RFA 4690-19 Evaluation Deficiency Letter

Trillium Community Health Plan

This deficiency analysis is based on the items outlined in the Final Evaluation Report.

Where possible, deficiencies that are within the scope of the Readiness Review documentation submission will be addressed via the Readiness Review performed by OHA's contracted vendor. Items that require additional or supplementary documentation will be addressed over the course of the contract period as needed.

OVERVIEW:

Evaluation Team	Recommendation	Lacks Detail	People	Process	Tech
Finance	PASS				
Business Administration	PASS	X		X	
Care Coordination and Integration	PASS	X	X	X	X
Clinical and Service Delivery	PASS	X		X	
Delivery System Transformation	PASS	X		X	
Community Engagement	PASS	X		X	

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- No concerns or deficiencies related to VBP, CCO Performance and Operations, or Cost

BUSINESS ADMINISTRATION

Administrative Functions

- Missing detail on Third-Party Licensing:
    - TPL data sources;
    - TPL validation processes;
    - No mention of how to monitor Medicare coverage
    - If TPL processes are missing, these deficiencies could require a moderate amount of time to remedy
- Pharmacy services concerns:
    - Missing information on communicating pharmacy coverage to members

- Pharmacy PA processes not described;
- Public-facing website missing pharmacy information

Health Information Technology

- No concerns evident in responses

Member Transition

- Lacking detail continuity of care for at-risk members

Social Determinants of Health (SDOH) & Health Equity

- CCO did not describe its SDOH spending strategy, specifically the application process for receiving SDOH funds
- Not clear how SDOH data would inform decisions
- Missing a proactive plan for members to access different languages and formats
- Health equity responses did not address how principles are applied on an organizational basis (rather than relying on specific health equity staff)

CARE COORDINATION

Behavioral health services

- Lack of detail on establishing MOUs with CMHPs
- Lack of engagement in moving toward treatment of behavioral health conditions, especially among the SPMI population

Care Coordination

- Care coordination activities need development:
    - Lack of information on how care coordination activities would occur for:
        - Adults with behavioral health needs;
        - 1915(i) waiver members; and
        - The I/DD population
    - No details on:
        - Existing partnerships;
        - Crisis management services;
        - How CCO plans to work across systems
        - Plans to provide language services
        - Care transition processes
        - Strategy to meet oral health needs
        - How to reach out to members with special care coordination needs

Health Information Exchange

- EHR system concerns:
    - How information sharing will happen in EHR systems;
    - How agreement will allow for care coordination;
    - How coordination for Dual Eligible members will work;
    - Reviewers noted that if these responses lacked detail due to technological shortcomings that they would likely be difficult to resolve.
    - The CCO generally lacked detail on how they plan to coordinate care for complex members with transitions occurring across systems
- Health Information Exchanges
    - HIE answers were focused on hospital event notifications.
    - Reviewers also felt that the CCO conflated EHR systems with an event notification system.
    - Limited detail was provided on how the CCO would ensure access to HIE data across contracted provider types.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Network adequacy concerns
    - Not enough detail provided how they will monitor and fix deficiencies and no indication of how frequently Applicant is monitoring wait time to appointment.
    - Applicant neglected to specify network adequacy in term of provider type (physical, behavioral health, and oral)
    - The main remediation strategy to increase network capacity was to require all providers receiving a VBP to maintain an open panel as a condition of payment.
- The grievance and appeals section was not properly formatted and lacked detail.

Behavioral Health Benefit & covered services

- Process for member identification relies on the unrealistic expectation that all members will read their member handbooks
    - Revise notification process to be more member-friendly

Service Operations

- Limited info on communicating with members on pharmacy benefit;
- Detail is needed on the frequency and monitoring of utilization;
- LTSS section did not address a care model in congregate settings.
    - It was difficult to tell if their care models were just general care models or if they were being adjusted to use with the LTSS population, but it seemed like they were not LTSS specific.

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability and Monitoring
    - Insufficient information about complaints, grievances, and appeals
        - Including how information is shared with providers and subcontractors
- Quality Improvement Program
- Lacking sufficient information about referrals and PA processes, including continuity of care and coordination specific to BH, Oral and PH services

Delivery Service Transformation:

- Delivery Service Transformation
    - Provision of Covered Services:
        - CCO failed to provide details describing data collection and analysis by priority populations and sub-categories (by REALD).
    - Transforming models of care
        - Insufficient information about:
            - Auto-assignment/allocation process generally
            - Insufficient detail about PCPCHs:
                - Plans for auto-assignment/allocation for PCPCH
                - Oversight
                - Engagement of potential new PCPCH providers
                - Monitoring the non-PCPCH process to ensure fidelity
            - Member outreach
            - Care coordination
            - Evidence for Success
            - Effective wellness and prevention
            - Emphasis on whole-person care

COMMUNITY ENGAGEMENT

- Community Engagement Plan:
    - Missing a description of the expansion of 1 out of 5 initiatives;
    - Narratives about the other 4 expansions is extremely high level and lacking detail.
- CACs
    - No strategies provided for how they will engage/align CAC with demographics with current or expanded service area beyond indicating “all appropriate communities represented”
    - No strategy for collaborating with CACs from other CCOs.
    - Accountability and reporting of Board decision is expected to happen through the 2 CAC members which is not necessarily adequate.
- No mention of MOU with Multnomah County

- Unclear how non-CAC members are engaged or how their voice is elevated.
- No process for ongoing Quality Improvement of the CEP and no mention of member voice
- Incomplete community partner engagement with:
    - Local Public Health Authorities;
    - Hospitals; and
    - Tribes
- Some SDOH priorities were not aligned with OHA SDOH definition and no discussion of how decision making on SDOH funding process is transparent and equitable
- Doesn't address their experience or capacity to mitigate disparities

HIT ROADMAP

- HIT Roadmap deficiencies will be addressed in a separate communication from the Office of Health Information Technology. The letter will identify whether the HIT Roadmap was approved as submitted or whether the CCO will be required to develop a work plan for the submitted roadmap.