Oregon Health Authority

2025 Compliance Monitoring Review Protocol

January 2025

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Overview

Background

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.358(b)(1)(iii), the state, an agent that is not a Coordinated Care Organization (CCO), or its external quality review organization (EQRO) must conduct a review within a three-year period to determine a Medicaid CCO's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

As Oregon Health Authority's (OHA's) EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the CCOs delivering services to members enrolled in the Oregon Medicaid Managed Care Program.

Table 1-1 outlines the three-year CMR cycle and standards and associated regulations.

Table 1-1—Compliance Monitoring Review 3-Year Cycle

Compliance Monitoring Standard	Federal Requirements Included	Year One (CY 2023)	Year Two (CY 2024)	Year Three (CY 2025)
Standard I—Assurance of Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207		✓	
Standard III—Coordination and Continuity of Care	42 CFR §438.208	✓		
Standard IV—Coverage and Authorization	42 CFR §438.210	✓		
Standard V—Provider Selection	42 CFR §438.12; 42 CFR §438.214		✓	
Standard VI—Subcontractual Relationships and Delegation	42 CFR §438.230		✓	
Standard VII—Member Rights and Protections	42 CFR §438.100– 42 CFR §438.102	✓		✓*
Standard VIII—Confidentiality	42 CFR §438.224			✓
Standard IX—Enrollment and Disenrollment	42 CFR §438.3 42 CFR §438.56			✓

Compliance Monitoring Standard	Federal Requirements Included	Year One (CY 2023)	Year Two (CY 2024)	Year Three (CY 2025)
Standard X—Grievance and Appeals	42 CFR §438.228; 42 CFR §438.400–42 CFR §438.424	✓		
Standard XI—Practice Guidelines	42 CFR §438.236		✓	
Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330			✓
Standard XIII—Health Information Systems (HIS), including Information Systems Capabilities Assessment	42 CFR §438.242			✓
Standard XIV—Member Information	42 CFR §438.10	✓		✓*
Standard XVI–Emergency and Poststabilization Services	42 CFR §438.114	✓		

*** Beginning in 2025, Standard VII—Member Rights and Protections and Standard XIV – Member Information will be removed from the year one of the 3-year review cycle and reviewed in the final year of the 3-year review cycle.**

Table 1-2 lists the CCOs that will be included in this review.

Table 1-2—List of Coordinated Care Organizations

CCO Plan Name	CCO Short Name
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO	EOCCO
Health Share of Oregon	HSO
InterCommunity Health Network	IHN
Jackson Care Connect	JCC
PacificSource Community Solutions–Central Oregon	PCS-CO
PacificSource Community Solutions–Columbia Gorge	PCS-CG
PacificSource Community Solutions–Lane County	PCS-LN
PacificSource Community Solutions–Marion Polk	PCS-MP
Trillium Community Health Plan, Inc.–Southwest	TCHP-SW

CCO Plan Name	CCO Short Name
Trillium Community Health Plan, Inc.–Tri-County	TCHP-TC
Umpqua Health Alliance, LLC	UHA
Yamhill Community Care Organization	YCCO

2. Methodology

Objectives

The objectives of the CMR activity are to:

- Evaluate each CCO's compliance with federal Medicaid managed care regulations, Oregon Administrative Rules (OARs), and contract requirements with the standard areas reviewed.
- Conduct a follow-up reevaluation of any CCO that required implementation of corrective actions in order to attain full compliance to previously reviewed standards.
- Identify strengths and opportunities for improvement related to quality, timeliness, and accessibility of care and services furnished by each CCO, as well as any required actions necessary to comply with State and federal regulatory requirements within the specific areas reviewed.
- Provide additional recommendations to improve the quality of the CCO's care provided and services offered related to the areas reviewed, where appropriate.

Table 2-1 outlines the CY 2025 CMR standards and describes the requirements that address the performance areas included in this year's review.

Table 2-1—CY 2025 CMR Standards and Description

Standard	Description
Standard VII—Member Rights and Protections *42 CFR §438.100*	Requires the CCO to have written policies and procedures and member, subcontractor, and network provider communications addressing member rights and protections. The CCO must ensure that member rights are observed and allowed to be exercised freely without affecting the treatment of members.
Standard VIII—Confidentiality *42 CFR §438.224*	Requires the CCO to have written policies and procedures addressing applicable privacy requirements including the use, disclosure, and confidentiality of individually identifiable health information.
Standard IX—Disenrollment *42 CFR §438.56*	Requires the CCO to have written policies and procedures and evidence of processes for disenrolling members.
Standard XII—Quality Assessment and Performance Improvement (QAPI) *42 CFR §438.330*	Requires that the CCO establish a comprehensive QAPI program that includes performance improvement projects, collection and submission of performance measurement data, and mechanisms for detecting under- and over-utilization and assessing the quality and appropriateness of care furnished to members with special health care needs and members receiving long-term services and supports.
Standard XIII—Health Information Systems (HIS) *42 CFR §438.242*	Requires the CCO to have established processes that support a system that collects, analyzes, integrates, and reports accurate and complete member, provider, and service data.
Standard XIV—Member Information *42 CFR §438.10*	Requires the CCO to provide information to its members in a way that is easy to access and understand, including the provision of materials in alternative formats and languages. The CCO must have a mechanism to communicate significant changes in a timely manner. The CCO's policies and procedures address how the CCO ensures compliance with furnishing each member with required information within the state-established time frames.

Compliance Review Activities and Technical Methods of Data Collection

To assess for the CCOs' compliance with regulations, HSAG will conduct the compliance review activities described in the CMS EQR *Protocol 3. Review of Compliance with Medicaid and CHIP*

[Children's Health Insurance Program] *Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023.[1] Compliance review activities include the following:

Preliminary Review (Pre-Site Visit) Activities

Preliminary review activities will include:

- Establishing compliance thresholds with OHA.
- Providing the CMR Protocol, compliance review tools, and applicable guidance to the CCOs.
- Hosting a preliminary review technical assistance session with the CCOs.
- Receiving CMR documentation submissions from the CCOs.
- Conducting a desk review of key documents and other information submitted to HSAG by the CCOs, and from OHA, as applicable. The desk review enables HSAG reviewers to increase their knowledge and understanding of the CCO's operations, identify areas needing clarification, and begin compiling information before the site visit.
- Scheduling the site visit, either in-person or virtual.
- Distributing the site visit meeting agenda to the CCO to facilitate preparation for HSAG's site visit.

Site Visit Activities

Site visit activities will include:

- Conducting an opening conference, with introductions and a review of the agenda and logistics for HSAG's site visit activities.
- Reviewing additional documents requested by HSAG and made available by the CCOs during the interview sessions.
- Reviewing applicable data systems that the CCOs use in its operations to support standards under review.
- Conducting interviews with the CCOs' key administrative and program staff members.
- Conducting a closing conference where HSAG reviewers summarize their preliminary findings and next steps.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf. Accessed on: Sept 5, 2024.

Post-Site Visit Activities

Post-site visit activities will include:

- Collecting supplemental information identified during the site visit.
- Compiling data and information obtained from the desk review and site visit interviews.
- Analyzing and aggregating all review findings to produce final compliance determinations.
- Preparing and publishing draft and final compliance reports.

Description of Data Obtained

To assess the CCO's compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the CCOs, including, but not limited to:

- Written policies and procedures
- Staff training materials and documentation of training attendance
- Committee charters, meeting agendas, and minutes
- Management/monitoring reports and audits
- Member handbook and informational materials, including provider directory, preferred drug list, etc.
- Provider manual, provider contracts, and informational materials
- Applicable sample correspondence or template communications
- Interviews with key CCO staff members
- Narrative and/or data reports across a broad range of performance and content areas
- Additional information obtained through interactions, discussions, and interviews with the CCO's key staff members

Table 2-2 lists the major data sources HSAG will use to determine the CCO's performance in complying with requirements and the time period to which the data applied.

Table 2-2—Description of CCO's Data Sources

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG's desk review and additional documentation available to HSAG during the site visit.	January 1, 2024 – December 31, 2024
Information obtained through interviews.	July 1, 2025 – September 30, 2025

How Data Were Aggregated and Analyzed

HSAG will use ratings of *Met*, *Partially Met*, and *Not Met* to indicate the degree to which CCO's performance complied with the requirements. HSAG will compile all submitted documentation and conduct a final review, considering the intent of the regulations, and apply a rating for each element based on the following definitions:

Met indicates full compliance defined as both of the following:

- All documentation listed under a regulatory provision, or component thereof, must be present; and
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.

Partially Met indicates partial compliance, defined as:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews; or
- Staff members can describe and verify the existence of processes during the interview, but documentation is found to be incomplete or inconsistent with practice.

Not Met indicates noncompliance defined as one or more of the following:

- No documentation is present, and staff members have little, or no knowledge of processes or issues addressed by the regulatory provisions; or
- No documentation is present, and staff members have little or no knowledge of processes or issues that comply with *key* components (as defined by OHA) of a multi-component regulatory provision, regardless of compliance determinations for remaining, non-key components of a regulatory provision.

From the ratings assigned to each of the requirements, HSAG will calculate a total percentage-of-compliance score for each of the standards and an overall percentage-of-compliance score across the standards. HSAG calculates the total score for each standard by totaling the number of *Met* (1 point) elements, the number of *Partially Met* (0.5 points) elements, and the number of *Not Met* (0 points) elements, then dividing the summed score by the total number of applicable elements for that standard. The CMR Scoring Methodology is identified in Table 2-3.

Table 2-3—Example of Scoring Tool by Individual Element

Standard XII—Quality Assessment and Performance Improvement						
Met	=	#	X	1.0	=	#
Partially Met	=	#	X	0.5	=	#
Not Met	=	#	X	0.0	=	#
Total Applicable	=	#	**Total Score**		=	#
Total Score ÷ Total Applicable					=	#%

Scoring Formula: ([Total Met] + [Total Partially Met] + [Total Not Met]) ÷ Total Applicable

HSAG will determine the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

How Conclusions Were Drawn

Using the following standardized methodology, HSAG assigned a confidence rating based upon the overall percentage-of-compliance score across all standards to assess the degree to which each CCO's operational structure and implementation of documented processes achieved compliance with the standards reviewed. HSAG used the ratings of *High Confidence*, *Moderate Confidence*, *Low Confidence*, and *No Confidence* as defined in Table 2-4 to indicate the level of confidence exhibited by the CCOs' performance.

Table 2-4—Data Quality Confidence Ratings

Confidence Rating	Description
High Confidence	**Definition:** The CCO's operational structure, including its policies and procedures as well as implementation of its documented processes, demonstrated substantial compliance with State, federal, and contract regulations and provisions. Performance across each standard exhibited mostly *Met* ratings and high overall compliance scores (i.e., ≥ 95 percent). **Criteria:** Overall compliance score is **greater than or equal to** 95 percent.
Moderate Confidence	**Definition:** The CCO's operational structure, including its policies and procedures as well as implementation of its documented processes, demonstrated moderate compliance with State, federal, and contract regulations and provisions. Performance across each standard exhibited a mix of *Met*, *Partially Met*, and *Not Met* ratings resulting in moderate compliance scores (i.e., 85 percent ≤ compliance score ≤ 95 percent), indicating opportunities for improvement across one or more standards. **Criteria:** Overall compliance score is **greater than or equal to** 85 percent and **less than** 95 percent.
Low Confidence	**Definition:** The CCO's operational structure, including its policies and procedures as well as implementation of its documented processes, demonstrated low compliance with State, federal, and contract regulations and provisions. Performance across each standard exhibited a mix of *Met*, *Partially Met*, and *Not Met* ratings resulting in low to moderate compliance scores (i.e., 75 percent ≤ compliance score ≤ 85 percent), indicating opportunities for improvement across multiple standards. **Criteria:** Overall compliance score is **greater than or equal to** 75 percent and **less than** 85 percent.
No Confidence	**Definition:** The CCO's operational structure, including its policies and procedures as well as implementation of its documented processes, demonstrated general noncompliance with State, federal, and contract regulations and provisions. Performance across each standard exhibited a large proportion of *Partially Met* and *Not Met* ratings resulting in low compliance scores (i.e., < 75 percent), indicating substantial opportunities for improvement across most standards.

Confidence Rating	Description
	Criteria: Overall compliance score is **less than** 75 percent.

To draw conclusions about the quality, timeliness, and accessibility of health care services provided by the CCOs, HSAG assigned each of the components reviewed for assessment of compliance with regulations to one or more of those domains of care. Each standard may involve the assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw conclusions and make recommendations, the individual requirements within each standard that assessed the quality, timeliness, or accessibility of health care services provided by the CCOs. Table 2-5 depicts the assignment of the standards reviewed in CY 2024 to the domains of care.

Table 2-5—Assignment of Compliance Standards to the Quality, Timeliness, and Access Domains

Compliance Review Standard	Quality	Timeliness	Access
Standard I—Assurance of Adequate Capacity and Availability of Services	✓	✓	✓
Standard V—Provider Selection	✓	✓	
Standard VI—Subcontractual Relationships and Delegation	✓		
Standard XI—Practice Guidelines	✓	✓	

Reporting

Once findings are formulated and scoring is applied, HSAG will finalize the compliance review tools and prepare a draft report summarizing the findings and identifying strengths, opportunities for improvement, and required actions that must be implemented to bring the CCO's performance into full compliance. Completed review tools will be included in the CMR report as an attachment.

Prior to finalizing the CMR report and its findings, both the CCO and OHA will have an opportunity to review the CMR review tools with preliminary findings and provide feedback. A final CMR report will be submitted to both the CCO and OHA following any required revisions. Pursuant to 42 CFR §438.364, final CMR results are aggregated across all CCOs and reported to the CMS in the State's annual technical report (ATR) that encompasses results from all EQR activities conducted in 2025, including the degree in which CCOs have effectively addressed recommendations made by the EQRO during the previous year's activities. The ATR will be published on OHA's website.

3. Data Collection Tools

CCO Overview Form

The CCO Overview Form is a Microsoft (MS) Word document that allows CCOs to provide information on its operations and organizational structure, as well as delegated relationships. Unless otherwise requested, data and information provided for the review should be associated with the designated review period.

Compliance Review Tool

HSAG will document its findings using data collection tools (i.e., compliance review tools) that serve as a comprehensive record of HSAG's findings, the ratings assigned to each requirement, and the actions required to bring the CCO's performance into compliance for those requirements that HSAG assessed as less than fully compliant. The CY 2025 compliance review tools are provided in MS Word documents, which will be populated by the CCOs with the names and page numbers of documents being submitted to demonstrate compliance.

Compliance Checklists

As a part of Standard XIV—Member Information, HSAG will assess for the required components of the CCO's member handbook and provider directory compliance using member handbook and provider directory compliance checklists that will serve as comprehensive records of HSAG's findings for each required component. The CY 2025 compliance checklists are provided in MS Word documents, which will be populated by the CCOs with the names and page numbers of documents being submitted to demonstrate compliance.

Information Systems Capabilities Assessment Tool (ISCAT)

As part of the Standard XIII—HIS, CCOs will be required to complete an ISCAT. The ISCAT is a tool used to collect, process, and manage Medicaid data in support of the CCO's Medicaid operations. HSAG's objective with this ISCAT is to understand and document CCO's information systems infrastructure; its policies, procedures, and data quality control processes, and to formulate a determination of a CCO's ability to support the accurate and reliable extraction and collection of data for OHA. Please ensure all attachments are clearly labeled according to the Requested Documentation table located at the end of the ISCAT. **All CCOs will be required to complete and submit an ISCAT with their pre-site visit compliance documentation.**

Tips for Completing Tools

Listed below are several key points to keep in mind when completing the compliance review and ISCAT tools.

- **Understanding the requirement:** Review the requirement and determine the specific information and documentation needed to provide evidence of your CCO's compliance with the requirement. Do not submit documentation if you do not know "how" it provides evidence of compliance with the regulatory standard, or if you are unable to identify which sections of the document address the requirement.
- **Identifying relevant documents:** Depending on the requirement, appropriate documentation for submission may include policies, procedures, training material, reports, dashboards, actual member records or case files, minutes of committee meetings, forms, or templates, etc. Please review the suggested documentation populated by HSAG, but be sure to identify relevant documentation that is specific to the CCO and its operations.
- **Documentation submission**: Documentation should be relevant and clearly marked. When identifying documents in the field labeled "Evidence as Submitted by the CCO" column, **please be very specific** as to which document and page number includes the information that demonstrates compliance with the requirement. In some cases, it may be appropriate to further identify the section, paragraph, attachment reference, etc. HSAG recommends highlighting or annotating the referenced portions of the documents submitted to ensure the reviewer is able to locate the section of the CCO's documentation intended to support compliance.
- **Maintaining integrity of the compliance review tools:** When using a shared website to enable multiple users populate the compliance review tools and checklists, HSAG recommends copying the information into the original tool provided to ensure the document's formatting does not change.
- **Documentation naming conventions**: When uploading the referenced documents to the secure file transfer protocol (SFTP) folders in the SAFE site, be sure to name the file the same as you have listed in the evidence column.

Suggested evidence for the health information standard and ISCAT includes, but is not limited to:

- Policies and procedures
- Process descriptions and illustrations of systems
- Data and system integration mapping and workflow documentation, including data and table layouts
- Data collection, management, and reporting documentation
- System charts, screenshots, and process manual excerpts
- Provider-based communications including newsletters, memos, web portal screenshots, provider-specific reports

HSAG FTP Site

The CCOs will post all completed tools and supplemental documentation to HSAG's SFTP site, SAFE: *https://safe.hsag.com/home*.

HSAG has prepared a compliance review folder for each CCO with subfolders for each standard to facilitate submission of the completed CCO Overview Form, compliance review tools and checklists, ISCAT, and supporting documentation. All documents referenced as supporting documentation within the compliance review tools must be uploaded to the appropriate folders within the SAFE site. The SAFE site and folders will be ready to receive documents by March 1, 2025. Please contact Emily Taylor, Project Coordinator at etaylor@hsag.com, or 623-301-2492, to request access to, or resolve issues with, SAFE; please contact Brittony Stewart, Project Manager II at bstewart@hsag.com, or 602-801-6870 with compliance questions.

4. Preparing for the Review

Document Submission

CMR documentation must be submitted via HSAG's SAFE site. When submitting documents:

- **Do not alter the format, change the file name, or PDF the compliance review tools.** Upload the CY 2025 compliance review tools in their original MS Word format.
- Enter names of supporting documents in compliance review tools in black font and in Times New Roman, 11-point font. Avoid using explanatory sentences or referencing the "entire document."
- **Do not embed documents within the compliance review tools.** All supporting documents must be submitted as separate documents.
- Submit all documents to the appropriate CMR folder. Only include documents that are relevant to the specific requirement.
- Use a naming convention that **reflects the content of the file** and **matches the name referenced** in the tool. For example, Policy 300.01 Grievance and Appeals Policy and Procedure is a more descriptive than Policy 300.01. However, be concise in your naming to avoid excessively long filenames.
- **Do not submit incomplete or partial documents.** Submit the entire document and identify the exact location within the document (i.e., section, page number, paragraph, attachment, and highlights/comments indicating standard and element number) where the relevant documentation for the requirement can be found. Highlight, comment, or annotate the referenced portions of the documents.
- All supporting documentation must be submitted in a searchable format (e.g., a text-based PDF, Excel, or Word), where appropriate. **Do not submit PDF files as images.** Reviewers must have the ability to assess readability of documents and search for key words.

Documentation Best Practices

Creating and maintaining policies, procedures, and other governance documents that are congruent with best practices supports the overall quality of your CCO's services and outcomes. Additionally, it enhances preparedness and efficiency for compliance monitoring reviews.

- Policies, procedures, and other governance documentation should reflect the name of CCO unless the process is performed by a parent organization or delegated entity, in which case, there should be supporting documentation that defines roles, responsibilities, and oversight of the delegate.
- Documentation should be in a finalized, rather than draft, format and approved prior to the designated review period. If a document is approved after the start of the review period, the CCO should provide both the current and prior copies of the documentation.

- For policies, procedures, and other governance documentation, there should be an effective date, review date, an approval authority, a defined purpose and scope, and roles and responsibilities. CCOs should be able to explain the process of distribution, adoption, and the review/update process for this documentation. If the CCO delegates responsibility for creation, adoption, and maintenance of policies, procedures, and governance documentation to delegated entities, copies of those documents (including required elements) should be submitted for review.
- Documentation should align with the review period. Be prepared to show evidence of implementation during the site visit.
- For those administrative functions that are delegated, the CCO is ultimately accountable for ensuring compliance with CFR, OAR, and contractual obligations. Submitted documentation must reflect appropriate oversight and consistent follow-up on any areas of noncompliance. CCOs should be prepared to share audit schedules, audit reports of delegated activities, and any other documented evidence of the CCO holding delegates accountable for corrective action.

When considering documentation needed to show compliance for each requirement, always keep in mind that reviewers will be looking for evidence of the CCO's structure, process, and outcomes, as well as CCO's oversight of all subcontractors' structures, processes, and outcomes.

- **Structure:** Strong processes, policies, and procedures in place. For some requirements, this may also include desktop procedures, job aids, workflows, and training materials.
- **Process:** Knowledgeable staff that can clearly articulate processes that are consistent with documentation during the site visit.
- **Outcomes:** Ability to demonstrate that policies and procedures have been operationalized. This could include meeting minutes, evidence of completed training, sample member or provider communications, and audit results and reports.

Site Visit Preparation

The site visit is an interactive meeting that involves interviews with key staff to collect data to supplement and verify what is learned through the preliminary documentation review. The site visit gives each CCO an opportunity to:

- Discuss the CCO's infrastructure (i.e., policies and procedures and relevant organizational documentation) and processes that support compliance with the standards under review.
- Assist HSAG reviewers with locating any needed additional documents or other information.
- Clarify questions identified during desk reviews.

Demonstrate information and operational system capabilities used to collect, process, and manage Medicaid data in support of the CCO's operations (based on the HIS standard and ISCAT). The site visit will include the following sessions:

- **Introductions**—Site visit participants will have the opportunity to provide brief introductions. For virtual site visits, HSAG staff will use the camera feature for the webinar and CCO staff are encouraged, but not required, to be on camera. Attendance will be collected by the CCO via an attendance log that documents all CCO participants.
- **Organizational Overview**—A brief presentation (15-30 minutes) by the CCO highlighting the structure of the organization, its opportunities and challenges, and any successes or innovations relevant to the review. The CCO should send the MS PowerPoint slide deck to HSAG reviewers prior to the site visit to provide background knowledge on the organization and to assist with review process. This should include the following:
  - Recent data on counties served and number of members served.
  - Names of delegated entities and the functions performed.
  - Any major changes in services provided, changes in delegation, and associated dates.
  - Identified challenges as well as strengths and innovations.
- **Review by Standard**—HSAG will conduct interviews and observe processes with relevant CCO staff by standard. CCO staff may be asked to provide clarification of documentation or demonstrate compliance with stated processes. CCO staff must also be prepared to demonstrate processes identified in the ISCAT. Reviewers may also request additional documentation during the interviews.
- **Review of CY 2024 Improvement Plan (IP)**—HSAG will discuss the status of CCO compliance with standards identified in the CY 2024 IP and provide additional technical assistance, as time permits.

Closing Conference—HSAG will provide a summary of preliminary observations, discuss recommendations to improve or strengthen CCO compliance and review the next steps in the CMR process. CCOs will have an opportunity to respond to HSAG's preliminary observations and ask questions to ensure their understanding of the findings is accurate.

CCOs will be given **one business days** after receipt of the follow-up document list to submit additional documentation offered by the CCO to support compliance with the standards during the site visit. HSAG usually provides a follow-up document to CCOs within one business day of the site visit, depending on the date of the review.

Helpful preparation tips:

- Include knowledgeable staff with direct experience implementing policies and procedures to answer questions and have any relevant subcontractors available to participate. Participants should be flexible with the timeframes identified in the agenda as sessions may begin later or earlier than expected.
- Include other staff to attend as a training opportunity.
- Have additional documentation available for sharing remotely, if necessary.

HSAG recommends the following interview participants:

- CCO leaders
- CCO information systems staff
- Quality assessment and performance improvement program staff
- Provider/contractor staff
- Compliance staff
- Member services staff
- Credentialing staff
- Utilization management staff
- Medical/dental director(s)
- Case management and care coordinators
- CCO subcontractors, as appropriate

Summary of All Documentation to Be Submitted

- The completed **CCO Overview Form**, with associated documents including organizational changes and explanations of delegated relationships.
- The completed **CY 2025 Compliance Review Tools** and all supporting documentation.
- The completed **CY 2025 Compliance Checklists** and all supporting documentation.
- The completed **ISCAT** and supporting documentation.
- The completed **CY 2024 Improvement Plan** and all supporting documentation.

5. Improvement Plan Process

CY 2024 Improvement Plan

The CCOs received an IP template in January 2025 with elements assessed during the CY 2024 CMR activity, for which HSAG assigned a score of *Partially Met* or *Not Met*, as well as the associated findings and required actions necessary to bring the CCO's performance into full compliance with the requirement. The CCOs were encouraged to contact HSAG to schedule a technical assistance call to review findings and ensure proposed interventions will successfully resolve areas of noncompliance.

For each element that requires corrective action, the CCO should identify the actions(s) taken to achieve compliance with the requirement, the individual(s) responsible, and the timelines for completing the planned activities. Implementation of interventions identified in the IP should begin immediately to resolve findings and bring the organization into compliance with federal and State requirements.

Each CCO is expected to resolve areas of noncompliance and submit its completed CY 2024 IP tool, supporting documentation, and evidence of implementation with its CY 2025 CMR documentation submission on 4/30/25 for review by HSAG.

For CY 2024 IP elements that overlap with the CY 2025 standards being reviewed by HSAG, CCOs **DO NOT** need to resubmit duplicate evidence of compliance. CCOs must instead describe the actions taken to resolve the IP element and identify within the IP tool which standard and element within the CY 2025 compliance review tools contains the evidence that addresses the IP element.

The following criteria will be used to evaluate the sufficiency of the required actions:

- The completeness of the IP document in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific actions/interventions that the organization will implement to bring the element into compliance.
- The extent to which the planned activities/interventions bring the organization into compliance with the requirement.
- The timeliness of the CCO's efforts to correct the deficiency.

HSAG will review the CCO's IP, evidence of implementation for resolution of the 2024 findings, and any unresolved findings from earlier reviews. Results of HSAG's assessment will be included in the annual CMR final report. Any findings and required actions that do not meet the preceding criteria will be submitted to OHA and require resubmission by the organization. OHA maintains ultimate authority for approving or disapproving any corrective action strategies proposed by the CCO in its submitted IP.

CY 2025 Improvement Plan

Following the CY 2025 CMR activity, the CCO will receive an improvement plan (IP) template populated with any findings identified during the CY 2025 CMR and any unresolved findings from earlier reviews. The CCOs will follow the same process implemented for the CY 2024 IP process.

Appendix A—CMR Timeline

Table A-1 outlines the CY 2025 CMR activities and pertinent dates.

Table A-1—CY 2025 CMR Timeline

CMR Activity	Date
HSAG submits CY 2025 CMR Protocol and compliance tools to CCOs	01/30/25
HSAG conducts CY 2025 CMR Technical Assistance webinar with CCOs	02/04/25
CCOs submit completed documentation to HSAG, including the: • **CY 2025 CCO Overview Form** • **CY 2025 CMR Compliance Review Tools**, and supporting documentation • **CY 2025 Compliance Checklists,** and supporting documentation • **CY 2025 ISCAT,** and supporting documentation • **CY 2024 Improvement Plan**, supporting documentation, and evidence of implementation	**04/30/25**
HSAG conducts desk review of CCO compliance documentation	05/01/25 – 07/04/25
HSAG conducts site visits with CCOs	07/07/25 – 9/17/25
HSAG disseminates preliminary findings to CCOs	October – November 2025
CCOs submit feedback on preliminary findings to HSAG	+ 10 business days from receipt
HSAG prepares draft reports; submits to OHA	11/26/25
OHA submits feedback on draft reports to HSAG	12/12/25
HSAG incorporates feedback and submits CY 2025 CMR Final Report and Improvement Plans to OHA and CCOs	12/19/25

Appendix B—Crosswalk of CY 2025 Changes

Table B-1—Crosswalk of CY 2025 Changes from CY 2022/2023 Compliance Review Tools

CY 2022/2023 Element	CY 2025 Standard and Element
Standard VII—Member Rights and Protections	
Element 1	Split into Elements 1 and 2
Elements 1a/1b	Removed
Element 2a-g	Moved to Element 3
Element 2h-i	Removed
Element 3	Moved to Element 4
Element 4a-b	Removed
Element 4c	Moved to Element 5
Element 5	Removed
Standard VIII—Confidentiality	
No elements were removed or moved.	
Standard IX— Disenrollment and Limitations	
Element 1	Removed
Element 2	Removed
Element 3	Moved to Element 1
Element 4	Moved to Element 2
Element 5	Moved to Element 4b
Element 6	Split into Elements 4a and 5
N/A	Added New Element 3
N/A	Added New Element 6
Standard XII—Quality Assessment and Performance Improvement (QAPI)	
Element 2	Split into Elements 6 and 7
Element 3	Moved to Element 4
Element 4	Moved to Element 2
Element 5	Moved to Element 3
Element 6	Removed

CY 2022/2023 Element	CY 2025 Standard and Element
Element 7	Moved to Element 8a and 8d
Element 8	Removed
N/A	Added New Element 5
N/A	Added New Element 8b and 8c
Standard XIII—Health Information Systems (HIS)	
Element 1	Split into Elements 1 and 5
Element 2	Moved to Element 1(a-d)
Element 3	Moved to Element 2
Element 4	Moved to Element 3
Element 5	Moved to Element 3
Element 6	Removed
Element 7	Removed
Element 8	Moved to Element 4
Element 9	Split into Elements 8, 9, 10, and 11
N/A	Added New Element 6
N/A	Added New Element 7
Standard XIV—Member Information	
Element 1	Split into Elements 1 and 8
Element 2	Moved to Element 4
Element 3	Split into Elements 2 and 3
Element 4	Moved to Element 5
Element 5	Moved to Element 20
Element 6	Split into Elements 18 and 19
Element 7	Split into Elements 6 and 7
Element 8	Moved to Element 9
Element 9	Moved to Element 10
Element 10	Moved to Element 14
Element 11	Split into Elements 15 and 16
Element 12	Moved to Element 17

CY 2022/2023 Element	CY 2025 Standard and Element
Element 13	Moved to Element 11
Element 13 a-c	Removed
Element 14	Removed
Element 15	Moved to Element 12
Element 16	Moved to Element 12
Element 17	Moved to Element 12
Element 18	Moved to Element 12
Element 19	Moved to Element 12
Element 20	Moved to Element 12
Element 21	Moved to Element 13
Element 22	Moved to Element 11a-d