

How Oregon's CCO Model Influences Commercial Coverage



CCOs as a driver for whole-community change

- PacificSource CCO Health Council Community Governance Model
- CCO Metrics & Quality Incentive Investments
- Community Benefit Initiatives

Oregon Health Authority contracts with Coordinated Care Organizations to ensure access to (and pay for) Covered Services for those enrolled with the

Oregon Health Plan (Medicaid) "CCO 2.0" 2020-2024 "CCO 1.0" 2012-2019 Address Health Equity & Health Disparities **Best Practices Paying for** to manage and outcomes coordinate care and health Focus on Social Determinants of Health BETTER HEALTH Sustainable Transparency **BETTER CARE** Increase Value and Pay for Performance in price and rate of **LOWER COSTS** quality growth Improve Behavioral Health System Measuring Shared **Performance** responsibility for health Maintain Sustainable Cost Growth

Health Council Community Governance Model



PacificSource (Holds OHA Contract)

- Health plan operations
- Overall risk management
- Provider network
- Utilization management
- Advances integration (physical, behavioral and oral health)
- Customer service
- Care coordination







Health Council (Governing Board)

- Board of Directors, Community Advisory Council and Clinical Advisory Panel
- CCO strategic plan & clinical priorities
- CCO financial performance oversight and budget approval
- Community reinvestment decisions on Quality Pool, CCO Shared Savings, Community Benefit Initiatives and other funds
- Ensures transparency and accountability to community

Health Council Makeup

Large healthcare organizations

Regional hospitals

Independent practice associations

Federally qualified health centers (FQHCs)

Mental health and substance use disorder treatment providers

Consumers and community members

At least one member of the Clinical Advisory Panel

At least two
members of the
Community Advisory
Council

Dental Care Organization leadership



At least one designee chosen by commissioners from each county served

One designee from PacificSource

CCO Quality Incentive Metrics and Quality Pool Investments

 CCOs report on a host of clinical quality and outcome measures annually

- Based on their performance, CCOs can earn "Quality Pool" dollars to invest in ongoing performance in their community
- Health Councils and PacificSource share in determination of how to invest earnings in each community



Community Benefit: Shared Savings and HRS-CBI

PacificSource CCO Shared Savings Model

CCO Net Income
- [2% of Adjusted CCO Revenue]

Shared Savings

- Health Plan effectively caps its margin at 2%
- Shared Savings are then given to the Health Councils to invest
- Creates shared and aligned incentives to invest in prevention, quality and cost savings

Health-Related Services – Community Benefit Initiatives

- Community-level interventions aimed at improving population health and health care quality
- Driven by Community Advisory Councils and Health Councils

Examples include:

- Community Health Worker growth & development
- Community Information Exchange platform
- Community infrastructure around housing, playground equipment, and bike paths
- Nutrition and exercise programs
- Parenting classes and supports
- Culturally-specific programs

Questions

