

CCO PERFORMANCE SNAPSHOT

Individual Profile

PacificSource
Community Solutions
Lane

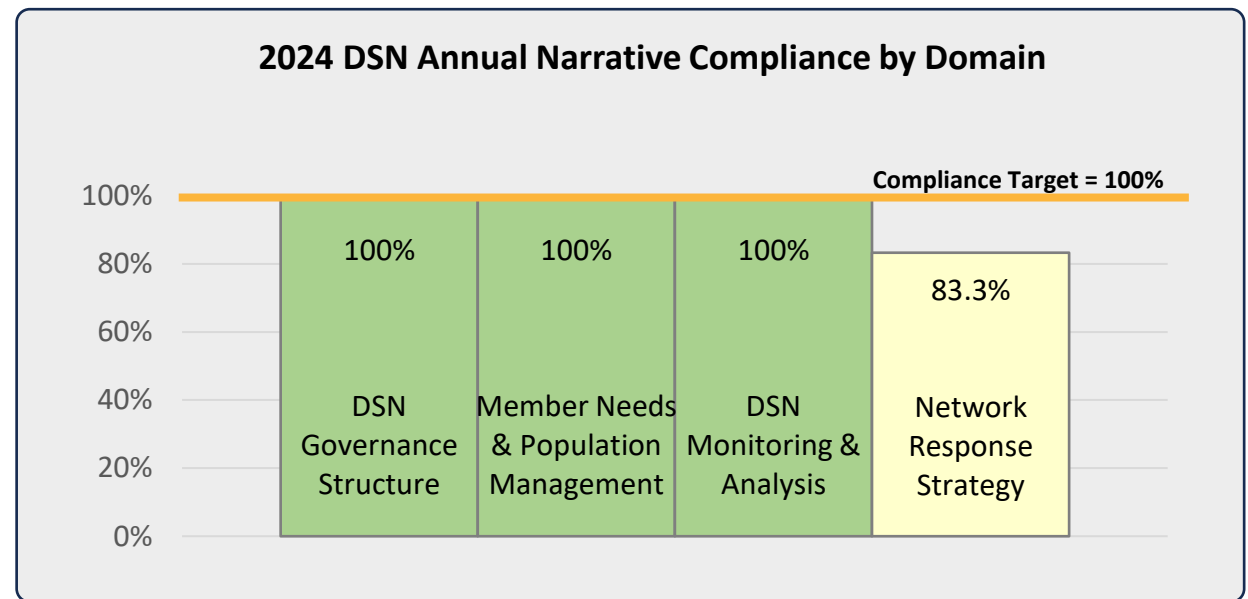
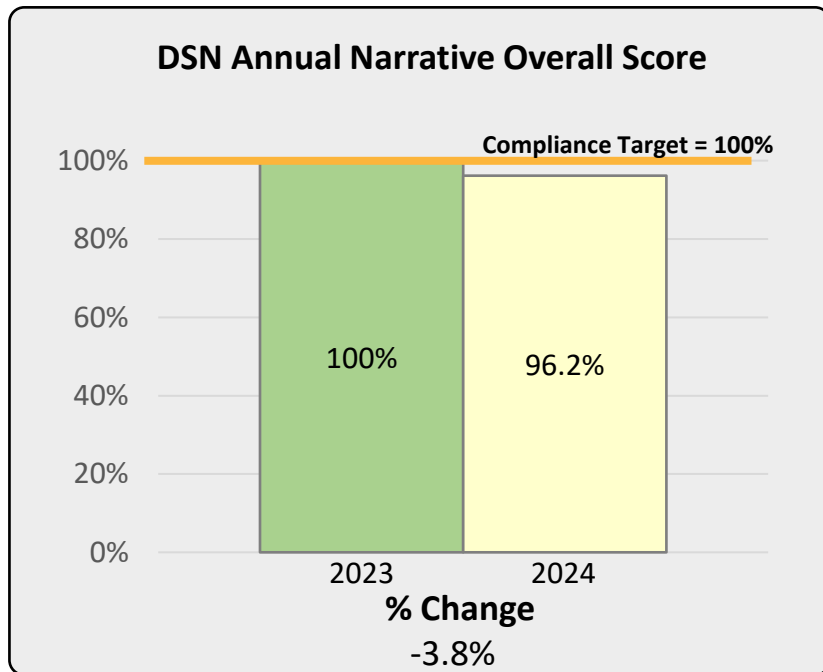




ACCESS TO CARE

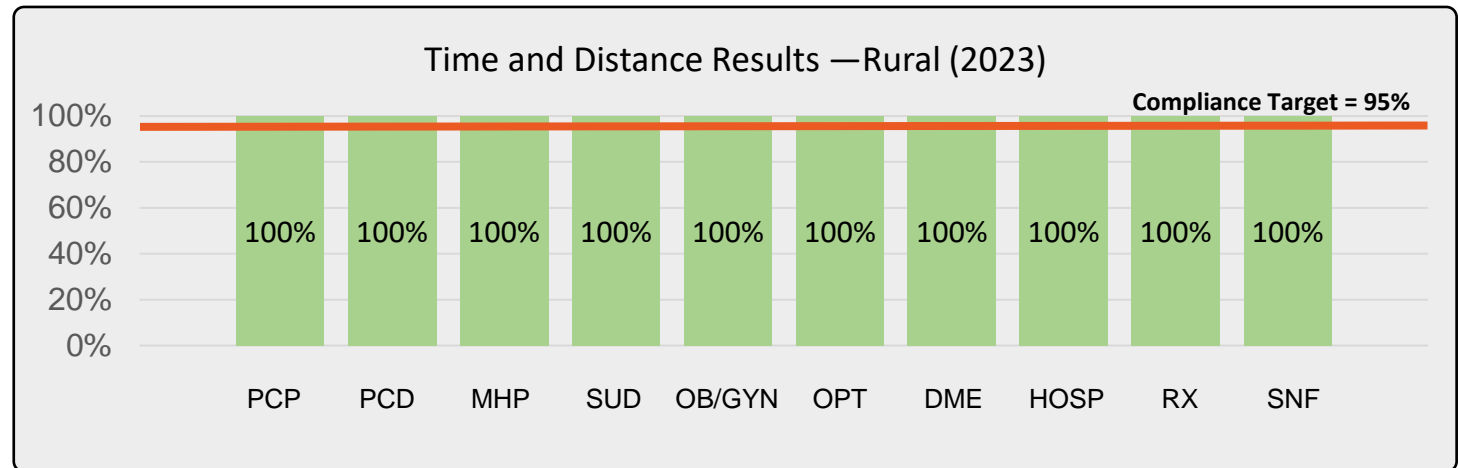
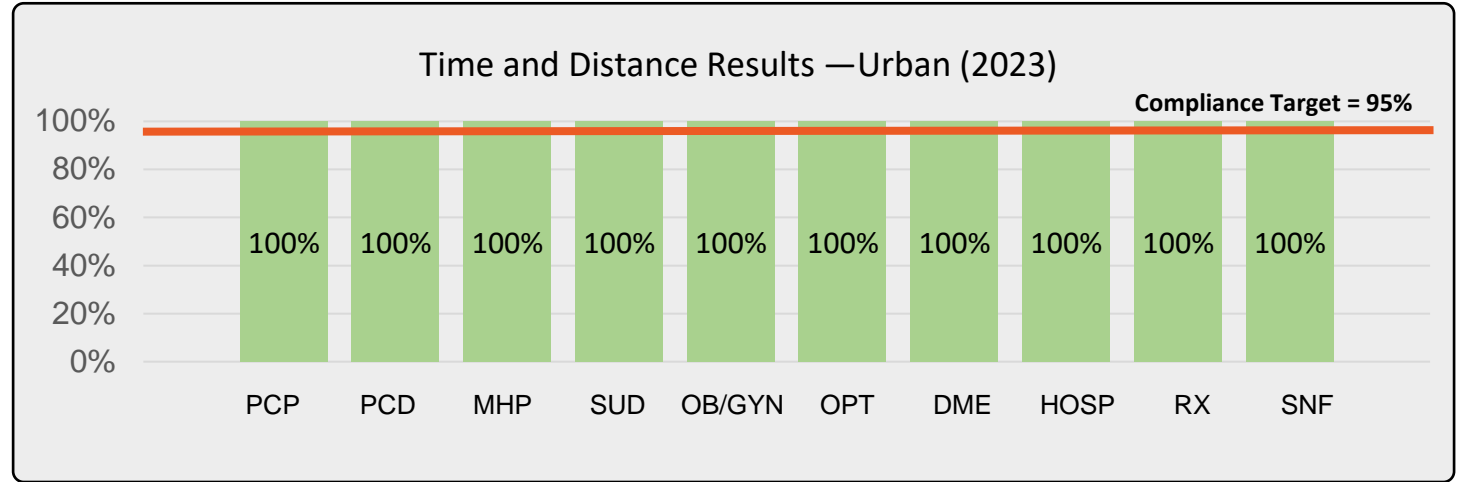
Recommendations:

- Address the findings issued in the 2024 DSN Annual Narrative Evaluation Network Response Strategy domain:
 - Provide sufficient explanation of identified challenges to demonstrate how the CCO knows there is a gap or barrier, and sufficient explanation of planned interventions to describe the strategies and timelines the CCO is enacting to mitigate or resolve the challenges.
 - Provide explanation of specific measures of efficacy for planned interventions to address identified barriers. Explanations should be sufficient to demonstrate clear connection between interventions and outcomes.



Recommendations:

- Although the CCO was compliant with 2023 time and distance standards, it is recommended the CCO continue monitoring the geographic proximity of providers and members across all provider types identified in OAR 410-141-3515.
- Review Q3 2024 DSN Provider Capacity Report and identified gaps in time and distance and address any gaps if the CCO does not have an approved time and distance exception. PCS-LN does not have any approved exceptions



Compliance Monitoring Review

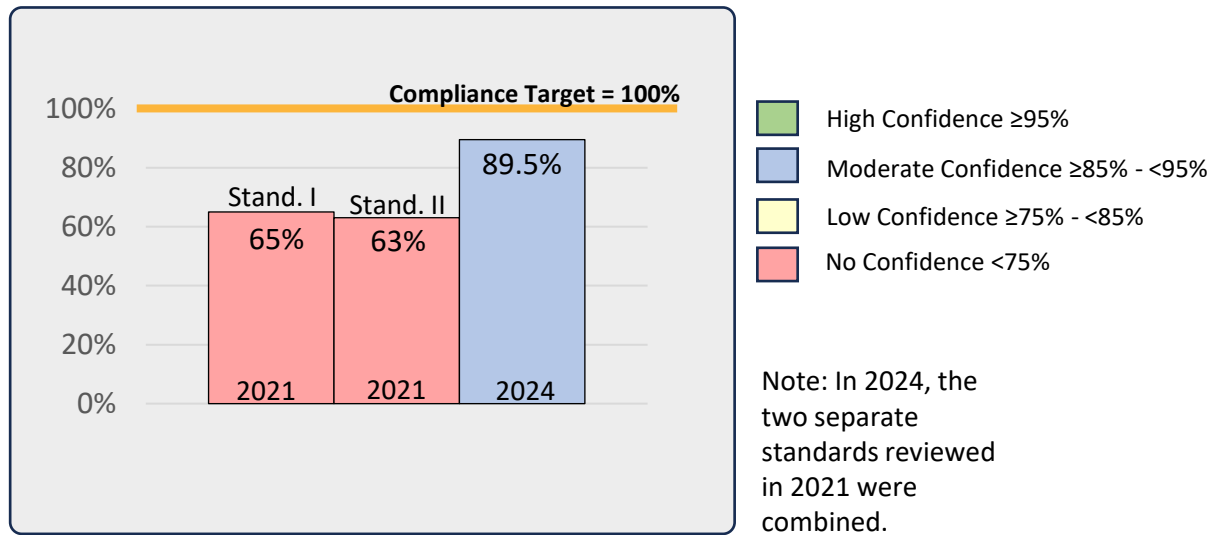
Standard I: Assurance of Adequate Capacity and Availability of Services

Strengths:

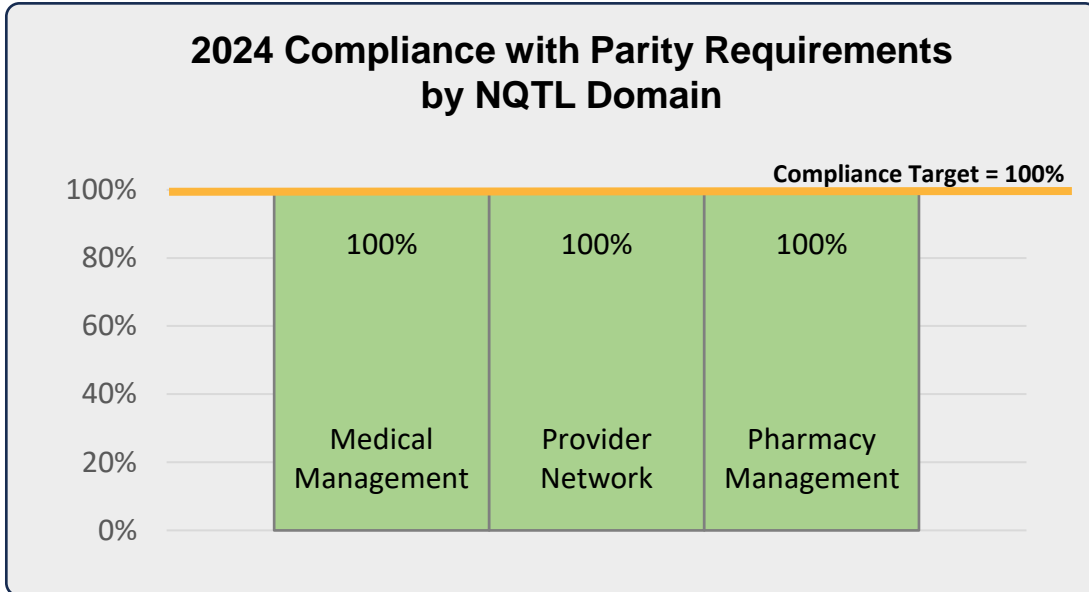
- PCS-LN demonstrated best practices by ensuring that providers do not establish different access hours for Medicaid members. This was achieved through monthly provider access survey calls conducted by a third-party vendor, the use of site visit checklists, and tracking member grievance data.

Recommendations:

- PCS-LN received a score of 89.5 percent due to insufficient documentation to support operations and ensure compliance with federal and State requirements, the inability to demonstrate sufficient implementation of established processes, and deficiencies within its monitoring activities impacting the CCO's ability to ensure timely access to care and services.
- Address four findings for this standard.
- Revise policies and procedures to align with federal and State requirements for timely access to care and services and demonstrate implementation.
- Demonstrate appropriate monitoring of provider compliance with state-established appointment standards.
- Ensure that member and provider communications align with federal and State requirements for service provision.



Mental Health Parity

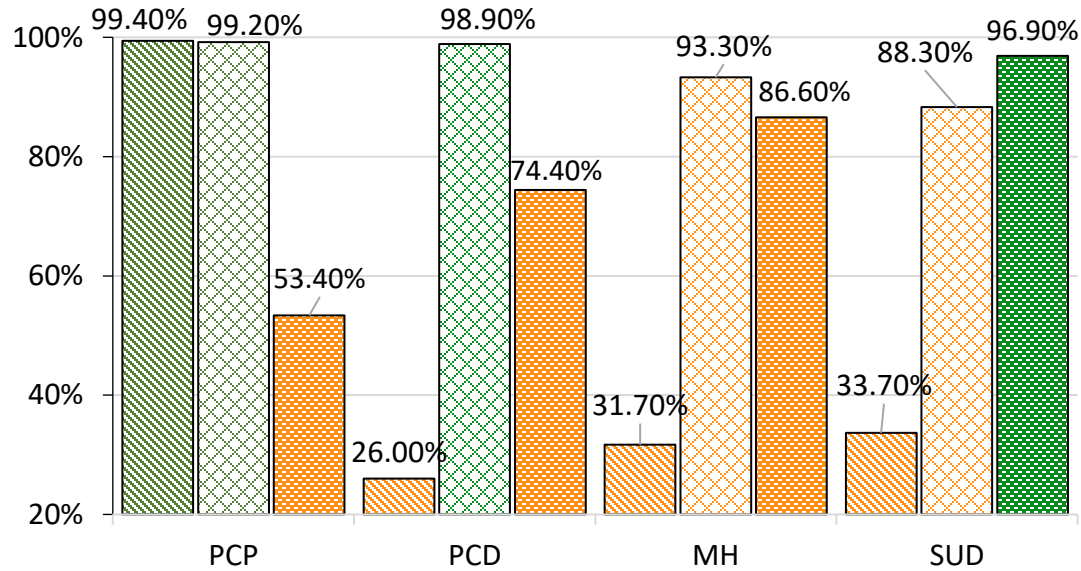


● Compliant ● Partially Compliant

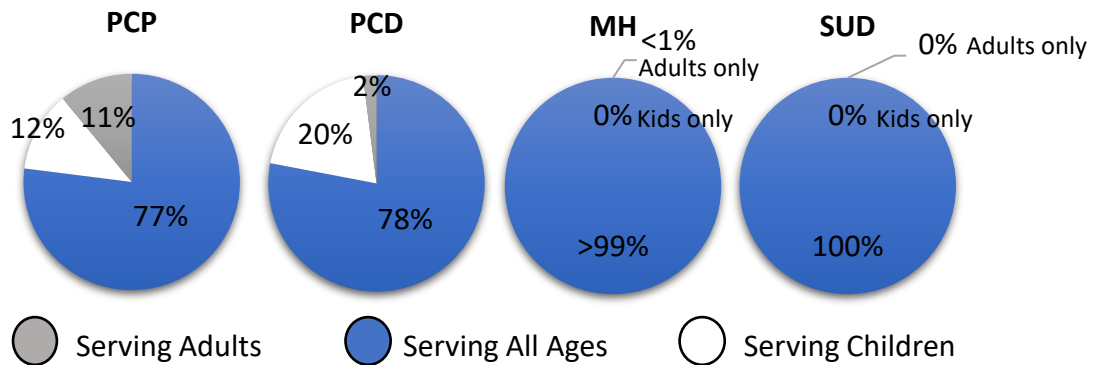
- **Medical Management Domain:** The changes reported for utilization management processes for inpatient and outpatient to manage the administration of MH/SUD and M/S covered benefits. The CCO updated coverage criteria for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and radiology and genetic testing, MH/SUD and M/S level-of-care criteria, and the RR process for EPSDT. The changes reported for the PA NQTL across services for MH/SUD and M/S benefits did not impact compliance with parity requirements.
- **Provider Network Domain:** Attested that no changes were implemented to the NQTLs.
- **Pharmacy Management:** Sufficiently addressed its formulary design NQTL through the MHP Treatment Limitation Supplemental Questionnaire. The rationale used to determine assignment of the formulary design. NQTL was consistent between MH/SUD and M/S benefits, and the evidentiary standards used in administering the NQTL to MH/SUD benefits were comparable to the evidentiary standards used in administering the NQTL to M/S benefits.
- Continue monitoring to maintain parity across NQTL domains.



Network Adequacy



- ▨ Located in Service Area
- ▤ Serving OHP Patients
- ▩ Accepting New Patients



Recommendations:

- Improve rate of primary care dentists and primary care providers accepting new patients to improve access.
- Identify available primary care dentists, mental health providers, substance use disorder providers within service area that are not contracted. Contract with any interested providers and consider other solutions outside of contracting.
- Monitor number of primary care providers and mental health providers accepting new patients to determine opportunities for improvement.
- Monitor number of SUD providers serving OHP patients to assess if providers are regularly seeing CCO members.
- Assess if the composition of providers serving adults only and children only are enough to meet the specific needs of each population group.

MH provider to member ratio 1:22



SUD provider to member ratio 1:166



PCP provider to member ratio 1:273



PCD provider to member ratio 1:342



= 100 people

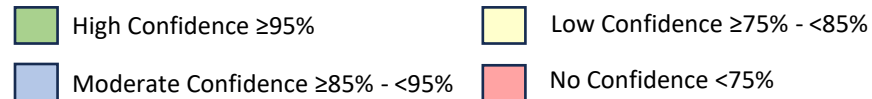
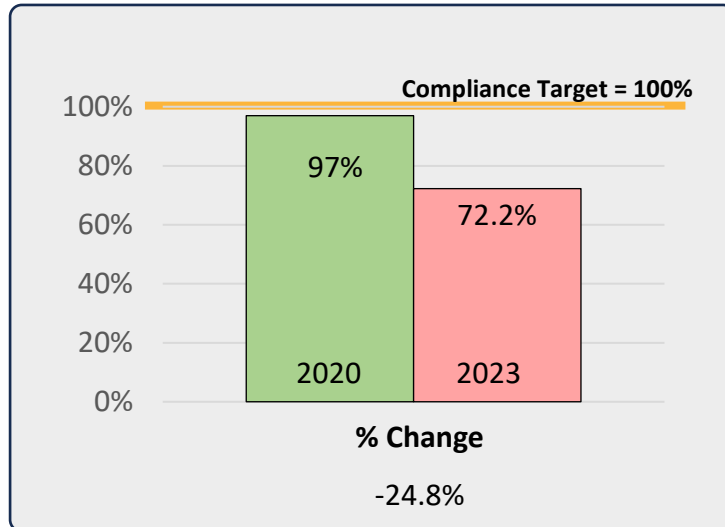




SERVICE DELIVERY

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services



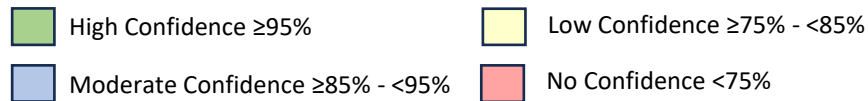
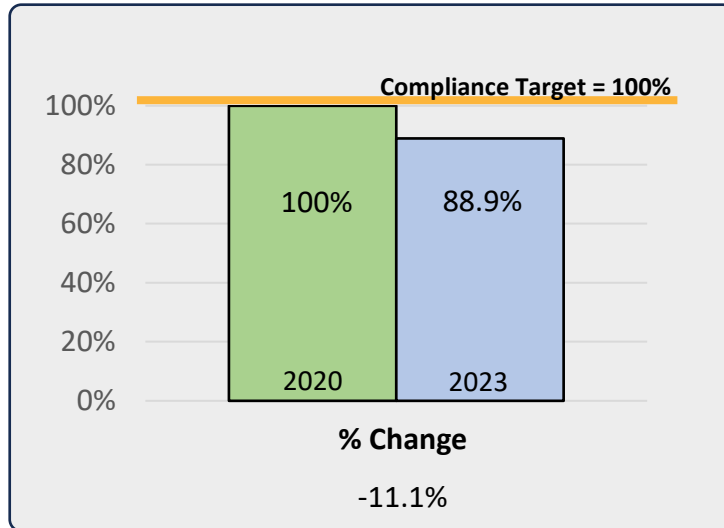
Recommendations:

- PCS-LN received a score of 72.2 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to ensure the appropriate services and coverage are offered to members.
- Revise policies and procedures to align with federal and State requirements.
- Demonstrate the implementation of appropriate service offerings.
- Demonstrate proper outreach to retrieve the information needed to process service authorization requests and adhere to federal and State required time frames for notification of adverse benefit determinations.
- Address one unresolved findings for this standard.



Compliance Monitoring Review

Standard III: Coordination and Continuity of Care



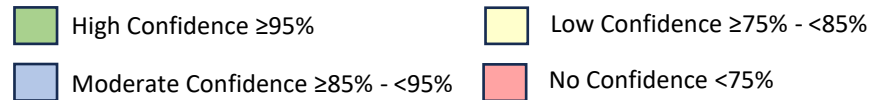
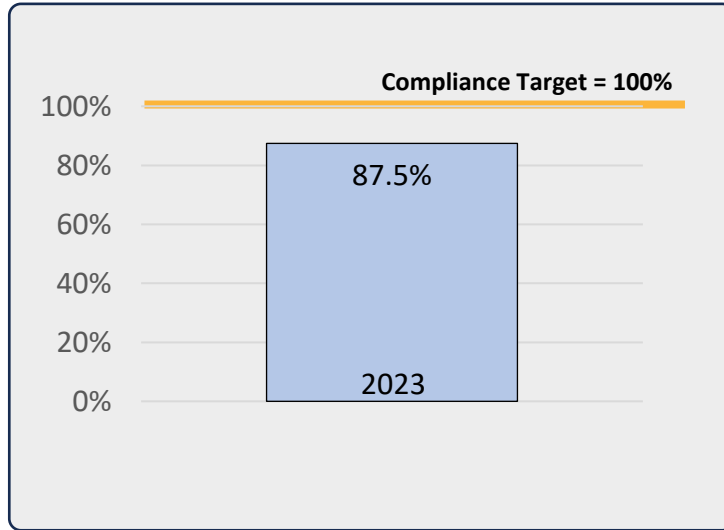
Recommendations:

- PCS-LN received a score of 88.9 percent due to a lack of operational structure and failure to appropriately assess/reassess members of prioritized populations and members for care coordination services.
- Revise policies and procedures to align with State requirements.
- Demonstrate implementation of appropriate assessments, reassessments, and revision of treatment plans according to federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

Standard XVI: Emergency and Post-stabilization Services

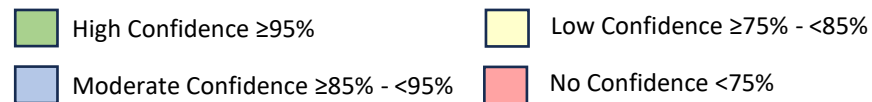
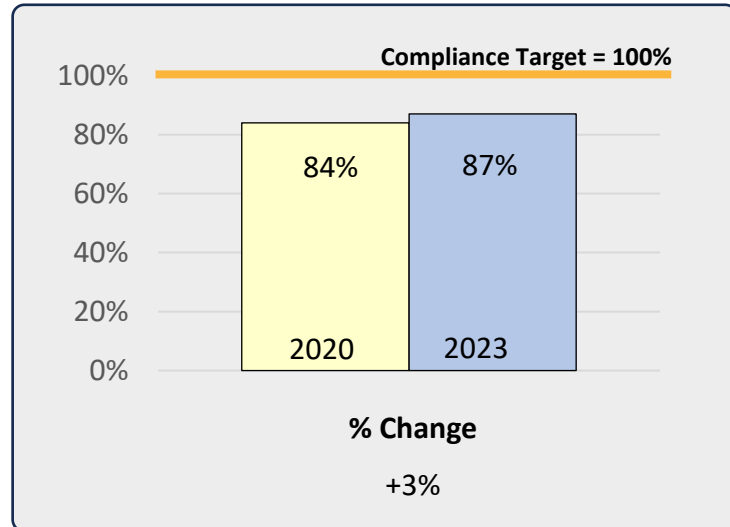


Recommendations:

- PCS-LN received a score of 87.5 percent due to failure to demonstrate implementation of appropriate processes and workflows, impacting the CCO’s ability to ensure emergency and poststabilization services are covered appropriately.
- Demonstrate evidence of processes to ensure payment of emergency and poststabilization services.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review Standard X: Grievance and Appeal Systems



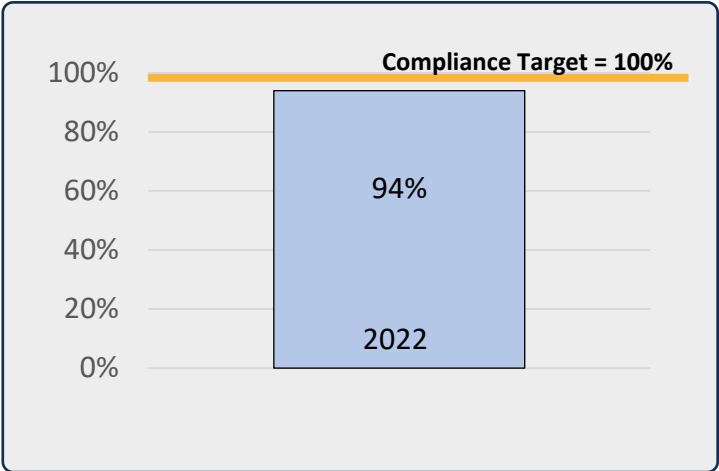
Recommendations:

- PCS-LN received a score of 87 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to ensure member grievances and appeals are addressed and responded to appropriately.
- Revise policies and procedures to align with federal and State requirements.
- Adhere to federal and State requirements for the appropriate decision-makers on grievances and appeals, maintenance of an expedited process for appeals, and time frames for acknowledging and resolving grievances and appeals.
- Demonstrate implementation of federal and State requirements within communications to providers and subcontractors.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

Standard XII: Quality Assessment and Performance Improvement



Recommendations:

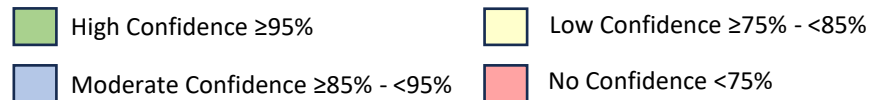
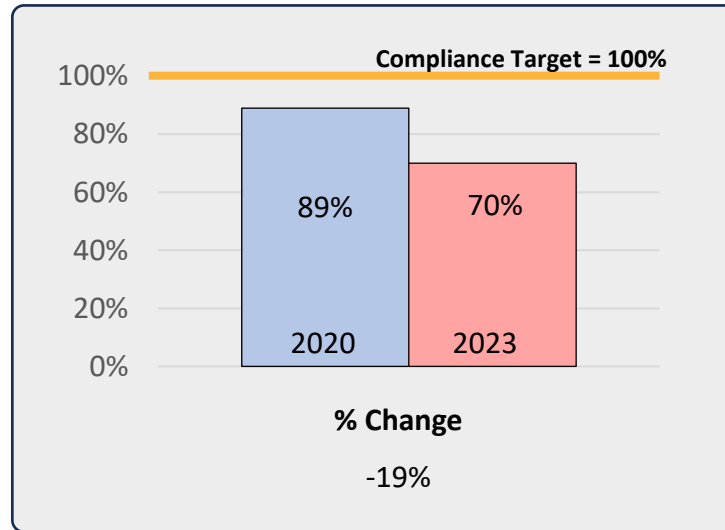
- PCS-LN received a score of 94 percent due to failure to evaluate its QAPI program.
- Revise QAPI program structure to align with federal and State requirements for a QAPI program, including an annual written evaluation of the QAPI program and member care.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.





MEMBER RIGHTS & HEALTH EQUITY

Compliance Monitoring Review Standard VII: Member Rights and Protections

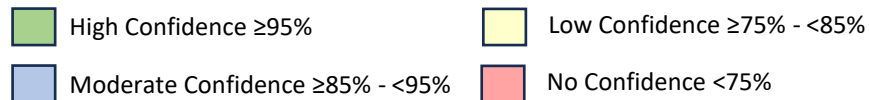
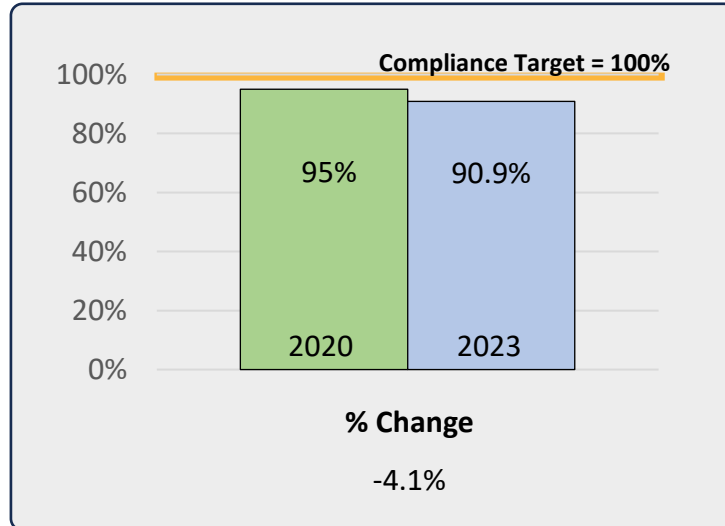


Recommendations:

- PCS-LN received a score of 70 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure that member rights are respected and allowed to be exercised freely without affecting the treatment of members and that members are notified of their rights as required by federal and State requirements.
- Revise policies and procedures and member- and provider-facing materials to align with federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review Standard XIV: Member Information

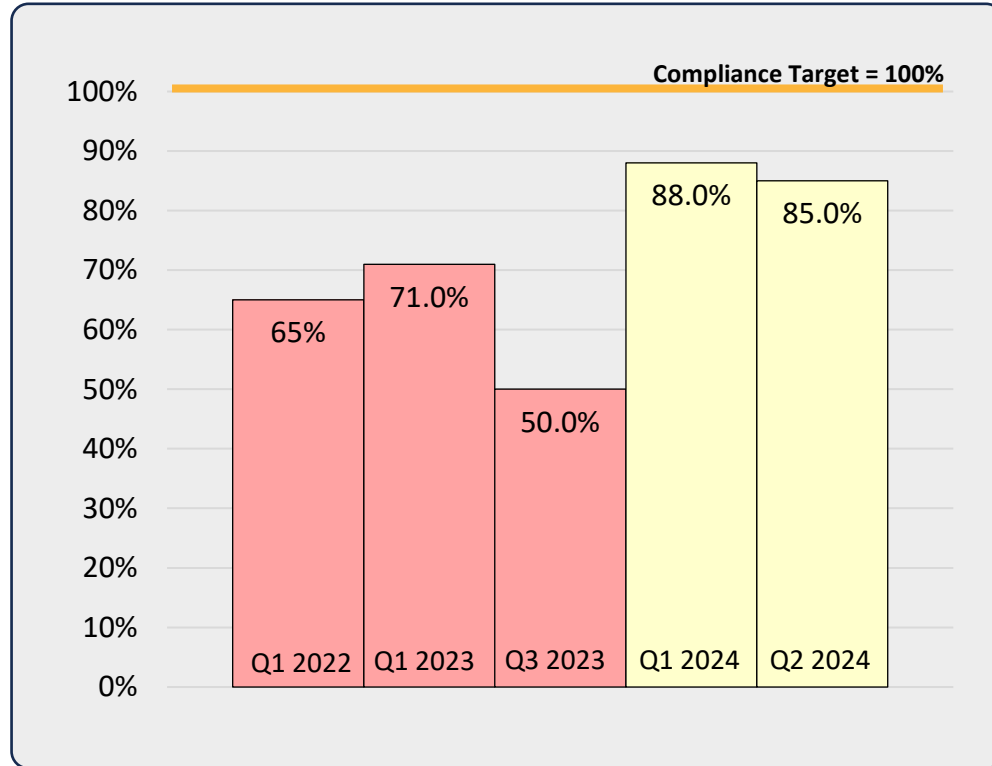


Recommendations:

- PCS-LN received a score of 90.9 percent due to deficiencies in its operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure timely and proper member communication.
- Revise policies, procedures, and member-facing materials to align with federal and State requirements.
- Notify members of the availability of member information.
- Address one unresolved finding for this standard.



Notice of Adverse Benefit Determination Requirements



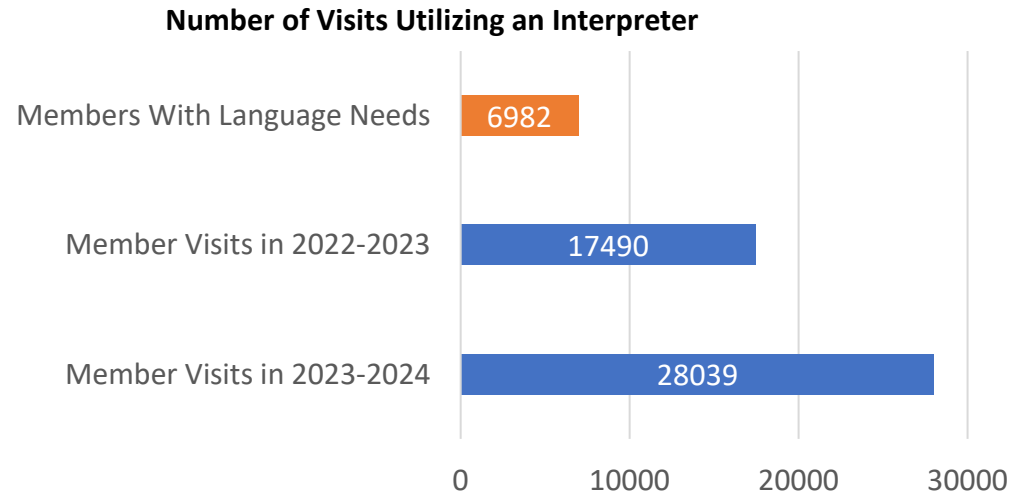
- High Performing ≥95%
- Moderate Performance 75% - 94%
- Under Performing <75%

Recommendations:

- Improve internal processes to update NOABD requirements on an annual basis upon release of Member Notice Template Evaluation Criteria.
- Ensure clinical reviewers consider medical necessity and medical appropriateness in the evaluation of the authorization request.
- Work with vendors to reduce the amount of time it takes to make system changes upon release of the evaluation criteria.
- Provide additional support to subcontracted entities that have been delegated the requirement to send NOABDs to members.
- Ensure the current OHA NOABD model template is adopted and implemented by the CCO and subcontractors.
- Implement stronger oversight mechanisms to regularly audit NOABDs sent by the CCO and subcontractors.
- Establish or improve subcontractor reporting to help improve adherence to NOABD requirements.



Language Access Interpreter Utilization



Note: This chart shows a current average of 4.03 visits per member.

Recommendations:

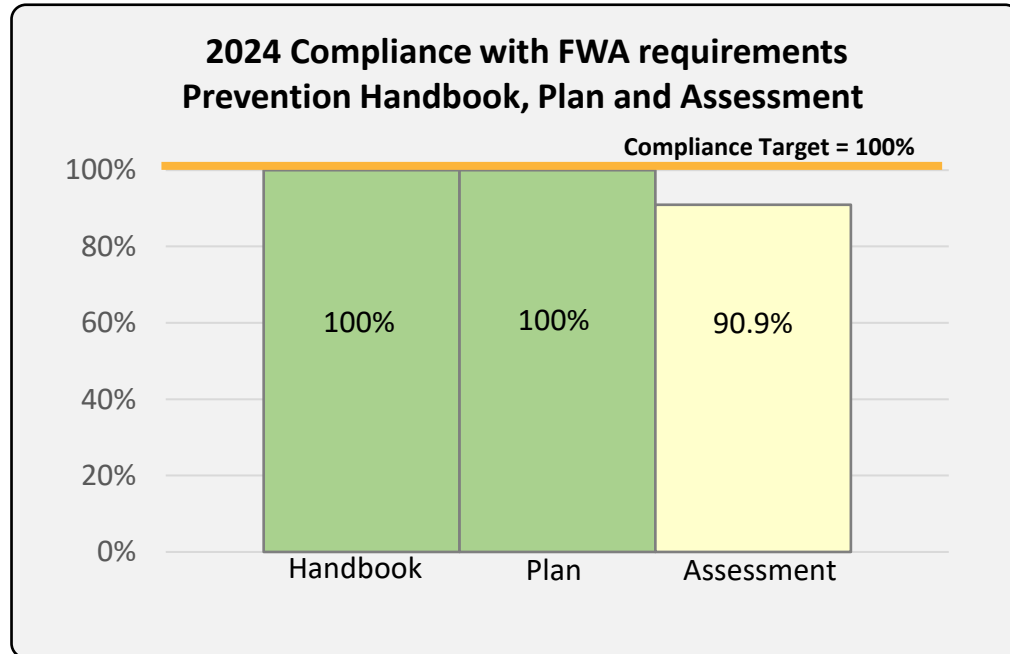
- Identify gaps in meeting language access needs.
 - Determine language preferences among members.
 - Evaluate the languages spoken by the provider network.
 - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members' needs (e.g., in person, telephonic, virtual).





PROGRAM INTEGRITY

FWA Prevention Handbook, Prevention Plan, and Assessment Requirements



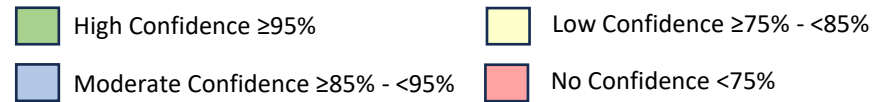
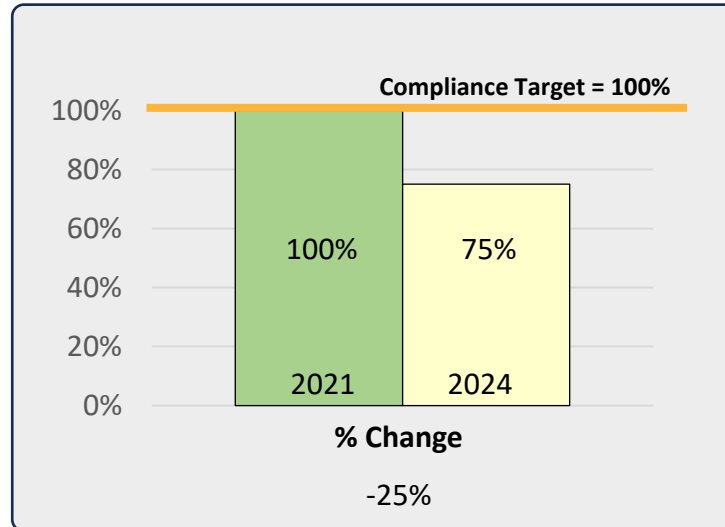
● High Performance (≥95%)
 ● Moderate Performance (75-94.9%)
 ● Low Performance (<75%)

Recommendations:

- Provide evidence of training completion for all employees and the Board of Directors.
- The CCO’s credentialing training completion document must include the training course name and training completion dates for staff who completed the training.
- Demonstrate that FWA training is provided to providers upon contracting.
- Provide evidence of training completion for subcontractors.



Standard VI: Subcontractual and Delegation Requirements

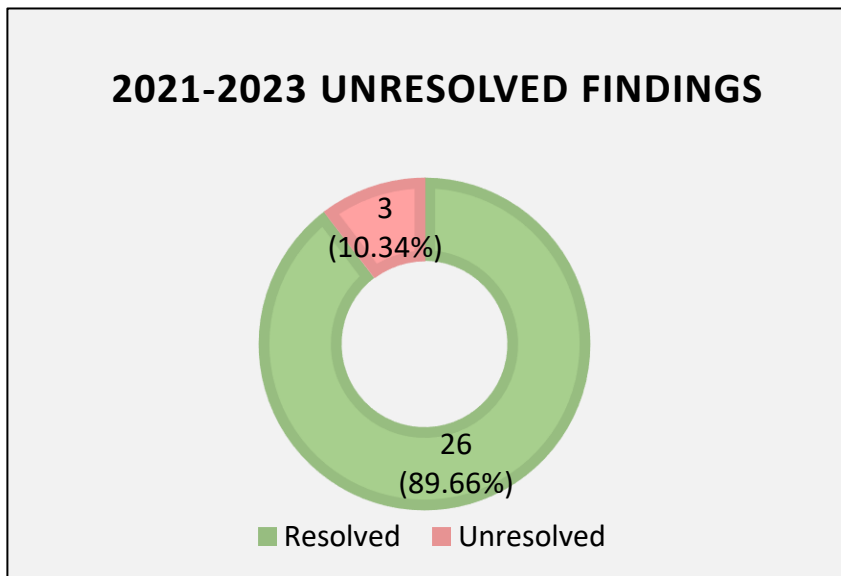


Recommendations:

- PCS-LN received a score of 75 percent due to insufficient documentation to support operations and ensure compliance with federal requirements for written agreements between the CCO and its subcontractors and failure to follow up with corrective action required as a result of its monitoring activities, impacting the CCO’s ability to adhere to federal requirements and the CCO’s contractual requirements with the State.
- Follow up when noncompliance is identified and hold its subcontractors accountable for contractual obligations. The CCO must also revise its written agreements to align with federally required language for written agreements with subcontractors.
- Address two findings for this standard.



Unresolved Findings From Compliance Monitoring Reviews



Recommendations:

- Resolve all outstanding findings from previous cycles of Compliance Monitoring Reviews (2021-2023).
- Identify operational gaps preventing the CCO from immediate resolution of audit findings.

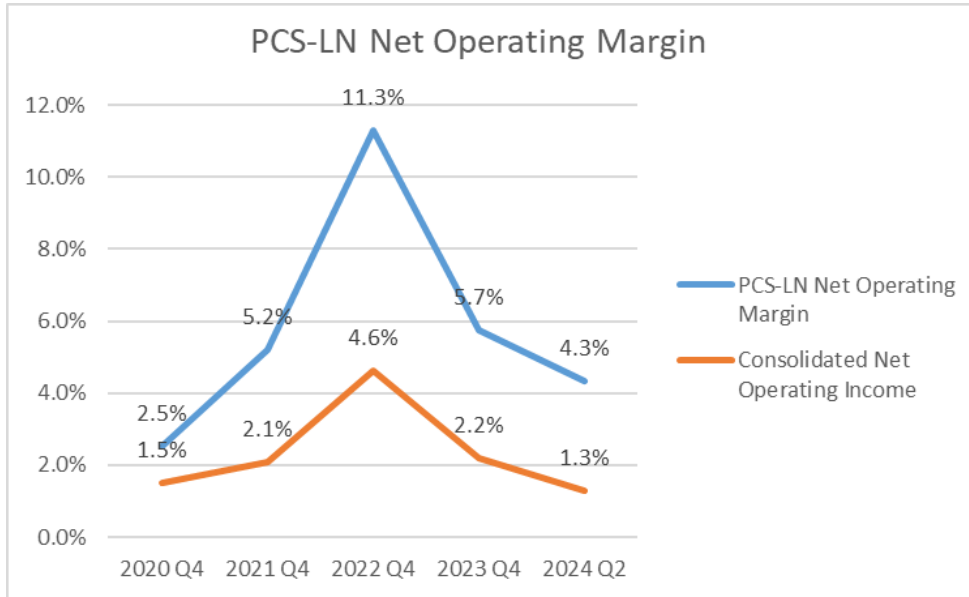
Standard	Review Year	Total # of IP Findings	Resolved IP Findings		Unresolved IP Findings	
			#	%	#	%
Standard I—Availability of Services	2021	1	0	0.0%	1	100.0%
Standard IV—Coverage and Authorization of Services	2023	9	8	88.9%	1	11.1%
Standard XIV—Member Information	2023	4	3	75.0%	1	25.0%





FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- Pacific Source Lane has consistently met or been above the CCO Consolidated Totals for Net Operating Margin. This allows the CCO to recognize an Operational Profit, meaning their Adjusted Revenues are greater than their Medical and Administrative Expenses.
- Continued operations with a positive percentage of total revenue will continue to support the operational profits of the CCO, ensuring they are able to grow their reserves and choose ways in which to invest these profits in their continued operations or within the community.



Exhibit L: Risk-Adjusted Rate of Growth

Risk-Adjusted Rate of Growth			
	Unadjusted Rate of Growth 2022-2023	Risk-Adjusted Rate of Growth 2022-2023	Annualized 2020-2023
PacificSource Lane	10.0%	9.1%	4.6%
Statewide Weighted Average	9.5%	8.7%	5.4%
Source: Senate Bill 1041 Report			

Recommendations:

- Rate of growth measurements look at changes in CCO spending per member. CCO capitation rates also change from year to year, but those capitation rates represent OHA spending on CCOs, or equivalently, CCO revenue. CCO spending is considered in setting capitation rates in future years, so a restrained rate of growth in CCO spending helps meet OHA goals on medical spending.
- The Unadjusted column shows the rate of growth in CCO spending per member without accounting for the health risk associated with that CCO’s membership. The Risk-Adjusted column, however, shows the rate of growth considering the changes in health risk of that CCO’s population. A CCO’s rate of growth may be impacted and explained by growth in acuity, or health risk, in their population, such as more members with chronic disease in one year than the other. The three-year average column helps to smooth year-over-year fluctuations.
- CCOs have financial incentives for keeping their Risk-Adjusted Rate of Growth contained, including but not limited to bottom-line profitability. Annual reporting allows for CCOs to explain when growth exceeds their targets. Additionally, OHA is allowed to require a Corrective Action Plan or Sanctions for adverse Rate of Growth reporting under HB 2081 (2021).



Exhibit L: Minimum Loss Ratio

Three-year Minimum Loss Ratio	
	2021 - 2023
PacificSource Lane	87.46%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Pacific Source Lane reported an MLR for 2021 – 2023 of 87.46%, this met the minimum requirement that a CCO spends at least 85% of their capitated payments on member’s medical services or services that improve health care quality.



Exhibit L: Restricted Reserve

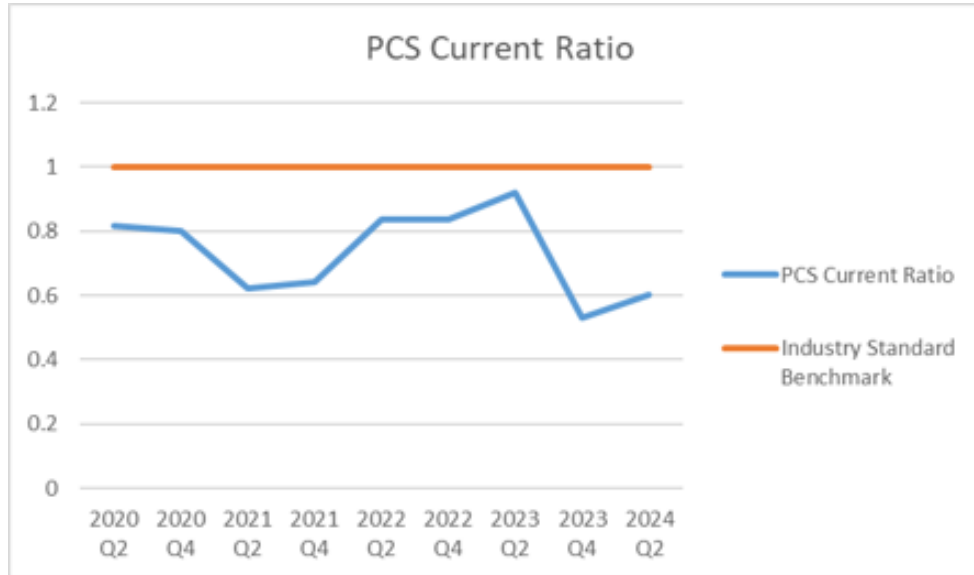
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	CCO	PACS-L	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4		7
2021	Q1	Deficit	10
	Q2	Deficit	5
	Q3	Deficit	6
	Q4	Deficit	8
2022	Q1	Deficit	8
	Q2		5
	Q3	Deficit	5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
Total Deficits by CCO		6	

Recommendations:

- Pacific Source Lane exhibited several occurrences where they were unable to meet the minimum Restricted Reserve requirements during the contract period. Restricted Reserves are meant to safeguard approximately two weeks of CCO medical spending, in case of a rapid CCO insolvency. While they did report deficits in 6 periods, their ability to correct the actions did not result in a high risk of non-compliance.
- Each instance of non-compliance results in a request for a projection of at least 4 future quarters' Restricted Reserve Requirements as well as a bank statement or other document from the depository entity with proof that sufficient funds were added to satisfy the periods' deficit.
- Additional instances of non-compliance are reported in the footnotes of the CCO's Comparative Financial Statements



Exhibit L: Ratio of Current Assets to Current Liabilities



Recommendations:

- Pacific Source Lane has reported a Current Ratio below the industry standard of 1 for one or more reporting periods since the beginning of the CCO 2.0 Contract. The Current Ratio is calculated by dividing the Current Assets of the CCO by the Current Liabilities. The current ratio is a measurement of how well a CCO may be able to meet its short-term obligations that are due within a year.
- There are no standards specified within the contract regarding the application of the Current Ratio, however, when a CCO consistently does not have Current Assets sufficient to meet their Current Liabilities, it indicates that they use other means of financing or classifications of assets when meeting their debt obligations that will come due in a year or less.

