



Request for Applications

LCAC Community Benefit Initiative Reinvestments

Application Deadline: January 31, 2017

Optional Webinar for Q&A: December 1, 2016 at 9 am PDT

Background: Thanks to successful efforts in 2015 to improve care, Eastern Oregon Coordinated Care Organization (EOCCO) met 13 of the 17 CCO quality measures enabling the Board of Directors to reinvest \$593,744 in Local Community Advisory Council projects (see Appendix 1 for allocated amounts by county). Your LCAC can use this funding to develop and implement an innovative project to improve the health of your community.

Focus Area: LCACs are encouraged to focus on the most challenging issues in their community – on CCO incentive measures that the county has struggled to meet or key issues that are identified in the county’s CHIP plan (see Appendix 2 for the 2016 incentive measures and Appendix 3 for the latest EOCCO results by county on the incentive measures). A collaborative approach should be used to develop these proposals working to reach consensus on key issues using the LCAC Charter as a guideline. **The earliest start date for projects is March 15, 2017 and all projects should end by January 31, 2018.**

Process: To request EOCCO reinvestment funds, please send a completed Application Coversheet, Project Narrative, Budget and Budget Justification to kinga@ohsu.edu by **5 pm PDT on January 31, 2017**. Please note that proposals that are not fully described or are otherwise incomplete may be returned for further information. A committee appointed by the EOCCO board will make the final funding decisions subject to approval by the EOCCO Board. Applicants should hear about the status of their requests by March 1, 2017.

There will be an optional webinar for you to ask questions on **December 1, 2016 at 9 am PDT**. To join the teleconference, please use the following phone number and passcode:

Phone Number: 1-866-588-5540

Conference Code: 9267081804

Assistance: GOBHI, Moda and OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact Anne King kinga@ohsu.edu or Sankirtana Danner danners@ohsu.edu and they will provide help or find the best person to provide assistance.

LCAC Community Benefit Initiative Project Application Coversheet

Name of LCAC: _____

Project Director (person who will be responsible for the overall project):

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ Email: _____

Name of Organization to Receive and Manage Funds:

Organization Name: _____

Address: _____

Name of Employee Managing Funds: _____

Phone Number: _____ Email: _____

County Coordinator Name: _____ **Email:** _____

Total Amount Requested (can be less than the amount allocated, but not more): \$ _____

Project Title: _____

Start Date: ____/____/____

End Date: ____/____/____

Project Purpose (do not exceed space below):

Signatures:

I hereby certify that this proposal has been developed and fully approved by our LCAC for submission to the EOCCO. The statements contained in this application are true and complete to the best of the applicant's knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of LCAC Chair: _____

Name: _____ Date: _____

Phone: _____ Email: _____

LCAC Community Benefit Initiative Project Narrative (up to 5 pages)

Please follow the instructions below to complete your project narrative, providing complete answers to each question.

- A. What are the goals of this project?
- B. What incentive measure or CHIP goal(s) will your project directly address?
- C. What activities will you undertake to address the targeted incentive measure or goal?
(Please describe the major steps or events in your project and the month when you expect each step will happen. Be detailed enough so that someone not familiar to the project can understand what will happen.)
- D. Well selected metrics help us measure the outcomes of our work. Please choose two or three metrics that will enable you to know if your project has been successful and complete the following table.

Targeted Metric	Activity Planned	Metrics*	Goal (definition of success)
EXAMPLE: Dental sealants	Wellness fair with onsite dental sealant services	Number of kids who received sealants at last year's wellness fair (baseline)	75 kids will receive sealants which will be a 20% increase over last year
		number of kids who receive sealants this year (change)	
EXAMPLE: Developmental screening	Phone call reminders on behalf of community clinics to families of kids needing screenings	Number of developmental screens last year at participating clinics (baseline)	15% increase in completed screens over prior year
	Raffle at each clinic for families obtaining screening	Number of completed screens this year at participating clinics (change)	
1.			
2.			
3.			

*Once your project is approved, updates to the EOCCO Board on the status of your project and its metrics will be due with your evaluation report at the end of the following months: **May 2017, October 2017 and February 2018.**

- E. What could cause this project to have trouble or fail and how could you reduce this risk?
- F. Will your LCAC or your community sustain this effort once the project ends? If so, how?
- G. Please list the members of the project team, their organization (if applicable), their roles and responsibilities on the project and their email addresses so that they can be invited to technical assistance meetings.
- H. Please list the organizations involved in your project and fill out the letter of intent form for each collaborating organization (other than the LCAC itself.)

Important note: Any organization outside of the LCAC that is playing a major role in the project must provide a signed letter agreeing to be part of the project. A suggested template is included in Appendix 4.

LCAC Community Benefit Initiative Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to enhancing reimbursements or supporting state-covered services cannot be funded through these grants.

Start date of project: _____

End date of project: _____

Budget							
Personnel:						In-Kind Cash Contribution	In-Kind non- Cash Contribution
Name	Role	FTE	Salary Requested	Benefits Requested	Total Requested		
Equipment and Supplies:							
Name of Item	Description				Total Requested		
Travel:							
Location	Description				Total Requested		
Other Expenses:							
Name of Item	Description				Total Requested		
GRAND TOTAL					\$		

Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

Appendix 1
2017 Allocated LCAC Community Benefit Initiative Reinvestments
by County

County	Total EOCCO Members Effective 10/1/2016	Percent of Total	\$356,246 Distribution by Members	\$237,498 Even Distribution	Total Distribution
Baker	3,500	8%	28,304	19,792	48,096
Gilliam	307	1%	2,483	19,792	22,274
Grant	1,355	3%	10,958	19,792	30,749
Harney	1,660	4%	13,424	19,792	33,216
Lake	1,631	4%	13,190	19,792	32,981
Malheur	8,823	20%	71,351	19,792	91,143
Morrow	2,554	6%	20,654	19,792	40,446
Sherman	313	1%	2,531	19,792	22,323
Umatilla	16,694	38%	135,003	19,792	154,795
Union	5,461	12%	44,163	19,792	63,954
Wallowa	1,498	3%	12,114	19,792	31,906
Wheeler	256	1%	2,070	19,792	21,862
TOTALS	44,052	1.00	356,246	237,498	593,744

Appendix 2 2016 CCO Incentive Measures

To learn how EOCCO and OHA track the metrics, please contact eoccometrics@modahealth.com or visit the Oregon Health Authority website page: [Technical Specifications and Guidance Documents for CCO Incentive Measures](#). Please note that all metric performances are measured on an annual basis, using the calendar year.

Measure Definitions	Data Source
<p>Alcohol and Drug Misuse Screening (SBIRT) Members age 12 and older who received alcohol and drug misuse screening during outpatient visit. Outpatient visits include office visit, home visit, and/or preventive medicine. Full screen or full screen + brief intervention services are required for reimbursement. A brief screen does not count toward this measure.</p>	Medical claims
<p>ED Visits Each visit to an ED that does not result in an inpatient encounter (multiple ED visits on the same date of service is counted as 1 visit)</p>	Medical claims
<p>Developmental screening (0-36 months) Children who turn 1, 2, or 3 years of age in 2016 who had a developmental screening. Screening results must be reviewed and interpreted by the provider (physician, NP or PA), discussed with the family, and the patient record must document the screening tool, results and actions taken. Another healthcare provider or early learning and development provider may <u>initiate</u> a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill. While screenings can be completed and scored in advance of provider review and interpretation, results should be reviewed with the family within one month of completion of the screen to be considered valid or current.</p>	Medical claims
<p>Follow-Up after hospitalization for Mental Illness Discharges for members' age 6 years of age and above who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit within 7 days of discharge, and on the date of discharge.</p>	Behavioral health claims
<p>Dental, Mental, Physical Health Assessment for Children in DHS Custody Identified children/adolescents 0 – 17 years of age in DHS custody for 60 days who received a physical health assessment, a mental health assessment, and a dental health assessment within 60 days of the notification date (when CCOs are notified the member is in DHS custody, or within 30 days prior to the notification date.)</p> <ul style="list-style-type: none"> • Age 1-4 mental health assessment not required • Age < 1 only physical health assessment required • First Tooth or Smiles for Life certified medical providers can conduct and code for a dental assessment (D0191) when performed during a well-child check 	Dental, behavioral health, and medical claims

<p>Effective Contraceptive Use Women age 18-50 with evidence of one of the following methods of contraception in 2016: sterilization, IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm. Surveillance of <i>existing contraception</i> is included in this measure – which are women utilizing long- acting reversible contraception or permanent contraceptive options who would not otherwise have a pharmacy claim or procedure code in 2016.</p>	Medical and pharmacy claims
<p>CAHPS Access to care</p> <ul style="list-style-type: none"> • Got care right away for illness/injury/condition as soon as you/child needed • Got an appointment for routine care as soon as you/child needed 	State CAHPS survey
<p>CAHPS Satisfaction with Care</p> <ul style="list-style-type: none"> • EOCCO customer service gave needed information or help • Treated with courtesy and respect by EOCCO customer service staff 	State CAHPS survey
<p>Dental Sealants Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth Dental hygienists can determine need and apply sealants without the direct supervision by a dentist</p>	Dental claims
<p>PCPCH Enrollment Number of members enrolled in PCPCHs by tier</p>	EOCCO Member PCP assignment
<p>Colorectal Cancer Screening Individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year:</p> <ul style="list-style-type: none"> • Fecal occult blood test during the measurement year • Colonoscopy during the measurement year or nine years prior to the measurement year • Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year 	Medical claims and chart review on sample population, determined by Oregon Health Authority
<p>Timeliness of Prenatal Care Prenatal care provided in the first trimester or within 42 days of enrollment. First trimester is considered first three months of pregnancy, from the first day of the last menstrual period through 13 weeks gestation. <u>Prenatal care</u> Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> • Basic physical obstetrical examination (auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height • Prenatal care procedure (obstetric panel, echography of a pregnant uterus, documentation of LMP or EDD in conjunction with either prenatal risk assessment and counseling/education, or complete obstetrical history) <p><u>Postpartum care (one of the following)</u></p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, blood pressure, breasts and abdomen • Notation of postpartum care, including, but not limited to “postpartum care,” “PP care,” “PP check,” or “6-weekcheck” • Preprinted “Postpartum care” form • Pap test 	Medical claims and chart review on sample population, determined by Oregon Health Authority

<p>Adolescent Well Care Visits Adolescents age 12-21 with at least one comprehensive well-care visit Well care visit include:</p> <ul style="list-style-type: none"> • History • Physical exam that includes weight, height, vision, heart, lungs, skin and genitalia • Assessment & plan 	<p>Medical claims</p>
<p>Depression Screening and Follow Up Plan Patients age 12+ screened for clinical depression, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p>	<p>Clinic's Electronic Health Record</p>
<p>Diabetes HbA1c Poor Control Patients age 18-75 with a diagnosis of diabetes, whose most recent HbA1c level (performed during the measurement period) is >9.0%.</p>	<p>Clinic's Electronic Health Record</p>
<p>Hypertension Control Patients age 18-85 with a diagnosis of essential hypertension within the first six months of the year, whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg). Only blood pressure readings performed by a clinician in the provider office are acceptable.</p>	<p>Clinic's Electronic Health Record</p>
<p>Child Immunization Status Combo 2 Children who turned 2 years of age in the measurement year and had all of the following specified vaccinations: Dtap, IPV, MMR, HiB, Hepatitis B, VZV</p>	<p>Public Health Division Immunization Program Registry (ALERT) and MMIS</p>
<p>Cigarette Smoking prevalence Unique members age 13 years or older who had a qualifying visit, who have their smoking and/or tobacco use status recorded as structured data, who are current smokers and/or tobacco users.</p> <p>Each EHR may have different codes to document cigarette smoking and tobacco use. PLEASE INDICATE IF CIGARETTE SMOKING ONLY, AND/OR BROADER TOBACCO USE.</p> <p>Report queries must be able to query the following:</p> <ol style="list-style-type: none"> 1) Of all your patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded? 2) Of all your patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers? 3) Of all your patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users? <p>For information on tobacco treatment reimbursement, please refer to the EOCCO provider manual http://eocco.com/providers/resources.shtml</p> <p>Qualifying visits include face-to face interaction, office visit, wellness visit, health & behavioral assessment, preventative care services, consultants visit, occupational therapy</p>	<p>Clinic's Electronic Health Records</p>

Appendix 3
2016 Current Incentive Measure Performance by County
2016 EOCCO Incentive Measures Performance Report

Reporting period: incurred January-October 2016 as of October 31, 2016

County	SBIRT	Dental Sealants on Permanent Molars for Children	Effective Contraceptive Use	Timeliness of prenatal care	ED utilization per 1,000 mm	Colorectal cancer screening	Developmental screening in first 36 months of life	Adolescent well care visits	Childhood Immunization
Baker	4.3%	9.4%	28.2%	74.5%	50.9	27.4%	65.5%	22.7%	62.0%
Gilliam	8.5%	14.9%	30.6%	66.7%	38.0	20.0%	17.6%	31.0%	33.3%
Grant	15.3%	16.8%	28.2%	84.6%	62.3	21.8%	40.0%	31.6%	61.5%
Harney	25.6%	7.3%	30.4%	70.0%	42.3	31.7%	76.2%	20.6%	61.5%
Lake	5.5%	14.9%	20.0%	61.9%	40.1	17.6%	27.6%	11.8%	48.1%
Malheur	8.9%	15.6%	26.9%	64.0%	57.3	31.6%	77.8%	27.1%	68.3%
Morrow	27.1%	12.5%	28.0%	68.6%	48.1	30.7%	26.1%	27.8%	70.7%
Sherman	18.0%	7.0%	40.9%	80.0%	42.6	23.0%	40.0%	32.5%	66.7%
Umatilla	15.4%	8.9%	30.1%	63.3%	55.9	30.9%	34.4%	26.5%	64.5%
Union	26.0%	3.9%	33.1%	32.3%	55.0	30.4%	80.4%	26.9%	52.2%
Wallowa	8.5%	5.4%	21.6%	52.6%	24.7	33.3%	67.6%	31.5%	56.0%
Wheeler	35.8%	11.8%	29.4%	83.3%	27.9	32.3%	72.7%	28.6%	60.0%
EOCCO	15.1%	10.3%	28.9%	61.3%	52.9	29.5%	52.1%	26.2%	63.0%
EOCCO 2016 Target	11.8%	17.4%	42.7%	93.0%	51.5	39.0%	47.7%	29.1%	75.3%

Appendix 4
Letter Template

Agreement to Participate in EOCCO Project

Dear *Name of project director*,

We look forward to participating in the *Project Name* starting *date* and ending *date*.

Our organization agrees to *describe what the collaborating organization is expected to do including any staff responsibilities*. We understand that we will receive *list any funds being provided to the collaborating organization*.

Thank you for including us in this important project.

Sincerely,

Signature
Name spelled out
Organization name
Email address
Phone number