

**Oregon Health Authority (OHA)  
Coordinated Care Organization (CCO)  
Performance Report Evaluation Results Report**

*Notice: These results are provided to the CCO pursuant to Exhibit M, Section 22 of the contract.  
Please review them carefully*

<b>Deliverable Name:</b>	IIBHT QX CCO Quarterly Report		
<b>CCO:</b>		<b>Contracted IIBHT Provider(s):</b>	
<b>OHA Program:</b>	Intensive In-home Behavioral Health Treatment (IIBHT)	<b>CCO's Contract Administrator:</b>	
<b>Contract or Rule Citation:</b>	Exhibit M Sec. 22(a)(4) (a-d)		

**1<sup>st</sup> Submission Reviewers/Review Date(s):** Name,DATE

**2<sup>nd</sup> Submission Reviewers/Review Date(s):** Name,DATE

Report Remediation	
	No remediation required. Compliant. No response is required from CCO.
	Minimal remediation required. No direct health and safety impact.
	Moderate remediation required. Issue with data or service. Not covering benefits in general.
	Maximum remediation required. Health and safety concern.
	Qualifier added to denote a recurring issue.

**Quarterly Report Completion and Submission Dates:**

<b>Date Due to OHA:</b>		<b>Date Submitted to OHA:</b>	
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**Required Elements**

Quarterly report completed and submitted on time to OHA	Total number of youth referred to certified providers and the number of youth enrolled by each provider are included	Denial codes included for youth referred and not enrolled into services	Discrepancies between the number of referrals and number of enrollments are clearly explained by the CCO	If Contractor denied any youth due to provider capacity or staffing issues (Denial Code= 5, 7, 11) Did the Contractor immediately notify OHA, via Administrative Notice	Plan and timeline for resolving barriers to access included	Accessible to all youth ages 0-20
Met/Unmet	Met/Unmet/Unknown	Met/Unmet/Unknown	Met/Unmet/Unknown	Met/Unmet/Unknown	Met/Unmet	Met/Unmet/Unknown

**OHA Findings**

1.	No findings.
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**CCO Response Section (please respond here to the findings listed above)**

1.	
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**Requests for clarification from CCO**

1.	
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<b>CCO Response Section (please respond here with any additional information or clarification requested outlined above)</b>	
<b>1.</b>	
<b>OHA Guidance/Reminders</b>	
<b>1.</b>	
<b>2.</b>	
<b>Your CCO must make the required correction/s and re-submit this item no later than: <span style="color: red;">XX/XX/XXXX</span></b>	
<b>If applicable, please submit the corrected item to the CCO Contract Deliverables portal: <a href="https://oha-cco-&lt;br/&gt;uat.powerappsportals.us/">https://oha-cco- uat.powerappsportals.us/</a></b>	

If you have questions about the results report or otherwise need assistance regarding this item, please contact Beth Holliman, Intensive Community Based Services Coordinator at [beth.holliman@oha.oregon.gov](mailto:beth.holliman@oha.oregon.gov) or Cheryl Henning, CCO Contracts Administrator, at [Cheryl.L.Henning@oha.oregon.gov](mailto:Cheryl.L.Henning@oha.oregon.gov).

**Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.**