline, looking at REALD demographics, we found our population to be overwhelmingly white, English speakers. The majority of members (77%) self-identified their race as white. Members that identified their race as Hispanic or Latino made up 3% of the population, as did members that identified as Native American or Alaska Native (3%). One percent of members self-identified as African American or Black. Less than one percent of the target population identified as Asian or as Pacific Islander, or as bi-or multi-racial. A large percentage of members (18%) declined to provide information around their race. The majority of members (99%) were English speakers. One percent of the target population spoke another language: seven were Spanish or Castilian speakers; one member was a Russian speaker and one was a Cebuano speaker.

A large number of target members (37%) identified at least one disability in our baseline data. Eight percent of the population were blind and another 8% included deafness as a disability. Eight percent of members require LTSS or LTC services.

F. Activities and monitoring for performance improvement

Activity 1 description Increase utilization of automated BP cuffs

☐ Short term or ☒ Long term

Monitoring measure 1.1	Increase utilization of automated BP cuffs			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Pull data on number of current ABAD/OOA members with Hypertension diagnosis Care Coordination intervention start date of 7/1/2022	Increase percentage of eligible members with automated BP cuffs by 10% per quarter (starting with Q3 2022)	9/30/2022 and quarterly	75% of eligible members	12/31/2023

From reviewing both medical and outpatient pharmacy claims, a total of 70 (10%) members targeted filled a prescription for a blood pressure cuff. Adding the number of members that self-reported already having a cuff (n=153), a total of 223 (34%) members in the target population met the goal for cuffs. This exceeds the goal set for 2022 of 10%. To increase to 75% of members, we will need to look at new strategies for outreach and education.

Activity 2 description: Increase compliance with medications, decrease ED/hospital utilization, and decrease total cost of care

☐ Short term or ☒ Long term

Monitoring measure 2.1	Review Data Medication Compliance

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
Determine current medication compliance rates by CC intervention start date of 7/1/2022	Increase medication compliance by 25%	12/31/2022	75% of eligible members will be compliant with medication prescriptions for HTN	12/31/2023

After reviewing the 653 members in our target population, we found 401 of the members had filled at least one prescription containing an ACE inhibitor or an ARB. If the member has 80% or more days with an eligible prescription, they are considered compliant. For the first half of 2022, 60% of our members were compliant. For the last half of 2022, that number had dropped to 50%. We did not see the increase of 25% that we had set as a goal.

To see an increase for the 2023 goal, we will need to implement new strategies. After seeing the decrease in percentage of compliance, AllCare CCO increased the number of days a member can fill a hypertension prescription from 30 to 100 days at a time. We are also developing new lists to target for Care Coordination education.

Monitoring measure 2.2	Decrease Emergency department and hospital utilization			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Determine baseline prior to 7/1/2022 CC intervention start	Decrease by 10%	12/31/2022	Decrease by 25%	12/31/2023

Monitoring measure 2.3	Decrease total cost of care for HTN-related morbidities			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Determine baseline prior to 7/1/2022 CC intervention start	Decrease by 5%	12/31/2022	Decrease by 10%	2023

Emergency department and hospital utilization decreased by 8% and 4% from baseline respectively by December of 2022. We believe we are on track to see the decreases planned for the 2023 goal. Costs for ER visits were decreased 37% during this time period, and inpatient costs were down 20%. This surpasses our target for 2022 and 2023.

A. **Project short title**: Project 11: 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 is a social determinants of health & equity project, which domain(s) does it address?

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

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

vii. If this is a utilization review project, is it also intended to count for MEPP reporting? ☐ Yes ☒ No

C. Component prior year assessment

In 2022, 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 clinic, 1 day per week. 58 patients were seen at Options and 55 patients seen at Grants Pass Clinic. The hygienist sees all patients, CCO and uninsured but the data shared reflects only CCO patients. In addition to tracking the number of patients seen, AllCare then looks up those members to check if they have also been seen by their Dental Home after the EPDH intervention. At Grants Pass Clinic, we saw a dramatic increase in follow up visits for 2022 from 22% to 60%. With COVID restrictions being less stringent, we feel this contributed greatly to the increase. At Options, we also saw an amazing increase in follow up visits, from 20% to 51%. We feel the relationship the hygienist has fostered with the members, as well as the team environment of the clinic has helped immensely. We will continue with last year's goal to increase follow up visits by an additional 5% of members seen at these non-dental locations. We have made this decision despite the challenges related to the pandemic and widespread workforce shortages because of these remarkable increases in the number of members receiving follow up oral health care; especially since many of these members have not and would not seek oral health services if not for this collaboration.

Another one of our goals in 2022 was to expand dental services in physical health clinics across our region. We successfully added an EPDH and Dental Assistant into the Curry Family Medical clinic in Port Orford in April 2022. There were 22 unique members seen at the Curry Family Medical Clinic from April to December 2022. Of those 22 members, 18 received Oral Health Interventions that included screening, silver diamine fluoride and/or sealants. The other 4 members received services like x-rays, assessment, charting, and/or photographs completed by the EPDH and sent to the tele-dentistry provider for follow-up. AllCare considers this activity complete and will continue to monitor and support this clinic with Oral Health services. AllCare will continue to explore other ways of integrating Oral Health services into Curry County.

The second part of this goal included a future state goal of having an Expanded Practice Dental Hygienist in the AllCare Medical Group Clinic in Glendale, which is in our Southern Douglas region. We were unable to meet that benchmark due to inability to recruit a new hygienist to expand into Glendale/So. Douglas County. The DCO covering that area is incentivizing recruitment with a $30k sign on bonus, yet they have been unable to hire a hygienist. The EPDH at Options and GP Clinic was not able to add any additional time to meet the need for a provider in Glendale. While AllCare will continue to work on ensuring oral health services in primary care, especially in rural practices, we will not be continuing this benchmark in our 2023 TQS as the largest barrier is workforce shortage and we have ongoing strategies in place to address this.

Lastly, our 2022 TQS aimed at expanding Oral Health education and hygiene services into Substance Use Disorder (SUD) treatment settings. It was clear we would not be able to have much, if any, hygienist time to do this so our plan was to focus on oral health education in the residential SUD programs for pregnant persons/parents with young children. We aimed to at least have 1-3 hours of the hygienist's time and our Sr. Director of Oral Health Services & Community Engagement would also assist with education. Unfortunately, the hygienist was not able to devote any time as it would be taking away time from Options and their other sites. In addition, the SUD treatment providers experienced several bouts with workforce shortages and staff sickness in their residential programs that led to some temporarily halting or delaying of admitting new clients. These challenges led to difficulties coordinating with the programs and prioritizing this sort of new program during low census and low staffing.

D. Project context

In 2022, AllCare continued to be hit with barriers related to COVID and workforce shortages but work on the project continued on. The Expanded Practice Dental Hygienist that was in the offices noted the project saw an increase in patients at both locations from 2021 to 2022. AllCare has decided to continue the project for 2023 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. The Sr. Director of Oral Health Services & Community Engagement and the hygienist have spoken at several conferences throughout Oregon as well as nationally to describe the collaborative 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.

Given the challenges with our SUD programs mentioned above, AllCare has decided to continue efforts to integrate Oral Health in with SUD programming but will modify the goal to exclude hygienist time and reduce the times we plan to present as to not burden the SUD providers. AllCare plans to provide an oral health presentation to our 2 local residential SUD programs for pregnant/parenting mothers. This presentation will include oral health education, products, benefits education, and referrals to services.

E. Brief narrative description

AllCare CCO plans to continue to expand oral health integration into our physical health and behavioral health clinics in 2023 with an emphasis on assessing and addressing the needs of the communities we serve. AllCare's Sr. Director of Oral Health Services & Community Engagement 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.

AllCare's Sr. Director of Oral Health Services & Community Engagement will provide 1 Oral Health presentation at OnTrack's Home Program and Addiction Recovery Center's Reddy House, both are residential programs for pregnant/parenting mothers. The presentation will provide much needed oral health education to both AllCare members in these programs as well as residents with other payors. Members struggling with substance use challenges often have poor oral health and do not access oral health services regularly. They also may not know the importance of ensuring their babies/young children get regular oral health services, what those services entail and what is covered under the OHP/CCO benefit. This is a population that have great needs and are in a program that can help support them in accessing oral health services for themselves and their children. Early oral health prevention, education and interventions amongst this population is critical and AllCare is excited to start this first step towards a longer term goal of integration of oral health with SUD services.

A review of dental visit rates by REALD components did not reveal any significant disparities. There was an 8% higher visit rate for Spanish speaking members; the other visit rates broken down by race, ethnicity, language and disability components were within 3 percentage points of the overall average. SOGI data will be included once it is available. Our data shows members in Jackson County have a 7% lower visit rate than members in the other counties of AllCare's service area. We will keep this in mind in our efforts to expand dental access to other locations.

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, at the AllCare Medical Clinics.

☐ Short term or ☒ Long term

Monitoring measure 1.1	AllCare's Sr. Director of Oral Health Services & Community Engagement will continue to engage all health professionals to include oral, physical, and behavioral health. AllCare will also continue to provide support to health professionals and clinics where services are being 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 clinic locations where EPDH services are provided to the Josephine County AllCare Medical Clinic in Illinois Valley.	12/2023	Provide EPDH services at all AllCare Medical Group Clinic sites in Josephine County, which includes 1 in Illinois Valley and 1 in Grants Pass.	12/2024
Monitoring measure 1.2	AllCare's Sr. Director of Oral Health Services & Community Engagement will monitor the percentage of patients seen at non-dental locations as well as the percentage of follow up visits, and work with the oral health professionals to assist members in scheduling and attending appointments.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
In 2022, 60% of the patients seen by the hygienist in a non-dental setting attended a follow up appointment with their Dental Home.	Increase the number of follow up visits to Dental Home by patients seen by the hygienist in integrated settings by 10%	12/2023	Increase the number of follow up visits to the Dental Home by patients seen by the hygienist in integrated settings by 15%	12/2024

Activity 2 description: The DCO's, dental partners and providers, and community stakeholders are beginning to implement referrals for different social services needed. AllCare will continue to engage UniteUs with the partners to improve use of the Connect Oregon platform for referrals from the dental office to services in the community.

☐ Short term or ☒ Long term

Monitoring measure 2.1	AllCare's Sr. Director of Oral Health Services & Community Engagement will engage and support the oral health professionals use the Community Information Exchange (CIE) platform for referrals to outside community supports. This usage is in the clinics themselves, not by individual providers.			
Baseline or current state	**Target/future state**	**Target met by (MM/YYYY)**	**Benchmark/future state**	**Benchmark met by (MM/YYYY)**
Community partners using Unite Us, dental partners are still navigating usage and the system itself.	Targeted oral health professionals and clinics identified and goal is to increase the number of	8/2023	Pull data related to referrals and utilization of the CIE to establish baseline utilization.	12/2024

Referrals are not being sent.	referrals sent by 3 per month.		Collaborate with the DCO's, Community Partners and Unite Us to increase referrals made by dental offices using Unite Us data. Increase referrals sent by 8 per month.	

Section 2: Discontinued Project(s) Closeout

Project short title: Maternal Child High Risk Identification and Collaboration

A. Project unique ID (as provided by OHA): 47
B. Criteria for project discontinuation: Project fails to meet TQS requirements for the chosen component(s) based on OHA feedback and/or written assessment
C. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): Based on the feedback from the OHA, and previous year's evaluation of this project we were unable to meet the criteria for the Special Health Care Needs non-dual population. Additionally, the OHA determined that although we had expanded our project and added a higher level of detail, we were unable to address social needs at a community level, effectively impacting members rather than the community as a whole or non-members at a community level.

Project short title: MEPP: Addressing Pediatric Asthma in AllCare members

A. Project unique ID (as provided by OHA): not available
B. Criteria for project discontinuation: Fully matured project that has met its intended outcomes
C. Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): The CCO will continue this work with pediatric asthma patients as outlined above, but feel that from a TQS standpoint, our resources will be used more efficiently by pivoting to a new MEPP TQS project for 2023 that will address Chronic Obstructive Pulmonary Disease in the adult population.

Section 3: Required Transformation and Quality Program Attachments

A. REQUIRED: Attach your CCO's quality program documentation as outlined in TQS guidance:
    1. Quality Assurance and Performance Improvement (QAPI) Workplan
    2. QAPI Impact Analysis
B. OPTIONAL: Supporting information
    - 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.
    - Describe any additional CCO characteristics (for example, geographic area, membership numbers, overall CCO strategy) that are relevant to explaining the context of your TQS: Add text here.

Document Title: Quality Assessment and Performance Improvement (QAPI) Program Evaluation	
Department: Quality	
Document Type: Program Evaluation	**Reference No.** CCO-QUAL-003
Version No. 2	**Creation Date:** 01/01/2022
Revised Date: 03/08/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **Oversight By:** Quality Improvement Committee	

Program Mission: AllCare Health 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. In embracing the Triple Aim and Health Care Transformation, the Quality Improvement Program is focused on the following: improving member satisfaction, improving the health status and quality of care for our members and communities served, improving member safety and ensuring member access to medical, oral health, mental health and social services in the most integrated and cost-effective manner as possible.

The Quality Improvement Program reflects adherence to state and federal laws, Oregon Administrative Rules, Oregon Statutes, CFRs and the OHA contract.

In November of 2022, the Board of Governors adopted a new Purpose, Vision and Values.
Our Purpose is what we do each day. Our Vision is what we want to accomplish.

> **AllCare Health's Purpose**: *Working together with our communities to improve the health and well-being of everyone;*
> **AllCare Health's Vision**: *Thriving, inclusive, and equitable communities; and*
> **AllCare's Values**: *Trust, Relationships, Innovation and Voice*

I. Quality Program and Design Scope

The Health Plan's Quality Assurance Performance Improvement Assessment establishes a formal QI Program that reflects the comprehensive processes for the development and implementation of an effective clinical quality improvement program, promotes objective and systematic monitoring and evaluation of clinically related activities, and continuously acts on opportunities for improvement (CQI). The Program focuses on activities related to health care provider access and availability, language access, member satisfaction, patient safety, continuity and coordination of care, quality measures, required quality projects, disease management, clinical pharmacy programs,

preventative health, health equity, member rights and quality of care, focused behavioral health projects and over/under utilization of services. The Program's goal is to identify and adapt ineffective or inefficient systems to improve the health experiences and outcomes of our members. The Board of Governors annually approves and supports the continued dedicated efforts that have been part of the quality strategy by addressing and supporting the social determinants of health: sufficient food, housing, utilities, domestic violence and non-emergent transportation flex services**.**

As required, AllCare has included the 2022 Quality Assurance Performance Improvement Assessment (QAPI).
The 2022 QAPI includes quality projects that align with the CHP (Community Health Improvement Plan), Statewide Health Improvement Plan (SHP), Health Equity and Inclusion and the Triple and Quadruple Aim.

Additional information will provide insight into the successes and challenges in the post-pandemic healthcare environment in our service area: Curry, Josephine, Southern Douglas and Jackson counties. In Southern Oregon, as the rest of the state, there was identified work force shortages amongst credentialed and non-credentialed behavioral health, oral health and physical healthcare, childcare, skilled nursing facilities, inpatient care, K-12 public education and public safety.

The (QAPI) provides a detailed description of quality improvement activities and significant accomplishments during the past year. The evaluation documents activities undertaken to achieve work plan goals and alignment with the collaborative CHP, SHP and establishes the groundwork for future quality improvement activities.

The development and execution of the Quality Improvement Program is a process that relies on input from committees, consumer advisory councils, focused work groups as well as dedicated organizational staff. The quantitative/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 QIC.

The Chief Quality Officer takes the lead in compiling this report with support from the following departments: Appeals and Grievances, Integration Team, Compliance and FWA, Claims, Health Equity and Inclusion, Customer Care and Engagement, Care Coordination, Population Health – Disease Management, Maternal and Child Health, Provider Services, Utilization Management, Pharmacy Services, Language Access, Health and Wellness, Behavioral Health, IT and Credentialing.

The Quality Improvement Strategy Plan Goals include but are not limited to the following:

1) Review the Quality Improvement Strategy Plan and Quality Assurance Performance Improvement Assessment (QAPI) and evaluate if the goals and objectives were met;
2) Prepare the QAPI and Strategy Plan with measurable goals and objectives;
3) Document discussions and encourage a thoughtful process in the development of interventions to address areas for improvement – aligning with the CHP, SHP and Quadruple Aim;
4) Demonstrate and document quantitative and qualitative analysis;
5) Make revisions, to meet current standards and requirements including changes approved through Committee action and analysis; include signature pages, Strategy Plan, QAPI Assessment, Policies and Procedures;
6) Utilize the annual evaluation, MEPPs, PIPs, TQS, Quality Incentive Measures, CHP goals and SHP goals in the development of the Annual Work Plan for the upcoming year;
7) Develop a Strategy Plan that includes primary quality project goals, due dates, responsible party with ongoing review and analysis;
8) Review all standing policies and procedures and make revisions as needed to meet all regulatory requirements; and
9) Develop new policies and procedures for any areas not currently covered or to meet new/current regulatory requirements.

The monetary support provided to Community Based Organizations focused on marginalized communities, language access, ensuring NEMT, food, housing, resources for the homeless, home-bound, families impacted by distance-learning and suddenly without resources, educational support and loss of employment.
Per 42 CRF § 438.330, OAR 410-141-3525, and Ex. B, Part 10 of Contract No. 161755-15 with the Oregon Health Authority, AllCare 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. The Quality Improvement (QI) program ensures the ongoing implementation, monitoring, and continuous refinement of processes that reflect an effective clinical QI program.

Annually AllCare 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 (PIPs); and, the 5) Systemic Analysis and Action(s). 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:

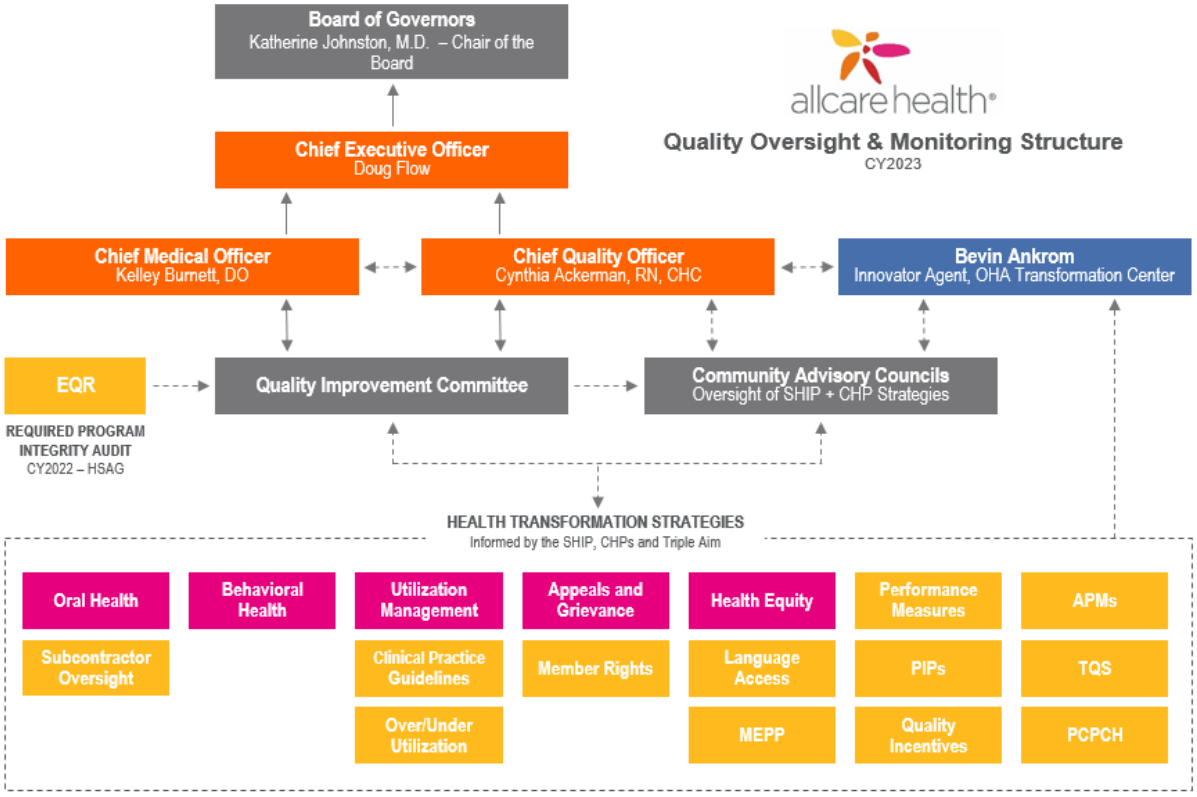
1. Improve quality of care and health outcomes for Members;
2. Decrease cost of quality care;
3. Increase Member satisfaction with their experience of care;
4. Increase workforce availability, satisfaction, and wellbeing;
5. Increase health equity, including the availability of culturally and linguistically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

II. Governance, Oversight and Leadership

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).

Topic	2017	2018	2019	2020	2021	2022
AllCare CCO Enrollment	49,666	50,833	51,569	53,300	57,741	62,087



CY22 QAPI KEY ACCOMPLISHMENTS

- **Regional Language Access Capacity:** The refinement and expansion of AllCare's Language Access program continued to be a major focus in CY22. With new qualitative and quantitative insights into the diversity of the membership, including data on REALD and SOGI, clear needs for improvements were highlighted. AllCare has recommitted to bringing greater diversity to our provider network in alignment with OHA, CMS and nationally recognized quality standards.

- **Focused on what Impacts the Health of our Communities and our Members Post COVID:** AllCare refocused 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 the 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. AllCare utilizes the Plan, Do, Study, Act (PDSA) cycle to ensure Continuous Quality Improvement (CQI).

Social Determinants of Health & Equity Post-COVID: AllCare continued to address the Social Determinants of Health and Health Equity through Community Benefit Initiatives (CBIs), Community Advisory Councils (CACs), and Community Benefit Organizations' (CBOs) sponsorships. Specific successes were achieved in the areas of: housing and housing inventory and policy advocacy (local and state level); integration with community justice and intimate partner violence organizations; support of schools and early childhood programs; and, access to nutritious and culturally appropriate food. AllCare had a direct impact on the successful completion of built environments. Below is a sampling of housing and shelter projects that impacted the unhoused in the communities we serve in Southern Oregon.

1) **Foundry Village:** Foundry Village is a group of 'tiny homes' that houses 17 individuals (previously unhoused, living on the street) who are in various stages of recovery and provides these individuals a place to live while transitioning to independent housing, employment and support in their road to recovery. In 2022, it maintained full occupancy at 17 individuals.
2) **Rogue Retreat (RR):** RR is an established transitional housing and shelter resource located in Josephine and Jackson counties. In April 2022, RR experienced a rapid change in the Executive Director position of the non-profit organization and at the same time, experienced financial hardships. Between AllCare and Jackson Care Connect, over 600 individuals (our members) would lose their transitional housing if drastic actions were not taken. This required Community Partners to step in and take over the management and strategic planning to resolve the crisis and keep RR viable and in business. AllCare provided their SDOH Director to work two days/week as the lead in developing strategic plans to get RR 'back on track'. By the end of 2022, RR was in a position to hire a full time permanent director and other key staff.

Responding to Long-Term Impacts of Climate Related Natural Disasters: AllCare continued to be involved in State-wide Emergency Management efforts to develop processes and contributed significant staff time, financial supports, and policy advocacy to further these efforts. Key efforts included participation in the Long-Term Recovery Group in Jackson County, Local Community Health Advisory Committee (Public Health) in Josephine County, Rum Creek Special Needs Incident Command and the Oregon Department of Human Services (ODHS).

1) **Shelters:** Two shelters were opened during the summer and winter seasons. The shelters were located in Cave Junction and Grants Pass and supplied water, meals and a place to escape the sustained over 105 degree heat in the summer and cold temperatures/rain in the winter.
2) **Air Conditions and Air Purifiers:** AllCare distributed 37 portable air conditioner units, 181 portable air purifiers and 42 portable air purifiers to Foster Homes. Members had the option to pick the units up or AllCare staff would deliver them.

The Quality Assurance Performance Improvement (QAPI) Program Evaluation for CY22 provides a detailed assessment of goals from across departments, operational areas and highlights successful interventions in improving the health of our communities we serve and the CCO members. Each goal describes the progress made, barriers encountered, supporting data, reporting that took place, and impact stories as available. This report will serve as the foundation and further development for the teams as the CY23 QI Program Goals, tactical and strategic plans, evaluation processes, and reporting schedules.

III. Feedback, Data Systems and Monitoring

Alternative Payment Methodologies (APMs), Value Based Payments (VBPs) and Quality Incentive Metrics (QIM)

1. **CY22 Goal:** AllCare will review and revise the established VBP/APMs, present and receive approval on proposed 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. **Progress and Barriers:** AllCare's Provider Network Director presented to the QIC on the CY22 Quality Incentive Measures. Additional refinements were made per OHA feedback.
    b. **Supporting Data:** For CY22, AllCare continued four **APM programs**: Primary Care/Pediatric, Dental, Behavioral Health and Specialty Care. A separate set of incentives was established for ReadyRide, AllCare's NEMT provider. Data on APM performance was pulled quarterly from claims, EHR reviews, attestations, and surveys (NEMT provider only). Gap reports were distributed to the participating 165 providers and provider groups quarterly. In an effort to encourage additional teamwork and standardized processes, the Primary Care/Pediatric APM moved toward reporting at the clinic level instead of at the individual provider level.
    Quality Incentive Metrics: Metric queries were created for the claims-based Quality Incentive measures via AllCare's core database. These measures are monitored and performance updates are reported quarterly. Recommendations for actions occurred if improvement targets or benchmarks are not being attained during the internal AllCare teams. The Social-Emotional Health metric was added for 2022 that focused on assessing potential behavioral health issues in the 0 – 5 age group.
    c. **Reporting:** Reports on the VBP/APM program and QIM were provided quarterly to the Quality Improvement Committee and Board of Governors and to OHA as required by contract and rule.

Behavioral Health

1. **CY22 Goal:** Annually, AllCare will create a Comprehensive Behavioral Health Plan (CBHP) that includes: Quality Improvement goals, indicators of progress, and identification of barriers.
    a. **Progress and Barriers:** AllCare's Comprehensive Behavioral Health Plan was submitted to OHA in July of 2022. **Progress:** The Parent and Community behavioral health education sessions were successful in that it was a draw for community partners to actively engage with our members. The behavioral health team worked closely with the development of the new Community Health Assessment and continued work on the Community Health Improvement Plan.
    Barriers: The outreach and communication to improve tribal behavioral health in Curry County was challenging as it took time to identify the right individual within the tribes to identify needed behavioral health services from their perspective.
    b. **Reporting:** Updates on progress in CY22 were 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. **CY22 Goal**: AllCare 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, utilization of criteria 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. **Progress and Barriers:** AllCare 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. AllCare's Behavioral Health Team has a dedicated individual that works with the hospitals, emergency rooms to effect safe transitions to their setting.

b. **Supporting Data:** In CY22, 10 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. The clinical review reflected the appropriate use, documentation, and monitoring of the individuals that needed chemical or physical restraints. Total number of instances in CY22 was 7 which represents a 50% decrease from 2021.

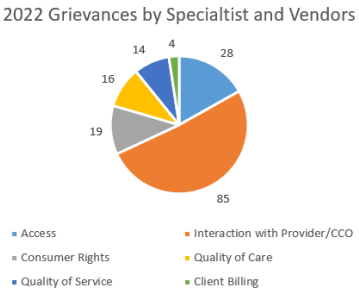
c. **Reporting:** Updates were not provided to the QIC in CY22.

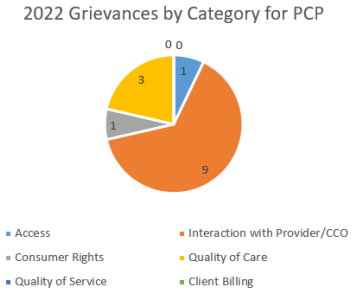
Grievances and Appeals

1. **CY22 Goal:** AllCare will: 1) Monitor and report on Appeals and Grievances summaries to the Quality Improvement Committee and to the CCO Board of Governors; 2) Submit Appeals and Grievances reports quarterly to OHA as contractually required.
    a. **Progress and Barriers:** Annual benchmarks for monitoring and reporting on Grievances and Appeals were completed on time and added to the Company's Strategic Plan as a metric to monitor. It was noted that there were no Appeals and Grievances submitted by individuals identifying as LEP Members. The LEP speaking members may not understand their benefits, may be fearful of 'complaining' and in further investigation, it may go against their cultural norm. Since no improvement for this metric was identified in 2022, this will continue as a TQS project for CY23.
    b. **Supporting Data:** There were 14 Primary Care Providers (PCPs) that had complaints submitted against them in 2022. The category with the highest number (9) of complaints submitted against PCPs was 'Interaction with Provider'; followed by (1) Access and (1) Consumer Rights with the rest (5) being 'Quality of Care'. There were no PCPs with more than one complaint submitted and there were no trends identified with individual PCPs.
    c. **Reporting:** QI Minutes with the A & G Report were in the following months: 02/18/2022; 06/15/2022; and 12/7/2022.

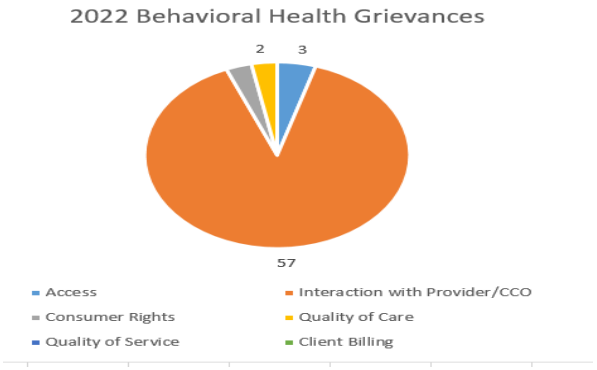
	Q1(2022)	Q2(2022)	Q3(2022)	Q4(2022)
Average Enrollment	53,490	55,490	55,957	57,741
Access to Care	12	12	10	3
Interaction with Provider/Plan	37	26	14	9
Consumer Rights	4	3	2	18
Quality of Care	14	9	7	8
Quality of Service	3	6	8	4
Client Billing	2	2	0	0
Total Grievances	72	58	41	42

Rate per 1000 members	1.3	1.05	0.73	0.73

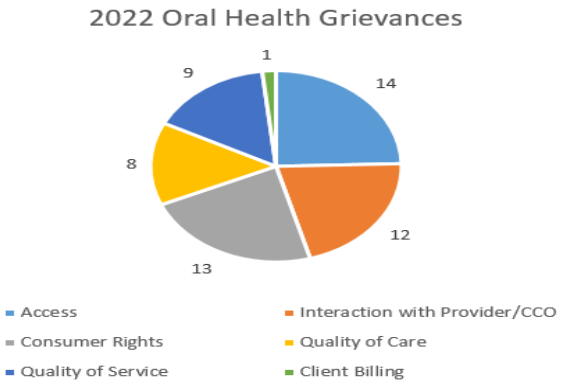




AllCare was able to identify that Options for Southern Oregon (behavioral health subcontractor) had sixty (60) complaints for the year; the highest number of complaints against a subcontractor. Ninety-percent (90%) or 54 complaints were submitted under the category of 'Interaction with Provider'. The Options' Hillside location had most of complaints. Only two (2) employees had more than 1 complaint submitted against them.



There were 57 oral health complaints submitted against the Dental Care Organizations (DCOs). The majority of complaints were regarding 'Access' and 'Consumer Rights'. There were two contracted dental providers that had multiple complaints. AllCare conducted monthly calls with the Dental Plans to review any quality, access and other troublesome trends. The services area reflected state-wide and national trends of oral health work-force shortages. Discussions with the DCOs include work-force development, recruitment and other efforts to ensure adequate oral health access for our members.

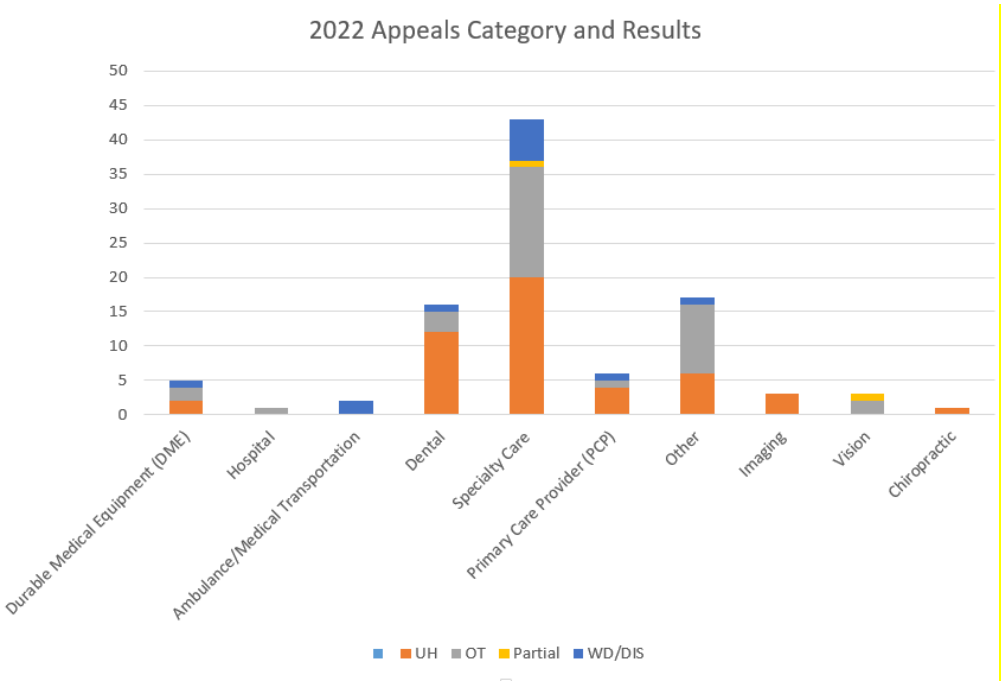


Each quarter, AllCare monitors the Notice of Adverse Benefit Determinations (NOABDs) and grievance letters for readability, literacy levels and timeliness of notifications from Dental Subcontractors to AllCare members. The quarterly grievance review reflected that there were no issues in resolving complaints timely and providing appropriate notification. The NOABD review supported that the Mental Health Organizations and the Dental Care Organizations processed preservice requests timely. This was evident in that there were no extensions to the 14 day timeframe for review. The standard of 6th grade (Microsoft Word) reading level and clear, easily understood language was reviewed for the subcontractors. It was noted that the reading levels did vary between 6th grade and a 9th grade level. AllCare continued to work with the individual subcontractors to improve the level. There has not been noticeable improvement in this area; in 2023, efforts will be made to involve decision-making management in attempting to change this behavior.

Appeals: All Appeals received were for pre-service denials. AllCare does delegate pre-service determinations to the Mental Health Organizations, the Dental Health Organization, and NEMT. Appeals are not delegated to our subcontractors. AllCare had one hearing in 2022 and the denial was upheld by the ALJ.

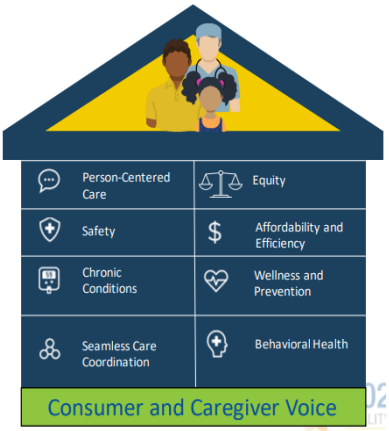
	Q1(2022)	Q2(2022)	Q3(2022)	Q4(2022)
a) Total denial or limited authorization of a requested service	51	48	54	44
b) Total single PHP service area, denial to obtain services outside the PHP panel	0	0	0	0
c) Termination, suspension or reduction of previously authorized covered services	0	0	0	0
d) Failure 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

	Q1(2022)	Q2(2022)	Q3(2022)	Q4(2022)
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	51	48	54	44
RATE PER 1,000 MEMBERS	0.87%	0.80%	0.88%	0.71%
% DENIALS OVERTURNED ON APPEAL	11.8%	35.4%	33.3%	47.7%



Health Equity

1. **CY22 Goal:** AllCare will begin the process of applying to become an NCQA certified Health Equity Plan. AllCare will submit quality and timely reporting to OHA per contract and rule.
    a. **Progress and Barriers:** In CY22, AllCare worked to research standards and criteria to become NCQA certified as a Health Equity Plan.
    It was deemed that this project would be delayed since the oversight of the Health Equity Program would be transitioned to a new full time position, Health Equity Director hired in December 2022.
    b. **Reporting:** n/a



2. **CY22 Goal:** AllCare will maintain the Tribal Liaison Program as required in contract and rule.
    a. **Progress and Barriers:** AllCare has worked diligently to establish meaningful lines of communication with all federally and state recognized Tribes in its service area. This required work continued to encounter barriers with regards to the consistency of communication from the Tribes.
    b. **Reporting:** Reports were provided to the Community Advisory Councils and the Compliance Committee.
3. **CY22 Goal:** AllCare 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. **Progress and Barriers:** AllCare successfully implemented the standardization of eligibility reporting based on REALD.
    b. **Supporting Data:** As of 3/10/2023 41.8% of the 2,219 directly contracted providers are reporting. Race and Ethnicity. 17% of providers have reported speaking a language other than English. The re-credentialing cycle will be complete in two more years, which will then allow for a full data set.
    c. **Reporting:**

Health Information Technology

1. **Goal CY22:** AllCare 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. **Progress and Barriers:** In CY22, the IT Director of Health Information Technology and the IT Senior Business Analyst acted as the 'liaisons' between operational areas and the IT department. This allowed for better 'translation' of the business needs of the department as it related to future technology solutions.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** In CY22, progress was made towards moving towards the 'Tableau' and ClearPoint (utilized for corporate strategic planning) platforms for departments to utilize in being able to create validated dashboard reporting.

3. **Goal CY22:** AllCare 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. **Progress and Barriers:** AllCare made progress in these areas: 1) Population Health team was re-trained with super users of the system named as an internal resource; 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 continued to be reviewed using Insights and evaluated for further process or engagement improvements
    b. **Supporting Data:** CY22 Q1 and Q2 demonstrated that the number of internal referrals had plateaued. In Q3 and Q4, the internal team members were added to the bi-monthly calls with UniteUs and Connect Oregon.
    c. **Reporting:** Monthly reports will be provided to the CMO and Chief Compliance Officer with biannually reporting to the QIC.

Language Access

1. **CY22 Goal:** AllCare will continue to build on existing language access resources available to AllCare CCO Members.
    a. **Progress and Barriers:** Due to issues in accessing an interpreter with the previous vendor AllCare terminated the contract and executed a new contract with a different interpreter service vendor. The timeliness response rate for the new interpreter services improved; however in the last month of 2022, reports reflected wait times had significantly increased. This will be further studied in January 2023 for resolution.
    b. **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 were mailed out to members in 2022.
    At the close of 2022, there were 297 trained interpreters (including ASL) in the region; compared to 2 in 2013. The number of LEP Members with an encountered visit was 664 out of 1,368. The PMPM cost of 166.70 with an MLR Risk score of .467.
    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. **CY22 Goal:** AllCare 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 PCP 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. **Progress and Barriers:** While AllCare 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 utilizing appropriate codes and submitting through the claims system.
    b. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee.

3. **CY22 Goal:** AllCare 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. **Progress and Barriers:** In 2022, there were eight New Hire trainings (21 attended) and three staff (35 attended) trainings conducted on Language Access and how to access the interpreter services. Language Access training occurred with 17 Primary Care, Specialists, Behavioral Health and Physical Therapy providers.

LANGUAGES SPOKEN BY ALLCARE MEMBERS	Total 2022
English	60763
Spanish	1136
Other/Declined/Null	585
Ukrainian	19
Mandarin Chinese	13
Panjabi	12
Vietnamese	7
Gujarati	6
Russian	6
Tagalog	6
Thai	6
Yue Chinese	5
Korean	4
Japanese	3
Hindi	2
Persian	2
Bulgarian	1
Cebuano	1
Chuukese	1
French	1
Hebrew	1
Indonesian	1
Lao	1

Malay (macrolanguage)	1
Moldavian	1
Norwegian	1
Portuguese	1
Total reflects unique Members on plan at any point in CY22.	

In CY22, AllCare Language Access Manager has worked with and supported 24 different medical clinics and provider offices in the area and processed 225 requests (690 pages) of translated material. The Language Access trainings for AllCare have been ongoing and conducted at New Hire Orientation, with the Care Coordination and the Population Health department, AllCare PACE, and more as needed. Finally, a total of 22 Interpreters passed our Interpreter Training Course. One of the Integration Team members passed both the Level I and Level II Qualified Medical Interpreter. AllCare provides an additional per/hour amount for those employees who are bilingual or who attain Qualified Medical Interpreter status.

b. **Supporting data:** The following data represents the clinics, dates and number of individuals that received outreach and/or training on Language Access in CY22
    i. Lunch and Learn for Providers: 10/12/2022 (7 offices and 6 internal staff attended)
    ii. AllCare Management Group: 01/05/2022 - 3 people
    iii. Pediatric LTC: 406/28/2022 - 6 people
    iv. Dr. David Young: 09/14/2022 - 6 people
    v. AllCare Internal Staff – 67 Total
        1. New Hires: 08/01/2022, 08/15/2022, 08/29/2022, 09/13/2022, 10/24/2022, 12/05/2022 (16)
        2. Care Coordination: 10/25/2022 and 11/08/2022 (Language Access will be joining their staff meetings quarterly to do trainings and check in regarding their work with LEP members and our interpreters.)

c. **Reporting:** Reports were provided to the Board of Governors, the Community Advisory Councils and the Compliance Committee.

Long Term Support Services (LTSS)

1. **CY22 Goal:** AllCare will collaboratively developed 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. AllCare submitted these MOUs for OHA review and approval, as well as quarterly progress reports on LTSS to OHA per contract and rule.
    a. **Progress and Barriers:** In CY22 the AllCare Care Coordination team continued to build on the improvement in communication and overall relationship with DHS APD (Districts 6, 7, and 8) and the Rogue Valley Council of Governments (RVCOG). A plan was followed for the flow of information, meeting cadence, and the development of meeting agendas.
    b. **Reporting:** Reports were provided quarterly to OHA per contract and rule.

Maternal and Child Health

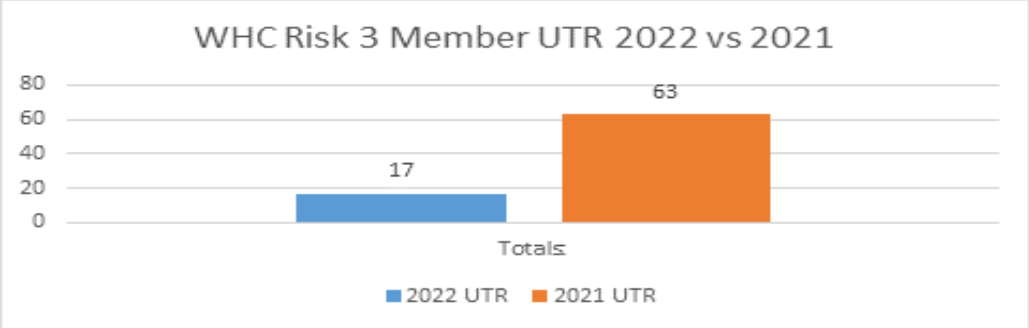
1. **CY22 Goal: The Maternal and Child Team** will collaborate with Women's Health Center to identify High Risk Pregnant members, and engage members in Care Coordination as quickly as possible, Provide SDOH support (Housing, WIC, Transportation, Babe store, Education/Resource) to ensure members have all

needs met prior to baby's birth, during birth and after, including referrals to Siskiyou Community Health "Healthy Families" program.

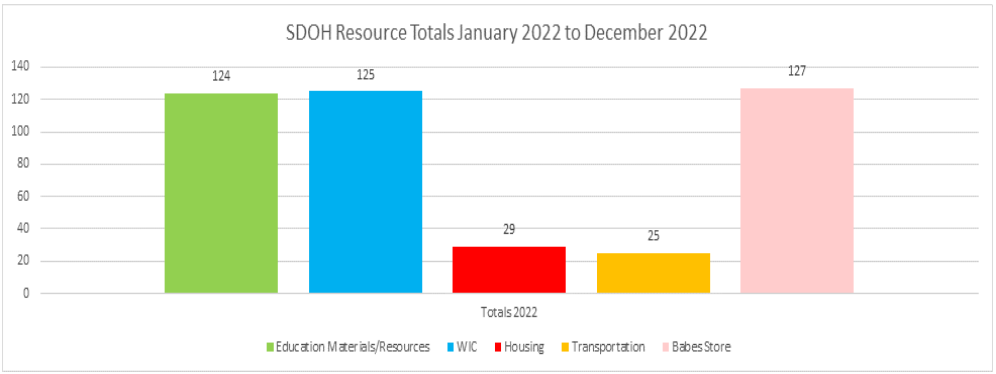
a. **Progress and Barriers:** In 2022, the TQS project was completed and the continued collaboration with WHC greatly improved the number of women engaged, developed more robust data analysis and engaged Care Coordination in member appointments at WHC. There were 151 total members in the Risk 3 category, and 17 were UTR, the goal was to reduce the UTR to 30% (from 40%). We also would like to increase babe store engagement. 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.

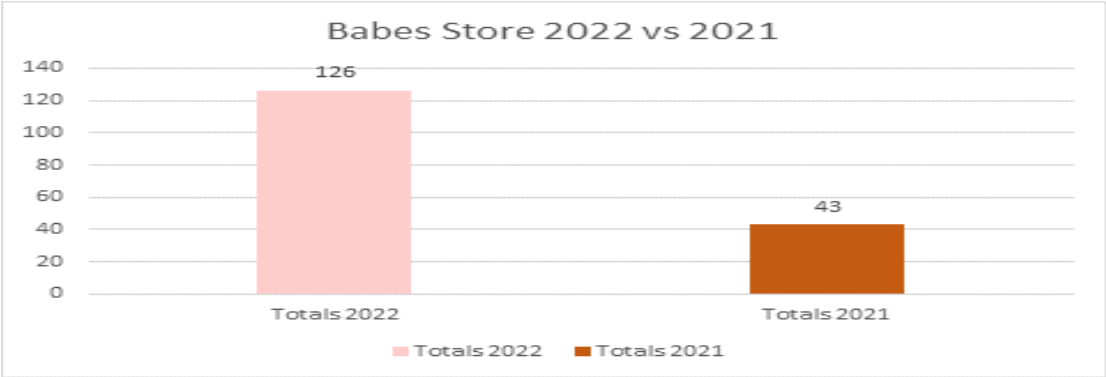
b. **Supporting Data:** There were 151 women provided educational and supportive resources that were tailored to the backgrounds and special needs of the member; including Babe store brochures, dental information for mom and baby, benefits to breastfeeding, how to get a breast pump, Safe sleep for babies, child birth classes including the Free Birth, Dad's 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. There were also 151 members 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 the social determinants of health resources offered and assisted in obtaining. The data reflects the Risk 3 members utilizing assistance with housing, Babe store use, WIC education, Resource and Education, and transportation. Babe store vouchers were earned through participating in PCP visits, as well as for completing vaccinations and attending educational classes. Babe store vouchers provided needed resources for new families, and encouraged members to engage with educational supports, attend regular wellness visits, and directly increased 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 151 Risk 3 category members for 2022. Of the 151 Risk 3, 17 were categorized as unable to reach (UTR), which is 11% of the total Risk 3 identified population. In 2021, 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. There was a 29% **decrease** in the unable to reach category which reflects a marked improvement. Analysis of the 2022 data collected for monitoring activity 2 also showed us that the Tier 3 health care expenditures for children of members engaged in MCH care coordination services, was comparatively lower in contrast to the health care expenditures for children who were identified as tier 3 and were NOT engaged in AllCare Health MCH care coordination services.



The graph below breaks down the number of women identified as Tier 3 and the types of assistance and resources needed.





Medicaid Efficiency and Performance Program (MEPP)

1. **CY22 Goal:** AllCare will identify three episodes of care from the OHA dashboard to develop projects to decrease avoidable episodes of care.
    a. **Progress and Barriers:** In CY22, AllCare selected the following episodes as focus areas: Pediatric Asthma, HTN and CGMs for Type II Diabetics. The QI Committee endorsed the topic SUD to be retired from the MEPP. Positive impacts were made through having dedicated Respiratory Therapists on staff at AllCare to ensure outreach to Members under the Pediatric Asthma project. Note: The Pediatric Asthma and CGMs for Type II Diabetics are also included in the

AllCare PIPs. The internal MEPPs team met at minimum monthly but at times prior to the OHA submission, more frequently.

b. **Reporting:** Reports were provided biannually to the QIC and to OHA as required in contract and rule. QIC minutes are available for 03/30/2022 and 06/15/2022.

Member and Community Engagement

1. **CY22 Goal:** AllCare 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. Progress and Barriers: AllCare 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 internally to Branding. This work was done in collaboration with AllCare CCO Community Advisory Councils to ensure it contributed to the highest quality outcomes on behalf of consumers and the communities served. The team met the publishing date of 02/28/2022.
    b. **Impact Story**

> *As new council members have joined the council, they have remarked how helpful this CAC Member handbook has been during the onboarding process. Feedback shared has been for those that process through reading, it has been a valuable resource in understanding the roles and expectations of the council and it helps them feel more prepared and confident navigating their new role. More experienced council members comment that as new bylaws have been updated it is helpful to be able to go back and review them in clear writing so they can keep track of the recent changes and structure of the council.*
>
> *David Hansen*
> *Community Advisory Council Manager*

2. **Goal CY22**: AllCare will hold monthly Study Sessions for the three Community Advisory Councils.
    a. **Progress and Barriers:** AllCare convened Study Sessions for CAC Members throughout 2022, however there were challenges in meeting the goal of monthly sessions, due to limited staff capacity. AllCare was able to make the most of these sessions however, by offering presentations that council members were most interested in, such as Health Equity, Social Emotional Health, Oral Health Integration and included topics requested by the Councils such as a presentation on Naloxone.
    b. **Supporting Data:** The CY2022 monthly recorded sessions can be found at https://www.allcarehealth.com/medicaid/resources/cco-community-advisory-council?locale=en
    c. **Reporting:** Information on these Study Sessions was provided to the CCO Board of Governors.
    d. **Impact Story**

> *By far the most impactful study session offered was a council member's request for a presentation on Naloxone. AllCare's Director of Pharmacy Mark Kantor presented to council member's on the current status of opiate use in our service area, what Naloxone is, where to obtain it, and how to use it in order to save lives. Council members shared personal stories of experiencing stigma when trying to obtain Naloxone and were offered options of several locations locally where they could acquire Naloxone free of charge. This was our most attended and viewed study session of 2022 making it the most successful study session to date.*
>
> *David Hansen*

Member Rights and Responsibilities

1. **Goal CY22:** AllCare will enable the Customer Care team to provide internal trainings to AllCare CCO staff on Member Rights and Responsibilities.
    a. **Progress and Barriers:** Each Customer Care team member is individually trained on the Member's Rights and Responsibilities during the first 30 days of hire. In 2022 five out of nine individuals were trained in 2022.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** The Brand & Creative Services Department supported all departments in producing CCO Member materials in print, digital, and multi-media formats. They ensured that all information is accessible, easy to understand, engaging, and in compliance with required governmental standards and meets our internal branding benchmarks. AllCare provided outreach to our surrounding communities to get information out about projects AllCare Health is involved in, often times using the same criteria used when communicating with our CCO Members. Many examples of the type of work completed is reflected on every page of AllCare's website: AllCareHealth.com. AllCare 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. AllCare submitted the Handbook to OHA for review and feedback prior to distribution.
    b. **Reporting**: Information on the Member Handbook was provided to the CCO Board of Governors and the draft Member Handbook was submitted to OHA as required by contract and rule.

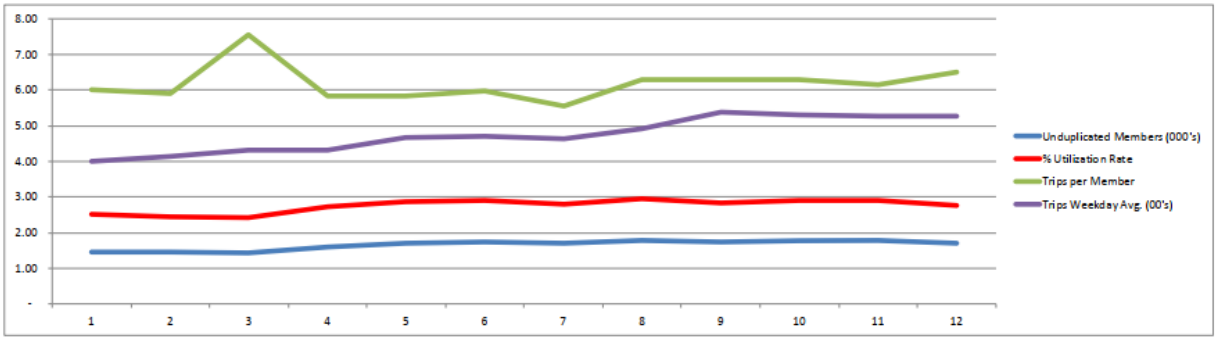
3. **Goal CY22:** AllCare will work to launch a Member Portal in CY22 to increase Member engagement in their own health care. The Portal will also enable greater Member access to information about their Rights, Responsibilities, and the resources available to support their care journey.
    a. **Progress and Barriers:** The AllCare Member Portal successfully went live in 2022 with 571 members having access to the following tools, data and records: Current and past eligibility (download and print capability), submit PCP change requests (map and direction to the PCP), submit dental plan requests, submit ID Card requests, print member ID cards, View received referrals and authorizations, submit a Health Risk Survey or a Pediatric Health Risk Survey, Notice of Privacy Acknowledgement, access the MedImpact integration (PBM), submit demographic change requests and send/receive secure messages with the Customer Care Team.

Non-Emergent Medical Transportation (NEMT)

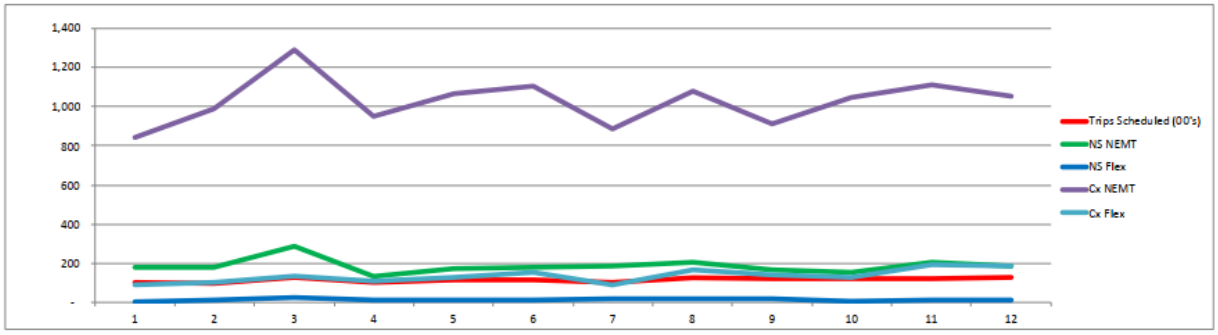
1. **Goal CY22:** AllCare will meet every other week with ReadyRide staff, (Appeals and Grievances Coordinator, NEMT Liaison, Chief Medical Officer, Chief Compliance Officer, and Sr. VP of Marketing Strategies, VP Compliance, and VP of Benefit Services) to review grievances, new contract requirements and monitoring and oversight of compiled data (e.g., flex rides, reimbursed rides, training).

a. **Progress and Barriers:** In CY22, 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), individual quality of care/service issues and service delivery modifications for HRS-Flexible Services. A barrier analysis was completed to overcome issues regarding coordination of benefits between Medicaid and Medicare for Dual enrollees. A Medicare Advantage D-SNP service area expansion into Curry County was a priority and presented potential workforce shortages for ReadyRide. However, because ReadyRide was informed of this change well in advance, there were no issues. This work was done in collaboration with ReadyRide to ensure it contributed to the highest quality outcomes on behalf of the communities and members served.

b. **Supporting Data:** Agendas and meeting minutes were compiled for each workgroup session. The following Operational Graphs and Summaries are examples of NEMT reporting that is collected monthly to validate and demonstrate the successful implementation of this benefit.



UTILIZATION	January	February	March	April	May	June	July	August	September	October	November	December
Unduplicated Members (000's)	1.46	1.44	1.43	1.60	1.71	1.73	1.69	1.78	1.73	1.76	1.78	1.71
% Utilization Rate	2.52	2.46	2.42	2.71	2.87	2.89	2.80	2.95	2.84	2.89	2.91	2.76
Trips per Member	6.0	5.9	7.6	5.8	5.8	6.0	5.6	6.3	6.3	6.3	6.2	6.5
Trips Weekday Avg. (00's)	4.00	4.13	4.30	4.31	4.68	4.69	4.64	4.91	5.38	5.29	5.28	5.26



No-Show/Cancels	January	February	March	April	May	June	July	August	September	October	November	December
Trips Scheduled (00's)	99	97	125	105	113	117	105	126	121	124	124	125
NS NEMT	178	181	287	133	172	182	189	203	165	152	204	189
NS Flex	3	9	25	12	11	15	16	20	16	7	9	9
Cx NEMT	843	987	1291	951	1064	1103	887	1081	913	1048	1111	1055
Cx Flex	90	99	132	109	131	151	92	167	139	126	193	189

OPERATIONS SUMMARY

Transportation Services and Call Center OPs

December 1-31, 2022

AllCare Membership December 2022	62,211
AllCare NEMT Customers	1,719
Unduplicated Members Served for Period	2.76%

TRIP SUMMARY	Trips Scheduled	Trips Completed	WeekDay Avg.	Weekend Day Avg.	Attendants / Guests
	12,559	11,117	526	69	1375
		88.5%			

NSr - Total	CXr
198	1,244
1.6%	9.9%
% of Total Sched Trips	*% of Total Sched Trips*

SERVICE MODES	Ambulatory	Wheel Chair	Stretcher	Secure
	9,188	1,851	72	6
	82.6%	16.7%	0.6%	

NSr - Transports
212
2.56%
% of Total Transports

SERVICE AREA	Curry Co	Douglas Co	Josephine Co	Jackson Co	Other
	297	197	6,373	4,050	200
	2.7%	1.8%	57.3%	36.4%	1.8%

	TRIP PURPOSE			SERVICES			
TRIP PURPOSE & SERVICES	NEMT/other	FLEX	Rx	Transports	RR Vehicle	Reimbursements	Public /Common
	9,831	1,105	185	8,273	5,178	1,813	1,031
	88.4%	9.9%	1.7%	74.4%	62.6%	16.3%	9.3%
				% of Total Trips	*of Total Transports*	*% of Total Trips*	*% of Total Trips*

CALL CENTER	# of Calls	Daily Avg.	Avg Wait Time (sec.)	Abandoned Rate
	4,752	226	36	2.80%

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.

c. **Reporting:** Reports were provided in CY22 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 for monitoring and feedback. Information on NEMT was also provided to OHA per contract and rule. Presentations were delivered to the Community Advisory Councils, the QI Committee on 07/27/2022 and to the Board of Governors.

Oral Health

1. **Goal CY22:** AllCare will continue to provide services collaborating with an Expanded Practice Dental Hygienist at Options for Southern Oregon and Grants Pass Clinic and provide care management support to ensure follow up visits to the dental home.
   a. **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 extreme workforce shortages affecting the dental offices, we had to decrease the days the hygienist was present. This continued throughout 2022 however we continued to meet the patients where they were at, in an environment where they were comfortable. The hygienist remains an integral part of the team in both locations and we were able to increase the amount of patients that had a follow up visit to their dental home from approximately 22% to 58%. At Grants Pass clinic the hygienist still sees a majority of pediatric patients which not only is beneficial to the patient population there, but also assists the CCO in meeting the Incentive Measures and Metrics, specifically the 'Preventive Service for 0-5 and 6-14 year old's'. She continues to see 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.

b. **Supporting Data:** Referral spreadsheets from Hygienist and regular email communications from hygienist and the GP Clinic staff and Options staff.
c. **Reporting:** This information was updated quarterly to the AllCare Board of Governors and met with continued enthusiasm.
d. **Impact Story**

> *One particular member the hygienist saw had a terrible trailer she was living in. According to the member its past owners were making drugs in it and the plumbing was not working properly, and as a result had to use the trailer park bathrooms to brush her teeth. She slept on the floor with old carpet and had severe allergies. She was getting mental health counseling but still was having some suicidal thoughts. She told the hygienist the only reason she got up that day was because she knew she was coming in to see her for dental services, otherwise she may have felt worse and continued with bad thoughts.*
>
> *Due to learning difficulties since childhood, the hygienist assisted the member in filling out paperwork to find housing. The Director of Oral Health Services was able to make contact with a case manager within AllCare and the case manager was able to get member some of the services she needed.*
>
> *Laura McKeane*
> *Sr. Director of Oral Health Services*

2. **Goal CY22:** AllCare will: 1) Hold monthly meetings 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 the workforce shortage issues.
    a. **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 timely access to care and quality of services. The extreme workforce shortages experienced in 2022 presented challenges in maintaining the appropriate 'timely access to services' standards but AllCare and the DCO's continued to have monthly meetings and many times daily conversations regarding patient access issues. The focus was on maintaining: 1) clear communication to members; 2) maintaining the 'timely access to care' standards. 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.
    b. **Supporting Data:** The Director of Oral Health Services engaged in daily and weekly email communication with DCOs, as well as phone calls when needed. Regular monthly meetings were held with each DCO and will continue in 2023.
    c. **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

Patient Centered Primary Care Homes (PCPCH)

1. **Goal CY22:** AllCare 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. **Progress and Barriers:** The Provider Services staff continued to monitor closely PCPCH and non-PCPCH practices. Due to providers retiring, the number of CCO membership with PCPCH practices was expected to decrease.

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	93%	12/2024

    b. **Reporting:** Information on the PCPCH program was shared with the Board of Governors in CY22. Reports were provided to OHA annually, or as required in alignment with contract and rule. Updates on the program were provided to the QIC.

    c. **Impact Story**

> *The QI Manager provided guidance and technical assistance, which included data reporting, to a newly recognized 5 STAR practice.*
> *AllCare hosted two collaboratives in 2022 that focused on the PCPCH program in an effort to enhance practice staff's knowledge about the program in general and provide strategies on how to meet specific measure criteria.*
>
> *Andrea Kidney*
> *ACMG Manager, Quality Improvement*

2. **Goal CY22:** AllCare will support current PCPCH-recognized practices in tier advancement efforts.
    a. **Progress and Barriers:** A few newly recognized practices with a medium to high volume of members attested to tier 4 and one practice attested to tier 5.
    As reported by many of our network practices, 2022 was a year of reflection and recuperation from the impacts of the COVID-19 pandemic. Many practices that the QI Manager (who formerly filled the Provider Programs Coordinator role) performed outreach efforts received feedback that the provider offices were in the process of reviving their workforce and re-establishing administrative and clinical operations that were disrupted during the pandemic. These practices were all at varying levels of capacity for quality improvement activities and the majority of practices were not able to dedicate the time and resources to the PCPCH program. As a result, a number of practices required renewal extensions with many of the revised extension deadlines falling into 2023. Additionally, a few clinics had no other option but to re-attest to a lower tier level due to a lack of clinic staff that was needed for continuous improvement that many of the PCPCH measures require. AllCare is anticipating a drop in our weighted percentage for Q1 of 2023; however, the QI Manager will continue to work with clinics, encourage and support them

in re-attesting to a higher tier level post the 6-month waiting period prior to the completion of 2023.

b. **Supporting Data:**

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)

Patient Safety

2. **Goal:** AllCare will establish a partnership with Rebuilding Together Rogue Valley (RTRV) to ensure members have access to DME equipment and ramps, specifically to help them stay in their homes and improve safety, reduce ED visits, increase independence, reduce costs incurred through SNF utilization and preventable injuries.
    a. **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 2022. 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. Raised toilet seats, 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. Throughout 2022, AllCare Health and RTRV were able to continue to support members and increase supports and services to our members, and the goal was to exceed that in 2022. RTRV is a non-profit organization which helps low-income, older adults, remain in their homes and communities safely. AllCare 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 assessments 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 assessments (25 Point checklist), including ramp feasibility assessment if that is needed. For members who are deemed in need of in home supports, the assessment determined 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.

b. **Supporting Data:** Claims data was analyzed through 2022 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. In 2022, the overall ED visits per 1000 did increase from last year, but so did our average CCO ED rate. Despite the higher visit rate overall, this shows a 31% decrease in ED visits pre and post install for members who received services from RBTRV, meeting our goal. The average ED visits for members engaged in services was 1.5 and 2.3 for those who withdrew from the program.

ED Visits rates per 1,000 Mem/Mo prior to RTRV Home Safety Services	173
ED Visits rates per 1,000 Mem/Mo after RTRV Home Safety Services	120
AllCare Average ED rates per 1,000 Mem/Mo after	38.7
Statewide Average 2019 (pre-COVID) rates per 1,000 Mem/Mo after	36.8

The same methods were used to track the fall rate of members before and after supports were installed. The average number of falls for members after receiving services from RBTRV was .25, the rate was .67 for those who withdrew from the program. The fall rate per 1000 before equipment was installed was 128 and after install was 36. This was a decrease of 72%. We acknowledge that the number of members included in the data is small but the program is demonstrating promising results. The fall rate will continue to be tracked to assess if the program maintains a positive impact.

Fall Rate per 1000 Members/Month Prior to Equipment or Services provided	128
Fall Rate per 1000 Members/Month Prior after Equipment or Services provided	36
CCO Average Fall Rate	6

IV. Performance Improvement Projects (PIPs)

1. **Goal CY22:** The responsible party will review and update the 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. **Progress and Barriers:** AllCare created interventions and conducted barrier analysis for the two CCO PIPs. The following identifies the PIP topic and Project Aim:
    PIP #1: Chronic Condition - 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 Continuous Glucose Monitor (CGM).
    PIP #2: Health Equity: Increase the number of Primary Care Visits for African/American AllCare members.
    PIP#3: Statewide Mental Health Service Access Monitoring: Increase the percentages of members who received outpatient mental health services.
    PIP#4: Statewide Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorder: Increase the percentage of members who initiate and receive SUD treatment.
    Since the development of data reports, the progress on the PIPs is improving. There were monthly internal staff and external subcontractors' meetings scheduled to assist in the ongoing assessments of interventions, barriers and whether or not the improvement targets or the benchmarks were met or not met.
    b. **Reporting:** The PIPs were reviewed by the QI Committee throughout the year for review, feedback, approval and guidance. (03/30/2022; 04/27/2022; 12/07/2022 QI Minutes)

Pharmacy Services

1. **Goal CY22:** AllCare will maintain a Drug Utilization Review (DUR) program with a DUR committee in compliance with the OHA contract. DUR policies and activities will be presented and reviewed by the committee on at least a quarterly basis.
    a. **Progress and Barriers:** AllCare's P&T DUR committee met quarterly in 2022. DUR topics discussed include plan changes and updates for the SUPPORT act; emergency override claims summary due to the Public Health Emergency; Statin use in patient 40-75 years of age; COVID19 vaccine monthly trends for 2021; asthma controller utilization; FDA Safety Communication; and top ten utilized medications by volume and by cost.
    b. **Supporting Data:** Committee Meeting minutes available.
    c. **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 CY22:** AllCare's 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. **Progress and Barriers:** UMCPGURC met regularly in CY22 and completed reviews and updates of the nationally recognized 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.

b. **Supporting Data:** Agendas and meeting minutes for all UMCPGURC meeting are available

c. **Reporting:** Review and update for CPG were presented to the QIC on 09/27/22 and 12/07/22. This regular reporting will continue in CY23.

Prevention and Member Wellness

1. **Goal CY22:** AllCare 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 Curry, Jackson and Southern Douglas counties.
    a. **Progress and Barriers: Continued with the same program criteria as 2021.**
    b. **Supporting Data:** Throughout 2022, the data was monitored on the CPM Program, expanded access to documented member need and maintained access to gym membership and health coaching programs.
    c. **Reporting:** No reports were forwarded to the QIC.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** CY22 utilization of the gym membership was still impacted by COVID-19**.**
    b. **Supporting Data:**

	2022 CCO Member Wellness Data	
Program	**Members**	**Special Health Care Needs**
Lose It Phase 1	49	48
Lose It Phase 2	23	22
Lose It Phase 3	4	4
Moving & Coping with Pain	25	25
TOPS	13	13
Personal Training	16	14

3. **Goal CY22:** AllCare 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. **Supporting Data:**

Program	**Members**	**Special Health Care Needs**
Lose It Phase 1	49	48
Lose It Phase 2	23	22
Lose It Phase 3	4	4
Moving & Coping with Pain	25	25
TOPS	13	13
Personal Training	16	14

4. **Goal CY22:** AllCare will continue to provide Tobacco Cessation and coaching.
    a. **Progress and Barriers:**

	Members	Special Health Care Needs	
Tobacco Cessation Telephonic Coaching	116	108	
90 Days Quit	9		
6 Months Quit	7		
1 year Quit	6		
	# of Classes	**# of 6 week Workshops**	**# of Participants**
Community Partner Tobacco Cessation Classes/ARC	6		87
Community Workshops		4	21
Community Partner/GP Treatment Center Workshop		1	18

Provider Network

1. **Goal CY22:** AllCare will increase the number of qualified and certified Medical Interpreters.
    a. **Progress and Barriers:** In 2022, 22 individuals successfully attended the AllCare sponsored Qualified and Certified training. This brings the total 297 interpreters.

2. **Goal CY22:** AllCare will update and continue to expand its Traditional Health Worker Integration and Utilization Program per requirements in contract and rule.
    a. **Progress and Barriers:** In 2022 AllCare Health focused on the expansion and support of THW services. Traditional Health Workers are a pivotal piece to the health care system and contribute to positive health outcomes of our members.
    b. **Supporting Data:** The following data reflects our efforts to increase THW services in our network: CHW's in our network have expanded from eighteen (18) positions to twenty-four (24), demonstrating a growth of 33% for Community Health Workers. While our overall Doula count has remained the same, we have seen a substantial increase in encounters, in 2021 we had a total of nine (9) encounters, compared to 2022 where we see a total of 186 encounters, demonstrating a growth of 2067%. Peer Support Specialist have also seen an expansion this year, starting in 2021 with thirty-two (32) positions, whereas in 2022 we now have fifty-nine (59) PSS positions demonstrating a growth of 216%. Internally, within Population Health department we employ Community Health Workers under the title Community Resource Specialist. We have forty-six (46) total employees in Population Health, of those forty-six (46), eight (8) are waiting to become certified as a CHW (17%) and six (6) are certified CHWs (13%).
    We have continued to make efforts towards supporting the THW workforce, one of the ways have offered this support is through a partnership with Jackson Care Connect in hosting Community of Practice (CoP) Meetings. The CoP is made up of the various THWs in the community, and there are currently three (3) meetings a month (Community Health Workers, Doulas and Peer Support Specialists). Each meeting is centered on their unique scope of practices, and it allows them to focus on training and resources specific to their needs. The THWs can build connections with others doing similar work and share resources amongst the group. On

average 20 to 30 THW worker types attend their given CoP meeting, which is facilitated by the THW Liaisons.

Measuring member satisfaction of THW services was accomplished by distributing THW satisfaction surveys to members who received THW services. This survey is sent to members who have had an encounter with a THW, either internally with our CHWs or externally with any THW worker type flagged in our claims system. To date, we have received twenty-seven (27) responses from members, with the average satisfaction being 85% satisfied. We also tracked requests for THW services, with a total of eight (8) requests for THW services.

AllCare Health continues to support community based THW work, this is demonstrated by our commitment to supporting a southern Oregon Doula HUB. In an effort to maintain this valuable service AllCare Health increased Doulas and Companies rate to $1,650 to include light care coordination services. This allows our members to receive expanded support from the Doula, and the rate helps to support the HUBs infrastructure. We also contributed to the growth and support of Curry County specifically by funding a $70,000 grant towards Brookings C.O.R.E Response. Brookings C.O.R.E Response is a CBO that employs Peer Support Specialists and Community Health Workers. At Brookings C.O.R.E Response, Traditional Health Workers help community members access a network of resources and benefits available locally and around the state.

c. **Reporting:** No reporting was submitted to the QIC. However, this required work will be taken to the QIC and Board in 2023.

d. **Impact Stories**

In 2022 AllCare Health's THW Liaison partnered with CORE (Center for Outcomes Research and Education) along with Jackson Care Connect and southern Oregon Success on a research project regarding Peers in southern Oregon. The Center for Outcomes Research & Education (CORE) was funded by The Housman Foundation for Medical Research to explore the status and diversity of peer models in Southern Oregon and to develop collaborative recommendations to strengthen the peer workforce. Peer supervisors from thirteen (13) agencies participated in interviews and thirteen (13) peers from seven (7) agencies attended focus groups, CORE has compiled the results of the interviews and focus groups in their research project, and the results have been shared with partners throughout the state with a goal of improved outcomes for the Peer Support Specialist workforce.

Shaunte Duron
Traditional Health Worker Manager

Provider Services

1. **Goal CY22:** AllCare will convene Learning Collaboratives for Primary Care Providers, Specialists and CCO staff to share best practices and address barriers to care.
    a. **Progress and Barriers:** AllCare'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. In 2022, in-person meetings were scheduled with a Zoom alternative.
    Reporting: AllCare was able to achieve our stated goal of bi-annual in-person collaboratives. Three Provider Collaboratives were held in 2022: one each in October, November and December. Additional progress was made in the area of outreach to prospective presenters (for CY 2023) in specialty areas that include: Obstetrics and Gynecology, Neurosurgery, and Pain Management. Barriers stemming from the COVID-19 pandemic (staffing issues and restrictions pertaining to in-

person meetings and social distancing) persisted and impacted AllCare's ability to host on site meetings. The goal for CY 2023 is to host quarterly Provider Collaboratives.

2. **Goal CY22:** AllCare will convene quarterly Office Managers meetings to share best practices and address barriers to care.
    a. **Progress and Barriers:** Quarterly in-person managers meetings continued to be impacted by COVID-19 restrictions. Monthly newsletters were implemented to supplement the quarterly in-person meetings. The time-line for newsletter delivery shifted to every other month mid-year. The goal for 2023 is to continue with every-other-month newsletters as well as re-implement the quarterly in-person managers meetings.

3. **Goal CY22:** AllCare 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. **Progress and Barriers:** AllCare was again successful in achieving both components of this goal. Gap lists were again sent out and claims-based vaccine gaps were added to the provider portal. Additionally, AllCare's Care Coordination staff assisted with outreach to member families to remind them of the importance of childhood vaccinations. Though providers did not report the same extent of difficulty in getting patients in for preventive services, they did report increased vaccine hesitancy. They attributed this to the fears and resistance to the COVID-19 vaccine and vaccine mandates.

4. **Goal CY22:** AllCare 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. **Progress and Barriers:** AllCare continued to see improvement in rates of well child checks in CY22. The pilot program in Curry County was expanded to include all children in the AllCare's service area. AllCare received 505 completed forms requesting the incentive gift cards: 40 – Curry Co., 9 – Douglas Co., 69 – Jackson Co., 387 – Josephine Co.
    b. **Supporting Data:** Per OHA, as of 9/30/22 (the latest date for which data is available), 52.7% (1800/3415) of members aged 3-6 in the AllCare service area received well child checks. The preliminary 2022 internal Business Objects report shows our rate at 1949 / 3491 = 56% for all AllCare children who qualified for the measure.
    c. **Reporting:** Due to the shift in project timeline and format, reports were not provided to the QIC in CY22. Reports will be provided annually in CY23.

Quality

1. **Goal CY22:** AllCare will update the Quality Program description, CY21 QAPI Assessment, and develop a strategic plan for the CY22 QAPI by 02/28/2022.
    a. **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 by performing a Barrier or Root Cause analysis as needed. Though all documents were not completed by 02/28/2022, final submission was 03/15/2022.
    b. **Supporting Data:** All documents submitted to OHA were approved.

c. **Reporting:** Due to the staffing challenges, updates to original goals did not carry through to the 3rd and 4th quarter.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** The AllCare Quality Improvement Committee continued to meet regularly in CY22 via Zoom and in person meetings. The agenda and meeting content included updates from key internal teams reporting out on contract required topics, Appeals and Grievances reports and individual quality concerns regarding providers, hospitals, vendors and other facilities.
    b. **Supporting Data:** Agendas and meeting minutes for all QIC meeting are available. The QIC met seven (7) times on the following dates: 02/23/2022, 03/30/2022, 04/27/2022, 06/15/2022, 07/27/2022, 09/28/2022 and 12/07/2022.

3. **Goal CY22:** AllCare will seek Quality Improvement Committee's approval of all Clinical Practice Guidelines annually.
    a. **Progress and Barriers:** The AllCare QIC approved the following CPG guidelines: Pulmonary, Diabetes, Dental, Cardio-vascular, Pain Management, and Preventative Care.
    b. **Supporting Data:** QIC 09/27/2022 and 12/07/2022

4. **Goal CY22:** AllCare will provide annual training to the Quality Improvement Committee regarding their role and oversight requirements.
    a. **Progress and Barriers:** This training was not completed. Each Quality Agenda item was prioritized. Confidentiality forms were signed by each Committee member (staff and health care providers).
    b. **Supporting Data:** QIC meeting on 03/30/2022 discussion regarding confidentiality and conflict of interest were held at the beginning of the meeting.

5. **Goal CY22:** AllCare 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. **Progress and Barriers:** AllCare continued to pay the FNP who provides women's health care in the health department environment. The Registered Dietician's position was vacated and AllCare assisted in the recruitment for that position.
    b. **Reporting:** No reports were taken to the QIC or Board of Governors.

6. **Goal CY22:** AllCare will track and report ABA denials to OHA as required. Modify report to reflect denied ABA prior authorizations that are overturned upon appeal.
    a. **Progress and Barriers:** In 2022 there were zero (0) denials for ABA services.
    b. **Reporting:** QIC date 12/07/2022

7. **Goal CY22:** AllCare will track and report HEP C denials to OHA as required. Modify the report to reflect denied HEP C prior authorizations that are overturned upon appeal.
    a. **Supporting Data:** Please see the chart below**.**

HEPC	Total	Approved	Denied	Appealed	Overturned	Comment
Q1	22	17	5	2	2	1 request was for a member with Medicare Part D, and 2 requests were denied for not having receiving all necessary reporting documentation from the requesting provider.
Q2	34	18	6			3 were denied for not having received all necessary reporting documentation from requesting provider.
Q3	24	19	5	2	2	There is a decrease in the volume of requests since Q2 2022 due to the removal of the prior authorization requirement for the generic medication Epclusa. Only brand agents required a PA review in Q3.
Q4	21	15	6	2	2	The number of requests continued to decrease compared with Q2 and Q3 in 2022.

Reporting: QI Minutes 02/18/2022; 04/22/2022 (Hepatitis C changes); 06/15/2022; 12/7/2022 A and G Report.

OHA Quality Health Outcomes Committee (QHOC)/Learning Collaboratives

1. **Goal CY22:** AllCare 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.); and 2) As required in contract, have representatives participate in monthly Learning Collaborative Sessions.
    a. **Progress and Barriers:** AllCare'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 2022 QHOC meetings and Learning Collaboratives. The Director of Compliance served as the Chair of the OHA sponsored afternoon session and the Director of Oral Health Services served as the Oral Health Chair.

Quality Incentive Measures

1. **Goal CY22:** AllCare will develop and maintain data reporting models for Quality Incentive Measures, monitor and report progress to internal teams and providers, biannually update the QIC and integration their recommendations for actions if improvement targets or benchmarks are not being attained.
    a. **Progress and Barriers:** The new Quality Incentive Metric (Social/Emotional Health) was presented to the QIC. This metric will be measured over a three-year cycle with attainment targets designed for each measurement year.
    b. **Supporting Data:** The data was supplied by the State which reflected the number of children that were successfully referred for a higher level of behavioral health care than what is provided at the local community mental health agency.

c. **Reporting:** Incentive Metric monitoring was reported to the Board of Governors each quarter in CY22 and to the QIC on 03/30/2022 and 09/28/2022. Quarterly reporting to the QIC will take place in CY23.

Risk Assessment and Work Plans

1. **Goal CY22:** AllCare 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. **Progress and Barriers:** AllCare completed a Quality and a Compliance Risk Assessment and complete quarterly check-ins during the 1st and 2nd Quarter with all departments and operational teams to ensure progress. Due to staff leaving, the regular check ins with department leads were not scheduled.

Social Determinants of Health and Equity (SDOH-E)

1. **Goal CY22:** AllCare will: 1) Continue to engage in partnerships with established community organizations. 2) Engage new community partners to ensure equity and address community needs.
    a. **Progress and Barriers:** AllCare's Integration Team continued to actively partner with Community Benefit Organizations (CBOs) 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, sponsored Behavioral Health Training for GP Public Safety officers and both Jackson and Josephine County Latino Interagency Councils (LINCs). Varied staff sit on governance boards with these organizations. L– Latino Inter-Agency Network Committee and the Rogue Climate (Board Member) (Strategic Planning Committee and also, the Interim Decision-Making Committee) focus is on social justice and climate justice issues. Their mission is to emplower S. Oregon communities most impacted by climate change including low income, rural youth, senior, and communities of color to win climate justice by organizing for clean energy, sustainable jobs and the health environment.
    b. **Reporting:** Information on these partnerships was provided to the CCO Board of Governors.

    Goal CY22: AllCare will monitor progress and barriers on the Collaborative Health Improvement Plans (CHPs).
    b. **Progress and Barriers:** AllCare staff led work on reporting to reflect community progress on the collaborative CHPs for its service area. This was accomplished through the development, distribution, and compilation of form results. All work was done in partnership with peer CCOs for areas where an overlap in service areas exist. Though work continued on the current CHP, efforts progressed to engage a third party to begin the new Community Health Assessment process in both Curry and Josephine/Jackson/Southern Douglas service areas.
    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 regularly provided to the CCO Board of Governors.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** As last year, AllCare 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).
b. **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.

3. **Goal CY22:** AllCare will support the opening of a tiny home village in Josephine County to improve housing outcomes and reduce healthcare costs among homeless individuals.
    a. **Progress and Barriers:** 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.
    b. **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, is a safe and supportive 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.

    c. **Reporting:** Information on Foundry Village was provided to the CCO Board of Governors.

4. **Goal CY22:** AllCare 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. **Progress and Barriers:**
    b. **Supporting Data:** AllCare staff maintain records of meetings and events they participate in and provided summaries of those to teammates across affected departments and operational areas.
    c. **Reporting:** Regular reports were provided to Leadership, Community Advisory Councils, and the Board of Governors.

5. **Goal CY22:** AllCare 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. **Progress and Barriers:** The COVID endemic began to wane; even though there were high hospitalizations due to respiratory illnesses, those inpatient admissions were diagnosed with COVID. The vaccination rate barely moved from 62% in Josephine County.

b. **Supporting Data:** Housing and food insecurity rose to the top of all SDOH-E needs. AllCare awarded 16 grants for food security ($365,858), 8 grants for housing ($179,935), and 14 grants ($264,805) for Trauma-Informed Services, 18 grants Education for Health Improvement and Support ($230,052); this is not an all-inclusive list.
c. **Reporting:** Information on Community Benefit Initiatives was provided to the CCO Board of Governors.

Subcontractor Oversight and Monitoring

1. **Goal CY22:** AllCare 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. **Progress and Barriers:** Each quarter, AllCare monitors the NOABD letters, Grievance letters for readability and the timeliness of subcontractor notifications to AllCare members.
    b. **Supporting Data:** The quarterly grievance review processing reflected that there were no issues in resolving complaints timely and providing appropriate notification. The NOABD review showed the Mental Health Organizations and the Dental Care Organizations processed the preservice requests timely. This was evident in that there were no extensions to the 14 day timeframe for review. The standard of 6th grade (Microsoft Word) reading level and clear, easily understood language was reviewed for the subcontractors. It was noted that the reading levels did vary between 6th grade and a 9th grade level. AllCare continues to work with the individual subcontractors to improve the level. There has not been noticeable improvement in this area; in 2023, efforts will be made to involve decision-making management in attempting to change this behavior.
    c. **Reporting:** The subcontractor oversight will be included in the Grievances and Appeals reporting to the QIC in CY2023.

Transformation Quality Standards (TQS)

1. **Goal CY22:** AllCare will schedule meetings with the department leads, Chief Quality Officer, Director of Quality Improvement, CMO, 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.
    a. **Progress and Barriers:** AllCare TQS progress updates were presented to the QIC in CY22. 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.
    b. **Supporting Data:** Each individual TQS project has an assigned internal AllCare lead. These leads are responsible for monitoring performance on their project(s) regularly. Data comes from a variety of sources including AllCare's core database, claims data, EHR review, attestations, surveys, and process measures.
    c. **Reporting:** The CY22 TQS plan was presented to the Community Advisory Councils and the Board of Governors. In CY22, the TQS plan was reported to the QIC on 02/23/2022 and 03/30/2022

Utilization Management (UM)

1. **Goal CY22:** AllCare 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. **Progress and Barriers:** In CY22, the AllCare
    b. 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 December of 2022.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. **Supporting Data for Inter Rater Reliability**

    There were five samples which had discrepancies with the original review and expected decisions. There were four of the discrepancies that indicated the need for additional training opportunities. Benefit Management will review the protocols with Analysts and work with Behavioral Health team to develop a workflows to assist in creating a smoother processes with a clearer path for the Analysts and RN's. Because this review may identify inconsistent understanding of AllCare OHP members' benefits, it is a critical activity to ensure that members are receiving medically needed services.

	Number of case reviewed:	**Total number of reviewed cases by discipline with discrepancies**	**Total number of discrepancies by discipline**
PH Analyst Results:	8	28	2
RX Analyst Results:	6	25	0
RN Results:	4	19	1
Pharmacist's Results:	7	21	0
MD's Results:	7	24	2
Total:	**32**	**117**	**5**

    d. **Reporting:** Reports of both Inter Rater Reliability and Under/Over utilization was provided to the QIC on 12/07/2022.

V. Systemic Analysis and Actions

Compliance

1. **Goal CY22:** AllCare will complete migration of policies, procedures and other enterprise guiding documents into NAVEX PolicyTech platform by May 31, 2022.
    a. **Progress and Barriers:** Teams 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. As in the previous year, teams were stalled due to conflicting priorities for projects. Feedback, from the department leads, did raise

concerns regarding the policy template and time required to transition existing policies into that format in PolicyTech. A more realistic goal will be set for 2023.

b. **Supporting Data:** As of December 2022, 70% of the departments had transitioned their policies to PolicyTech and to date there is a total of 813 policies in the system.

PolicyTech #'s	1Q2022	2Q2022	3Q2022	4Q2022
Draft		6	43	41
Collaboration	8	7	30	11
Review		9	8	42
Approval	2	1	3	16
Published	25	113	4	5

c. **Reporting:** No reports were forwarded to the QIC or Board of Governors. Weekly reports were provided to the Internal Operations Task Force.

2. **Goal CY22:** AllCare 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. **Progress and Barriers:** In CY22 the Compliance team along with the Contracts Director created auto-reminders of all OHA deliverables at 90, 60 and 30-day intervals. Feedback from Senior leaders complained that it was too much in advance. Other options will be explored in 2023.
    b. **Supporting Data:**
    There were four OHA deliverables that were submitted late: 1) 1Q Delivery System Network 2) Language Access and interpreter quarterly report 3) Affiliation agreement or contract 4) 3Q Delivery System Network. Note that this does not reflect resubmissions or audit deliverables.
    c. **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 AllCare'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).

Member Information Confidentiality, Privacy and Security

1. **Goal CY22:** AllCare will review privacy and security best practices and evaluate internal processes for opportunity for improvement following federal requirements.
    a. **Progress and Barriers:** In 2022 AllCare scored 100% on the HSAG Compliance Monitoring Review conducted by the Health Services Advisory Group. Mandatory HIPAA, Privacy and Security trainings were conducted for AllCare employees, the Board of Governors and two Community Benefit Organizations. The trainings were provided by the VP Compliance and the HIPAA Privacy and Security attorney.
    b. **Supporting Data:** 286 staff member attended HIPAA Privacy and Security training; 22 Provider office staff, 2 CBOs received training. In addition the provider office training video was posted to the Provider Portal for the offices that missed the scheduled training session.

Quality

1. **Goal CY22:** AllCare will update the Quality Program description, CY22 QAPI Assessment, and develop a strategic plan for the CY22 QAPI by 02/28/2022.

a. **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 by performing a Barrier or Root Cause analysis as needed. In CY22, all Quality program documents were reviewed, revised and approved prior to 03/15/2022.
b. **Supporting Data:** All documents submitted to OHA were approved.
c. **Reporting:** Due to the staffing challenges, updates to original goals did not carry through to the 3rd and 4th quarter.

Document Title: Quality Assessment and Performance Improvement (QAPI) Program Strategy and Work Plan	
Department: Quality	
Document Type: Strategic Plan	**Reference No.** CCO-QUAL-004
Version No. 2	**Creation Date:** 01/01/2022
Revised Date: 03/14/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **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 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's Quality Improvement (QI) program ensures the implementation, monitoring, and on-going refinement of processes of an effective clinical QI program.

Program Design

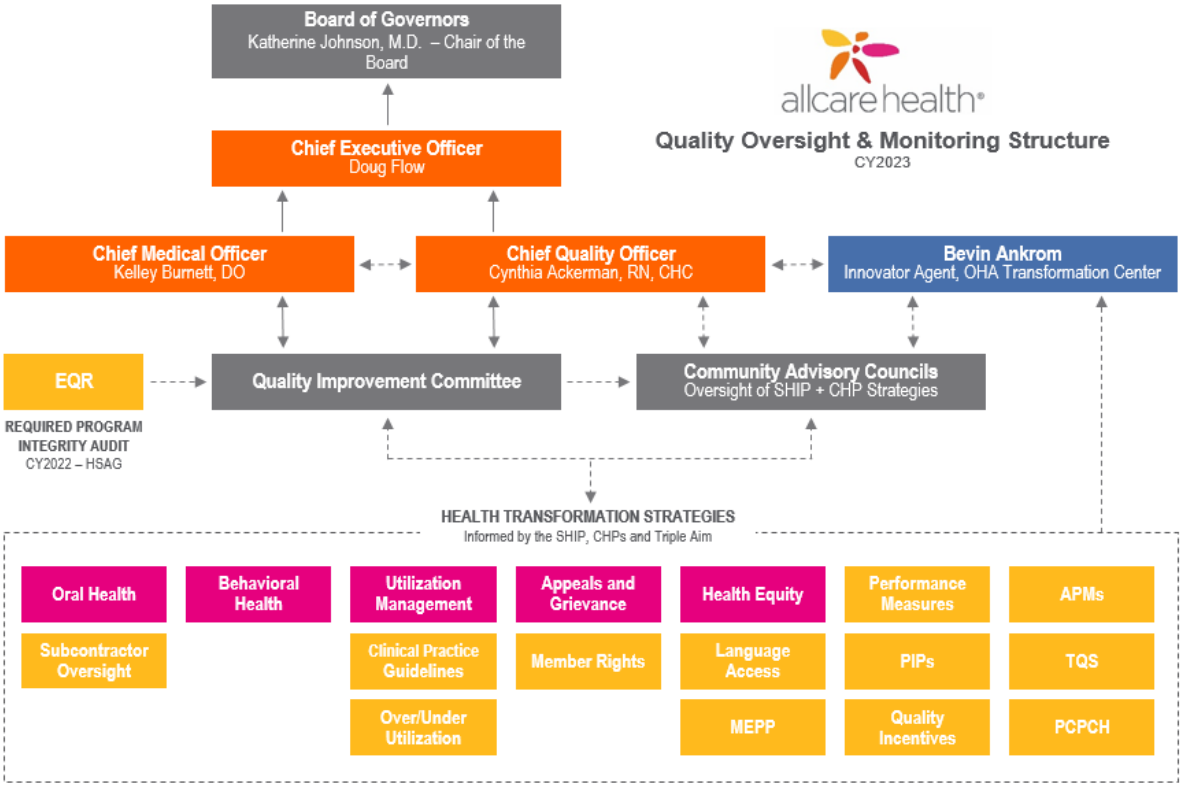
AllCare annually builds its Quality Assurance Performance Improvement (QAPI) Plans around CMS's Five Elements: 1) Design and scope; 2) Governance and leadership; 3) Feedback, data systems and monitoring; 4) Performance improvement projects; and, 5) Systematic analysis and systemic action. This plan supports 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'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 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 and Scope

The CY22 Quality Assurance Performance Improvement (QAPI) Program Strategy and Work includes AIM Statements (if appropriate) and Interventions for AllCare'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

AllCare'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, AllCare's Board of Governors, or AllCare's Community Advisory Councils.

CY23 Quality Assurance Performance Improvement Work Plan

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	Provider Engagement and Strategic Initiatives: AllCare 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. Conduct a Root Cause Analysis as needed to address barriers to progress. 4. Report on goals to QIC annually.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			5. Submit reports on goal are to OHA per contract and rule.
Utilization Management	Utilization Management	AllCare'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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Quality	AllCare will update the Quality Program description, CY22 QAPI Assessment, and develop a strategic plan for the CY23 QAPI Strategic Plan by 03/15/2023.	1. Complete CY23 Quality Risk Assessment. 2. Update Quality Program documents. 3. Compile CY23 QAPI Report in collaboration with department and operational area leads. 4. Create CY23 QAPI Strategic Plan in collaboration with department and operational area leads. 5. Complete quarterly monitoring of CY23 Strategic Plan in collaboration with department and operational area leads. 6. Complete Root Cause analysis to address barriers to progress. 7. Report quarterly on progress to the QIC, Board of Governors, and Community Advisory Councils.
Quality Management and Improvement	Quality Incentive Measures	AllCare will develop and maintain data reporting models for Quality Incentive Measures, monitor and report progress to internal AllCare 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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Transformation and Quality Strategy (TQS)	AllCare 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	AllCare will review and revise CY23 VBP/APMs, present and receive approval on proposed CY23 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 goals to QIC bi-annually. 3. Submit reports to OHA per contract and rule.
Quality Management and Improvement	Behavioral Health	Behavioral Health: AllCare will engage the Local Mental Health Authorities (LMHAs) in updating the Comprehensive Behavioral Health Plan (CBHP), submit the finished document to OHA by July 2023 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 to the Quality Improvement Committee on a bi-annual basis.
Quality Management and Improvement	Behavioral Health	Behavioral Health - Serious and Persistent Mental Illness (SPMI): AllCare's Behavioral Health and Quality Analytics teams will meet quarterly with our subcontracted MH providers to review MH access claims data, project progress and	1. Finalize data set and measure specifications. 2. Generate and distribute quarterly reports to Project Team 30 days after end of each quarter.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
		work to identify and implement strategies to improve MH services access for adult members with SPMI.	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 Management and Improvement	IT	AllCare's IT and IT Operations team will investigate, evaluate and procure a Grievance and Appeals technology solution with implementation in 2023.	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 annually to the QIC and monthly to the AllCare Ops Team.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Oral Health	AllCare'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-Cause analyses 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 Skilled Nursing Facilities (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. 5. Report on goal to QIC annually.
Medicaid Benefits and Services	Benefit Management	AllCare 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 in CY23.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Medicaid Benefits and Services	Non-Emergent Medical Transportation	Non-Emergent Medical Transportation: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Member Connections	Community Engagement and Strategic Initiatives	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Members' Rights and Responsibilities	Brand & Creative Services	Member Rights and Responsibilities: AllCare 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 will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023. 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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Members' Rights and Responsibilities	Customer Care	Member Engagement and Strategic Initiatives: AllCare will continue to monitor member usage through CY23 to ensure the steady of growth of 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Members' Rights and Responsibilities	Customer Care	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 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: AllCare will continue to build on existing language access resources available to AllCare CCO Members.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Language Access	Language Access: AllCare will continue to 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Language Access	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 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 CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Multicultural Health Care	Quality	NCQA Accreditation: Create a Project Work Plan to describe the process in applying for Health Equity NCQA Accreditation in 2023.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Multicultural Health Care	Tribal Liaison Program	AllCare will maintain the Tribal Liaison Program as required in contract and rule.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Contracting	Consult and involve AllCare SMEs prior to the execution of any contract.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Contracting	Timely execution of all contracts.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Credentialing and Recredentialing: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Credentialing and Recredentialing: AllCare 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 06/30/2023.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Credentialing	Implement use of Coalition for Affordable Quality Healthcare (CAQH) to streamline Credentialing and Recredentialing processes.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Provider Engagement & Strategic Initiatives	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Provider Engagement & Strategic Initiatives	Provider Satisfaction – The Provider Services Team will implement a quarterly Newsletter keeping providers apprised of emerging changes in rules/laws.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Provider Engagement & Strategic Initiatives	AllCare will convene quarterly Office Managers meetings to share best practices and address barriers to care.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Network Management	Quality	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Behavioral Health	Grants Pass Sobering Center – monitor usage, behavioral health referrals and sustainability status.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Member Wellness Benefits	Prevention and Member Wellbeing: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Pharmacy Services	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Population Health	Transitions of Care – will monitor the number of transitions quarterly.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Population Health Management	Quality	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Community Engagement and Strategic Initiatives	Community Engagement and Strategic Initiatives: AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Grievance & Appeals System	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Grievance & Appeals System	AllCare 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. Include this topic on the QIC agenda items for 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Grievance & Appeals System	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	IT	IT Operations: AllCare'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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Compliance	Patient Information Privacy and Security: AllCare will review privacy and security best practices, evaluate internal processes for opportunity for improvement following federal requirements, conduct penetration testing, update internal policies and ensure staff training and ongoing monitoring to ensure quality and compliance.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23. Report to Compliance and the CCO Board.
Quality Management and Improvement	Compliance	Compliance: AllCare will complete a Compliance Risk Assessment and needed Action Plans for risk mitigation for all departments and operational areas by January 15, 2023.	1. By 01/15/2023, the Chief Compliance Officer or designee will meet with each department lead to identify risks, assess and prioritize risks and develop controls and interventions to mitigate those risks. 2. As new risks emerge, update the departmental risk assessment; at minimum, review the Risk Assessment quarterly.
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	AllCare 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. Work collaboratively with Community Partners in attaining the Social-Emotional Health Metric milestones for 2023 (Year 2). 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Provider Engagement & Strategic Initiatives	AllCare 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. The Provider Services team will create monthly Gap Lists for the providers participating in this incentive measure. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Quality	AllCare 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 2Q23 QAPI Plan review and included by 12/31/2023.
Quality Management and Improvement	Quality	AllCare'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. This goal will be dependent upon staff availability. 2. By 04/30/2023, post a new position of Quality Director to oversee the Appeals and Grievances process, submit quarterly PIP updates and be responsible for updating all Quality Program documents.
Quality Management and Improvement	Quality	AllCare will complete migration of policies, procedures and other enterprise guiding documents into NAVEX PolicyTech platform by September 30, 2023.	1. Interventions and timeframes to be developed by April 30, 2022.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Quality	CAHPS	1. AllCare will successfully roll out the D-SNP plan (dual eligible). The CAHPS is a required quality survey required by CMS. 2. Interventions to improve scores will be monitored by the internal Quality Team.
Quality Management and Improvement	Quality	Clinical Advisory Panel	1. Explore the feasibility of re-establishing the Clinical Advisory Panel (CAP) with representatives from the AllCare service area.
Quality Management and Improvement	Quality	AllCare will review and update CY23 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Community Engagement and Strategic Initiatives	AllCare 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.	Monthly, AllCare will have at minimum 3 representatives attend the monthly QHOC meetings.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	AllCare will monitor progress and barriers on the Collaborative Health Improvement Plans.	Provide Quarterly reports to the Board, QIC and Councils.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	All AllCare Health Related Services Community Benefit Initiatives (HRS-CBI) will align with the: 1) Health Equity Plan; 2) Collaborative Community Health Improvement Plans (CHPs); 3) State Health Improvement Plan (SHIP); and 4) Quadruple Aim.	1. Conduct an audit of the 2022 HRS-CBI Initiatives. 2. Monitor each HRS-CBI for compliance with the criteria.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Help Me Grow Southern Oregon	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	The Pathfinder Network	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023.
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 1Q23 QAPI Plan review and included by April 30, 2023.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Rogue Climate Youth Empowerment Program	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Community Partner Newsletter	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, 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 1Q23 QAPI Plan review and included by April 30, 2023.
Social Determinants of Health and Equity	Community Engagement and Strategic Initiatives	Public Health partnerships	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023.
Social Determinants of Health and Equity	Emergency Management & Disaster Response	Food Quality and Security	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023.
Social Determinants of Health and Equity	Emergency Management & Disaster Response	Community Planning	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Social Determinants of Health and Equity	Health Information Technology (HIT)	Business Continuity and Staff Safety Planning	1. Continue the revision of the Corporate BC/DR plan – chaired by the CFO. 2. Report regularly to the Senior Leadership Team (SLT), the Board and annually to the QIC.
Social Determinants of Health and Equity	Utilization Management	AllCare 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. Continue to monitor usage and increase the number of referrals submitted to outside agencies and partners. Monitor the ROI and quality outcomes of individuals referred for services. Monitor and grow the number of providers utilizing the UniteUs platform.
Utilization Management	Member Wellness Benefits	AllCare 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. Place this topic on the QIC agenda calendar to ensure that the QIC endorses the CPG guidelines.
Wellness and Health Promotion	Language Access	AllCare will continue to provide Tobacco Cessation and coaching.	1. Establish quarterly utilization and quality outcomes to the QIC and SLT.
Multicultural Health Care	Traditional Health Worker (THW) Program	AllCare will increase the number of qualified and certified Medical Interpreters.	1. Interventions to be clearly established during 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Quality Management and Improvement	Community Engagement and Strategic Initiatives	AllCare 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 1Q23 QAPI Plan review and included by April 30, 2023. 2. Interventions will include: supporting activities, barrier analysis and action planning, data set specifications and baseline establishment, specific growth targets for CY23, and a reporting schedule to the QIC and other oversight entities.
Social Determinants of Health and Equity	Population Health	Community Engagement and Strategic Initiatives: AllCare will work with municipalities, social care organizations, and communities to increase capacity for safe, secure, and appropriate housing options. AllCare staff will implement the HRSN 2023-2028 1115 Waiver Requirements.	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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Population Health Management	Provider Engagement & Strategic Initiatives	Maternal and Infant Health: AllCare'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.
Network Management	Oral Health	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.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			4. Submit reports to OHA per contract and rule.
Quality Management and Improvement	IT	AllCare will expand Practice Dental Hygienist to serve 6 hours per week at the AllCare Medical Clinic and 6 hours per week Curry County.	1. Present to the 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	Quality	AllCare'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 reductions), and responsive functionality to support hybrid work locations.	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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Improvement	Utilization Management (UM)	AllCare 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 and QIC guidance.	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	Member Engagement & Strategic Initiatives	AllCare'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	Community Engagement and Strategic Initiatives	Member Engagement and Strategic Initiatives: Member Satisfaction - AllCare will regularly survey 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	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Medicaid Benefits and Services	Population Health	AllCare 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 AllCare Members, and average monthly utilization. 2. Understand case management services, dose/duration of case management services for AllCare 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.
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), AllCare 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 04/30/2023 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. Continue to improve reports capturing the contract required elements.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
			5. Submit quarterly reports to the Chief Compliance Officer, the Chief Medical Officer and to Quality Improvement Committee bi-annually.
Population Health Management		Special Health Care Needs: AllCare 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. 5. Monitor claims reports and hospital event notifications for Members receiving services from RTRV to measure impact on safety. 6. Report to the Chief Compliance Officer the Chief Medical Officer quarterly and to the Quality Improvement Committee bi-annually.

Quality Standard	Operational Area	CY23 AIM Statement	Interventions to Support CY23 AIM Statement
Quality Management and Process Improvement	Population Health, Quality, Compliance, Government Relations, Medical Directors, Customer Care	AllCare will create a work plan to address the new CMS 1115 requirements.	1. Create a Task Force represented by all operational areas that have responsibilities in the implementation of the 1115 Waiver. 2. Create a Work Plan that begins in 2023 as there are sections that are effective 01/01/2023. 3. Report progress, challenges to the Senior Leadership Team and to the Board of Governors.

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: 03/14/2023	**Next Review Date:** 02/01/2024
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:** 03/14/2023 **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.

Document Title: Quality Assessment Performance Improvement (QAPI) Program	
Department: Quality	
Document Type: Program Description	**Reference No.** CCO-QUAL-001
Version No. 4	**Creation Date:** 02/15/2021
Revised Date: 03/14/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **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.

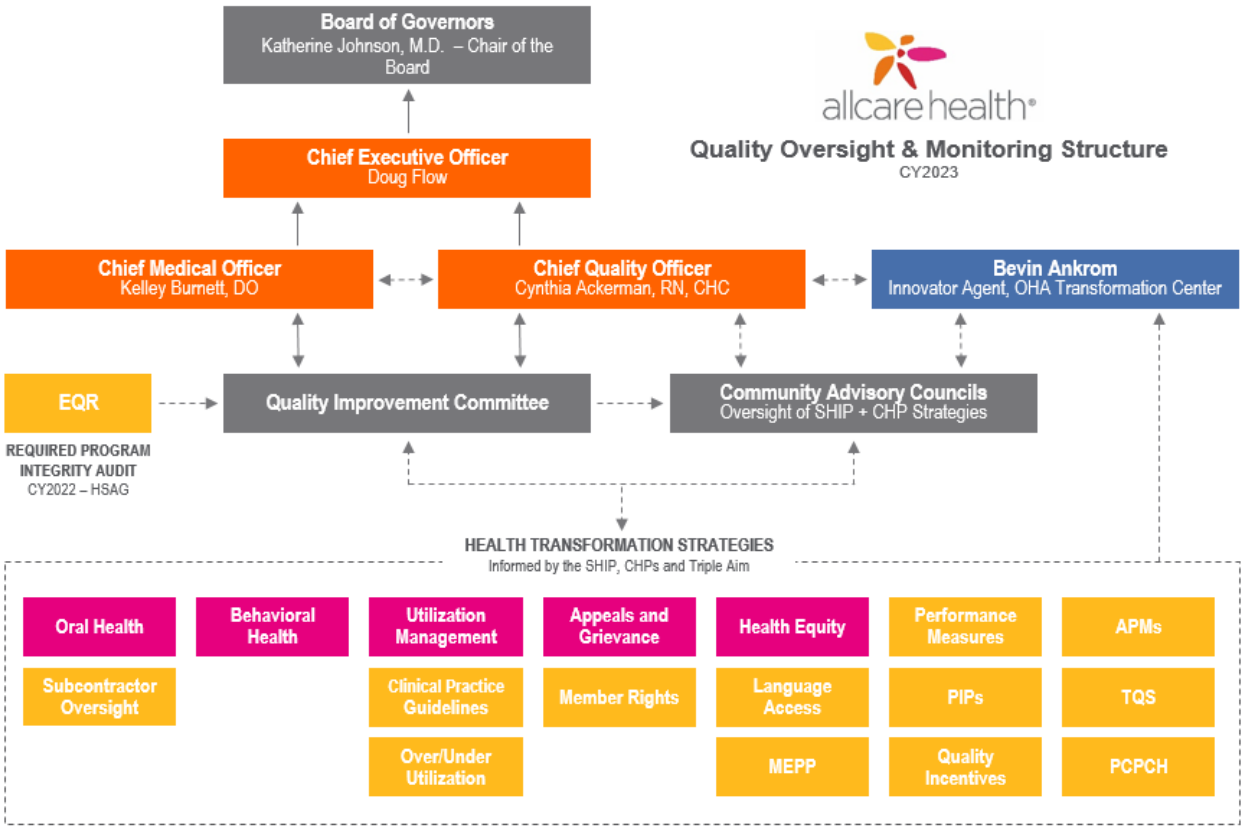
4. Our organization has established a culture in which staff are held accountable for their performance, but not punished for errors and do not fear retaliation for reporting quality concerns. We have a process in place to distinguish between unintentional errors and intentional reckless behavior and 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: Transformation and Quality Strategy (TQS)	
Department: Provider Services	
Document Type: Policy & Procedures	**Reference No.** CCO-DS-003
Version No. 3	**Creation Date:** 08/04/2021
Revised Date: 03/14/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **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 AllCare'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.

AllCare 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. 7	**Creation Date:** 12/29/2016
Revised Date: 03/14/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **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. 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.
2. High Opioid Utilization will be referred to the CMO for direction and guidance.
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.

Document Title: Utilization Management Clinical Practice Guideline and Utilization Review Committee	
Department: Benefit Management & Pharmacy Services	
Document Type: Policy & Procedures	**Reference No.** CCO-UM-102
Version No. 5	**Creation Date:** 08/15/2018
Revised Date: 03/11/2023	**Next Review Date:** 01/15/2024
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:** 03/14/2023 **Oversight By:** Quality Improvement Committee	

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).

Quality Improvement Committee	February 23, 2022 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, DSW, LCSW 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, AllCare PACE**
Discussion:	• The December 15th, 2021 minutes were reviewed by the Committee. Dr. McArdle made the motion to approve the minutes. Dr. Rondeau seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett took this time to introduce Dr. Ryan Bair to the Committee. Dr. Burnett advised that Dr. Bair joined AllCare back in November 2021 as the new Vice President of Behavioral Health. Dr. Bair is a licensed clinical social worker.				
2.	**Part D Delegation to MedImpact**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that at start of CY2022 AllCare began utilizing an internal software process that delegates more work to MedImpact. The software now allows for MedImpact to process authorizations, assist in case management, opioid				

	prescribing and at risk determinations. Medimpact will also be sending Part D preservice notification letters to both members and providers. • **Action: The Committee will be kept up to date on updates relating to this new delegation process.**				
3.	**4Q2021 Appeals and Grievance Review**	**Follow-Up**	**Ms. Allen**	**C**	**AllCare Advantage**
Discussion:	• Ms. Allen displayed the 4Q2021 Medicare Advantage Appeals and Grievance report for the Committee to review. Details of the report were discussed with the Committee. ○ Grievances: Ms. Allen stated that the amount of grievances received in 4Q compared to previous quarters in CY2021 have dropped significantly. A total of 2 grievances were received during 4Q. Of the grievances received, one was related to quality of care and one was categorized as "other." Ms. Allen informed the Committee that there were no PCP grievances or grievances filed against AllCare. Both grievances were related to specialty care from different providers. ○ Appeals: A total of 8 Part C pre-service appeals were received during 4Q. Of these, 2 were upheld and 6 were overturned. For Part D, a total of 16 pre-service appeals were received, of which 4 were upheld and 12 were overturned. Ms. Allen stated that the 2 upheld pre-service appeals were auto-forwarded to the Part C IRE, MAXIMUS Federal Services, and were upheld. In addition, a case file request from the Part D IRE, C2C Innovative Solutions, was received and C2C's decision was to overturn this denial. The denial was overturned by AllCare, and effectuation and notification were completed timely. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
4.	**D-SNP Application**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett reminded the Committee that AllCare had been preparing an application to offer a Dual Special Needs Plan (D-SNP) for Medicare Advantage members. Dr. Burnett stated that the application has officially been submitted. CMS announced in CY2021 that health plans with dual Medicare Advantage and CCO plans were no longer allowed to have lookalike plans if the organization had over 500 members. Once this was announced, AllCare began taking necessary steps to work towards offering a D-SNP plan. Dr. Burnett advised that the Model of Care was due on February 16th. Ms. Resetar had taken the lead on this and AllCare was able to submit the Model of Care early. At this time, AllCare is waiting to hear from CMS if any corrections are needed. This will also determine if AllCare is granted a 1, 2 or 3 year contract. Dr. Burnett advised that AllCare would need to ensure that the network of providers are trained in this, and would require sign attestations stating that providers understand this new program.				

	AllCare is looking to begin this training in either 3Q2022 or 4Q2022. Dr. Burnett advised that AllCare will find out in March if any corrections are needed. • **Action: The Committee will be kept up to date on the status of AllCare's D-SNP application.**				
5.	**Appeals and Grievance Review 4Q2021**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare CCO**
Discussion:	• Ms. Allen displayed the 4Q2021 CCO Appeals and Grievance report for the Committee to review. Details of the report were discussed with the Committee. ○ Grievances: The average number of CCO enrollment for 4Q2021 was 57,741, which covers October, November and December. The highest areas of concern were consumer rights for a total of 18 grievances, 9 grievances relating to interaction with plan or provider, and 8 grievances relating to quality of care. Complaints relating to interactions with provider decreased since 3Q, however the most noticeable increase in complaints was relating to consumer rights. A total of 42 grievances were received during 4Q2021, with a rate per thousand of 0.73. Ms. Allen discussed the list of PCPs and specialists who received the highest number of complaints for the quarter. There were no specific outliers for the quarter. ○ Hepatitis C (HEP C): For 4Q2021, there were 20 HEP C requests received, of which 6 were denied and 14 were approved. In addition, there were no ABA denials issued during 4Q2021. ○ Appeals: There were a total of 48 appeals were received during 4Q2021, all of which were regarding a total denial or limited authorization of a requested service, with a rate per thousand of 0.83. Ms. Allen noted that 4Q2021 saw the lowest amount of appeals compared to the rest of the year, however this could have been due to the holidays resulting in fewer member submissions. Approximately 48% of the appeals received were overturned after additional review by the Medical Directors. Ms. Allen noted that there was a significant increase in the percentage of overturned appeals compared to 3Q2021, and 4Q2021 had the highest amount of overturned appeals for the entire calendar 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.**				
6.	**Specialist Review**	**New Item**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burns informed the Committee that this specialist has merged with another specialty office. At this time, the Medford location is the only office seeing patients as the the Grants Pass location closed due to staffing issues. It has been brought to AllCare's attention that there have been issues relating to member access with this				

	office. Dr. Burnett also advised that their phone tree is very difficult to get through. AllCare will continue to monitor this provider office, and asked that Committee members bring forth any issues they experience between their patients and this office. • **Action: The Committee will be kept up to date on any new issues relating to patient access with this specialist.**				
7.	**External Quality Review**	**Follow – Up**	**Ms. Ackerman**	**O**	**AllCare CCO**
Discussion:	• Ms. Ackerman informed the Committee that the External Quality Review (EQR) audit with HSAG is approaching. Meetings will be scheduled with the staff that are responsible for providing data for the specific areas up for review. Dr. Burnett reminded the Committee that this is an annual audit with Health Service Advisory Group (HSAG). Ms. Ackerman stated that submission dates have been moved up by a few months. First submission will be due on April 28th. This will consist of a review of 15 different topics, which are audited over a 3 year cycle. Ms. Ackerman advised that one topic has been dropped as it was previously audited. Additional topics include, but are not limited to: confidentiality, quality assurance and performance improvement (QAPI), enrollment/disenrollment, information systems capability assessments (ISCA), and health information system. Ms. Matola advised that any findings from CY2021 are to be addressed and cured no later than April 28th. The onsite audit will take place in August. • **Action: The Committee will be kept up to date on any new information relating to the EQR audit.**				
8.	**Dental Update**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that a pedicatric dentist notified AllCare that he is leaving Capitol Dental in May of this year. Dr. Yitta assured the Committee that no gaps in patient access are anticipated. • In addition, The AllCare Medical Directors recently had a presentation by Capitol Dental about providing hemoglobin A1C point-of-care testing in their dental offices for diabetic patients. This project would support other current TQS and Prometheus/MEPP projects at AllCare. AllCare is continuing discussions about this possible collaboration. • **Action: The Committee will continue to be kept up to date on any new oral health updates.**				
9.	**Behavioral Health Update**	**Follow-Up**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Porter informed the Committee that there has been progress made in Curry County. The service provider network is growing, as well as behavioral health community programs. AllCare is tracking program numbers for Adapt and Options so that AllCare is aware of total member's enrolled. • **Action: The Committee will continue to be kept up to date on any new behavioral health updates.**				

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10.	Health Equity Report	New Item	Ms. Case	O	AllCare CCO
Discussion:	• Ms. Case displayed a health equity report for the Committee to review, and discussed the details with the Committee. The report reflected PCP visit trends and comparisons amongst different populations of members. This report was broken down by quarter for CY2021, and included raw data numbers from CY2018, CY2019 and CY2020. It was noted that the African American population had fewer PCP visits. Ms. Case advised that Mr. Crosby and Mr. Quinn Arrington have been working together to identify the reasons as to why this population has fewer visits than others. Ms. Case informed the Committee that AllCare has also reviewed numbers based on geographic areas, but did not find that this made much of a difference. • Dr. Miller inquired if other areas, such as member age and chronic medical problems are something that is considered and looked at by AllCare. Dr. Burnett stated that these are areas AllCare can look into, and that the state is also paying attention to this matter. • **Action: The Committee will be kept up to date on PCP utilization rates.**				
11.	**TQS/QAPI**	**New Item**	**Ms. Ackerman**	**O**	**AllCare CCO**
Discussion:	• Ms. Ackerman reminded the Committee that TQS stands for Transformation and Quality Strategy. This is an annual deliverable, due to OHA on March 15th. Ms. Ackerman stated that this deliverable does not represent all quality work, but it does focus on certain elements. • Ms. Matola informed the Committee that AllCare is retiring some projects as AllCare met the goals that were previously set. The newest project will have a focus on REALD data (Race, Ethnicity, Language and Disability). AllCare Appeals Department conducted a 2 year lookback and identified that there had not been any appeals or grievances submitted from non-English speaking members. Ms. Matola stated that AllCare should not assume that this population has nothing to complain or appeal, but rather are hesitant to do so. Ms. Matola stated that AllCare plans to hold a listening session for this population of members to encourage them to speak up and inquire why they chose not to file complaints or appeals. Ms. Matola advised that AllCare is working with Ms. Kristina Espinoza in Provider Services for additional education and outreach to find out more information and how AllCare can help this population of members. Results will be brought back to the Committee for review. • Ms. Ackerman reminded the Committee that QAPI stands for Quality Assurance and Performance Improvement. Ms. Ackerman stated that this tool allows AllCare to capture all the great work that AllCare has done and continues to do. This is a formal document, and Ms. Ackerman will be sending this out to staff for additional review. • Ms. Ackerman also reminded the Committee that Ms. Matola is the lead for reporting PIPs (Performance Improvement Plans) to CMS and OHA. • **Action: The Committee will be kept up to date on any new information relating to TQS/QAPI.**				

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12.	**Credentialing & Recredentialing**	**Follow Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare CCO, AllCare PACE**
Discussion:	• Ms. Matola informed the Committee that there were 3 providers up for credentialing in December and January 2022. There were no major concerns among these providers. Each had one complaint submitted against them over the past 3 years, and they were approved for recredentialing. Dr. Burnett added that AllCare is still working on staffing issues. Once this is corrected, the Committee will be able to review the list of providers first before providers move forward to the Credentialing Committee. • In addition, Dr. Burnett reminded the Committee that AllCare has outsourced a portion of the credentialing process, specifically the verification process. Dr. Burnett stated initial provider applications that are considered "clean" are sent to her in real time so credentialing can be completed. Dr. Burnett will continue to keep the Committee up to date on this process. • Dr. Burnett also informed the Committee that naturopathic providers have been approved for member PCP assignment. Naturopathic providers will be assigned only by member request for those 18 years and older. Dr. Burnett stated that the Committee will monitor for quality issues and utilization trends amongst these providers. • **Action: The Committee will be kept up to date on provider credentialing and recredentialing, and any quality issues relating to naturopathic provider PCP assignments.**				
13.	**Providers Under Board Action**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare CCO, AllCare PACE**
Discussion:	• Dr. Burnett briefly discussed the details of this provider with the Committee: ○ Provider #1: provider's credentialing application was denied due to Board Action, and provider continues to see AllCare members despite being told it would be inappropriate. AllCare is seeing authorizations come through from this provider. At this time AllCare is determining how to best address this matter without affecting members. Dr. Burnett suggested a possible transfer of care process, allowing for 90 days to transfer member care. Dr. Burnett stated that AllCare's legal team would be involved in this process. • **Action: The Committee will continue to be kept up to date on providers that are under Board Action.**				
14.	**Complaint from the State**	**New Item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee of a complaint that was sent to AllCare from the State. This was regarding a member who had been denied door-to-door NEMT services. Initially this service was overturned for the member, however due to repeated no-shows, rule infractions, and being late the service was denied. Member then became hospitalized and was in need of transportation. Dr. Burnett advised that an exception was made by AllCare to allow for the door-to-door services so long as there were no significant safety issues. NEMT will be amending their policy to include situations like				

	this. Dr. Burnett informed the Committee that AllCare has seen an increase in member's complaining directly to the state, although not all are related to AllCare issues. • **Action: No further action required by the Committee at this time.**				
16.	**PACE Update**	**Follow-Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston informed the Committee that AllCare PACE received an engagement letter from CMS on February 16th. This audit will consist of a six month lookback from August 16th – February 16th. First submission is due to CMS on March 17th and will consist of 6 areas. PACE is continuing to work on gathering information for this. • Ms. Langston also informed the Committee that PACE has seen a decrease in fall rates and continues to work on fall prevention plans for participants. • **Action: PACE updated will continue to be brought to the Committee for continued oversight and monitoring.**				

Future Meetings		Location
March 30, 2022		Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	March 30, 2022 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, DSW, LCSW 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
☒ Natalie Case, Quality Analytics Manager	☒ David Hansen, Compliance Specialist	
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 23rd, 2022 minutes were reviewed by the Committee. Dr. McArdle made the motion to approve the minutes. Dr. Rondeau seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett reminded the Committee that confidentiality forms were included in the meeting material packet that was sent prior to the meeting. Dr. Burnett advised that confidentiality forms need to be signed by both internal and external staff, and that no one is excluded from this due to the confidential information discussed during these meetings. Forms can be signed and returned via email, dropped off, or picked up in person if needed. Dr. Burnett stated that forms can also be emailed back to Ms. Matola.				

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	• Ms. Ackerman also urged Committee members to speak up whenever cases are discussed in which there is a conflict of interest. Ms. Ackerman stated this can be either professional, personal, or both. Ms. Ackerman stated that this is a small town, and conflicts of interest are anticipated. By disclosing this information this does not mean that the Committee member may not be part of the discussion, however it is important for rest of the Committee to be aware of cases in which there is a conflict of interest.				
2.	**Part D Delegation to MedImpact**	**Follow – Up**	**Dr. Burns**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burns reminded the Committee that AllCare Advantage has been utilizing a software program from AllCare's Pharmacy Benefit Manager (PBM) for processing Part D coverage determinations. Dr. Burns stated that this change is the result of a new CMS requirement, which stated that plans must be able to process prior authorizations electronically. Dr. Burns reminded the Committee that AllCare Advantage has been processing coverage determinations with this software since January 1st of this year, and has been a successful implementation thus far. Internal staff are still monitoring faxes and the Provider Portal for incoming coverage determination requests, however AllCare is seeing more providers utilizing this new software for submissions. January data was pulled from the software and reviewed. No issues were noted and all requests were processed timely. Dr. Burns advised that AllCare is still monitoring the software for troubleshooting issues. Ms. Matola informed Dr. Burns last week that members are receiving duplicate phone calls from MedImpact on some coverage requests. AllCare is working to correct this. In addition, AllCare is looking to utilize this software for CCO prior authorizations later in the year. • **Action: The Committee will continue to be kept up to date on new information relating to this new prior authorization software.**				
3.	**CMS Account Manager**	**New Item**	**Ms. Ackerman**	**O**	**AllCare Advantage**
Discussion:	• Ms. Ackerman informed the Committee that AllCare will be getting a new CMS Account Manager for the AllCare Advantage line of business. Mr. Cenk Ayral will be stepping down and retiring, and taking his place will be Ms. Vashti Whissiel Wren. Ms. Ackerman stated that AllCare met Ms. Whissiel Wren several years ago during a CMS onsite visit. • Dr. Burnett also informed the Committee that Ms. Mae Jones is the CMS Account Manager for AllCare PACE. Ms. Jones was previously the CMS Account Manager for AllCare Advantage. • **Action: No further action required by the Committee at this time.**				
4.	**D-SNP Application**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett reminded the Committee that AllCare submitted the application to offer a Dual Special Needs Plan (D-SNP) for Medicare Advantage members. Dr. Burnett stated that the application was submitted a week early, and the Model of Care was 148 pages long. AllCare has heard a preliminary note from CMS, and so far no deficiencies have				

	been identified. Dr. Burnett stated that NCQA (National Committee for Quality Assurance) will be reviewing the Model of Care. AllCare is anticipating a response from them within the next few weeks as to whether there are any issues that need to be cured. Dr. Burnett advised that this will determine if AllCare is granted a 1, 2 or 3 year contract. If any issues are found that need to be cured, AllCare will automatically be granted a 1 year contract. Dr. Burnett also informed the Committee that internal staff are meeting regularly to begin preparations for a January 1st, 2023 start date. • **Action: The Committee will be kept up to date on the status of AllCare's D-SNP contract status.**				
5.	**Medicare Advantage Reporting & Data Validation**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola reminded the Committee that AllCare Advantage reporting was due to CMS via the HPMS (Health Plan Management System) portal in February. Ms. Matola also reminded the Committee that HPMS is the primary communication tool between AllCare and CMS. AllCare is now moving into the data validation portion of the review with an auditor. Ms. Matola stated that AllCare has worked with this auditor in the past, and they will be reviewing AllCare's data submissions to ensure that the data was accurate and complete. • **Action: The Committee will be kept up to date on the status of the data validation audit.**				
6.	**TQS/QAPI**	**Follow – Up**	**Ms. Ackerman**	**O**	**AllCare CCO**
Discussion:	• Ms. Ackerman reminded the Committee that TQS stands for Transformation and Quality Strategy. This is an annual deliverable required by the state. The TQS deliverable was submitted to OHA on March 15th. Ms. Ackerman asked that Committee members review the TQS document that was included in the meeting material so that a deeper discussion can take place at next month's QI meeting. • In addition, Ms. Ackerman reminded the Committee that QAPI stands for Quality Assurance and Performance Improvement plan. This allows AllCare to capture all the great work that AllCare has done and continues to do. Ms. Ackerman stated that CMS and OHA do not expect perfection with this document, but rather use it to acknowledge any gaps in quality work that may be occurring. This document will be utilized for AllCare PACE, AllCare Advantage and AllCare CCO. • **Action: The Committee will be kept up to date on any new information relating to TQS/QAPI.**				
7.	**MEPP**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett reminded the Committee that OHA has renamed Prometheus to Medicaid Efficiency Performance Project (MEPP). This submission was due to OHA on March 15th.				

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	AllCare has an annual plan and CY2022 project. Dr. Burnett advised that an extension was granted to AllCare for the submission of CY2021 data due to the COVID-19 Delta variant surge. • Dr. Burnett also informed the Committee that the continuous glucose monitor (CGM) project for type 2 diabetics is also part of the TQS project. This will be operationalized next month. Dr. Burnett informed the Committee that Byram Healthcare has developed an application for customers to use that will allow them to track their health information and uses smart technology to connect with a multitude of electronic health records. Dr. Burnett stated that this will be offered to members who qualify. Committee members may receive materials regarding this if they have patients that qualify for it. • Dr. Miller inquired if there is a point person at AllCare who providers can refer to for any questions regarding this app. Dr. Burnett advised that providers can reach out to herself, or AllCare's Utilization/Benefit Management team. Dr. Burnett stated that Mr. Mike Cummings, a representative for Byram, will be coming to the area to discuss this application with local providers. • Dr. Burnett advised that there are approximately 300 AllCare members who qualify for this. This is not a service covered by OHP, and will therefore be considered a carve-out. AllCare has gathered research and determined that this would be a great investment for the overall health of members. • **Action: The Committee will be kept up to date on any new information relating to MEPP.**				
8.	**Dental Update**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that Advantage Dental has hired a dentist in Gold Beach, and is anticipating an April 1st or May 1st start date. In addition, Advantage Dental is working to recruit a dentist for the Medford office. • **Action: The Committee will continue to be kept up to date on any new oral health updates.**				
9.	**Behavioral Health Update**	**Follow – Up**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Porter informed the Committee that progress continues to be made in Curry County, and access to services is increasing. At this time Curry County has contracted with Paradigm Clinic to ensure there is appropriate access to psychiatry and mental health services. • Dr. Burnett assured the Committee that hard efforts have been, and continue to be, made in effort to rebuild patient access in this county. Dr. Burnett stated that there are other services on the verge of becoming available in Curry County again. • **Action: The Committee will continue to be kept up to date on any new behavioral health updates.**				
10.	**Substance Use Disorder PIP**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**

Discussion:	• Ms. Matola informed the Committee that AllCare is working on two state-wide Performance Improvement Projects (PIP). The PIP surrounding substance use disorder (SUD) is currently in the design phase. Ms. Matola stated that AllCare has reached out to some community partners to work on this design phase in collaboration with AllCare and OHA. Ms. Matola also informed the Committee that OHA will be scheduling two meetings per month to work on this. One hour of the monthly Quality and Health Outcomes Committee (QHOC) meeting will be carved out for this, in addition to a separate meeting solely dedicated to this PIP. One area that has proven to be challenging in this design phase is 42 CFR (Code of Federal Regulations) Part 2, which speaks to confidentiality of substance use disorder patient records. This has different HIPAA guidelines compared to physical health services, and makes sharing patient information much more difficult. Ms. Matola asked that if any Committee members have any ideas relating to this PIP to bring them forward for consideration. • **Action: The Committee will be kept up to date on the substance use disorder PIP.**				
11.	**Mental Health Access PIP**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that this year is AllCare's second year working on the mental health access PIP. Last year AllCare worked on the design phase of this PIP, and this year AllCare is moving into the benchmark phase. Ms. Matola stated that CY2021 data will be provided next month, which will help AllCare determine benchmarks for the PIP. AllCare has been collaborating with Options for Southern Oregon on this PIP, which Ms. Matola stated has been very helpful. • **Action: The Committee will be kept up to date on any new information relating to TQS/QAPI.**				
12.	**PACE Quality Plan**	**New Item**	**Ms. Ackerman**	**O**	**AllCare PACE**
Discussion:	• Ms. Ackerman informed the Committee that AllCare PACE will be celebrating their one-year anniversary this week, on April 1st. Congratulations were directed to Ms. Deneen Silva and her team for their all their hard work and dedication to opening PACE during a pandemic. Ms. Ackerman stated that Dr. David Candelaria will be joining the monthly QI meetings and will be assisting Ms. Langston in providing more in-depth reports relating to PACE updates. Ms. Ackerman advised that AllCare is growing, so this means that the oversight and monitoring responsibilities of the QI Committee will continue to grow as well. At a minimum, Committee members can anticipate seeing more PACE documents to review in their meeting material packets. Ms. Ackerman stated that it may be of benefit for AllCare to provide an organizational structure so that the Committee can have a visual of the different entities under the AllCare umbrella. In addition, Ms. Ackerman asked that the Committee review the PACE Quality Improvement Plan that was included in their meeting material. • **Action: The Committee will be kept up to date on any new quality plan updates.**				

Quality Improvement Committee	March 30, 2022 Time 0700 – 0800am AllCare Health Community Room A

13.	**PACE Audit**	**New Item**	**Ms. Ackerman**	**O**	**AllCare PACE**
Discussion:	• Ms. Ackerman informed the Committee that AllCare PACE is in the midst of their first audit. This consists of a 6 month lookback from August 16th, 2021 – February 16th, 2022. Ms. Ackerman stated that it has been AllCare's experience in the past that CMS will typically allow for one full year of operation before undergoing any audits. More information will be brought to the Committee at next month's meeting regarding the PACE audit. • **Action: The Committee will continue to be kept up to date on the status and results of the PACE audit.**				
14.	**PACE CMS Account Manager**	**New Item**	**Ms. Ackerman**	**C**	**AllCare PACE**
Discussion:	• Ms. Ackerman reminded the Committee that Ms. Mae Jones is the CMS Account Manager for AllCare PACE. Ms. Jones was previously the CMS Account Manager for AllCare Advantage, prior to Mr. Ayral. Ms. Jones has been with CMS for many years and has a strong background in PACE. • **Action: No further action required by the Committee at this time.**				
15.	**PACE Update**	**Follow – Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston informed the Committee that AllCare PACE has hired a Clinic Manager, Occupational Therapist, Transition of Care Nurse, Recreational Activities Coordinator and Home Care Nurse. • In addition, PACE enrollment has changed. At this time there are 38 participants enrolled, with a few other individuals that are in the process on signing on. • Ms. Langston advised that in regards to PACE's QAPI plan, focus areas include fall prevention, hospitalization rates, and pharmacy errors. During 4Q2021 there were 29 PACE participant falls without injury, and 3 falls with injury. Ms. Langston informed the Committee that AllCare PACE has implemented a fall prevention plan which has been successful, and PACE has seen a decrease in the total number of participant falls. PACE has not experienced any infectious disease outbreaks. In addition, Ms. Langston stated that while PACE offers many vaccinations, there is a focus on the pneumococcal vaccine and influenza vaccine for participants. For 4Q2021, 37 participants were eligible to receive the pneumococcal vaccine. Ms. Langston stated that 2 participants received the vaccine, 3 refused, and 22 participants had previously received it. The remaining 10 were noted as missed opportunity to obtain the vaccine. Ms. Langston stated that the PACE Clinical Manager will be working with Grants Pass Pharmacy to coordinator another vaccine clinic. During the most recent CMS call with Ms. Jones, it was recommended that PACE offer some form of participant education in regards to vaccines in order to increase vaccination rates. This could include having a provider and pharmacist present at the vaccine clinic available to speak with participants.				

	• Ms. Ackerman asked that Ms. Langston provider Ms. Matola with any documentation relating to PACE updates so that they can be included in the meeting material and reviewed by the Committee. • **Action: PACE updates will continue to be brought to the Committee for continued oversight and monitoring.**				
16.	**COVID-19**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that she did not have much to report on COVID-19. While hospital cases are decreasing, hospitals are staying busy due to deferred care. Discharges for members with higher medical needs has improved over the past months. Dr. Burnett advised that there were a few members last week who experienced difficulties with returning to their skilled nursing facilities, as the facilities were refusing to take them back. Dr. Burnett stated that she is part of biweekly meetings that take place with the state, in which this situation was discussed. The following day Dr. Burnett stated the facilities took the members back. • Dr. Burnett informed the Committee that AllCare continues to monitor the Omicron BA.2 variant. Vaccine rates currently stand at 63% for Josephine County, which is below the state average, and booster rates are below 50%. Dr. Burnett advised that the FDA has approved a 4th dose for individuals over 50 years old. • **Action: The Committee will continue to be kept up to date on any new information relating to COVID-19.**				
17.	**Providers Under Board Action**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that AllCare was made aware of two providers that were under Board Action by the Oregon Medical Board. Dr. Burnett stated that both Board Actions have been lifted. If Committee members have any additional questions or concerns surrounding the details of these cases, AllCare can further investigate. • **Action: The Committee will be kept up to date on any providers under Board Action.**				
18.	**Credentialing and Recredentialing**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that at the last Credentialing Committee there were 6 providers up for recredentialing that were reviewed due to having complaints filed against them during the 3 year lookback period. Ms. Matola advised that there were no outliers amongst the providers, and most were not found to have quality issues. All 6 providers were approved for recredentialing.				

Quality Improvement Committee	March 30, 2022 Time 0700 – 0800am AllCare Health Community Room A

	• Dr. Burnett informed the Committee that 2 new providers will be joining the AllCare Credentialing Committee beginning in April. Dr. Yitta will be joining the Credentialing Committee representing oral health, and Ms. Laura Erkeneff, LMFT, will be joining representing behavioral health. • **Action: The Committee will continue to be kept up to date on provider credentialing and recredentialing.**				
19.	**Final Thoughts and Adjournment**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that AllCare is looking to move towards a hybrid QI meeting option as rules and guidelines surrounding COVID-19 are becoming less stringent. Some Committee members were in attendance for today's QI meeting at AllCare headquarters and maintained 6 feet social distancing. • Dr. Burnett also inquired about Committee member's thoughts on adding an additional 15 minutes to future meetings to allow more time for in depth discussions. • Ms. Ackerman stated that as AllCare continues to grow, the responsibilities of the Committee grow with it. Dr. Burnett advised that this time could be added to the beginning or end of the meeting, however she is aware that many providers are not available to stay past 8AM. • Ms. Ackerman also suggested that meeting material could be sent out earlier to allow Committee members more time to review the documentation that will be up for discussion. Dr. Miller agreed with Ms. Ackerman, and stated that it would be appreciated if materials could be sent out more than 2 days in advance, preferably by the Friday before the meeting. • Dr. Burnett suggested that a poll be sent out so that Committee members can vote on these items. • In addition, Ms. Ackerman reminded the Committee that confidentiality forms must be completed and returned to AllCare. Forms can also be faxed back to Ms. Matola at 541-471-3789.				

Future Meetings		Location
April 27, 2022		Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	April 27, 2022 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. Mona McArdle, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☐
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, DSW, LCSW 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	☒ David Candelaria, MD, PACE Medical Director
☒ Terrisa Langston, PACE Quality Coordinator	☒ Natalie Case, Quality Analytics 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 30th, 2022 minutes were reviewed by the Committee. Dr. Mateja made the motion to approve the minutes. Dr. Miller seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett informed the Committee that Dr. Rondeau gave notice that he has resigned from the QI Committee. Dr. Burnett asks that Committee members begin thinking of another community provider to take his place. • Dr. Burnett also took this time to welcome Dr. David Candelaria to the QI Committee. Dr. Candelaria is the Medical Director for AllCare PACE and will provide updates relating to PACE in addition to Ms. Langston.				

Quality Improvement Committee	April 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

2.	HEDIS	Follow – Up	Ms. Matola	O	AllCare Advantage

Discussion:	• Ms. Matola informed the Committee that AllCare is wrapping up the last week of medical record chart review for the HEDIS (Healthcare Effectiveness Data and Information Set) audit. Ms. Matola advised that this year's chart review has differed from previous years, as AllCare chose to outsource this portion to our software vendor, Cotivity. Weekly meetings take place with Cotivity, and rates are not looking good thus far. Ms. Matola stated that AllCare is finding many services are not being done, such as A1C testing for patients who have been diabetics for years.
	• Ms. Ackerman added that COVID-19 is no longer an excusable reason for low rates. The pandemic has been ongoing for more than 2 years, and no grace is being given to plans that are using COVID as a reason for low rates.
	• Ms. Matola stated that AllCare is doing their best to scrub records and find good numbers. They are finding during this chart review that some members haven't had certain services in many years. Records are being reviewed for the following HEDIS measures:
	  ○ Colorectal Cancer Screening
	  ○ Controlling High Blood Pressure
	  ○ Comprehensive Diabetes Care
	  ○ Transition of Care: this includes notice of patient admission, follow-up with PCP, and medication reconciliation.
	• Dr. Cohen inquired if AllCare has found any trends in providers that aren't providing these services. Ms. Matola advised that what makes this difficult is that the request is for 411 member records, not providers. At this time AllCare has not been able to pinpoint any single provider. Ms. Ackerman also added that many provider offices have been closed.
	• Dr. Burnett advised that there are many changes coming in regards to Care Coordination, D-SNP, and Performance Improvement Projects (PIPs), all of which are tracked across all lines of business. Dr. Burnett stated that she feels some of these measures will see an improvement in rates moving forward. New programs will be starting soon that AllCare will be promoting, in addition to the rollout of more smart technology. Dr. Burnett stated that AllCare should start to see improvement in certain areas once member data can be collected from home readings and in-office readings.
	• **Action: The Committee will continue to be kept up to date on completion of the HEDIS audit.**				

3.	D-SNP Application	Follow-Up	Dr. Burnett	O	AllCare Advantage
Discussion:	• Dr. Burnett informed the Committee that AllCare received notification from CMS regarding the D-SNP application. The 147 page Model of Care document that was submitted determined whether AllCare was granted a 1, 2 or 3 year contract. A 3 year contract was granted to AllCare. Dr. Burnett advised that the D-SNP plan is connected				

	with the Medicare bid submission, which will take place in June. AllCare is working on a new plan to offer Medicare Advantage members for CY2023. CMS has stated that the current plan would not be renewed as lookalike plans are no longer allowed for organizations with Medicare Advantage and CCO plans who have more than 500 members. • Ms. Ackerman inquired if Dr. Burnett knew what the total membership would be for the D-SNP plan. Dr. Burnett stated that there will be approximately 2,600 – 2,700 members. Dr. Burnett also advised that hypertension and diabetes management would be a focus area for this population. • Dr. Burnett added that AllCare is also in the process of looking into a new electronic health record (EHR) platform for Care Coordination. • **Action: The Committee will continue to be kept up to date on any new information relating to AllCare's new D-SNP plan.**				
4.	**Part D Delegation to MedImpact**	**Follow – Up**	**Dr. Burns**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burns reminded the Committee that for CY2022 CMS required health plans be able to submit electronic prior authorizations (ePA) for Part D requests. AllCare began delegating this process to the Pharmacy Benefit Manager, MedImpact. Part D authorizations are able to be processed through MedImpact's software. Dr. Burns stated that the implementation of this process, while a learning curve for staff, has been quite successful. Almost 100% of Part D authorizations are now being submitted through the new software. Dr. Burns stated that so far 100% of requests have been processed timely, and she will be reviewing data for March next week. AllCare is also working towards making this process available for CCO. • Ms. Ackerman asked Dr. Burns to begin bringing any quarterly reporting she has on this process to the Committee so that it can be reviewed. • **Action: Quarterly reporting will be brought to the Committee for oversight and monitoring.**				
5.	**Trial PACE Audit Update**	**Follow – Up**	**Ms. Ackerman**	**O**	**AllCare PACE**
Discussion:	• Ms. Ackerman informed the Committee that the fieldwork for the PACE trial audit was completed last Friday, and the preliminary report has been received. Ms. Ackerman stated that AllCare passed the clinical review portion of the audit, however internal documentation needs work. The final report will be brought to the Committee once received. • Dr. Burnett reminded the Committee that the trial audit will take place once a year for the first 3 years of PACE operation. • Dr. Candelaria added that AllCare began collecting data for this audit on February 16th, and the two week audit began on April 5th. AllCare is still continuing to collect data, and will continue to do so for a few more weeks. Dr. Candelaria reiterated that this audit				

Quality Improvement Committee	April 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

	will continue to occur once a year for the first 3 years, and then move to every other year. • **Action: Final report for the PACE trial audit will be brought to the Committee for review.**				
6.	**CTM, Appeals and Grievances**	**New Item**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston provided a copy of the PACE Quality reporting for the Committee to review. The report reflected a snapshot of quarterly data for 1Q2022 for the following areas: ○ Enrollment: 40 participants are currently enrolled. There were 3 participant disenrollments and 7 participant deaths. ○ Emergency Room Visit/Urgent Care: 17 participants were seen in the emergency room/urgent care setting totaling 20 visits. 3 participants were seen more than once. ○ Medications Administration Errors without Injury: 14 participants experienced medication administration errors without injury. 12 participant's medication was not administered, 1 participant was administered an incorrect dosage, and 1 participant's medication was not administered at the correct time. ○ Falls: 16 participant falls, 4 of which were repeat participants. ○ Grievances: 3 participant grievances were submitted. One grievance related to lack of communication, one grievance related to medication, and another grievance related to PACE services. ○ Service Determination Requests: 72 participant service determination requests processed. Of which, 41 were approved, 2 were partially approved, 10 were denied and 19 were withdrawn. • **Action: PACE Quality reporting will continue to be brought to the Committee for oversight and monitoring.**				
7.	**Hepatitis C Changes**	**New Item**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that AllCare has a risk corridor with OHA for Hepatitis C medications. The risk corridor requires AllCare to follow fee-for-service PA criteria. Fee-for-service is making some changes with Care Coordination requirements and cost amount. This population of members has changes for better and worse. Some of these members are very complex and are being monitored closely. • **Action: The Committee will be kept up to date on any new information relating to MEPP.**				
8.	**Dental Update**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that Brookings now has 2 dentists working 4 days a week in office, and Gold Beach has 1 dentist working 4 days a week in office. • Ms. McKeane added that she is still waiting to hear on the status of a dental hygienist.				

Quality Improvement Committee	April 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

	• **Action: The Committee will continue to be kept up to date on any new oral health updates.**				
9.	**Behavioral Health Update**	**Follow – Up**	**Mr. Bair**	**O**	**AllCare CCO**
Discussion:	• Mr. Bair informed the Committee that progress continues to be made in Curry County. Adapt Health is now the contracted Behavioral Health organization for Curry County, adding 20 providers to the network last week with 10 more providers anticipated. Mr. Bair stated that Ms. Porter is assisting with the process of subcontracting with independent therapists in the service area to better help our members with access to services. • Dr. Burnett also informed the Committee that Freedom Health gave notice they will be ending their contract at the end of May. AllCare plans to continue to build the network of providers in the area. • Mr. Bair added that Care Coordination is working closely with members to ensure there are no issues during this transition. Options for Southern Oregon is also subcontracting with independent therapists in the service area. Mr. Bair also informed the Committee that an informal data collection shows approximately 57% of CCO members have a behavioral health diagnoses, while 65% of MA members have a behavioral health diagnoses. This data demonstrates an increase in the population with this type of diagnosis. • **Action: The Committee will continue to be kept up to date on any new behavioral health updates.**				
10.	**PIP**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett reminded the Committee that Ms. Matola works on the quarterly Performance Improvement Plan (PIP) reports, which are due this week. The Continuous Glucose Monitor for Type II Diabetes and Pediatric Asthma PIPs are also part of the Medicaid Efficiency Performance Project (MEPP). The third PIP is a health equity related project regarding increasing annual PCP visits for AllCare's African American member population. • Ms. Matola informed the Committee that AllCare is required to work on 4 PIPs per year with OHA. Typically 3 PIPs are selected by AllCare, and the other is selected by OHA. This year OHA has selected 2 PIPs: access to behavioral health services and substance use disorder. Ms. Matola stated that this means there are 5 PIPs currently, and AllCare now needs to retire a PIP. Ms. Matola asked the Committee if anyone had a suggestion on which one should be retired. ○ Continuous Glucose Monitor (CGM) for Type II Diabetics: Ms. Matola stated that this a PIP, MEPP and part of the Transformation Quality Strategy (TQS) deliverable. ○ Pediatric Asthma: Ms. Matola stated that this is also a PIP, MEPP and TQS deliverable.				

	○ Increase PCP Visits for African American Population: Ms. Matola stated that this project is only a PIP and TQS deliverable. • Ms. Matola stated that the CGM and Pediatric Asthma projects have been slow to work. Ms. Matola would personally like to see the CGM project continue, and while rates for the Pediatric Asthma project aren't 100%, removing this project would free up IT's time to assist with other projects. Dr. Burnett agreed with the idea of retiring the Pediatric Asthma project. • Ms. Callahan asked for those in favor of removing the Pediatric Asthma project. Dr. Mateja made the first motion to approve, and Ms. Callahan made the second motion. The motion passed unanimously. • **Action: The Committee motioned to retire the Pediatric Asthma PIP. PIP reporting will continue to be brought to the Committee for oversight and monitoring.**				
11.	**COVID – 19**	**Follow – Up**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that COVID rates have slightly increased, and the BA.2 variant still remains the predominant variant in Oregon at this time. Hospital rates are better, however hospitals still remain busy and Emergency Departments are backed up. Dr. Burnett stated that a recently report shows that over $900 billion in healthcare costs have been saved due to COVID-19 vaccinations. • Dr. Burnett also informed the Committee that electronic vaccine cards are now available via QR codes. The direct link on how to download this information can be found on the OHA website. • In addition, Asante is closing their drive through COVID testing sites after May 30th for both Jackson and Josephine Counties. The Jackson County testing site has moved back to the Expo. • **Action: The Committee will be kept up to date on any new information relating to COVID – 19.**				
12.	**Benchmark PT**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• No update at this time. • **Action: This item will be brought to the Committee at a later date.**				
13.	**PCP Office**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that AllCare was recently made aware that this local office has signage posted throughout the office advertising Vitamin D and				

	Ivermectin for the prevention and treatment of COVID – 19. Dr. Burnett advised that this is a network provider's office. • Dr. Burnett asked the Committee where the line should be drawn for our network providers and their freedom to provide care their way, as Ivermectin is not a standard of care when treating COVID – 19. • Dr. Miller added that the State Medical Boards and the FDA have said not to use Ivermectin for treatment. • Dr. Candelaria questioned whether AllCare should communicate with the providers in question and caution them to continue providing this type of care at the risk of potentially losing their contracts with AllCare. • Ms. Ackerman stated that this provider has several hundred Medicare Advantage and CCO members. Ms. Ackerman also added that some of the other provider's in this office have already been reported to the Medical Board for this same issue. • Dr. Burnett advised the Committee that she will have a separate discussion with Mr. Crosby, AllCare's Sr. Director of Provider Network to discuss provider contracts. • **Action: The Committee will continue to be kept up to date on next steps.**				
14.	**Credentialing/ Recredentialing**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that there were no providers up for recredentialing during the month of April that had complaints submitted against them during the three year lookback. • Dr. Burnett also informed the Committee that Mr. Crosby is continuing to automate the credentialing/recredentialing application process in effort to simplify it. Dr. Burnett also stated that staff are diligently working a backlog of files to update provider information. • **Action: The Committee will be kept up to date on provider credentialing/recredentialing.**				
15.	**Final Thoughts and Adjournment**	**Information Sharing**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that an email survey was sent to Committee members regarding a new meeting time for future meetings. Committee members were given the options of starting 15 minutes earlier, at 6:45AM, or extending the meeting by 15 minutes, through 8:15AM. So far only 2 responses have been received. • Dr. Mateja, Dr. Cohen, and Dr. Miller unanimously agreed that starting 15 minutes earlier with the option to attend via Zoom would be the best choice due to limited flexibility with their schedules. • Ms. Ackerman assured Committee members that Zoom will continue to be an option moving forward due to the increase in Committee member attendance.				

Quality Improvement Committee	April 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

	• Ms. Ackerman also requested that AllCare PACE be bumped up on the agenda so that PACE updates are reported following AllCare Advantage.

Future Meetings		Location
May 25, 2022		AllCare Community Room A / Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	June 15, 2022 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. Mona McArdle, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☐
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, DSW, LCSW 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	☐ David Candelaria, MD, PACE Medical Director
☒ Terrisa Langston, PACE Quality Coordinator	☐ Natalie Case, Quality Analytics 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 April 27th, 2022 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**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that the HEDIS (Healthcare Effectiveness Data and Information Set) audit has been closed out. Today is the official due date, however AllCare signed off on the audit last week. Ms. Matola stated that the results should be received by next month and will be shared with the Committee.				

	• Ms. Matola also informed the Committee that the CAHPS (Consumer Assessment of Healthcare Provider and Systems) was completed on June 16th. The vendor is compiling the final report and this will also be shared with the Committee once it is received. • Dr. Burnett added that this report will be beneficial to review, as it will highlight areas that are of issue. HEDIS and CAHPS both impact AllCare's Star Ratings, which determines how AllCare is paid, and in turn reflects how providers are paid. • **Action: Final reports for HEDIS and CAHPS will be brought back to the Committee for review.**				
3.	**Appeals and Grievances 1Q2022**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola displayed the 1Q2022 Medicare Advantage Appeals and Grievance report for the Committee to review. Ms. Allen discussed the details of the report with the Committee. ○ Grievances: Ms. Allen stated that the amount of grievances received in 1Q2022 has remained relatively consistent with the amount received in 4Q2021. A total of 3 grievances were received during 1Q. Of the grievances received, two were related to Customer Service, and the other was related to Quality of Service. Ms. Allen informed the Committee that there were no PCP grievances submitted. Two grievances were related to specialty care from different providers, and the other was a complaint against AllCare. ○ Appeals: A total of 9 Part C pre-service appeals were received during 1Q. Of these, 5 were upheld and 4 were overturned. For Part D, a total of 10 pre-service appeals were received, of which 4 were upheld and 6 were overturned. Ms. Allen stated that the upheld pre-service Part C appeals were auto-forwarded to the Part C IRE, MAXIMUS Federal Services, and were upheld. No part D IRE requests have been received as of yet. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
4.	**CMS Data Validation Audit**	**Follow – Up**	**Ms. Matola**	**C**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare has completed the Data Validation Audit and received an overall score of 100%. This is an annual audit requirement with CMS. Areas reported to CMS include Medicare prior authorizations, claims, Medication Therapy Management Program (MTM), Improving Drug Utilization Review, and Appeals and Grievances. Once this information is submitted, AllCare then hires an external auditor to validate the data provided to CMS to ensure that our numbers were accurate and true. Ms. Matola congratulated and thanked everyone involved in this audit. • **Action: No action required by the Committee at this time.**				
5.	**Trial PACE Audit Preliminary Report**	**Follow – Up**	**Ms. Ackerman**	**O**	**AllCare PACE**

Quality Improvement Committee	June 15, 2022 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Ackerman informed the Committee that AllCare received the preliminary results for the PACE trial audit, however we are still pending final results. • **Action: Final report for the PACE trial audit will be brought to the Committee for review.**				
6.	**Immediate Corrective Action Required (ICAR)**	**New Item**	**Ms. Ackerman**	**O**	**AllCare PACE**
Discussion:	• Ms. Ackerman informed the Committee that PACE was given an ICAR (Immediate Corrective Action Required) by CMS. This was required to be completed within 3 business days. Ms. Ackerman stated that this was in regards to employee background checks prior to employment. A formal response was submitted on time. • Dr. Burnett added that part of this was due to that there are some communications and pathways that had not been fully developed at the time, and was still a learning process. Human Resources and Contracting have since developed processes to ensure appropriate criteria are being met. • **Action: No action required at this time.**				
7.	**PACE Update**	**Follow-Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston provided a copy of the PACE Quality reporting for the Committee to review. The report reflected a snapshot of quarterly data for 2Q2022 for the following areas: ○ Enrollment: 50 participants are currently enrolled. There were 0 participant disenrollments and 1 participant death. ○ Emergency Room Visit/Urgent Care: 17 participants were seen in the emergency room/urgent care setting totaling 23 visits. 6 participants were seen more than once. ○ Medications Administration Errors without Injury: 12 participants experienced medication administration errors without injury, one of which experienced a repeat error. 8 participant's medication was not administered, 4 participants were administered an incorrect dosage, and 1 participant administered incorrect medication. ○ Falls: 21 participants fell, 10 of which had repeat falls for a total of 31 falls without injury. There were no falls resulting in injury. ○ Grievances: 5 participant grievances were submitted and resolved during the month of April. There were no grievances submitted in May and June. ○ Service Determination Requests: 39 participant service determination requests processed. Of which, 23 were approved, 11 were denied and 18 were withdrawn. • Ms. Ackerman clarified for the Committee that none of the falls recorded occurred within the PACE facility. Ms. Langston agreed, and stated that these falls can occur anywhere: facility, participant's home, or in public. Ms. Langston also advised that the				

	Fall Prevention Program is a PACE PIP (Performance Improvement Project) and this helps to address interventions to reduce the number of participant falls. • Ms. Ackerman also clarified that the medication errors reported can happen within the participant's home or at the PACE facility. Ms. Langston also agreed with this and clarified that none of the reported medication errors occurred within the PACE facility. • **Action: PACE Quality reporting will continue to be brought to the Committee for oversight and monitoring.**				
8.	**TQS OHA review**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola advised that included in the meeting materials was a copy of the OHA Review of 2022 CCO Transformation and Quality Strategy (TQS) for AllCare CCO. This was submitted to OHA back on March 15th. Ms. Matola asked that the Committee review the document so that everyone is aware of what projects are being worked on internally. • **Action: No action required by the Committee at this time.**				
9.	**Dental Update**	**New Item**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee of the details of this case regarding a dental hygienist potentially working outside of her scope of practice. Dr. Yitta advised that she is in communication with the Dental Director for the dental plan and they are conducting a case review. It is anticipated that Dr. Yitta will be able to give another update at next month's meeting. • **Action: The Committee will continue to be kept up to date on any new oral health updates.**				
10.	**Behavioral Health Update**	**Follow – Up**	**Mr. Bair**	**O**	**AllCare CCO**
Discussion:	• Mr. Bair informed the Committee that the contract with Freedom Health is ending effective June 30th, and Adapt has begun taking on these patients. Mr. Bair is working with the Compliance Department to prepare for the Adapt Readiness Review which will take place in July. • Dr. Burnett added that Freedom Health took over for Curry Community Health in terms of outpatient behavioral health service. In addition, Ms. Erin Porter has done tremendous work in regards to reaching out to other private vendors for subcontracting. AllCare is anticipating that access to behavioral health services will be better than ever for this area. • **Action: The Committee will continue to be kept up to date on any new behavioral health updates.**				
11.	**Grievances and Appeals 1Q2022**	**Follow – Up**	**Ms. Allen**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola displayed the 1Q2022 CCO Appeals and Grievance report for the Committee to review. Ms. Allen discussed the details of the report with the Committee.				

- Grievances: Average number of CCO enrollment for 1Q2022 was 58,270 enrollees. The highest areas of concern were Interaction with Provider or Plan for a total of 25 grievances, 7 grievances relating to Quality of Care, and 6 grievances relating to Access to Care. Complaints relating to Interaction with Provider or Plan increased significantly compares to 4Q2021. A total of 43 grievances were received during 1Q2022, with a rate per thousand of 0.74%. Ms. Allen discussed the list of PCPs and Specialists who received the highest number of complaints for the quarter. It was noted that almost all but one of the PCP complaints received fell to the Interaction with Provider category. In addition, ReadyRide was an outlier with 5 complaints.
- Appeals: There was a total of 51 appeals received during 1Q2022, all of which were regarding a total denial or limited authorization of a requested service, with a rate per thousand of 0.87%. Approximately 7.8% of the appeals received were overturned after additional review by the Medical Directors. Ms. Allen noted that this is a decrease in the amount of overturned appeals compared to previous quarters. In addition, there were 22 Hepatitis C requests, 5 of which were denied and 17 were approved. Ms. Allen stated that there were no ABA (Applied Behavior Analysis) denials for 1Q2022.

- Ms. Allen also informed the Committee that the Appeals and Grievance Department began adding REAL-D (Race, Ethnicity, Language, and Disability) data to the departmental Daily Aging Report which reflects all active, open cases for the department.
- Dr. Burnett added that OHA is tracking disparities regarding which population of members are filing complaints and appeals, and those who aren't.
- Ms. Matola reminded the Committee that this is part of a TQS project that the Appeals and Grievance Department is working on. The project involves tracking and monitoring appeals and grievances submitted by members that are limited English speaking. The volume of limited English speaking members who have filed appeals and grievances with AllCare has been nonexistent over the past few years. With this project, AllCare intends to do a deeper dive via listening sessions to determine why this is occurring, and offer encouragement so that our members know they have a voice.
- Dr. McArdle inquired if AllCare was aware of what percentage of Hispanic members are enrolled with AllCare. Ms. Matola stated that this has been a discussion with the Data Analytics team, and they are still working to collect this information.
- Ms. Ackerman advised that this percentage used to be less than 3%, but is much larger now.
- Dr. McArdle also inquired if AllCare was aware of what percentage of provider visits are available for in-person vs. telehealth. Dr. Burnett advised that there is a combination of

	providers treating patients' in-office and via telehealth. However, some providers may still be telehealth only. • **Action: Appeals and grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
12.	**MEPP Submission**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett reminded the Committee that OHA renamed Prometheus to Medicaid Efficiency Performance Project (MEPP). MEPP consists of 3 different projects each year with a focus of reducing adverse, avoidable expenses. Substance Use Disorder (SUD), Continuous Glucose Monitor for Type 2 Diabetes, and Pediatric Asthma Control were the MEPP projects for CY2021. Dr. Burnett advised that the SUD project is being retired as this project has proven difficult to report information to the state due to privacy laws. This project will continue to be worked on, however not as part of the MEPP. Dr. Burnett informed the Committee that AllCare will be replacing this with a hypertension project that will also count towards HEDIS review. • **Action: The Committee will continue to be kept up to date on new information relating to MEPP projects.**				
13.	**OHA Encounter Data Validation Audit**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that every year OHA conducts an Encounter Data audit. This year OHA is conducting a Data Validation audit. Ms. Matola advised that OHA selected 411 members who received professional services on a specific date of service. AllCare is required to obtain a copy of the member's medical records from the specific date of service, in addition to their medical records from a secondary date of service prior to, or after, the initial date of service, whichever date is closer. Collectively AllCare will be retrieving a total of 822 medical records. Collection of 40% of this data was previously due for submission, and AllCare successfully met this goal. Ms. Matola advised that AllCare has worked to pulled records from the EHR (electronic health record), obtained records on site, and has faxed providers for additional records. • **Action: The Committee will continue to be kept up to date on the completion and final results of this audit.**				
14.	**OHA PBM Audit**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that OHA notified AllCare CCO they will be conducting a PBM (Pharmacy Benefit Manager) audit. AllCare will begin working with our PBM to collect information regarding rebates, contracts, formulary, and rates comparison. Ms. Matola advised that this audit has a very short turnaround and Dr. Burns will be taking the lead with the submission. • **Action: The Committee will be kept up to date on the completion and final results of this audit.**				

Quality Improvement Committee	June 15, 2022 Time 0700 – 0800am AllCare Health Community Room A

15.	**Rogue Retreat Josephine County**	**New Item**	**Dr. Burnett**	**O**	**AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that Dr. Bruce Murray reached out to her a few months ago. Dr. Murray has been performing intake medical screenings for residents at Foundry Village. In doing so, he has recognized the unmet medical needs of many residents. Many have chronic health issues, are unaware of who their PCP is, and are unaware if they're on the Oregon Health Plan. Dr. Murray informed Dr. Burnett that he does not have access to patient records via Asante Epic or by other means. AllCare is working towards adding Dr. Murray as an AllCare Medical Group Clinical Medical Advisor. Dr. Burnett advised that Dr. Murray is not interested in acting as the residents PCP, however he does not feel that he can be a bystander when there are residents with unmet medical needs. Dr. Burnett also advised that many of the residents have high dental and podiatry needs. AllCare has partnered with Rogue Retreat with hopes of creating a new model of care for this population. In addition, this assistance can potentially help reduce ER utilization costs. AllCare Compliance Department will also be involved in this process to ensure proper HIPAA training is conducted. • **Action: The Committee will be kept up to date on any new information relating to AllCare's partnership with Rogue Retreat.**				
16.	**Health Equity Questionnaire for Providers (LGBTQ+ and POC)**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that the AllCare Health Equity Committee is looking for ways to evaluate providers' cultural competence for specialized populations including LGBTQ+ and POC (people of color) members regarding knowledge and understanding of unique needs. AllCare is looking to implement a questionnaire for providers to fill out to assess this knowledge. AllCare has had discussions of possibly adding this to the provider credentialing process, but is uncertain that the questionnaire belongs as part of that process. Dr. Burnett advised that AllCare has also had discussions of adding the questionnaire as part of the APM goals. The Health Equity Committee would also like to see an identifier in the Provider Directory for members to know which providers will best fit their needs. • **Action: The Committee expressed preference for this process to be included in the APMs (rather than as part of credentialing); they will be kept up to date on the implementation of the provider questionnaire.**				
17.	**Credentialing/ Recredentialing**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**

Quality Improvement Committee	June 15, 2022 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burnett informed the Committee that there was only one provider brought to the Credentialing Committee for recredentialing that had a complaint during the recredentialing period. The Committee did not find any quality issues with this provider. • **Action: No action required by the Committee at this time.**

Future Meetings		Location
July 27, 2022		AllCare Community Room A / Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	July 27, 2022 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. Mona McArdle, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☐
Staff:		
☒ Dr. Kelley Burnett, DO, Chief Medical Officer	☐ Dr. Gita Yitta, DMD, Medical Director of Oral Health	☒ Dr. David Candelaria, MD, PACE Medical Director
☒ Cynthia Ackerman, RN, CHC, Chief Compliance Officer	☒ Amy Burns, PharmD, BCPS, VP Benefit Management & Pharmacy Services	☒ Laura McKeane, EFDA, Director of Oral Health
☒ Laura Matola, CHC, Director of Compliance	☒ Erin Porter, Director of Behavioral Health	☒ Ryan Bair, DSW, LCSW VP of Behavioral Health
☒ Megan Resetar, DNP, CCM, RN, VP of Population Health	☒ Terri Allen, Appeals and Grievance Manager	☒ Terrisa Langston, PACE Quality Coordinator
☒ Natalie Case, Quality Analytics 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 June 15th, 2022 minutes were reviewed by the Committee. Dr. Miller made the motion to approve the minutes. Ms. Callahan seconded the motion to approve the minutes. The motion passed unanimously. • Dr. Burnett advised that AllCare is looking for a new Committee member to replace Dr. Rondeau. Committee members are encouraged to offer recommendations and suggestions. Dr. Burnett stated that AllCare is looking into adding an outside behavioral health provider. AllCare recently added an oral health provider and behavioral health provider to the Credentialing Committee, both of which have been excellent additions.				
2.	**BID Submission for CY2023 Service Area Expansion and D-SNP**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Advantage**

Quality Improvement Committee	July 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Dr. Burnett reminded the Committee that AllCare's Preferred Rx plan will be replaced in CY2023 with a D-SNP (Dual Eligible Special Needs Plan). AllCare's D-SNP Model of Care was approved by CMS for a 3 year contract, and the service area expansion into Curry County was approved. In addition, AllCare was made aware on Monday that the State Medicaid Agency Contract (SMAC) was also approved. Dr. Burnett advised that the SMAC is the state portion of the D-SNP contract. AllCare intends to start D-SNP provider training in the fall. • **Action: The Committee will continue to be kept up to date on the status of the new D-SNP plan.**				
3.	**HPMS Memo of Surrendered DEA Licenses**	**New Item**	**Ms. Matola**	**C**	**AllCare Advantage**
Discussion:	• Ms. Matola informed the Committee that AllCare periodically receives HPMS memos regarding providers who have surrendered their DEA licenses. Ms. Matola advised that AllCare wanted to let the Committee know that the memos are reviewed to ensure that none of the providers listed are prescribing physicians for our enrollees. AllCare continues to track and monitor this information. • **Action: AllCare will continue to track and monitor providers who have surrendered their DEA licenses. No further action required by the Committee at this time.**				
4.	**Verification of Services**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that each month AllCare sends out two batches of VOS (Verification of Services) letters to members; one batch for AllCare Medicare Advantage and another for AllCare CCO. The VOS letters consist of a random pull of members who have had provider claims sent in to AllCare within the last 30 days. The letters consist of a short questionnaire for the member to fill out, inquiring if the member received the service listed at the bottom of the form, if they paid out-of-pocket for the service (or anything above and beyond a copay for AllCare Advantage members), and if they received reimbursement for monies spent on the service. Ms. Matola advised that these letters are sent out on the 1st and the 15th of each month. So far this year AllCare has not had any member pay out-of-pocket (or above their copay) for services they received. AllCare has also not been billed for services member didn't receive. Ms. Matola advised that 70% of the VOS letters sent are for claims that were submitted by non-contracted providers. The remaining 30% are sent for claims that were submitted by contracted providers. If less than 70% are available from non-contracted providers, the remainder is made up of contracted provider claims. Ms. Matola also informed the Committee that AllCare also uses the VOS process when made aware that a specific provider is billing members. A targeted review can be conducted so that VOS letters are send to random members who received services from said provider. AllCare has found after targeted reviews there were no billing issues with these providers.				

	• Dr. Candelaria inquired if sending out the VOS letters is a costly process. Ms. Matola advised the VOS letters are a requirement by OHA, and helps AllCare track and monitor providers claims under both lines of business to ensure that at least 70% of non-contracted providers aren't inappropriately and/or overbilling members. Ms. Matola also advised that it isn't uncommon for members to write complaints in the comment section of the VOS letters. The VOS letters are all logged manually once they are returned and are reviewed for member complaints. If a complaint is identified, the Quality Department logs the complaint internally and conducts further investigation. • Ms. Callahan inquired if Ms. Matola knew what percentage of these letters are actually returned to AllCare. Ms. Matola advised that on average AllCare receives about 30% of the VOS letters back from members. If AllCare has sent letters regarding a targeted provider review, then the Quality Department will begin making outreach calls to members who haven't returned their letter. • **Action: No action required by the Committee at this time.**				
5.	**SDR Boot Camp**	**New Item**	**Dr. Candelaria**	**O**	**AllCare PACE**
Discussion:	• Dr. Candelaria reminded the Committee that PACE had their first audit with CMS back in April. It was noted in the audit findings by CMS that SDRs (Service Determination Requests) were not well documented within the EHR (electronic health record). Dr. Candelaria advised that SDRs are the participant's and/or caregiver's formal request for services. To rectify this, AllCare PACE has put together a 3 hour training called SDR Boot Camp that will serve as a learning opportunity for staff to become more educated on the SDR process. This will include education on what a SDR is, how one is processed, and how to document one in the internal tracking system. • Ms. Matola informed the Committee that she participated in the first SDR Boot Camp yesterday and found that it was a very interesting and educational training. • **Action: Selected staff will participate in the PACE SDR Boot Camp. Additional information regarding the SDR Boot Camp will be brought to the Committee as needed. No further action required by the Committee at this time.**				
6.	**PACE Update**	**Follow – Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston provided a copy of the PACE Quality reporting for the Committee to review. The report reflected a snapshot of quarterly data for 2Q2022 for the following areas: o Enrollment: 53 participants are currently enrolled. There were 2 voluntary participant disenrollments and 2 participant death. o Emergency Room Visit/Urgent Care: 17 participants were seen in the emergency room/urgent care setting totaling 30 visits. 6 participants experienced repeat visits. o Medications Administration Errors without Injury: 14 participants experienced medication administration errors without injury, one of which experienced a				

	repeat error. These errors include medications that weren't administered, incorrect dosage was administered, and/or incorrected medication was administered. ○ Falls: 24 participants falls were documented, 10 of which experienced repeat falls for a total of 34 falls without injury. There were no falls resulting in injury. ○ Grievances: 5 participant grievances were submitted and resolved during the month of April. There were no grievances submitted in May and June. ○ Service Determination Requests: 47 participant SDRs were processed. Of which, 32 were approved and 15 were denied. 20 SDRs were withdrawn. • **Action: PACE Quality reporting will continue to be brought to the Committee for oversight and monitoring.**				
7.	**Immediate Corrective Action requires (ICAR) Update**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare PACE**
Discussion:	• Dr. Burnett reminded the Committee that AllCare PACE was given an ICAR (Immediate Corrective Action Required) by CMS as a result of the PACE audit. This was required to be completed within 3 business days. Dr. Burnett reminded the Committee that the ICAR was in regards to screening staff and vendors prior to employment. This applies to internal staff, Home Health, ReadyRide, and anyone else contracted with AllCare PACE. Dr. Burnett stated that in terms of immunizations, COVID-19 especially, PACE regulations and state regulations are different, so this area has proven to be a challenge for AllCare. AllCare Health does maintain strong exemption requirements, but not all vendors are like this. Dr. Burnett advised that PACE just received a CAP (corrective action plan) related to a SDR. However this will be a simple fix as only a slight modification will be needed. Ms. Ackerman will be reporting this to the Board of Directors. • Ms. Ackerman added that the ICAR vendor training took place 2 weeks ago. In addition, AllCare is working to ensure that vendors have vaccine policies in place. Ms. Ackerman stated that their policies do not need to be as stringent, they only need to show that they have a policy in place. • **Action: The Committee will be kept up to date on the recent SDR corrective action plan.**				
8.	**NEMT 1Q2022 Report**	**New Item**	**Dr. Burns**	**O**	**AllCare CCO**
Discussion:	• Dr. Burns displayed the 1Q2022 NEMT report for the Committee to review. This was also included in the meeting materials provided to the Committee prior to the meeting. Dr. Burns reminded the Committee that quarterly NEMT reporting is a requirement by OHA and is always available to the Committee. The report was broken down into different elements of data including: service delivery events, service delivery information, network information, call center information, and reimbursement.				

	• Ms. Ackerman inquired how many NEMT accidents have occurred. Dr. Burns stated that there is about one accident per month. This information does get reported to the state, and AllCare is required to report the accident within 2 days. Dr. Burns advised she can pull additional data on this for the next QI meeting. • **Action: Quarterly NEMT reporting will continue to be brought to the Committee for ongoing oversight and monitoring.**				
9.	**Dental Update**	**Follow-Up**	**Ms. McKeane**	**O**	**AllCare CCO**
Discussion:	• Ms. McKeane informed the Committee of the following dental updates: ○ Oversight and monitoring letters have been sent out to both Dental Plan 1 and Dental Plan 2, and AllCare continues to monitor dental access in Curry County. ○ Jenny Williams, CEO of Curry Health Network, has agreed to imbed a dental hygienist at Curry Health Center in Brookings, OR. ○ Legislative dental changes for the upcoming benefit year includes dental benefits for veterans. This will go into effective beginning January 1, 2023. ○ Capitol Dental will soon be utilizing a Sprinter van with dental chairs to provide mobile care. More information will be provided to Committee once available. ○ Hospital access issues for members needing general anesthesia continues to be of concern in all areas. The DCO's (Dental Care Organizations) have begun sending members to Eugene, OR due to local services being booked 6-7 months out. ○ CCO F is a new classification for dental and transportation benefits for members. Members that will not be on Open Card for dental will be provided CCO dental care and transportation. • Dr. Burnett informed the Committee that Dr. Yitta will be on maternity leave until September. • Dr. Burnett also informed the Committee that AllCare is in the planning stages of partnering DCO's and Care Coordination to assist with improving member oral hygiene in hospital settings. This would provide an opportunity for Care Coordination team to outreach to members in the hospital and provide instructions on oral hygiene improvement, battery operated toothbrushes, and overall build relationships with these members. Dr. Burnett stated that AllCare is hopeful this outreach and assistance will help avoid further member hospitalization. More information will be provided to the Committee once available. • Ms. McKeane advised that dental care is provided in hospital settings depending on the patient. For example, members with special needs. Ms. McKeane stated that some of these members with higher needs feel safer receiving care in a hospital setting. Dr. Burnett agreed, advising that AllCare has worked with members with high special needs that took months to coordinate their dental care, and involved the coordination of many people. Ms. McKeane clarified that most children are seen in office under general anesthesia.				

	• **Action: The Committee will continue to be kept up to date on any new oral health updates.**				
10.	**Behavioral Health Update**	**Follow – Up**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Porter informed the Committee that access to care remains one of the primary challenges in Curry County with the transition to Adapt. In addition, Curry County has contracted with Paradigm Clinic to provide adult and child psychiatric care. Ms. Porter advised that we are still working on ironing out communication issues with Options and Adapt. Mental health therapy access also continues to be a challenge for this area, and AllCare is working to improve this. At this time there is a child mental health therapist in the process of contracting and will be providing services in Curry County. • Ms. Porter informed the Committee that AllCare received Adapt's Readiness Review information last Friday. AllCare has begun reviewing their documentation which includes policies and procedures, and compliance program information amongst other documents. The review will occur over the next 2 weeks, at which point AllCare will outreach to schedule their interview. Ms. Porter stated that Adapt has asked to defer their interview, which AllCare agreed to due to two other audits taking place. • **Action: Adapt interview to be scheduled. The Committee will continue to be kept up to date on any new behavioral health updates.**				
11.	**OHA Encounter Data Validation Audit**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that almost all of the 411 record retrieval files were submitted to HSAG (Health Services Advisory Group) by July 22nd. Ms. Matola advised all but 3 records were submitted. This was due to one provider clinic being closed, and AllCare was not able to locate additional contact information for the office. The other 2 files were from a different provider in a different office. • **Action: The Committee will be kept up to date on the results of the Encounter Data Validation audit.**				
12.	**Rogue Retreat Josephine County**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that AllCare met with Dr. Murray to conduct Compliance and HIPAA training. They have requested that Ms. Matola return to provide training for all staff with Rogue Retreat. Ms. Matola is working on getting this scheduled. • **Action: Compliance and HIPAA training to be scheduled with Rogue Retreat staff.**				
13.	**Compliance Training**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that the annual Mandatory Compliance and HIPAA trainings took place last week. There were a total of six, two hour training sessions				

	presented by Mr. Brian Parrott. Ms. Matola advised that staff were given poll questions throughout the trainings. One question that stood out across all trainings was in regards to disciplinary standards. Ms. Matola stated that staff understanding of these standards appeared unclear throughout the trainings, and this will be worked on internally. The first make-up session for this training will take place on Wednesday, September 21st at 9AM. Provider make-up training will occur at 12PM this same day. Ms. Matola advised that AllCare will be recording the provider training session and will be posted to the Provider Portal. The session for the Board of Directors will take place on Monday, October 3rd at 6PM. • **Action: No action required by the Committee at this time.**				
14.	**Credentialing and Recredentialing**	**Follow – Up**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that 4 providers were up for recredentialing in July. All 4 providers had complaints filed against them during the 3 year look-back period. ○ Provider 1: complaint against provider regarding medication mix-up with patient of a similar name. This case was previously brought to the Committee for review. ○ Provider 2: complaint against provider regarding masking requirements. No quality issue was found by the Medical Director. ○ Provider 3: complaint against PCP requiring member to take a drug urinalysis. No quality issue was found by the Medical Director. ○ Provider 4: complaint against provider due to member feeling that no proper evaluation was completed, and that provider disregarded member's concerns. No quality issue was found by the Medical Director. • Dr. Burnett informed the Committee of a Board Disciplinary Action taken against a provider that is no longer in AllCare's network of providers. At this time the Oregon Medical Board's investigation has not been completed, and it is unknown if the incident was related to a member of AllCare. Dr. Burnett advised that AllCare receives notice of these Board actions via a monthly newsletter which is monitored for providers that AllCare is contracted with. • **Action: Provider credentialing and recredentialing information will continue to be brought to the Committee for oversight and monitoring.**				

Future Meetings		Location
September 28, 2022		AllCare Community Room A / Zoom

Respectfully Submitted,

Quality Improvement Committee	July 27, 2022 Time 0700 – 0800am AllCare Health Community Room A

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	September 28, 2022 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. Mona McArdle, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☐
Staff:		
☒ Dr. Kelley Burnett, DO, Chief Medical Officer	☒ Dr. Gita Yitta, DMD, Medical Director of Oral Health	☒ Dr. David Candelaria, MD, PACE Medical Director
☒ Cynthia Ackerman, RN, CHC, Chief Compliance Officer	☒ Amy Burns, PharmD, BCPS, VP Benefit Management & Pharmacy Services	☒ Laura McKeane, EFDA, Director of Oral Health
☒ Laura Matola, CHC, Director of Compliance	☒ Erin Porter, Director of Behavioral Health	☒ Ryan Bair, DSW, LCSW VP of Behavioral Health
☒ Megan Resetar, DNP, CCM, RN, VP of Population Health	☒ Terri Allen, Appeals and Grievance Manager	☒ Terrisa Langston, PACE Quality Coordinator
☐ Natalie Case, Quality Analytics 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 July 27th, 2022 minutes were reviewed by the Committee. Dr. Cohen made the motion to approve the minutes. Dr. Miller seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**Case 1**	**New Item**	**Dr. Burnett**	**C**	**AllCare Advantage**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee. AllCare received a quality of care complaint against a local imaging center resulting in multiple bills for the member. After further investigation, it was determined that the cause of the complaint was due to an incorrect order submitted by her PCP. No quality concern was identified against the imaging center. However, a QI letter was sent to the PCP on behalf of the Committee. A response letter was received, and a copy of the letter was				

	included in the meeting materials for Committee members to review. Dr. Burnett advised that AllCare is unable to reimburse member nor require the PCP or imaging center to reimburse member for the extra charge. The Committee unanimously agreed that no further action was required at this time. • **Action: No further action required at this time.**				
3.	**MA Plan Name Changes and Consolidation**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola discussed upcoming changes regarding AllCare's Medicare Advantage (MA) plans for the upcoming benefit year. Beginning CY2023, AllCare Advantage will be expanding and offering select plans in Curry County. All plans will be available in Josephine County, Jackson County, Glendale and Azalea in Douglas County. Members in Curry County will be offered a choice between the Madrone Rx and Redwood Rx plan. • Ms. Matola advised that the Preferred Rx plan will no longer be available in CY2023. This plan will be replaced by the Redwood Rx plan (HMO D-SNP). Members that are currently Preferred Rx will be automatically transitioned into the following plans: o Fully dual eligible members – Redwood Rx o Qualified Medicare Beneficiary (QMB) only – Focus Rx o SLMB and all others – Madrone Rx • Ms. Matola also informed the Committee that the Gold Plus Rx Plan will undergo a name change to Gold Rx in CY2023. • In addition, Ms. Matola reminded the Committee that members can get a 100 day supply of their medications now in CY2022. • **Action: The Committee will be kept up to date on the roll out of the new MA plans.**				
4.	**D-SNP MOC Training**	**New Item**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett informed the Committee that AllCare is preparing for the Model of Care (MOC) training for D-SNP with our Medicare providers. AllCare is required by Medicare to provide this training annually. The first session will take place on October 5th, with additional trainings offered in November and December. Trainings are expected to be about an hour long, and will eventually be available on the Provider Portal. • **Action: The Committee will be kept up to date on the outcome of these provider D-SNP trainings and any additional feedback.**				
5.	**PACE Audit Update**	**Follow-Up**	**Ms. Ackerman**	**O**	**AllCare PACE**
Discussion:	• Ms. Ackerman informed the Committee that the PACE audit is expected to be closed out by October 4th. During the audit, CMS found PACE's platform, RTZ, was not conclusive to tracking the Interdisciplinary Team (IDT) involvement which is required by CMS. Ms. Ackerman stated that this was supposed to be updated by September 17th, however this was postponed on September 14th indefinitely. At this time, AllCare will continue oversight and monitoring of this issue within RTZ.				

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	• Ms. Callahan inquired if the RTZ system can be corrected, or if this is a fatal flaw within the system. Ms. Ackerman assured Ms. Callahan that these are errors in the system that can be resolved. • **Action: Additional information regarding the official close-out of the PACE audit will be brought back to the Committee.**				
6.	**ED Utilization PIP Update**	**New Item**	**Dr. Candelaria**	**O**	**AllCare PACE**
Discussion:	• Ms. Matola displayed the PACE 2022 Performance Improvement Plan (PIP) on behalf of Dr. Candelaria. Dr. Candelaria informed the Committee that PACE's PIP is regarding Emergency Department (ED) utilization reduction. PACE began working on this PIP back on October 1st 2021, and was closed on September 30th 2022. Dr. Candelaria explained that due to PACE enrollment going live on April 1st 2021, the data for this PIP was collected from 2Q2021 and 3Q2021. Although the sample population was small, the results demonstrated a need for reduction in ED utilization as many participants were still continuing to utilize the ED in place of primary care. PACE's goal was to reduce the number of non-emergent visits from participants by 10% (from 48% to 38%). For 1Q2022, PACE reduced the number of non-emergent visits by 15%, and 2Q2022 rates were reduced by 8%. PACE's secondary goal was to reduce the number of participants utilizing the ED for non-emergent visits by 10% (from 24% to 14%). For 1Q2022 PACE reduced the number of participant utilization rates by 2%, and 2Q2022 rates were increased by 3%. • Ms. Matola inquired if PACE would be extending the PIP in effort to try to hit the goals that were set, or if a root cause analysis would be completed to better determine why the goals weren't met. Dr. Candelaria stated that the PIP is in its completion at this time, and it has not yet been determined to be a 2023 PIP. • **Action: PACE Quality reporting will continue to be brought to the Committee for oversight and monitoring. This reporting includes participant falls and ER utilization.**				
7.	**Case 2**	**New item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee regarding hospital not arranging discharge transportation appropriately on behalf of a CCO member. Dr. Burnett advised that there are ED policies in place surrounding hospital discharge transportation arrangements. A QI letter was sent to the hospital on behalf of the Committee. A response letter was received and included in the meeting materials for Committee members to review. The Committee unanimously agreed that no further action was required at this time. • **Action: No further action required at this time.**				
8.	**Case 3**	**New Item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee regarding provider dismissal due to member's history. Dr. Burnett informed the Committee that if				

	provider offices are closed to new patients, they have the ability to be selective about accepting new patients. However if the office is open to new patients, then they must accept all new patients, rather than selectively choosing patients. A QI letter was sent to the provider on behalf of the Committee. A response letter was received, and a copy of the letter was included in the meeting materials for Committee members to review. The Committee unanimously agreed that no further action was required at this time. • **Action: No further action required at this time.**				
9.	**Case 4**	**New Item**	**Dr. Burnett**	**C**	**AllCare CCO**
Discussion:	• Dr. Burnett briefly discussed the details of this case with the Committee regarding provider declining member due to complex health needs. Dr. Burnett again reiterated that if provider offices are open to new patients, they cannot be selective in who they accept as a new patient. A QI letter was sent to the provider on behalf of the Committee. The Committee unanimously agreed that no further action was required at this time. • **Action: No further action required at this time.**				
10.	**Social Emotional Metric**	**New Item**	**Ms. Ackerman**	**O**	**AllCare CCO**
Discussion:	• Ms. Ackerman informed the Committee that the Oregon Health Plan (OHP) created the statewide Social Emotional Metric, which maintains a focus on kindergarten readiness. For this metric, children are assessed between the ages of 0 – 5 years to identify needs for additional behavioral help. Ms. Ackerman stated that this metric was introduced last spring. AllCare had a contract with the Oregon Pediatric Improvement Partnership (OPIP), however after internal re-grouping, Dr. Burnett, Dr. Flow, and Ms. Ackerman felt that it was in AllCare's best interest to terminate the contract with OPIP. • Ms. Ackerman added that OPIP was asking AllCare to complete three years of work in one year, and this was not manageable. Ms. McKeane is the lead on this metric and the work is moving along smoothly. • **Action: No further action required at this time. The Committee will be kept up to date on the progress of this metric.**				
11.	**Behavioral Health**	**Follow – Up**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola displayed the Behavioral Health 2021 Data on behalf of Ms. Porter for the Committee to review. Ms. Porter explained that this document consisted of CY2021 behavioral health engagement data that was broken down into various aspects. Data was broken down into the following categories : ○ Data by race ○ Data by language ○ Data by age ○ Data by gender				

	• Ms. Porter informed the Committee that the behavioral health team is hopeful that the use of REAL+D data will allow for better engagement numbers. Smaller population numbers can skew the data. Ms. Porter also informed the Committee that AllCare is looking at permanently contracting with a mental health therapist in Jackson County who also provides therapy in American Sign Language (ASL). • Regarding the Aid and Assist Program, Ms. Porter advised that AllCare is working with community mental health programs (CMHP) to determine which data points to gather. • Regarding mobile crisis, Jackson County Mental Health (JCMH) has already begun reporting some of their data. Adapt will begin providing their mobile crisis data in January of CY2023. • **Action: The Committee will continue to be kept up to date on updates related to behavioral health.**				
12.	**Oral Health**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**

Discussion:	• Dr. Yitta informed the Committee that the first oversight meeting for the Dental Care Organization (DCO) audit of policies and procedures, and member records will take place today at 2PM.
	• Ms. McKeane informed the Committee of the following dental updates:
	  ○ Beginning January 1, 2023 new dental benefits for veterans will go into effect. AllCare is actively working on how to administer this benefit.
	  ○ The State contract with Advantage Dental and Capitol Dental will be ending, and will be transitioned to CCO F. This is a new classification for dental and transportation benefits for members. Members that were formerly on Open Card for dental benefits will be provided CCO dental care and transportation. AllCare is working to determine how this will be implemented.
	  ○ Beginning January 1, 2023 some orthodontic benefits will be covered AllCare is working on getting more information from OHA about this benefit.
	• **Action: The Committee will continue to be kept up to date on updates related to oral health.**				

13.	**Care Coordination Air Purifiers**	**New Item**	**Ms. Resetar**	**O**	**AllCare CCO**
Discussion:	• Ms. Resetar informed the Committee that AllCare's Care Coordination team and the Oregon Health Authority (OHA) have been working together to identify members in need of air purifiers, as well as high risk members who are in need of air conditioners. Both of these projects are ongoing. Members that have been identified include those that are considered medically fragile, have COPD, or other chronic respiratory conditions. • **Action: No action required at this time.**				
14.	**Clinical Practice Guidelines**	**New Item**	**Dr. Burns**	**O**	**AllCare Health Plan, Inc., AllCare Advantage,**

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					AllCare PACE, AllCare CCO
Discussion:	• Dr. Burns reminded the Committee that AllCare is required per contract to annually review the clinical practice guidelines and post them to the Provider Portal. Dr. Burns advised that AllCare pulls the guidelines and reviews them with a medical team consisting of Medical Directors and Pharmacists. The reviews are conducted across all lines of business, and changes are made as needed. Dr. Burns informed the Committee that AllCare has added additional dental guidelines, and adjustments were made to the pre-existing diabetes guidelines. • **Action: No action required at this time.**				
15.	**High Cost Member Cases**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Dr. Burnett informed the Committee that each week an internal group of staff meets to review cases that have been identified as high cost. This team consists of Care Coordination, Claims, IT, Finance, and UM staff. The goal is to review the cases and determine if any of the costs were avoidable and to help improve access to medications and PCP care, thus generating lower costs for the plan and better health outcomes for the member. Unavoidable trends in these high cost cases include, but are not limited to, members with multiple sclerosis (MS), with cancer diagnoses, and motor vehicle accidents. Avoidable issues include those related to complications of SUD, or related to chronic disease management. Dr. Burnett informed the Committee that there are metrics and measures in the works that address some of these areas. • **Action: No action required at this time. The Committee will be kept up to date on the implementation of new metrics and measures.**				
16.	**Recredentialing**	**New Item**	**Ms. Allen**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**

Discussion:	• Ms. Allen informed the Committee that 3 providers were identified for recredentialing as having a single complaint submitted against them during the 3 year look-back period.
	  ○ Provider 1: no QI issue was identified by the Medical Director.
	  ○ Provider 2: no QI issue was identified by the Medical Director.
	  ○ Provider 3: Medical Director trended this provider to monitor for similar occurrences.
	• Ms. Matola advised that none of the providers for credentialing had complaints filed against them.
	• **Action: No action required at this time. Provider credentialing and recredentialing will continue to be brought to the Committee for oversight and monitoring.**				

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17.	**Stipulated Orders**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**

Discussion:	• Dr. Burnett informed the Committee of two providers with recent stipulated orders.
	  ○ Provider 4: stipulated order against podiatrist. This issue was addressed the next day and the order was lifted.
	  ○ Provider 5: stipulated order against local provider. This order is ongoing and limited information is available at this time.
	• **Action: No action required at this time. The Committee will continue to be kept up to date regarding past and present provider stipulated orders.**				

Future Meetings		Location
October 26, 2022		AllCare Community Room A / Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer

Quality Improvement Committee	December 7, 2022 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. Mona McArdle, MD	☒ Dr. Kristin Miller, MD
☒ Dr. Brian Mateja, DO	☒ Lisa Callahan, CPNP	☐
Staff:		
☒ Dr. Kelley Burnett, DO, Chief Medical Officer	☒ Dr. Gita Yitta, DMD, Medical Director of Oral Health	☒ Dr. David Candelaria, MD, PACE Medical Director
☒ Cynthia Ackerman, RN, CHC, Chief Compliance Officer	☒ Amy Burns, PharmD, BCPS, VP Benefit Management & Pharmacy Services	☒ Laura McKeane, EFDA, Director of Oral Health
☒ Laura Matola, CHC, Director of Compliance	☒ Erin Porter, Director of Behavioral Health	☒ Ryan Bair, DSW, LCSW VP of Behavioral Health
☒ Megan Resetar, DNP, CCM, RN, VP of Population Health	☒ Terri Allen, Appeals and Grievance Manager	☒ Terrisa Langston, PACE Quality Coordinator
☐ Natalie Case, Quality Analytics Manager	☐	☐
Guests:		
☒ Hazel Clements, Director of Care Coordination	☒ Sheila Anders, Director of Enrollment	☐

	Discussion Topics	Discussion Type	Topic Leader	Open/ Close	Company
1.	**Introductions/ Agenda Overview**	**Information Sharing**	**Ms. Callahan**	**O**	**AllCare Health Plan Inc., AllCare Advantage, AllCare CCO, AllCare PACE**
Discussion:	• The September 28th, 2022 minutes were reviewed by the Committee. Dr. Cohen made the motion to approve the minutes. Dr. McArdle seconded the motion to approve the minutes. The motion passed unanimously.				
2.	**3Q2022 PACE Update**	**Follow-Up**	**Ms. Langston**	**O**	**AllCare PACE**
Discussion:	• Ms. Langston provided a copy of the PACE Quality reporting for the Committee to review. The report reflected a snapshot of quarterly data for 3Q2022 for the following areas: ○ Enrollment: 58 participants are currently enrolled. There were 4 voluntary participant disenrollments and 1 participant death.				

	○ Emergency Room Visit/Urgent Care: 15 participants were seen in the emergency room/urgent care setting totaling 22 visits. 7 of the visits were repeated visits by participants. Ms. Langston stated that emergency room visits are decreasing. ○ Medications Administration Errors without Injury: 21 participants experienced medication administration errors without injury. These errors include medications that weren't administered, medications administered at an incorrect time, incorrect dosage administered, and/or incorrect medication was administered. ○ Falls: 24 participants falls were documented, 8 of which experienced repeat falls for a total of 32 falls without injury. There were no falls resulting in injury. ○ Service Determination Requests: 144 participant SDRs were processed during 3Q2022. Of which, 82 were approved, 12 were denied, and 8 were partially denied. A total of 24 SDRs were withdrawn. ○ Immunization Rate: PACE immunization rate goal stands at 80%. This includes immunization for seasonal influenza and pneumococcal vaccines. PACE pneumococcal administration rate achieved stands at 50%. 55 participants were eligible to receive this immunization. 4 received the immunization while 8 participants refused. 39 participants had previously received the immunization, and 4 participants missed the opportunity to receive the immunization. • **Action: PACE Quality reporting will continue to be brought to the Committee on a quarterly basis for oversight and monitoring.**				
3.	**CAHPS**	**New Item**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola advised that the meeting materials included a snapshot of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results for the Committee to review. Ms. Matola stated AllCare did not score as well, and is actively working with Press Ganey to help improve results for the upcoming year. CAHPS results directly affect AllCare's Star Ratings, and Star Ratings directly impact AllCare's reimbursement rates with CMS. Ms. Matola stated AllCare is working to become a 4-star plan again, ideally 5-star. • Dr. Burnett informed the Committee that AllCare received 2 stars for care coordination, and clarified this is not in reference to the AllCare Care Coordination team, but care coordination by provider offices. Dr. Burnett stated that AllCare is working to bump back up from a 3.5-star plan to a 4-star plan. Unfortunately, AllCare does not qualify for certain reimbursements as a result of the 0.5-star loss. • Ms. Callahan inquired how quickly AllCare can boost Star Ratings. Ms. Matola informed the Committee that Star Ratings are completed annually, therefore AllCare could see improvement as early as next year. However, there is an additional one year lag before these scores are reflected in our CMS payments. Ms. Matola stated SPH Analytics has a measuring tool that will allow AllCare to anticipate future ratings. Dr. Burnett reminded				

	the Committee that a majority of the measures for Star Ratings are subjective, as they are based on the member's memory of what occurred vs objective data. • Dr. Mateja inquired about affects of staffing shortages in local pharmacies. Ms. Matola advised that mail order prescriptions are the best recommendation for members at this time, as work force issues continue to be a problem everywhere. Dr. Miller reminded the Committee that members can receive a 90-day supply of most medications. Ms. Matola agreed, and reminded the Committee that AllCare Advantage members can now receive up to 100-day supply for medications. • **Action: AllCare will continue working with Press Ganey in effort to implement practices to improve Star Ratings. The Committee will be kept up to date on any new information relating to CAHPS survey.**				
4.	**D-SNP MOC Training**	**Follow-Up**	**Dr. Burnett**	**O**	**AllCare Advantage**
Discussion:	• Dr. Burnett reminded the Committee that AllCare is in the process of conducting D-SNP Model of Care (MOC) training for our Medicare providers in the community. The first session was held in October and the second session was held in November. Dr. Burnett advised 35-40 providers attended each of these trainings, which lasted approximately 45 minutes. A third training is scheduled for later next week. Dr. Burnett reminded the Committee that this training must be conducted annually and is a CMS requirement. AllCare is working to make the training available electronically via the Provider Portal. Internal trainings are occurring within AllCare, and the Board of Directors training will be coming soon. • Ms. Matola reminded the Committee that D-SNP stands for Dual Eligible Special Needs Plan and is for members with both Medicare and Medicaid coverage. • **Action: The Committee will be kept up to date on the outcome of the final provider D-SNP training and any additional feedback.**				
5.	**Appeals and Grievances 2Q2022 and 3Q2022**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare Advantage**
Discussion:	• Ms. Allen informed the Committee that an updated slide show would be presented at a future date for the Committee to review. • **Action: Appeals and Grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
6.	**Verification of Services**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare Advantage**
Discussion:	• Ms. Matola reminded the Committee that each month AllCare sends out two batches of Verification of Medical Services (VOS) letters to members for both AllCare Advantage and AllCare CCO lines of business. Ms. Matola advised that 70% of the VOS letters sent are for claims that were submitted by non-contracted providers. The remaining 30% are sent for claims submitted by contracted providers. If there is less than 70% available from non-contracted providers, the remainder is made up of contracted provider				

	claims. Ms. Matola stated that claims for behavioral health, genetic testing and family planning are carved out from the VOS process. AllCare has received a good return rate from the Advantage member population. Approximately 52% of letters were returned for 1Q2022 and 2Q2022, and approximately 45% of letters were returned in 3Q2022. There are no findings to report at this time. • **Action: VOS updates will continue to be brought to the Committee. No action required by the Committee at this time.**				
7.	**Interrater Reliability**	**New item**	**Dr. Burns**	**C**	**AllCare Advantage, AllCare CCO**
Discussion:	• Dr. Burns informed the Committee that AllCare Utilization Management (UM) recently underwent an interrater reliability (IRR) review, which is conducted annually. Dr. Burns explained cases from each level of review are pulled for re-review by UM staff, and are compared for consistency against their peers. Regarding the recent IRR, AllCare saw a 95.7% consistency rate in the reviewer results. Dr. Burns advised that trainings will be set up within the department to focus on areas where consistency could be improved. Dr. Burns reminded the Committee that this department saw a high turnover rate in the past year, with the exception of the Medical Directors, and is overall pleased with the results of the review. • **Action: No action required by the Committee at this time.**				
8.	**Disenrollment Request**	**New Item**	**Ms. Anders**	**C**	**AllCare CCO**
Discussion:	• Ms. Matola shared a copy of the CCO disenrollment requests spreadsheet for review, and reminded the Committee that a copy was included in the meeting materials. • Ms. Anders informed the Committee that the recent CCO audit suggested member disenrollments be monitored internally at a higher level. Ms. Anders explained that member requests for disenrollment that are received by the Health Plan are forwarded to OHA for review. AllCare will be monitoring disenrollments on a monthly basis. • Dr. Burnett advised that AllCare has not been consistently capturing some members that are identified by other departments as no longer living in the service area. Many of these members are being identified through out-of-area hospital claims, some of which have been escalated to the fraud unit. Dr. Burnett advised that internal notifications should be sent to Ms. Anders when a member is flagged as potentially living out-of-area. • Ms. Anders stated that she is receiving many referrals now. AllCare is required to have supporting documentation to prove to the state that the member is no longer living in the area. • Dr. Miller inquired if this issue is occurring more frequently now that members do not have to physically re-enroll with the Health Plan. Ms. Anders stated that many members simply do not take the initiative to update their information. AllCare does make outreach calls to members to remind them to update their information with OHA, however OHA can be difficult to contact in order to update this information.				

	• **Action: Disenrollment request reporting will continue to be brought to the Committee for oversight and monitoring.**				
9.	**Appeals and Grievance 2Q2022 and 3Q2022**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola displayed the 2Q2022 and 3Q2022 CCO Appeals and Grievance report for the Committee to review. Ms. Allen discussed the details of the report with the Committee. ○ Grievances: Average number of CCO enrollment for 2Q was 59,711 enrollees, and 60,876 enrollees for 3Q. The highest area of concern regarding grievances for both 2Q and 3Q were Interaction with Provider, followed by Access to Care and Consumer Rights. A total of 48 grievances were received in 2Q, which was a slight increase compared to 1Q. However, 3Q saw a total of 36 grievances which was the lowest amount for the year, and a rate per thousand of 0.59%. Ms. Allen then discussed the list of PCPs and Specialists who received the highest number of complaints over the quarters. ○ Appeals: There were a total of 48 appeals submitted during 2Q, of which 35.4% were overturned. For 3Q, a total of 54 appeals were submitted and 33.3% were overturned. In addition, there were 24 Hepatitis C requests submitted in 3Q. Of these, 5 of the requests were denied and 19 were approved. Ms. Allen stated that there were no Applied Behavior Analysis (ABA) denials for 2Q and 3Q. • Dr. Burns informed the Committee that AllCare will no longer have a prior authorization requirement for one of the Hepatitis C medications. Beginning 01/01/2023 this prior authorization requirement will be lifted. • **Action: Appeals and Grievance information will continue to be brought to the Committee for review on a quarterly basis for oversight and monitoring.**				
10.	**BH Case 1**	**New Item**	**Dr. Bair**	**C**	**AllCare CCO**
Discussion:	• Dr. Bair briefly discussed the details of this case with the Committee regarding behavioral health services provided to a member via telehealth. A QI letter was sent to the provider office on behalf of the Committee. A response letter was received and included in the meeting materials for the Committee to review. It was determined the letter satisfied AllCare's requests in the letter, as the office had no internal findings. • **Action: No further action required by the Committee at this time.**				
11.	**BH Oversight of Services**	**Follow-Up**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola displayed a report for the Committee to review consisting of quarterly oversight and monitoring data regarding Options for Southern Oregon. Ms. Porter informed the Committee that AllCare is working with Adapt and Jackson County Mental				

	Health to gather similar data to Options. AllCare's goal is to collect information that community mental health providers (CMHP) are already reporting, either internally or to the state, in effort to reduce the administrative burden on the providers. Ms. Porter stated that Adapt will be providing their data beginning January 2023. • **Action: Behavioral health data and reporting will continue to be brought to the Committee for oversight and monitoring.**				
12.	**Statewide BH Access PIP**	**New Item**	**Ms. Porter**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola displayed a report for the Committee to review consisting of data relating to the ongoing statewide Mental Health Performance Improvement Plan (PIP). The report includes baseline data from CY2021, in addition to data from the first three quarters of CY2022. Ms. Porter informed the Committee that AllCare is working with Options for Southern Oregon to develop an outreach program for those who are newly diagnosed SPMI (Severe and Persistent Mental Illness) members. Ms. Porter stated that AllCare is looking to expand outreach efforts from SPMI populations to a larger population, as smaller populations can skew data. AllCare has seen an 11% increase in engagement thus far, and is hopeful that the use of REAL+D data will allow for further increased engagement. • **Action: Behavioral health data and reporting will continue to be brought to the Committee for oversight and monitoring.**				
13.	**OHA Compliance Review**	**New Item**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that AllCare has received the draft report from Health Services Advisory Group (HSAG) regarding the External Quality Review (EQR) audit that was conducted earlier this year. Ms. Matola advised that AllCare did well, and HSAG had few findings. Enrollment/Disenrollment had some findings, and some of the findings regarding Quality Assurance and Performance Improvement (QAPI) will affect this Committee. Ms. Matola stated more information will be brought to the Committee regarding this. There were 2 partial findings regarding Health Information Systems that AllCare has pushed back on. At this time, AllCare is working to develop improvement plans in effort to correct and prevent findings before the CY2023 audit. • **Action: More information regarding the effects of QAPI findings will be brought to the Committee at a later date.**				
14.	**Social Emotional Metric**	**Follow-Up**	**Ms. McKeane**	**O**	**AllCare CCO**
Discussion:	• Ms. McKeane reminded the Committee that the Oregon Health Plan (OHP) began a new statewide metric surrounding kindergarten readiness. Ms. McKeane stated AllCare will be looking at families and children, ages 0-5 years, in effort to identify needs for additional behavioral help to support the child's social emotional health. AllCare will be collaborating with Josephine and Jackson County on this metric, which will occur over the next 4 years. Ms. McKeane advised some meetings have already been held to go				

	over existing data, and these have led to great internal discussions. An action plan is being created at this time and will be ready to share with the Committee at the next QI meeting. • **Action: The Committee will be kept up to date on the progress of this metric and the action plan will be shared with the Committee at the next QI meeting.**				
15.	**Oral Health**	**Follow – Up**	**Dr. Yitta**	**O**	**AllCare CCO**
Discussion:	• Dr. Yitta informed the Committee that the Dental Plan 1 audit has been completed, and there were only 2 findings; one regarding patient history missing from the dental chart, and the other regarding the use of an incorrect code. • Dr. Yitta informed the Committee that AllCare is in the process of completing the Dental Plan 2 audit, and more information will be brought to the Committee next month. • **Action: The results of the Dental Plan 2 audit will be brought back to the Committee. In addition, the Committee will continue to be kept up to date on any new information related to oral health.**				
16.	**Verification of Services**	**Follow-Up**	**Ms. Matola**	**O**	**AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that 2,700 Verification of Medical Services (VOS) letters are mailed to CCO members each quarter. This number is larger than the AllCare Advantage letter batch due to the difference in enrollment size. AllCare has seen a lower response rate with the CCO population compared to Advantage. AllCare received a 26% response rate from CCO members for 1Q, 30% response rate in 2Q, and a 29% response rate in 3Q. Ms. Matola stated there were no findings to report at this time. • **Action: VOS updates will continue to be brought to the Committee. No action required by the Committee at this time.**				
17.	**Specialist Visit Trends**	**New Item**	**Dr. Burnett**	**O**	**AllCare Health Plan, Inc. AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion	• Dr. Burnett informed the Committee that AllCare has seen a noticeable trend regarding specialist visits. For many specialties, physician providers are only seeing members at the time of visits for procedures, and for routine visits members are seeing advanced practice (NPs and PAs) providers. Dr. Burnett advised that only internal monitoring is being conducted at this time. • **Action: No action required by the Committee at this time.**				
18.	**UMCPGURC Minutes**	**New Item**	**Dr. Burns**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**

Quality Improvement Committee	December 7, 2022 Time 0700 – 0800am AllCare Health Community Room A

Discussion:	• Ms. Matola displayed the minutes from the Utilization Management Clinical Practice Guideline Utilization Review Committee (UMCPGURC) for the Committee to review. • Dr. Burns advised that the Utilization Review Committee consists of internal AllCare staff. The clinical practice guideline review consisted of 6 areas: pulmonary, diabetes, dental, cardiovascular, pain management and preventative care. Dr. Burns advised that guidelines are reviewed against current policies and changes are made when necessary. The review for DME and physical therapy will be completed this month. • **Action: No action required at this time.**				
19.	**Subcontractor Audits**	**New Item**	**Ms. Matola**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Matola informed the Committee that AllCare is in the final stages of completing the subcontractor audits. These subcontractors include Adapt, Capitol Dental, Advantage Dental, MedImpact, Options for Southern Oregon, ReadyRide, PH Tech, and Inside the Box. Ms. Matola advised that AllCare has placed a strong focus on mailroom policies from subcontractors, as many of them were not able to provide AllCare with a policy when asked. Ms. Matola stated that AllCare has shared our internal mailroom policy with other vendors in effort to provide them with an example of what meets requirements. • **Action: The Committee will be kept up to date on the completion of subcontractor audits for CY2022.**				
20.	**Recredentialing**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Allen informed the Committee that only one provider was identified for recredentialing as having a single complaint submitted during the 3-year look-back period. ○ Provider 1: no QI issue was identified by the Medical Director. • Ms. Allen stated that this complaint was submitted in CY2020, and was in regards to provider's unwillingness to prescribe pain medications. • **Action: No action required at this time. Provider credentialing and recredentialing will continue to be brought to the Committee for oversight and monitoring.**				
21.	**Stipulated Orders**	**Follow-Up**	**Ms. Allen**	**O**	**AllCare Health Plan, Inc., AllCare Advantage, AllCare PACE, AllCare CCO**
Discussion:	• Ms. Allen informed the Committee that there were no stipulated orders to report this month.				

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	• **Action: The Committee will continue to be kept up to date regarding past and present provider stipulated orders.**

Future Meetings		Location
January 25th, 2023		AllCare Community Room A / Zoom

Respectfully Submitted,

Cynthia Ackerman RN, CHC
Chief Quality Officer